



Mercy Health - St. Rita's Medical Center Clinical Psychology Internship Handbook

ACADEMIC YEAR 2026-2027

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GENERAL INFORMATION

Model: The program is best described as a practitioner program that emphasizes continued scientific inquiry as the foundation of practice. Practitioners demonstrate knowledge of current science relevant to practice, can critique scientific research and apply it to the practice setting, understand the limits of scientific knowledge, and apply sound critical thinking in making clinical decisions. They demonstrate care and understanding of patients, respond empathically, and work for the benefit of their patients. This is consistent with the mission of Mercy Health St. Rita's which includes patient care, education/training, and research.

Structure: This program provides focused training in clinical psychology, combined with continuous instruction in effective, evidence-based practices for treating various mental health conditions. Interns will also gain confidence and skill in conducting neuropsychological assessments for issues like dementia and ADHD. Clinical Psychology Doctoral Interns will be employed by Mercy Health – St. Rita's Medical Center, where they will report directly to the Graduate Medical Education (GME) Department. As a result, the management and administrative oversight of the interns will be centralized within the GME structure of the medical center.

Training Method: The primary training method is supervised clinical experience. Initially, interns will observe others performing the clinical tasks that they will be expected to perform, and then they are observed completing said tasks. Interns will then engage in clinical tasks and take more responsibility for decision making and taking increasing initiative in the clinical process.

Goals: The overall goal of the program is to develop psychologists who can engage in scientifically disciplined clinical practice in which they are able to evaluate and conceptualize a case clearly, develop intervention strategy and administer intervention strategies that meet patient needs within the limits of the resources available to the patient and clinician.

Salary: Interns receive an annual salary of \$42,750, which includes a \$750 meal stipend, distributed evenly across 26 pay periods. In addition, interns are provided with a \$1,000 annual educational stipend. They also receive the opportunity to enroll in health, dental, and vision insurance for themselves and their dependents, **subject to applicable premiums**. Additional benefits include 25 days of personal leave time, malpractice insurance, and optional life and disability insurance coverage.

Supervision: Supervision is provided by licensed psychologists. A psychologist will also always be available for supervision, if needed. All interns will receive a minimum of four hours of supervision per week, including no less than two hours of individual supervision.

Accreditation: St. Rita's Clinical Psychology Internship program completed its initial site visit with the American Psychological Association (APA) Commission on Accreditation (CoA) on May 19-20, 2026, as part of the process for seeking Accreditation, On Contingency. The program is currently awaiting the Commission's accreditation decision. Please be advised that there is no assurance that we will successfully achieve accreditation.

Internship Website: <https://www.mercy.com/about-us/careers/graduate-medical-education/locations/lima/clinical-health-psychology-doctoral-internship-at-st-ritas-medical-center>

Program Director: Samantha M Cain, Ph.D., is responsible for the program's overall structure and is the ultimate supervisor of record for interns.

About Mercy Health – St. Rita's: Mercy Health – St. Rita's Medical Center is recognized regionally and nationally for excellence in patient care, quality outcomes, and community impact. The medical center was named among the IBM/Watson Health Top 100 Hospitals and was also recognized as one of Premier Inc./Modern Healthcare's 50 Top Cardiovascular Hospitals based on national performance metrics evaluating clinical quality, patient safety, and patient outcomes. St. Rita's has additionally earned the Extracorporeal Life Support Organization Path to Excellence in Life Support Silver Level Award for excellence in ECMO care and was honored with the 2026 Community Impact Award from Children's Hunger Alliance for advancing children's health and addressing food insecurity in the region. St. Rita's delivers a complete scope of services, advanced technology, and experienced and compassionate caregivers.

Our internship's inpatient training site is located within St. Rita's Medical Center and is connected to our ambulatory clinics via walkways. We receive logistical and financial support from our Outpatient Psychology Clinic and from The Graduate Medical Education programs.

Our clinical psychology doctoral internship will provide:

- The ability to train in a licensed, 424-bed regional medical center with Level 2 trauma status.
- Opportunities to co-train with medical and pharmacy residents
- The EPIC electronic medical record system
- Experienced and dedicated clinical psychologists supervising training experiences in a variety of settings.
- Opportunities to take part in dementia and ADHD screening clinics, with autism screening experiences available depending on referrals.

Mercy Health is a mission-drive organization committed to making every patient's life better – mind, body, and spirit. Mercy Health serves eight regions in Ohio and Kentucky,

making us one of the largest health systems in the nation. Mercy Health is also in the top 20 percent of health systems in the nation for quality and efficiency.

CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP

Our clinical psychology doctoral internship will teach the medicine-psychology interface so those with career goals involving working with the medically ill have the knowledge and skill base needed to work closely with physicians and other medical providers. The primary emphasis is to help the intern gain a clear understanding of the effects of medical disorders and therapies on behavior, behavioral influences on symptoms and adherence, and to develop strong differential diagnostic skills when working with the medically ill. Additionally, secondary goals include learning a psychologist's role within various treatment teams and learning to communicate effectively with physicians and other medical providers.

PROGRAM LISTING

Samantha Cain, Ph.D. – Program Training Director

Esther Strahan, Ph.D. – Core Faculty

Thomas Hull, Ph.D. – Core Faculty

Jeff Cigrang, Ph.D. – Core Faculty

Kurt Brickner, PsyD – Core Faculty

Cheyanna Carew, MBA – Program Coordinator

CORE COMPETENCIES

The program provides training in all nine of the Profession Wide Competencies (PWCs) identified by the American Psychological Association (APA) as necessary for competent and ethical practice in psychology. By the end of the internship year, each intern is expected to demonstrate the professional competence levels expected of an entry level, independent psychologist in the following areas:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment

7. Intervention
8. Supervision
9. Consultation and interpersonal/ interdisciplinary skills

ROTATIONS

Interns complete 4, three-month long rotations which include Pre-Surgical Psychological Assessment & Health Intervention Rotation, Rehabilitation Psychology/Outpatient, Integrated Behavioral Health in Family Medicine, and Mental Health and Assessment. They will also complete required minor rotations in our Neuropsychology Clinic the first and third Wednesdays of each month over the course of the 12-month long internship and will facilitate Cognitive Behavioral Based Health Groups focused on insomnia and pain management.

Interns will have no more than 20 hours per week of direct patient care. This includes assessment interviews, psychological testing, and psychotherapy sessions. Please see Appendix 4.0 for sample schedules for each rotation.

Rotation Expectations and Goals

It is expected that all interns exhibit professionalism and act in accordance with the APA's Code of Ethics in addition to Mercy Health St. Rita's employee standards.

Overarching goals of the internship and how our program will meet them:

Our clinical psychology internship will focus on the medicine-psychology interface and on solid fundamental assessment and treatment skills that can be used in any clinical setting. A related goal is to equip our graduates with the knowledge and skill base needed to work closely with physicians and other medical providers in multidisciplinary teams.

We hope to instill in our interns a scientist-practitioner mindset, so they approach clinical and research problems with scientific humility and a willingness to delve into research whenever needed.

The primary emphasis is to help the intern gain a clear understanding of the effects of medical disorders and therapies on behavior, behavioral influences on symptoms and adherence, and to develop strong differential diagnostic skills when working with the medically ill. Learning a psychologist's role within multidisciplinary treatment teams and learning to communicate effectively with physicians and other healthcare providers

are secondary goals of our program.

During onboarding and early in the year, interns will receive training in skills and knowledge needed to work effectively in medical and multidisciplinary settings. Goals include understanding the roles and contributions of Occupational Therapy, Speech Therapy, Physical Therapy, Nursing, Exercise Physiology, and Medicine. They will also learn about hospital procedures and safety issues, such as following contact and respiratory precautions.

Didactics will focus on psychological factors relevant to medical diagnoses including diabetes, gastrointestinal issues, obesity, traumatic brain injury or stroke, cardiovascular problems, chronic pain, and insomnia. We will provide weekly didactics and weekly readings related to culture and ethical issues in clinical psychology.

Interns will also attend weekly Grand Rounds or Clinical Case Conference meetings with the medical residents in person, and they will attend monthly Neurology Grand Rounds via Teams.

Interns will also develop knowledge and hone skills in delivering evidence-based treatment for psychological issues including depression, anxiety, and trauma. Training will take part in both formal didactics, regular supervision, readings, presentations by the interns, and clinical experiences.

Interns will refine their assessment and report-writing skills by participating in Neuropsychology clinics, performing MMPI assessments and interpretations, and presenting or attending relevant didactics, as well as in individual and group supervision of assessment cases.

Common expectations of interns:

- Interns will arrive at their clinic or unit promptly on time and are expected to communicate with their rotation supervisor, clinic staff, and program coordinator via text or phone call as soon as possible if they will be late or unable to make it for the day. Please see Attendance and Time Off section on Page 39 for more information.
- Interns will be able to use our electronic medical records system (EPIC) proficiently to complete necessary charting (including rotation-specific requirements such as reason for visit, medication review, psychiatric review, diagnosis, plan, and after visit summary). EPIC support specialists are available daily to assist any intern who might be struggling with documentation or coding questions.
- Interns will be scrupulous with respect to patients' HIPAA privacy information.

This means not discussing patient information with anyone who does not have a legitimate clinical reason for knowing it.

- Regarding report writing, it is expected that interns will submit notes through EPIC to their primary rotation supervisor through the cosign function. It is the primary supervisor's responsibility to review, provide timely feedback to interns, and cosign or attest to the note in the medical record. It is expected that interns will complete all notes from patients seen between 8am-noon by 6pm the same day. It is expected that interns will complete all notes from patients seen after noon by 4pm the next business day. This will allow the primary supervisor time to review the note, provide feedback, review any revisions, and close the chart out in a timely manner. Additionally, interns have built in note writing time at the end of every day to help meet these expectations.

Furthermore, there are rotation specific goals and expectations as follows:

Pre-Surgical Psychological Assessment & Health Intervention Rotation Goals and Objectives

Mercy St. Rita's Medical Center | Clinical Psychology Doctoral Internship

Location of Rotation: 770 West High Street, Suite 300, Lima, Ohio 45801

Contact Information: Samantha Cain, PhD. | Office: 419-996-5912 | Email: SMCain@mercy.com

Supervising Faculty: Samantha Cain, PhD.

Length of Rotation: 3 months

- **Ambulatory:** 100%

Didactic Activity Expectations:

- Weekly Core didactics with varied topics (Fridays at 9 am)
- Weekly Cultural and ethical considerations seminar (Fridays at 11 a.m.)
- Weekly Grand Rounds with medical residents (Wednesdays at noon)
- Monthly Neuroscience Grand Rounds (Tuesdays at 7 a.m. in person, speaker presents via Teams)

Rotation Hours:

Arrive by 8am. Shift ends at 5pm, with clinical duties and supervision ending by 3pm.

Rotation Description:

This outpatient rotation provides specialized training in the psychological evaluation and treatment of patients preparing for medical procedures. Interns will conduct comprehensive pre-surgical psychological assessments for bariatric surgery and spinal cord stimulator candidates, with an emphasis on evaluating readiness, identifying psychosocial risk factors, and providing recommendations to interdisciplinary teams. Additionally, interns will deliver evidence-based psychotherapy to support behavior change, adjustment to medical conditions, and optimization of surgical outcomes. This rotation will provide the opportunity for interns to gain experience across the continuum of assessment and intervention in medical populations.

Educational Goals and Objectives:

The **Pre-Surgical Psychological Assessment & Health Intervention Rotation** is designed to develop competency in the psychological evaluation and treatment of patients within medical settings. Interns will gain proficiency in conducting comprehensive pre-surgical assessments, including evaluation of psychosocial functioning, behavioral risk factors, and readiness for procedures, and in formulating clear, clinically sound recommendations for interdisciplinary teams. Interns will also build skills in delivering evidence-based psychotherapy to support health behavior change, adjustment to medical conditions, and optimization of surgical outcomes. Additional objectives include strengthening case conceptualization from a biopsychosocial perspective, enhancing interdisciplinary communication, and promoting ethical, culturally responsive care within an outpatient hospital context.

Supervision and Accountability

- The degree of supervision for an intern is expected to evolve progressively as the intern gains more experience, even with the same patient condition or procedure. The level of supervision for each intern is commensurate with that intern's level of independent practice; the level of

supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious safety events and other pertinent variables.

- The Program Director is the ultimate supervisor for all interns, determines who may and may not supervise interns, and assigns interns to supervisors. Each rotation will have its own primary supervisor who is responsible for meeting minimum supervision requirements.
- Interns will receive daily supervision from their primary supervisor on the current rotation.
- The intern will discuss each new case with the supervisor during individual supervision (approximately 5.5 hours per week) along with any difficult cases the intern is following.
- Interns can also request additional meetings with supervisors to discuss other topics such as individualized feedback or professional growth.
- Interns are also expected to fully engage in group supervision which occurs every Friday from 10:00am – 11:00am. This time will allow interns to choose any case they would like to present to the group and receive feedback to incorporate into future sessions with patients.

Clinical and Education Work Hour Requirements

- Clinical and educational work hours will average 40 hours per week, with no more than 20 hours of direct patient care per week.
 - This includes assessment interviews, psychological testing, and psychotherapy sessions.
- Clinical and Educational Work Hours must be limited to 40 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, and clinical work done from home.
- Adequate time for rest and personal activities must be provided. This should consist of an 8-hour time period provided between all daily duty periods.

Competency-based Goals & Objectives

The curriculum contains competency-based goals and objectives for each educational experience to provide opportunities for all interns to achieve and demonstrate each of the required profession-wide competencies. The Profession Wide Competencies are research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

Milestones will be integrated with competencies to create a structured framework for assessing and enhancing the skills of the interns. Each competency is broken down into specific milestones that outline expected knowledge, behaviors, and performance at various stages of training. As interns progress, they will be evaluated against these milestones to ensure they are meeting developmental benchmarks. This approach provides clear goals for learners but also facilitates targeted feedback from supervisors, enabling trainees to identify areas for improvement and achieve their full potential. By aligning milestones with competencies, we ensure a comprehensive and measurable path towards professional growth and excellence in practice.

Research

Goal: Interns will demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities such as case conference presentations, publications, and present research or scholarly activities at the local, regional, or national level. Interns will have the ability to integrate research findings into clinical practice, ultimately improving outcomes for individuals undergoing bariatric surgery.

Milestones
• Interns are expected to critically review existing literature on psychological assessment and psychological interventions for health behavioral change, pain management, and adjustment to medical conditions. • Understand the psychosocial and behavioral factors affecting treatment adherence, surgical readiness, and post-procedural outcomes, and will use this knowledge to inform case conceptualization and clinical recommendations. • Be able to identify an appropriate patient case to present during Friday morning case conferences that demonstrates the intern's ability to incorporate empirical literature into clinical decision-making, apply research findings to assessment and intervention, and understand the psychological impact of medical conditions and related treatments.

Ethical and legal standards

Goal: Intern's understanding and application of APA Ethical Principles of Psychologists and Code of Conduct to recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve dilemmas and conduct self in an ethical manner in all professional activities. This competency ensures that interns practice with integrity and uphold the rights and dignity of patients throughout their care.

Milestones
• Understanding and application of professional ethics, legal regulations, and best practices in pre-surgical psychological assessment and health psychology intervention within medical settings. • Ensure informed consent, maintaining patient confidentiality, and adhering to ethical guidelines. • Recognize and navigate the ethical dilemmas in pre-surgical assessment and healthy psychology intervention, including dual roles, informed consent, interdisciplinary communication, and psychosocial factors related to medical procedures. • Conducts self in an ethical manner in all professional activities. • Ability to regularly incorporate ethical concepts within group and individual supervision.

Individual and cultural diversity

Goal: Intern's ability to understand, appreciate, and effectively respond to the diverse backgrounds and experiences of patients and colleagues. This competency ensures that interns provide equitable and inclusive care, fostering a therapeutic environment that respects and values the unique identities of each patient and team members they may be working with.

Milestones
• Practice with integrity and prioritize patient welfare throughout the care process. • Recognize and respond to the diverse backgrounds of patients in medical settings, including how cultural, socioeconomic, and individual factors influence their experiences with health conditions and participation in pre-surgical and behavioral health interventions. • Adapt assessments and interventions to be culturally sensitive and relevant, acknowledging the unique challenges faced by individuals from different backgrounds. • Attend weekly cultural and ethical considerations every Friday at 11:00am. • Incorporate cultural and ethical considerations into individual and group supervision in addition to formal case presentation.

Professional values, attitudes, and behaviors

Goal: Demonstrate a commitment to behave in ways that reflect the values and attitudes of psychology, including integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Milestones
• Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. • Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles. • Assess interns' presentation skills with feedback on process and demeanor, as well as content of their presentation. • Actively participate in multidisciplinary medical team meetings and obtain feedback from team regarding patient care, collaboration, and professionalism in pre-surgical and healthy psychology services. • Incorporate professionalism into individual and group supervision in addition to formal case presentation.

Communications and interpersonal skills

Goal: Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Also, demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated. Be able to demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Milestones

- Communicate clearly and respectfully with patients, families, and interdisciplinary team members.
- Communicate effectively in a multi-disciplinary setting.
- Demonstrate accurate charting, dictation, and record keeping.
- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Produce oral and written communications that are informative and well-integrated.
- Ability to effectively engage audience in formal case presentations.
- Actively participate in individual supervision, group supervision, and multidisciplinary medical team meetings and demonstrates receptiveness to feedback.

Assessment

Goal: Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology; understanding of human behavior within its context; ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data through appropriate methods; interpret assessment results following current standards and guidelines, and communicate findings and implications of the assessment in an accurate and effect manner.

Milestones

- Conduct comprehensive assessments utilizing measurements that are empirically supported within the medical and pre-surgical populations, and include a brief cognitive screener, numerical literacy, medical literacy, and the MMPI-3 to assess mental health status, readiness for surgery, and potential barriers to adherence post-surgery.
- Interpret assessment results to professional standards and guidelines, to inform case conceptualization and develop evidence-based recommendations that support surgical readiness, treatment adherence, and optimal health outcomes across pre-surgical and health psychology recommendations.
- Communicate orally and in written documents regarding the findings and implications of the assessment to the patient and the multidisciplinary medical teams, ensuring clarity, professionalism, and appropriate integration into treatment planning within a collaborative healthcare setting.
- Incorporate relevant assessment findings during formal case presentation.

Intervention

Goal: Interns will demonstrate the ability to establish and maintain effective therapeutic relationships with patients in medical settings, implement evidence-based psychological interventions for a range of health-related and mental health concerns (e.g., health behavior change, adjustment to medical conditions, pain management, and disordered eating), and evaluate the effectiveness of selected interventions in supporting treatment adherence, surgical readiness, and overall health outcomes across pre-surgical and health psychology populations.

Milestones

- Demonstrate knowledge of evidenced based psychological interventions in health psychology, including those targeting health behavior change, adjustment to medical illness, pain, and psychosocial factors affecting treatment adherence and outcomes in pre-surgical populations.
- Develop individualized treatment plans that are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables such as motivational interviewing, cognitive-behavioral therapy, acceptance, and commitment therapy, and support for behavior change.
- Effectively deliver therapeutic interventions in a way that is engaging and supportive, helping patients navigate the emotional and psychological aspects of the surgical process in addition to evaluating the effectiveness of chosen intervention in order to have the ability to adapt intervention goals as needed.
- Select and apply appropriate evidence-based interventions for individual patients in pre-surgical and healthy psychology settings and justify clinical decision-making using empirical literature during formal case presentations.

Supervision

Goal: Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Learn to apply supervisory skills of observing, evaluation, and giving feedback during supervision with primary supervisor in addition to umbrella supervision of psychology externs, medical residents, and/or medical students.

Milestones

- Actively participating in supervision sessions, bringing clinical cases, discussing challenges, and seeking feedback to improve practice.
- Demonstrate self-awareness and the ability to critically reflect on one's clinical work, including understanding personal biases and emotional responses related to working with medical and pre-surgical populations.
- Apply insights and recommendations from supervisors to enhance clinical skills and interventions within health psychology.
- Recognize the dynamics of the supervisory relationship, including roles, responsibilities, and the importance of effective communication.
- Recognize limitations and know when to seek out additional guidance from supervisor.

Consultation and interprofessional/interdisciplinary skills

Goal: Engage in collaborative, effective communication, and consultation with interdisciplinary healthcare professionals to support comprehensive patient care in medical settings, including pre-surgical evaluations and health-related interventions. Interns will integrate psychological perspectives into treatment planning and clinical decision-making to optimize patient outcomes across bariatric, spinal cord stimulator, and broader health psychology populations.

Milestones

- Establish positive working relationships with team members and demonstrate an understanding of each discipline's role, including the psychologists in pre-surgical and healthy psychology services.
- Clearly articulating psychological recommendations and/or requirements based on psychological assessments, interventions, and recommendations to team members in addition to fostering mutual understanding and respect of other team members.
- Actively participate in interdisciplinary team meetings, contributing insights from a psychological perspective while valuing input from other disciplines such as surgery, nutrition, and physician's assistant.
- Collaborate with the healthcare team to involve patients in their care, ensuring that their preferences and psychological needs are considered in the decision-making process.
- Incorporate interdisciplinary team recommendations and clinical considerations into formal case presentation for patients in pre-surgical and health psychology settings.

Teaching Methods:

- Direct patient care
- Feedback on notes and report writing.
- Faculty supervision (individual and group)
- Didactics
- Diversity and ethical considerations
- Direct observation of clinical skills
- Formal case presentations
- Reading materials and literature search

Supervision:

All interns on the pre-surgical psychological assessment & health intervention rotation will receive individual supervision from their primary supervisor, Dr. Samantha Cain. Interns will receive a minimum of 2 hours of individual supervision per week. Interns will also receive an additional 2 hours of group supervision each week (breakfast rounds/formal case presentation and psychology peer supervision facilitated by the psychology training director). If the primary supervisor will be unavailable for any reason, there are other doctoral level licensed psychologists who are faculty, who will be available to fill in if need be. Interns will have access to consultation and supervision while providing clinical services under the guidance of these licensed professionals.

Assessment Methods – Competency Score Card:

- Direct observation and feedback from direct supervisor
- Formal evaluation at the end of every rotation
- Formal case presentation
- Self-directed assessment of milestones
- Individual and group supervision

Mental Health and Assessment Goals and Objectives

Mercy St. Rita's Medical Center | Clinical Psychology Doctoral Internship

Location of Rotation: 770 West High Street, Suite 300, Lima, Ohio 45801

Contact Information: Thomas Hull, PhD. | Office: 419.996.5912 | Email: TWHull@mercy.com

Supervising Faculty: Thomas Hull, PhD.

Length of Rotation: 3 months

- **Ambulatory:** 100%

Didactic Activity Expectations:

- Weekly Core didactics with varied topics (Fridays at 9 am)
- Weekly Cultural and ethical considerations seminar (Fridays at 11 a.m.)
- Weekly Grand Rounds with medical residents (Wednesdays at noon)
- Monthly Neuroscience Grand Rounds (Tuesdays at 7 a.m. in person, speaker presents via Teams)

Rotation Hours:

Day shift: Arrive by 8am. Clinical duties and supervision will end by 5pm.

Rotation Description:

The Mental Health and Assessment rotation is a 4-month rotation that will provide interview-based assessment, diagnosis, treatment planning, and psychotherapy in the primary outpatient clinic for the department. Interns will provide evidence-based psychotherapy for a variety of mental health concerns. There will be regular meetings with the rotation supervisor to provide support for managing new and problematic cases. There will be an effort to identify therapy cases with a health psychology focus; however, interns will carry a general mental health caseload as well. There will be opportunities for interns to learn evidence-based care for trauma, and mental health interventions utilizing dialectical behavioral therapy and cognitive behavioral therapy.

Educational Goals and Objectives:

The purpose of this rotation is to provide the Intern with the knowledge and skills necessary for setting objectives that enhance both clinical skills and knowledge in assessment techniques. Broad education **goals** communicate the overall purposes of a curriculum and serve as criteria against which the selection of various curricular components can be judged. The development and prioritization of specific measurable **objectives** permit further refinement of the curricular content and guide the selection of appropriate educational and evaluation methods.

Supervision and Accountability

- The degree of supervision for an intern is expected to evolve progressively as the intern gains more experience, even with the same patient condition or procedure. The level of supervision for each intern is commensurate with that intern's level of independent practice; the level of supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious safety events and other pertinent variables.

- The Program Director is the ultimate supervisor for all interns, determines who may and may not supervise interns, and assigns interns to supervisors. Each rotation will have its own primary supervisor who is responsible for meeting minimum supervision requirements.
- Interns will receive daily supervision from their primary supervisor on the current rotation.
- The intern will discuss each new case with the supervisor during individual supervision along with any difficult cases the intern is following.
- Interns can also request additional meetings with supervisors to discuss other topics such as individualized feedback or professional growth.
- Interns are also expected to fully engage in group supervision which occurs every Friday from 10:00am – 11:00am. This time will allow interns to choose any case they would like to present to the group and receive feedback to incorporate into future sessions with patients.

Clinical and Education Work Hour Requirements

- Clinical and educational work hours will average 40 hours per week, with no more than 20 hours of direct patient care per week.
 - This includes assessment interviews, psychological testing, and psychotherapy sessions.
- Clinical and Educational Work Hours must be limited to 40 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, and clinical work done from home.
- Adequate time for rest and personal activities must be provided. This should consist of an 8-hour period provided between all daily duty periods.

Competency-based Goals & Objectives

The curriculum contains competency-based goals and objectives for each educational experience to provide opportunities for all interns to achieve and demonstrate each of the required profession-wide competencies. The Profession Wide Competencies are research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

Milestones will be integrated with competencies to create a structured framework for assessing and enhancing the skills of the interns. Each competency is broken down into specific milestones that outline expected knowledge, behaviors, and performance at various stages of training. As interns progress, they will be evaluated against these milestones to ensure they are meeting developmental benchmarks. This approach provides clear goals for learners but also facilitates targeted feedback from supervisors, enabling trainees to identify areas for improvement and achieve their full potential. By aligning milestones with competencies, we ensure a comprehensive and measurable path towards professional growth and excellence in practice.

Research

Goal: Interns will demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities such as case conference presentations, publications, and present research or scholarly activities at the local, regional, or national level. Interns will have the ability to integrate research findings into clinical practice, ultimately improving outcomes for patients.

Milestones

- Conduct a comprehensive literature review on a specific topic relevant to mental health assessment.
- Gain experience in collecting and managing information from mental health assessment.
- Interns will review the most up to date literature that is relevant to current mental health assessment practices.
- Interns will identify a mental health assessment case that they will present at Friday morning case conferences that highlights the intern's ability to identify and utilize relevant literature findings to enhance the assessment process and establish treatment recommendations.
- Understand and apply ethical standards in conducting literature reviews and the utilization of current findings in clinical assessment and care.
- Engage in reflective practices regarding the research processes and its relevance to clinical work.

Ethical and legal standards

Goal: Intern's understanding and application of APA Ethical Principles of Psychologists and Code of Conduct to recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve dilemmas and conduct self in an ethical manner in all professional activities. This competency ensures that interns practice with integrity and uphold the rights and dignity of patients throughout their care.

Milestones

- Gain a thorough understanding of the Ethical Principles and Code of Conduct.
- Learn about relevant legal standards governing psychological practice (e.g., informed consent, confidentiality, mandatory reporting).
- Understand and apply the process of obtaining informed consent from clients for assessment and treatment.
- Understand the importance of confidentiality and privacy in psychological practice.
- Apply an ethical decision-making model to clinical situations.
- Understand ethical considerations specific to psychological assessment.
- Learn to navigate ethical dilemmas during crisis situations with adults and children.

Individual and Cultural Diversity

Goal: Intern's ability to understand, appreciate, and effectively respond to the diverse backgrounds and experiences of patients and colleagues. This competency ensures that interns provide equitable and inclusive care, fostering a therapeutic environment that respects and values the unique identities of each patient and team members they may be working with.

Milestones

- Enhance understanding of cultural factors that influence mental health and assessment.
- Gain experience working with clients from various cultural backgrounds.
- Integrate cultural considerations into psychological assessments.
- Identify and address personal biases that may affect clinical practice.
- Learn to adapt psychological interventions to meet the needs of culturally diverse clients.
- Evaluate the effectiveness of culturally adapted assessment tools.
- Attends weekly cultural and ethical considerations every Friday at 11:00am.

Professional values, attitudes, and behaviors

Goal: Demonstrate a commitment to behave in ways that reflects the values and attitudes of psychology, including integrity, professional identify, accountability, lifelong learning, and concern for the welfare of others.

Milestones

- Gain a comprehensive understanding of ethical standards and professional conduct.
- Exhibit professional behaviors in all interactions with patients, supervisors, and colleagues.
- Embrace continuous professional development and self-improvement.
- Develop the ability to receive and integrate constructive feedback from supervisors and peers.
- Demonstrates adequate professional appearance.
- Demonstrates a pattern of punctuality and reliability in performance of his/her duties.
- Assess interns' presentation skills with feedback on process and demeanor, as well as content of their presentation.

Communication and interpersonal skills

Goal: Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Also, demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated. Be able to demonstrate effective interpersonal skills and the ability to manage difficult communication well.

- Develop relationships with colleagues, organizations, supervisors and other professional services that enhance clinical skills and delivery of services.
- Communicate assessment findings clearly and respectfully with patients, families, and interdisciplinary team members.
- Communicate effectively in a multi-disciplinary setting.
- Demonstrate accurate charting, dictation, and record keeping.
- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Develop skills in presenting case formulations and treatment plans clearly and confidently.
- Ability to effectively engage audience in formal case presentations.

Assessment

Goal: Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology; understanding of human behavior within its context; ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data through appropriate methods; interpret assessment results following current standards and guidelines, and communicate findings and implications of the assessment in an accurate and effect manner.

Milestones
• Familiarize oneself with a variety of psychological assessment tools that may be used to assess learning disabilities, autism, dementia, or diagnostic clarity within children and adults. • Develop proficiency in administering standardized psychological assessments. • Enhance skills in interpreting and integrating assessment results to inform clinical decision-making. • Learn to use assessment results to develop individualized treatment plans. • Understand and apply cultural considerations in the assessment process. • Understand and apply ethical and legal considerations in the assessment process. • Work collaboratively with interdisciplinary teams to enhance assessment practices. • Commit to continuous learning regarding new assessment tools and techniques. • Incorporate relevant assessment findings during formal case presentation.

Intervention

Goal: Intern's ability to establish and maintain effective relationships with patients, identify and utilize evidenced based treatment for relevant mental health concerns, and evaluate the effectiveness of selected evidenced based treatment.

Milestones
• Familiarize oneself with evidence-based interventions for a variety of mental health concerns which could include therapy cases with a clinical psychology focus as well as panic, depression, insomnia, anxiety, and trauma. • Develop skills in implementing therapeutic techniques with patients. • Learn to adapt interventions based on individual patient assessments and cultural considerations. • Enhance skills in tracking patient progress and evaluating the effectiveness of interventions. • Build competency in managing crises (under close supervision) and providing immediate support. • Engage in collaborative treatment planning with other professionals. • Learn to provide constructive feedback to patients about their progress and adjust treatment plans accordingly. • Stay informed about new intervention techniques and best practices in the field. • Identify various evidence-based interventions for a specific disorder and provide evidence of why a specific intervention was chosen or recommended over other interventions during formal case presentation.

Supervision

Goal: Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Learn to apply supervisory skills of observing, evaluation, and giving feedback during supervision with primary supervisor in addition to umbrella supervision of psychology externs, medical residents, and/or medical students.

Milestones
• Gain a comprehensive understanding of the supervision process and its importance in professional development. • Develop skills in receiving feedback and use it to improve clinical practice. • Actively participate in supervision meetings, discussing clinical cases and professional development. • Learn foundational skills for providing supervision to peers or trainees. • Collaborate with your supervisor to discuss additional personal learning goals and objectives for this rotation. • Familiarize yourself with ethical guidelines related to supervision. • Assess the effectiveness of the supervision you receive. • Recognize limitations and know when to seek out additional guidance from supervisor.

Consultation and interprofessional/interdisciplinary skills

Goal: Engage in collaborative, effective communication, and consultation with healthcare professionals across various disciplines to provide comprehensive care for patients by ensuring that psychological considerations are integrated into treatment planning and decision-making.

Milestones
• Gain a comprehensive understanding of the consultation process within the outpatient assessment and mental health clinic. • Develop skills in working collaboratively with professionals from various disciplines. • Demonstrate communication skills tailored to interdisciplinary contexts. • Collaborate with healthcare team by articulating psychological perspectives to assist with treatment decision making processes. • Develop skills in providing psychological support during crisis situations alongside other professionals, and close supervision. • Gain experience in case consultations with other professionals. • Foster a commitment to ongoing learning in interprofessional practices. • Incorporate healthcare team recommendations and concerns of identified patient during formal case presentation.

Teaching Methods:

- Direct patient care
- Feedback on notes and report writing.
- Faculty supervision (individual and group)

- Didactics
- Diversity and ethical considerations
- Direct observation of clinical skills
- Formal case presentations
- Reading materials and literature search

Supervision:

All interns on the mental health and assessment rotation will receive individual supervision from their primary supervisor, Dr. Thomas Hull. Interns will receive a minimum of 2 hours of individual supervision per week. Interns will also receive an additional 2 hours of group supervision each week (breakfast rounds/formal case presentation and psychology peer supervision facilitated by the psychology training director). If the primary supervisor is unavailable for any reason, there are other doctoral level licensed psychologists who are faculty, who will be available to fill in if need be. Interns will have access to consultation and supervision while providing clinical services under the guidance of these licensed professionals.

Assessment Methods – Competency Score Card:

- Direct observation and feedback from direct supervisor
- Formal evaluation at the end of every rotation
- Formal case presentation
- Self-directed assessment of milestones
- Individual and group supervision

Rehabilitation Psychology Goals and Objectives

Mercy St. Rita's Medical Center | Clinical Psychology Doctoral Internship

Location of Rotation: St. Rita's Medical Center, 730 West Market Street, Floor 8K, Lima, Ohio 45801 and

770 West High Street, Suite 300, Lima, OH 45801

Contact Information: Esther Strahan, PhD. | Office: 419.996.5912 | Email: EYStrahan@mercy.com

Supervising Faculty: Esther Strahan, PhD.

Length of Rotation: 3 months

Ambulatory: 30%

Inpatient: 65-70%

Emergency Department: 0%

Research: 0-5%

Didactic Activity Expectations:

- Weekly Core didactics with varied topics (Fridays at 9 am)
- Weekly Cultural and ethical considerations seminar (Fridays at 11 a.m.)
- Weekly Grand Rounds with medical residents (Wednesdays at noon)
- Monthly Neuroscience Grand Rounds (Tuesdays at 7 a.m. in person, speaker presents via Teams)

Rotation Hours:

Consultations begin at the patient's bedside at 8 a.m. and Rehab Team begins at 9:10 a.m. on Tuesday, Wednesday, and Thursday. Consultations are generally completed by noon or 1 p.m., depending on census, and the intern will also be seeing outpatients on Mondays and Tuesday, Wednesday, and Thursday afternoons, until 3 or 4 p.m. (see training schedule grid). There will be 1-2 hours at the end of each day for notes or other administrative tasks, and the intern will be done with their day by 5 p.m. at the latest.

Rotation Description:

The Rehabilitation Psychology rotation is a 4-month rotation that provides bedside evaluations and provides evidence-based psychological services within an acute rehab setting. The intern will perform bedside consultations and participate in rehab team meetings. Reasons for consultation include adjustment to strokes, brain injuries, spinal cord injuries, conversion disorder, phantom limb pain, multiple fractures after motor vehicle accidents, acute delirium, and behavioral issues impeding progress.

Other opportunities include participating in rehab team meetings, cofacilitating weekly mindfulness or relaxation groups, attending and providing staff training, and co-training with medical students and residents. Interns will spend time seeing outpatients while on this rotation as well. The intern will attend Rehab multidisciplinary team, generally with the rotation supervisor, and will participate in team discussion of patient needs and behaviors when appropriate.

During this rotation, the intern will see some outpatients. These may be follow-ups for patients seen

while on inpatient rehab, and others will be short-term cases presenting for treatment of insomnia or anxiety disorders, primarily, in addition to health concerns.

The intern will also observe and eventually co-lead a cognitive-behavioral therapy (CBT) group for insomnia or a self-management CBT group for chronic pain.

Educational Goals and Objectives:

The purpose of this rotation is to provide the Intern with the knowledge and skills necessary for setting objectives that enhance both clinical skills and knowledge in assessment techniques. Broad education goals communicate the overall purposes of a curriculum and serve as criteria against which the selection of various curricular components can be judged.

The development and prioritization of specific measurable objectives permit further refinement of the curricular content and guides the selection of appropriate educational and evaluation methods.

The intern is expected to review consultations for the following day during administrative time. This involves reviewing those patients' medical records, discussing with the rotation supervisor when indicated, and scheduling times to see those consults.

The intern will also see outpatients, some with rehabilitation concerns as the primary presenting problem, and others who seek services for insomnia, chronic pain, anxiety disorders, or depression.

Supervision and Accountability

- The degree of supervision for an intern is expected to evolve progressively as the intern gains more experience, even with the same patient condition or procedure. The level of supervision for each intern is commensurate with that intern's level of independent practice; the level of supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious safety events and other pertinent variables.
- The Program Director is the ultimate supervisor for all interns, determines who may and may not supervise interns, and assigns interns to supervisors. Each rotation will have its own primary supervisor who is responsible for meeting minimum supervision requirements.
- Interns will receive daily supervision from their primary supervisor on the current rotation.
- The intern will discuss each new case with the supervisor during individual supervision (approximately 5.5 hours per week) along with any difficult cases the intern is following.
- Interns can also request additional meetings with supervisors to discuss other topics such as individualized feedback or professional growth.
- Interns are also expected to fully engage in group supervision which occurs every Friday from 10:00am – 11:00am. This time will allow interns to choose any case they would like to present to the group and receive feedback to incorporate into future sessions with patients.

Clinical and Education Work Hour Requirements

- Clinical and educational work hours will average 40 hours per week, with no more than 20 hours of direct patient care per week.
 - This includes assessment interviews, psychological testing, and psychotherapy sessions.
- Clinical and Educational Work Hours must be limited to 40 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, and clinical work done from home.
- Adequate time for rest and personal activities must be provided. This should consist of an 8-hour period provided between all daily duty periods.

Competency-based Goals & Objectives

The curriculum contains competency-based goals and objectives for each educational experience to provide opportunities for all interns to achieve and demonstrate each of the required profession-wide competencies. The Profession Wide Competencies are research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

Milestones will be integrated with competencies to create a structured framework for assessing and enhancing the skills of the interns. Each competency is broken down into specific milestones that outline expected knowledge, behaviors, and performance at various stages of training. As interns progress, they will be evaluated against these milestones to ensure they are meeting developmental benchmarks. This approach provides clear goals for learners but also facilitates targeted feedback from supervisors, enabling trainees to identify areas for improvement and achieve their full potential. By aligning milestones with competencies, we ensure a comprehensive and measurable path towards professional growth and excellence in practice.

Research

Goal: Interns will demonstrate the independent ability to critically evaluate and utilize research that is relevant to rehab psychology and relevant to the practice of professional psychology. Interns will have the ability to integrate research findings into clinical practice, ultimately improving outcomes for individuals. If the intern wishes to develop and conduct a research project or get involved in ongoing research, that can be arranged, and the intern will receive support from our Graduate Medical Education team.

Milestones
• Conduct a comprehensive literature review relevant to rehabilitation psychology topics as they arise. • Engage in reflective practice regarding your research experiences and their relevance to clinical work. • Demonstrating a willingness to read scholarly articles on rehabilitation-related topics as needed, particularly when faced with an unfamiliar diagnosis or clinical dilemma.

Ethical and legal standards

Goal: Intern's understanding and application of APA Ethical Principles of Psychologists and Code of Conduct to recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve dilemmas and conduct self in an ethical manner in all professional activities. This competency ensures that interns practice with integrity and uphold the rights and dignity of patients throughout their care.

Milestones
• Gain a thorough understanding of the Ethical Principles and Code of Conduct as they relate to rehabilitation psychology. • Process of obtaining informed consent in rehabilitation settings. • Understand the importance of confidentiality and privacy in rehabilitation psychology. • Apply ethical considerations specific to assessment and intervention in rehabilitation. • Learn about relevant legal standards governing psychological practice in rehabilitation contexts.

Individual and cultural diversity

Goal: Intern's ability to understand, appreciate, and effectively respond to the diverse backgrounds and experiences of patients and colleagues. This competency ensures that interns provide equitable and inclusive care, fostering a therapeutic environment that respects and values the unique identities of each patient and team members they may be working with

Milestones
• Enhance understanding of cultural factors influencing rehabilitation and health outcomes. • Participate actively in weekly cultural and ethical considerations seminars • Integrate cultural considerations into psychological assessments and supervision conversations. • Adapt therapeutic interventions to meet the unique cultural needs of patients. • Recognize the impact of social determinants on health and rehabilitation outcomes. • Evaluate the effectiveness of culturally adapted assessment tools.

Professional values, attitudes, and behaviors

Goal: Demonstrate a commitment to behave in ways that reflect the values and attitudes of professional psychology, including integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Milestones
• Respect patient confidentiality and informed consent, particularly regarding sensitive topics like weight and health. • Demonstrate professionalism in all interactions with patients, colleagues, and supervisors. • Embrace continuous professional development and self-improvement. • Develop the ability to receive and integrate constructive feedback from supervisors and peers. • Demonstrate professional appearance. • Demonstrate pattern of punctuality and reliability in performance of his/her duties. • Developing skills in competently and compassionately assisting patients dealing with the emotional and cognitive sequelae of these diagnoses and experiences

Interpersonal and communication skills

Goal: Develop and maintain effective relationships with a wide range of individuals, including

colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Also, demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated. Be able to demonstrate effective interpersonal skills and demonstrate the ability to manage difficult communication situations well.

Milestones
• Communicate clearly and respectfully with patients, families, and interdisciplinary team members. • Communicate effectively in a multi-disciplinary setting. • Demonstrate hospital documentation that is clear and concise and fulfills legal and coding requirements. • Demonstrate the capacity to efficiently communicate key medical information to colleagues. • Develop skills in presenting case formulations and treatment plans clearly and confidently. • Developing skills at navigating the hospital environment, including basic safety measures such as Universal Precautions or Respiratory/Droplet Precautions

Assessment

Goal: Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of patient strengths and psychopathology; understanding of human behavior within its context; ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data through appropriate methods; interpret assessment results following current standards and guidelines, and communicate findings and implications of the assessment in an accurate and effect manner

Milestones
• Learn the fundamentals of medical problems that most commonly bring patients into Rehab settings, particularly traumatic brain injuries, strokes, amputations, spinal cord injuries, Guillain Barre syndrome, multiple fractures after motor vehicle accidents, and functional neurological disorders. • Gain knowledge of various assessment tools used in rehabilitation psychology. • Develop skills in administering standardized bedside assessments instruments and how to tailor those to a patient's particular deficits (e.g. vision impairment). • Effectively obtain relevant clinical information from the medical record, from the patient, and from family members or significant others. • Effectively interpret a broad range of assessment data and integrate findings into clinical practice. • Understand and incorporate cultural factors into assessment practices. • Develop treatment plans for at least two rehabilitation patients based on assessment data, detailing how specific findings guide therapeutic approaches. • Improve skills in providing feedback and writing assessment reports. • Collaborate with other healthcare professionals during assessment processes. • Understand and apply ethical standards related to assessment practices.

Intervention

Goal: Intern's ability to establish and maintain effective relationships with patients, identify and utilize evidenced based treatment for medical problems and any relevant mental health concerns, and evaluate the effectiveness of the selected evidenced based treatment.

Milestones
• Familiarize yourself with evidence-based interventions relevant to rehabilitation psychology. • Develop skills in implementing therapeutic techniques effectively. • Learn to customize interventions based on individual patient characteristics, assessment data, and background. • Enhance skills in tracking patient progress and evaluating the effectiveness of interventions. • Develop skills in providing feedback to patients regarding their progress and adjusting treatment plans as needed. • Stay informed about new intervention techniques and best practices in rehabilitation psychology. • Learn effective strategies for coaching family members or significant others in how to best support and guide their loved one post-discharge, as needed.

Supervision

Goal: Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Learn to apply supervisory skills of observing, evaluation, and giving feedback during supervision with primary supervisor in addition to umbrella supervision of psychology externs, medical residents, and/or medical students.

Milestones
• Develop skills in receiving feedback and use it to improve clinical practice. • Actively participate in supervision meetings, discussing clinical cases and professional development. • Learn foundational skills and theoretical frameworks for providing supervision to peers or trainees. • Collaborate with your supervisor to set specific learning goals and objectives for the internship. • Familiarize yourself with ethical guidelines related to supervision. • Assess the effectiveness of the supervision you receive.

Consultation and interprofessional/interdisciplinary skills

Goal: Engage in collaborative, effective communication, and consultation with healthcare professionals across various disciplines to provide comprehensive care for patients, ensuring that psychological considerations are integrated into treatment planning and decision-making.

Milestones

- Familiarize yourself with the principles of interprofessional collaboration in healthcare settings.
- Participate in interdisciplinary team meetings to discuss patient care.
- Develop communication skills tailored for interdisciplinary settings.
- Gain experience in providing psychological consultation to other healthcare professionals.
- Learn to accept and incorporate feedback from team members to improve collaborative practice.
- Develop skills to effectively manage complex situations within interdisciplinary teams.
- Engage in reflective practice regarding your consultation and interdisciplinary experiences.
- Demonstrate an appreciation of the importance of each discipline's contributions to the care of the patient.
- Demonstrate good interprofessional etiquette.

Teaching Methods:

- Direct patient care
- Feedback on notes and report writing.
- Faculty supervision (individual and group)
- Didactics
- Diversity and ethical considerations
- Direct observation of clinical skills
- Formal case presentations
- Reading materials and literature search

Supervision:

All interns on rotation will receive individual supervision from their primary supervisor. Interns will receive a minimum of 2 hours of individual supervision per week. Interns will also receive an additional 2 hours of group supervision each week (breakfast rounds/formal case presentation and psychology peer supervision facilitated by the psychology training director). If the primary supervisor will be unavailable for any reason, there are other doctoral level licensed psychologists who are faculty, who will be available to fill in if need be. Interns will have access to consultation and supervision while providing clinical services under the guidance of these licensed professionals.

Assessment Methods – Competency Score Card:

- Direct observation and feedback from direct supervisor
- Formal evaluation at the end of every rotation
- Formal case presentation
- Self-directed assessment of milestones
- Individual and group supervision

Family Medicine Rotation Goals and Objectives

Mercy St. Rita's Medical Center | Clinical Health Psychology Doctoral Internship

Location of Rotation: 770 West High Street, Suite 450, Lima, Ohio 45801

Contact Information: Jeffrey A. Cigrang | Office: 419-996-5912 | Email: JCigrang@mercy.com

Supervising Faculty: Jeffrey A. Cigrang, PhD., ABPP.

Length of Rotation: 3 months

- **Ambulatory:** 100%

Didactic Activity Expectations:

- Weekly Core didactics with varied topics (Fridays at 9 am)
- Weekly Cultural and ethical considerations seminar (Fridays at 11 a.m.)
- Weekly Grand Rounds with medical residents (Wednesdays at noon)
- Monthly Neuroscience Grand Rounds (Tuesdays at 7 a.m. in person, speaker presents via Teams)

Rotation Hours:

Arrive by 8am. Shift ends at 5pm, with clinical duties and supervision ending by 3pm.

Rotation Description:

The Family Medicine rotation spans three months and offers interns the opportunity to gain experience in functioning as an integrated psychologist within a family medicine clinic that hosts a family medicine resident training program. On any given day, interns will be responsible for seeing both scheduled patients and patients referred same day as “warm handoffs” from family medicine residents.

Educational Goals and Objectives:

The Family Medicine rotation provides opportunity for the student to learn foundational theory and practice for working as a psychologist within an integrated primary care model. The student will be exposed via assigned readings and supervised clinical experiences to psychological practice as a member of the family medicine team. Broad education **goals** communicate the overall purposes of a curriculum and serve as criteria against which the selection of various curricular components can be judged. The development and prioritization of specific measurable **objectives** permit further refinement of the curricular content and guide the selection of appropriate educational and evaluation methods.

Supervision and Accountability

- The degree of supervision for an intern is expected to evolve progressively as the intern gains more experience, even with the same patient condition or procedure. The level of supervision for each intern is commensurate with that intern's level of independent practice; the level of supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious safety events and other pertinent variables.
- The Program Director is the ultimate supervisor for all interns, determines who may and may not supervise interns, and assigns interns to supervisors. Each rotation will have its

own primary supervisor who is responsible for meeting minimum supervision requirements.

- Interns will receive daily supervision from their primary supervisor on the family medicine rotation. There will be two hours of scheduled, individual supervision weekly. Supervision will include discussion of readings assigned weekly. Other supervision will occur organically as the supervisor and intern work together daily to provide consultation to the family medicine team and direct care to patients.
- Interns can also request additional meetings with supervisors to discuss other topics such as individualized feedback or professional growth.
- Interns are also expected to fully engage in group supervision which occurs every Friday from 10:00am – 11:00am. This time will allow interns to choose any case they would like to present to the group and receive feedback to incorporate into future sessions with patients.

Clinical and Education Work Hour Requirements

- Clinical and educational work hours will average 40 hours per week, with no more than 20 hours of direct patient care per week.
- Clinical and Educational Work Hours must be limited to 40 hours per week, averaging over a four-week period, inclusive of all in-house clinical and educational activities, and clinical work done from home.
- Adequate time for rest and personal activities must be provided. This should consist of an 8-hour time period provided between all daily duty periods.

Competency-based Goals & Objectives

The curriculum contains competency-based goals and objectives for each educational experience to provide opportunities for all interns to achieve and demonstrate each of the required profession-wide competencies. The Profession Wide Competencies are research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills.

Milestones will be integrated with competencies to create a structured framework for assessing and enhancing the skills of the interns. Each competency is broken down into specific milestones that outline expected knowledge, behaviors, and performance at various stages of training. As interns progress, they will be evaluated against these milestones to ensure they are meeting developmental benchmarks. This approach provides clear goals for learners but also facilitates targeted feedback from supervisors, enabling trainees to identify areas for improvement and achieve their full potential. By aligning milestones with competencies, we ensure a comprehensive and measurable path towards professional growth and excellence in practice.

Research

Goal: Interns will demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities such as case conference presentations, publications, and present research or scholarly activities at the local, regional, or national level. Interns will have the ability to integrate research findings into clinical practice, ultimately improving outcomes for the patient population served by the family medicine clinic.

Milestones
• Intern's ability to engage in evidence-based practices essential to the practice of psychology in a family medicine clinic. • Interns critically review existing literature on the practice of psychology in the unique context of primary care (family medicine). • Complete weekly assigned readings and actively engage in review and discussion of readings with supervisor. • Identify a patient case to present during Friday morning case conferences which will showcase the intern's ability to understand and implement the 5A's model of behavior change in primary care.

Ethical and legal standards

Goal: Intern's understanding and application of APA Ethical Principles of Psychologists and Code of Conduct to recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve dilemmas and conduct self in an ethical manner in all professional activities. This competency ensures that interns practice with integrity and uphold the rights and dignity of patients throughout their care.

Milestones
• Understand and successfully navigate the unique ethical dilemmas that can arise for a psychologist functioning as a member of the family medicine team. • Review the extant literature on ethical dilemmas common to the psychologist integrated within primary care. • Discuss case examples to illustrate these ethical issues and propose effective responses.

Individual and cultural diversity

Goal: Intern's ability to understand, appreciate, and effectively respond to the diverse backgrounds and experiences of patients and colleagues. This competency ensures that interns provide equitable and inclusive care, fostering a therapeutic environment that respects and values the unique identities of each patient and team members they may be working with.

Milestones
• Practice with integrity and prioritize patient welfare throughout the care process. • Recognize and respond to the diverse backgrounds of family medicine patients, understanding how cultural and social determinants of health influence their help-seeking and ability to receive and benefit from intervention. • Attends weekly cultural and ethical considerations every Friday at 11:00am. • Incorporate cultural and ethical considerations into individual and group supervision in addition to formal case presentation.

Professional values, attitudes, and behaviors

Goal: Demonstrate a commitment to behave in ways that reflect the values and attitudes of psychology, including integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Milestones
• Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. • Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles. • Assess interns' presentation skills with feedback on process and demeanor, as well as content of their presentation. • Incorporate professionalism into individual and group supervision in addition to formal case presentation.

Communications and interpersonal skills

Goal: Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Also, demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated. Be able to demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Milestones
• Demonstrate succinct and prompt feedback to referring family medicine providers. • Communicate clearly and respectfully with patients, families, and interdisciplinary team members. • Demonstrate accurate charting that is sufficient yet concise and timely for the fast-paced family medicine context.

Assessment

Goal: Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology; understanding of human behavior within its context; ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data through appropriate methods; interpret assessment results following current standards and guidelines, and communicate findings and implications of the assessment in an accurate and effect manner.

Milestones
• Understand and implement the 5A's model of behavior change in primary care. • Demonstrate how to conduct an initial consultation appointment including (a) introduction, (b) identifying and clarifying the consultation problem, (c) conducting a functional assessment of the problem, (d) identifying possible change plan options, and (e) starting a change plan, within a 30-minute appointment. • Demonstrate how to assess and manage suicide risk in the family medicine setting.

Intervention

Goal: Intern's ability to establish and maintain effective relationships with team members and patients, identify and utilize evidenced based treatments appropriate for primary care, and evaluate the effectiveness of selected evidenced based treatments within family medicine population.

Milestones
• Understand the context of primary care (family medicine) and the medical provider's typical day of practice. • Demonstrate common behavioral and cognitive interventions used in integrated primary care including (a) diaphragmatic breathing exercise, (b) cue-controlled relaxation, (c) cognitive disputation, (d) motivational interviewing strategies, (e) problem solving, (f) stimulus control and other insomnia interventions, (g) Focused Acceptance and Commitment Therapy (FACT), (h) assertive communication, and (i) behavioral activation. • Learn how to offer something potentially helpful to patient in the first appointment. • Demonstrate use of a treatment outcome measure designed for behavioral health services in primary care.

Supervision

Goal: Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Learn to apply the supervisory skills of observing, evaluation, and giving feedback during supervision with primary supervisor in addition to umbrella supervision of psychology externs, medical residents, and/or medical students.

Milestones
• Actively participating in supervision sessions, bringing clinical cases, discussing challenges, and seeking feedback to improve practice. • Apply insights and recommendations from supervisors to enhance clinical skills and interventions, particularly in areas relevant to family medicine. • Recognize the dynamics of the supervisory relationship, including roles, responsibilities, and the importance of effective communication. • Recognize limitations and know when to seek out additional guidance from supervisor.

Consultation and interprofessional/interdisciplinary skills

Goal: Engage in collaborative, effective communication, and consultation with healthcare professionals across various disciplines to provide comprehensive care for patients, ensuring that psychological considerations are integrated into treatment planning and decision-making.

Milestones
• Establishes positive working relationships with team members and demonstrate an understanding of each discipline's role including the role of a psychologist within the family medicine team. • Maintains flexible attitude and openness in providing consultation, promoting same-day visits. • Articulates the population-based care mission of integrated primary care work; is attentive to daily practice choices as they pertain to population-based care perspective.

Teaching Methods:

- Direct patient care
- Feedback on notes and report writing.
- Faculty supervision (individual and group)
- Didactics
- Diversity and ethical considerations
- Direct observation of clinical skills
- Formal case presentations
- Reading materials and literature search

Supervision:

All interns on the family medicine rotation will receive individual supervision from their primary supervisor, Dr. Jeffrey Cigrang. Interns will receive a minimum of 2 hours of individual supervision per week. Interns will also receive an additional 2 hours of group supervision each week (breakfast rounds/formal case presentation and psychology peer supervision facilitated by the psychology training director). If the primary supervisor is unavailable for any reason, there are other doctoral level licensed psychologists who are faculty, who will be available to fill in if need be. Interns will have access to consultation and supervision while providing clinical services under the guidance of these licensed professionals.

Assessment Methods – Competency Score Card:

- Direct observation and feedback from direct supervisor
- Formal evaluation at the end of every rotation
- Formal case presentation
- Self-directed assessment of milestones
- Individual and group supervision

DIDACTICS

Our didactic offerings form a key part of the training package. There are four required components of our formal curriculum. These are:

- Weekly Core didactics with varied topics (Fridays at 9 a.m.)
- Weekly Cultural and ethical considerations seminar (Fridays at 11 a.m.)
- Weekly Grand Rounds with medical residents (Wednesdays at noon)
- Monthly Neuroscience Grand Rounds (Tuesdays at 7 a.m. in person, speaker presents via Teams)

Core Didactics

Core didactics are held for an hour once per week. Psychopharmacology, psychopathology and psychotherapy, career development, and professional issues are among the topics included in our psychology core curriculum.

The medical knowledge and psychopharmacology curriculum provides a general introduction to pathophysiology and understanding drug actions and the basic classes of drugs used in psychiatry. Interns also can request other topics to include in the didactic schedule to tailor the didactics to the needs of each intern class.

Professional issues include the business of health care, psychology as a health profession, defining a career path, and interdisciplinary functioning.

Each week, we will spend an hour of additional didactics time discussing topics related to ethics, gender, and cultural diversity.

Grand Rounds and Clinical Presentations

Grand Rounds and related clinical presentations are Wednesdays from 12:00-1:00 pm in the GME Center Auditorium; lunch is provided.

Attendance is required of all psychology interns and medical residents. Faculty members will also attend. Attending these presentations will allow interns to learn more about specific medical conditions and about the challenges of delivering health care in a medical environment. Additionally, it helps position Psychology as an integral part of the health care team.

One Tuesday per month, from 7:00-8:00 a.m., interns will attend in person Neuroscience Grand Rounds from St. Vincent's Medical Center, presented via Teams.

APPLICATION AND SELECTION PROCESS

Our brochure is web based and can be found on the institutional website at:

<https://www.mercy.com/about-us/careers/graduate-medical-education/locations/lima/clinical-health-psychology-doctoral-internship-at-st-ritas-medical-center/rotations-and-curriculum>

Nondiscrimination: The Internship in Clinical Psychology does not discriminate on the basis of race, ethnicity, religion, sexual orientation, or physical ability. This program selects from among eligible applicants based on their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, ability to communicate within the entire medical team, and personal qualities such as motivation and integrity are considered in the selection process.

Performance in graduate school, personal letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process. The Graduate Medical Education Committee and Graduate Medical Education programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

If an applicant is from an appropriate program, has the required experience, and can perform the duties of an intern, that individual will be given full consideration for selection. The training program must select individuals appropriately qualified to enter and complete the education curriculum. We aspire to build classes that reflect diverse cultures, ethics, and perspectives. We value the richness that diversity, equity, and inclusion bring to our organization.

Application: The program uses the application provided by APPIC and available at their website, <http://www.appic.org/>. The application and all supporting documentation are submitted electronically through APPIC.

Deadline: All applications must be submitted by November 5 each year.

Screening: It is strongly preferred that applicants meet the following requirements, but exceptions can be made, depending on the individual's background and qualifications:

- Be in good standing in a Clinical, Counseling, Health, or Neuropsychology doctoral program that is either APA or CPA accredited.
- Be certified by that program's training director as ready for internship and free from behavioral difficulties likely to interfere with the applicant's ability to perform the duties of an intern.
- Have completed 1000 hours of practicum experience prior to the

beginning of the internship. This is inclusive of all practicum hours (including supervision and support hours) and is not only face-to-face hours.

- Be able to read and write standard American English and be able to understand and respond in spoken English.

The Program Director will screen all applications for the above and will forward those which meet these requirements to the selection committee.

Review by Selection Committee: a selection committee consisting of the Program Director and other faculty members will review the applications and determine which applications will be given further review. They determine the total number of individuals to interview and select applications for consideration who show promise in excelling. Prior experience in comparable settings or engaging in comparable work is a major factor in this selection process as is the appropriateness and quality of the individual's graduate training program. Individuals selected by this committee are invited to an in-person interview. We will notify all applicants of their status by December 15, most commonly by e-mail.

Interview: On site interviews tend to be scheduled in such a way that four to eight individuals come on a given day, meet with staff, and have a chance to experience some aspects of the program. All applicants will have the opportunity to speak with staff. Virtual interviews will be available for applicants should they wish to complete interview remotely versus in person.

Ranking: Once the interviews are completed, individuals who have been interviewed are ranked and those ranks are submitted to the National Matching Service.

APPIC Policies: The program fully endorses the APPIC policy that the program either solicits nor provides ranking information and asks that applicants do the same.

Mercy Health – St. Rita's Graduate Medical Education Website:

<https://www.mercy.com/about-us/careers/graduate-medical-education/locations/lima/clinical-health-psychology-doctoral-internship-at-st-ritas-medical-center>

ATTENDANCE AND TIME OFF

Program Hours: All interns are expected to be on site for as long as they are needed to complete their clinical duties. In general, office hours are from 8:00 am to 5:00 pm, Monday through Friday. Some flexing may be done based on

rotation and hospital needs. An intern is expected to attend clinical emergencies even if that requires remaining in the hospital late.

Internship Program Start and Stop Dates: The official start date of internship is July 1; however, interns need to be present for hospital orientation, electronic medical record training, and department orientation, which often occurs prior to July 1. Interns must ensure completion of all mandatory onboarding requirements in collaboration with the Mercy Health Occupational Health department, prior to the start of internship. Therefore, most interns move to the area approximately 2 weeks prior to the start of the program. Internship ends on June 30 each year. Interns who wish to leave the hospital before that date in order, for example, to travel to a post-doctoral fellowship or job, must reserve vacation time for that purpose.

Paid Time Off: Interns receive five weeks (25 days Monday-Friday) of paid time (vacation/illness) off. Time off is to be arranged ahead of time (4-6 weeks in advance is preferred) and must be approved by the Program Director. The intern will need to submit a time off request form to the rotation supervisor. The intern will then need to obtain the Program Director's signature for approval. Finally, the completed time off request form must be submitted to the Program Coordinator for processing and final approval. Interns are required to use PTO on days when the clinic is closed due to holidays. Please see Appendix 3.0 for PTO Request Form.

Illnesses: Interns who are ill are to notify their rotation supervisor, Program Director, and the Program Coordinator via text or phone call as soon as possible to report an illness. Interns are expected to take off ill when unable to perform their duties due to illness, or when it would be dangerous to patients or other staff for the intern to be at work, or when a health care provider has determined that recovery requires the individual not to work. At all other times, the intern is expected to be at work. If illness requires a prolonged time off such that the Program Director could not certify completion of the internship hours, special arrangements will need to be made.

If the PTO and Illness processes are not followed, the program will escalate to Due Process. Please see Appendix 2.0—Policy CP.C.1.f for Due Process Policy.

Bereavement (Funeral) Leave: Mercy Health – St. Rita's Medical Center provides paid Bereavement Leave so that interns may pay their respects and grieve when they have a death in the family. Interns who wish to take time off due to a death of a covered family member must notify the Program Director and Program Coordinator as soon as possible of the need for Bereavement Leave. Interns must use Bereavement Leave within 14 calendar days from the date of death, unless otherwise approved in writing by Human Resources.

Bereavement Leave may be substituted for scheduled (“PTO”) when appropriate. Additional leave may be requested through Personal Leave of Absence. For additional information concerning benefits under Bereavement Leave, contact the GME office or consult the MH Benefits Guide. *See policy V.F. Leave of Absence.*

Required Activities: Interns must participate in all training activities including all individual and group supervisions, Grand Rounds, and assigned didactic seminars. They are to keep all scheduled patient contacts and provide all assigned clinical services. Interns are responsible for maintaining patient records in a timely fashion.

DRESS CODE

1. Fellows, residents, interns, and students shall always be attired in a professionally appropriate manner. The following is to be considered as the institution’s official dress code.
 - All clothing shall be clean, neat, in good repair, and job appropriate. All residents, interns, and students are required to wear the appropriate uniform, scrub, lab coat, or apparel appropriate to their job and departmental policy.
 - Undergarments are required and should not be visible through clothing.
 - Good personal hygiene is required.
 - Perfumes, after shave products and colognes must be used sparingly, as patients or clients may be sensitive to fragrances.
 - Dresses and skirts must be acceptable business length, not more than 2 inches above the knee.
 - Shoes should be clean, neat, in good repair, and job appropriate. Open-toed footwear cannot be worn in patient care areas.
 - Jewelry should be kept to a minimum and should not pose a potential hazard to patients or employees, nor interfere with proper work performance. Dangling earrings, gauges, or excessive jewelry should not be worn around patients for safety reasons.
 - Hair, including facial hair, must be neat, clean and trimmed. Hairstyles should not interfere with work requirements or come into contact with patients. Conservative color and style should be consistent with a professional atmosphere. Residents, interns, and students will comply with any government regulation (OSHA, ODH) pertaining to hairstyle and/or hair covering that may be required for their job.
 - Residents, interns, and students may not display visible tattoos while working.
 - Approved badges shall be worn at all times, above the waist.

2. Artificial fingernails and nail jewelry for direct patient care givers, including residents, interns, and students is prohibited. Nails must be kept short (no greater than ¼ inch past the fingertip). Nail polish is permitted as long as the nail surface remains smooth.

EXAMPLES OF UNACCEPTABLE APPEARANCE

Fellows, residents, interns, and students are always expected to dress appropriately when arriving at the facility and for their job responsibilities. The following are unacceptable:

- Torn, stained, paint spattered, or bleach marked clothing.
- T-shirts, tank tops, strapless, spaghetti strap, or backless items.
- Crop tops, tube tops, love cut and halter tops.
- Leggings and shorts, including walking shorts.
- Tight “form-fitting” clothing, to include tops and coats.
- Exposed cleavage.
- Transparent or sheer fabrics.
- Mini-skirts and very short dresses.
- Athletic wear, including sweatpants or sweatshirts, or jogging style clothing.
- Muscle shirts
- Denim jeans
- Clothing with offensive writing or graphics
- Pins or buttons unless approved by the organization.

For additional information concerning Dress Code and/or Professional Attire, contact the GME office or consult the MH Benefits Guide. *See policy III.K Dress Code.*

EVALUATION PROCESS

All Interns: All interns will be formally evaluated at the end of each rotation, using the evaluation form provided by the Program Director. Please see Appendix 1.0 for End of Rotation evaluations. These evaluations are completed by at least one licensed psychologist who provided direct supervision during the time of evaluation. In addition to this written evaluation, each intern will meet with and receive direct feedback from the rotation supervisor, with an opportunity for discussion and clarification. Please see Appendix 1.0.

On each of the four rotations, the interns are expected to make a formal case presentation at the Friday morning Breakfast Rounds. This case presentation includes a presentation by the trainee of the pathology nature, a review of the literature regarding the disorder, and an assessment of the specific case considering that literature. Each case presentation will be evaluated by two

psychologists. Please see Appendix 1.0 for the rubric used in evaluating case presentations.

Feedback regarding interns' progress will be sent to their graduate training programs via email at the mid-year mark and at the conclusion of internship. The mid-year email will include information related to the intern's progress and attach a summary of interns' evaluations thus far. We will also send an email at the end of the year to let the graduate program know that the intern successfully (or not) completed internship, a summary of interns' evaluations, and a signed letter of completion.

A Semi-Annual and Annual evaluation will be completed from a composite of multiple evaluations by the Program Director, Clinical Competency Committee, who have evaluated this intern's performance in meeting the goals and milestones set for the training program. The evaluation is based upon the accredited training program general competencies and the specialty-specific milestone which define the essential components of clinical competence. Please see Appendix 1.0 for Clinical Competency Committee process and for Semi Annual / Annual Evaluation.

If there are concerns, then more frequent follow up between our training director and graduate program director will occur.

Managing problems in achieving the above: Please see Appendix 2.0—Policy CP.C.1.f for Due Process Policy.

Causes for immediate action by the Program Director: This is a drug free workplace and has a zero-tolerance policy for violence. Violation of either of these hospital policies may give rise to immediate dismissal from the program.

Please see Appendix 2.0—Policy CP.C.1.f for Due Process Policy.

INTERN GRIEVANCE POLICY

Please see Appendix 2.0—Policy CP.C.1.g for intern Grievance Policy

EXTERNAL RESOURCES for TRAINEE CONCERNS

The Psychology Internship Program encourages interns to first attempt to resolve concerns through the program's established grievance procedures and institutional processes. However, interns may seek consultation or guidance from external professional organizations when concerns cannot be resolved through internal processes or when additional consultation is desired.

Association of Psychology Postdoctoral and Internship Centers (APPIC) Informal Problem Consultation (IPC)

APPIC provides an Informal Problem Consultation (IPC) process to assist interns, training programs, and other individuals involved in psychology training when concerns arise related to internship experiences. IPC provides consultation and guidance regarding potential solutions and pathways for addressing training-related concerns.

Information regarding APPIC's Informal Problem Consultation process can be found at:

<https://www.appic.org/Problem-Consultation>

American Psychological Association (APA) Commission on Accreditation (CoA)

The APA Commission on Accreditation provides information regarding accreditation-related concerns, complaints, and third-party testimony processes. Concerns submitted to APA CoA must relate to a program's consistency with the Standards of Accreditation.

Information regarding APA CoA complaints and third-party testimony can be found at:

<https://accreditation.apa.org/complaints-and-third-party-testimony>

SUPERVISION

The Program Director is the ultimate supervisor for all interns, determines who may and may not supervise interns, and assigns interns to particular supervisors.

In order to be a primary supervisor on any rotation, a psychologist must meet the following requirements:

- Be licensed as a psychologist in Ohio.
- Be appointed as a member of the medical staff of the hospital with privileges which include supervision.

Other supervisors may be assigned within a rotation with the approval of the Program Director provided those individuals meet one of the following requirements:

- Be licensed in Ohio at the independent practice level in that individual's profession, or
- Be supervised in providing supervision to the intern (e.g. a Post-doctoral Fellow could supervise an intern provided he/she is supervised by a faculty member).

Total supervision time will be at least 4 hours weekly. At least 2 hours of this supervision will be conducted individually. Interns will receive daily supervision from their primary supervisor on the current rotation. The intern will discuss

each new case with the supervisor, along with any difficult cases the intern is following. Interns can also request meetings with supervisors to discuss other topics such as individualized feedback or professional growth.

Interns from all rotations also participate in a one-hour, weekly group supervision with the Director of the Clinical Psychology Doctoral Internship Program. Interns will take turns presenting a case, paired with a question or topic for discussion for the group. Interns will receive a minimum of four hours of supervision per week, with no fewer than two hours of individual supervision per week.

Interns from all rotations also participate in additional scheduled group supervision directly related to neuropsychological assessment on the first and third Wednesdays of every month for one hour, and the first and third Thursdays of every month for an additional two hours

The intern may have the opportunity to provide “umbrella” supervision to doctoral trainees working within our program.

Our current supervisors are Dr. Esther Strahan (rehabilitation rotation), Dr. Samantha Cain (pre-surgical assessment and health intervention rotation and group supervision), Dr. Thomas Hull (mental health and assessment rotation), Dr. Jeff Cigrang (Integrated Behavior Health in Family Medicine rotation) and Dr. Kurt Brickner (neuropsychological assessment supervisor) for back up supervision should a primary supervisor be unavailable.

Friday morning group supervision experiences include one hour of “Breakfast Rounds” and a one- hour team meeting. Breakfast Rounds is a more formal teaching and supervision conference.

Teaching faculty will initially offer case presentations to help the interns develop a professional model for discussing cases, with ample time for feedback and questions, including how the concepts discussed relate to the interns’ clinical cases and their professional development. After this orientation, trainees and staff will present cases and discuss relevant issues to the case including assessment, diagnosis, and plan for intervention. Relevant literature is also presented.

The weekly Team Meeting and Group Supervision is a more informal and intern-driven experience. It includes faculty and interns discussing patient care, cultural issues, recognizing our own emotional responses and biases, strategies for managing stress in difficult patient encounters, professional development, and brief teachings.

GRADUATION REQUIREMENTS

To be certified as having completed this internship, the intern must comply with the following:

- Complete 12 months of service.
- Receive a passing score on all internship competencies in the internship evaluation by the end of internship.
- Pass four Case Presentations for the individual's major rotation.
- Attend all didactic presentations when not on approved leave.
- Attend all supervision sessions (individual and group), when not on approved leave.

APPENDIX 1.0—CCC Process and Intern Evaluations

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Clinical Competency Committee Process

Evaluations:

Completing evaluations of the interns allows for accurately mapping progress to competencies and milestones. This process ensures that interns meet required competencies, supports targeted development, and helps maintain high standards in training. Comprehensive evaluations enable the data to flow to the Clinical Competency Worksheet (CAW) that the Clinical Competency Committee will use to make informed decisions about interns' readiness for semi-annual and annual review. All rotation evaluations are designed using competencies and milestones.

Evaluators will see an answer scale to select on an evaluation:

- Not applicable or not assessed in this training experience.
- Not acceptable.
- Below Expected.
- Expected Level.
- High intermediate.
- Advanced.

Then at the back end transfer the above answers into scores as the following.

- Not applicable or not assessed in this training experience: score N/A
- Not Acceptable: score 1
- Below Expected: score 2
- Expected Level: score 3
- High intermediate: score 4
- Advanced: score 5

Professional-Wide Competencies

- a. Research
- b. Ethical and legal standards
- c. Individual and cultural diversity
- d. Professional Values and Attitudes
- e. Communication and interpersonal skills
- f. Assessment
- g. Intervention
- h. Supervision
- i. Consultation and interprofessional/interdisciplinary skills

Clinical Competency Committees (CCC)

The goal of this Clinical Competency Committee (CCC) is to provide broad input to the program director about each intern's performance. The CCC functions in an advisory role by meeting regularly to review all completed evaluations and providing a consensus-based recommendation to the program director as to the standing of each trainee in the program. The Committee will provide performance-based assessments that respect the personal privacy of the interns in the program. The Committee will function objectively and in a manner that promotes the highest levels of professionalism and confidentiality. The program director has final responsibility for each trainee's evaluation and promotion decisions.

The CCC will include the program faculty that meets semiannually. Faculty members may include physicians and

non-physicians from the program or required rotations in other specialties who teach and evaluate the interns. Meeting minutes will be taken as a summary written in a fair and balanced manner.

The committee's responsibilities are to:

- Review all intern evaluations semi-annually.
- Prepare and assure the reporting of Milestones/Competency evaluations of each intern semi- annually.
- Advise the program director regarding resident progress, including promotion, remediation, and dismissal.
- Prepare a report summarizing the Committee's recommendations and rationale for recommending any adverse action from each meeting; and
- Advise the Program Evaluation Committee about any evaluation issues identified during CCC meetings.
- Meet and present the Semi-Annual evaluation to intern by Program Director. Final signatures required by Program Director and Intern when complete.

The Clinical Competency Timelines:

July 1 - October 31: Clinical Competency Committee members will review trainee performance.

November 1 – November 30: Clinical Competency Committee will meet as a group to finalize assessments.

December 1 – December 31: Program Director will report results to the intern.

November 1 – April 30: Clinical Competency Committee members will review trainee performance.

May 1 – May 31: Clinical Competency Committee will meet as a group to finalize assessments.

June 1 – June 30: Program Director will report results directly to the intern.

Clinical Competency Worksheet (CAW)

The CAW is a structured tool designed to evaluate and monitor the progress of interns throughout their training. It aims to ensure that interns meet the educational, milestones, and competency standards required. The CAW will be reviewed semi-annually and annually. This tool summarizes the results from all the assessments to provide a Provisional Performance for review. This information is to select a Final Performance score. The intern will have the opportunity to complete a self-assessment before the CCC committee and Program Director complete the review. The intern will retain access to view their CAW through the program management software.

End of CCC Process Summary

Evaluation Guide

Psychology Faculty will use these ratings for each profession wide competency when completing end of rotation evaluations, semi-annual, and annual evaluations.

***Please Note:** The program encourages continued progression toward advanced levels of professional competence across the internship year.

***Please Note:** An average score of 2 ("Below Expected") across the items comprising a single Profession-Wide Competency (PWC) on an end-of-rotation evaluation will initiate a formal remediation plan, increased monitoring, and review by the Clinical Competency Committee (CCC). Because the semi-annual evaluation contains a single overall rating for each PWC, a score of 2 ("Below Expected") on any PWC during the semi-annual evaluation will also initiate a formal remediation plan, increased monitoring, and review by the CCC. A score of 1 ("Not Acceptable") on any PWC during a rotation, or semi-annual evaluation will initiate the program's formal Due Process procedures. **The final annual evaluation serves as the program's determination of readiness for entry-level autonomous practice. Because the final annual evaluation also contains a single overall rating for each PWC, a score of 2 ("Below Expected") or lower on any PWC at the time of the final annual evaluation will be considered below the minimum level required for successful completion of the internship program.**

1. Research

1 – Not Acceptable

Demonstrates limited understanding of scientific foundations of psychology. Unable to critically evaluate research or apply evidence to practice. Misuses or disregards empirical literature despite supervision.

2 – Below Expected

Demonstrates basic awareness of research concepts but inconsistently applies evidence to clinical decision-making. Requires frequent guidance to interpret or evaluate research findings.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Demonstrates foundational ability to critically evaluate research literature and apply relevant findings to clinical work. Uses supervision to integrate research evidence, particularly with complex or diverse cases.

4 – High Intermediate

Consistently integrates research evidence into assessment, intervention, and consultation. Independently evaluates the strengths and limitations of scientific literature and appropriately applies findings across a range of clinical situations. Performance exceeds the expected level for an intern at this stage of training.

5 – Advanced

Demonstrates exceptional integration of scientific knowledge into clinical practice and consistently exceeds expectations for an intern. Synthesizes and applies research to complex clinical or systems-level questions while serving as a resource to peers and supervisors when appropriate.

2. Ethical and Legal Standards

1 – Not Acceptable

Demonstrates significant gaps in ethical knowledge or judgment. Fails to recognize ethical dilemmas or does not follow ethical/legal standards despite supervision.

2 – Below Expected

Demonstrates basic knowledge of ethical standards but inconsistently applies them. Requires frequent direction to identify ethical issues and appropriate actions.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Demonstrates working knowledge of APA Ethics Code and relevant laws. Identifies ethical dilemmas and uses supervision appropriately to resolve them.

4 – High Intermediate

Consistently applies ethical and legal standards with sound professional judgment. Anticipates ethical issues and appropriately seeks consultation for complex situations. Performance exceeds expectations for an intern.

5 – Advanced

Demonstrates exceptional ethical reasoning and professional judgment that consistently exceeds expectations for an intern. Integrates ethical principles seamlessly into clinical practice and contributes thoughtfully to ethical discussions within the training environment.

3. Individual and Cultural Diversity

1 – Not Acceptable

Demonstrates limited awareness of how culture, identity, and power affect clinical work. Behavior may negatively impact clients or team functioning.

2 – Below Expected

Demonstrates awareness of diversity factors but inconsistently integrates them into assessment or intervention. Requires frequent supervision to address cultural considerations.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Demonstrates foundational cultural humility and integrates diversity factors into clinical work. Uses supervision to explore biases and enhance culturally responsive practice.

4 – High Intermediate

Consistently integrates cultural, contextual, and systemic factors into assessment, intervention, and consultation. Demonstrates cultural humility and exceeds expectations for an intern.

5 – Advanced

Demonstrates exceptional multicultural competence that consistently exceeds expectations for an intern. Independently incorporates cultural awareness into all aspects of professional practice and contributes meaningfully to discussions regarding diversity, equity, and inclusion.

4. Professional Values and Attitudes

1 – Not Acceptable

Demonstrates poor professional judgment, limited accountability, or difficulty accepting feedback.

2 – Below Expected

Demonstrates emerging professionalism but inconsistently applies feedback or self-reflection.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Demonstrates professionalism, accountability, and openness to supervision. Engages in reflective practice with support.

4 – High Intermediate

Consistently demonstrates professionalism, integrity, accountability, and reflective practice. Actively incorporates feedback into ongoing professional growth and exceeds expectations for an intern.

5 – Advanced

Demonstrates an exceptionally mature professional identity that consistently exceeds expectations for an intern. Models professionalism, self-awareness, and accountability while contributing positively to the professional development of the training environment.

5. Communication and Interpersonal Skills

1 – Not Acceptable

Communication is unclear, ineffective, or negatively impacts clients or teams.

2 – Below Expected

Demonstrates basic communication skills but inconsistently adapts to audience or context.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Communicates effectively with clients, supervisors, and team members. Use supervision to refine interpersonal effectiveness.

4 – High Intermediate

Demonstrates effective and flexible communication across clinical and interdisciplinary settings. Navigates challenging interactions with professionalism and exceeds expectations for an intern.

5 – Advanced

Demonstrates exceptional interpersonal effectiveness that consistently exceeds expectations for an intern. Communicates with clarity, professionalism, and confidence across a broad range of clinical and interdisciplinary situations.

6. Assessment

1 – Not Acceptable

Demonstrates significant difficulty selecting, administering, or interpreting assessments.

2 – Below Expected

Demonstrates basic assessment skills but requires frequent guidance for integration and interpretation.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Conducts assessments competently for routine cases. Uses supervision to support complex diagnostic and interpretive decisions.

4 – High Intermediate

Independently conducts, integrates, and communicates assessment findings for increasingly complex cases. Reports are accurate, clinically useful, and exceed expectations for an intern.

5 – Advanced

Demonstrates exceptional assessment skills that consistently exceed expectations for an intern. Produces highly integrated case conceptualizations and assessment reports while requiring minimal supervisory guidance for complex cases.

7. Intervention

1 – Not Acceptable

Demonstrates ineffective or inappropriate intervention skills.

2 – Below Expected

Demonstrates basic intervention skills but requires frequent direction.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Implements evidence-based interventions competently for routine cases. Uses supervision to address complexity and refine technique.

4 – High Intermediate

Demonstrates flexibility and effectiveness in delivering evidence-based interventions across increasingly complex clinical presentations. Performance exceeds expectations for an intern.

5 – Advanced

Demonstrates exceptional intervention skills that consistently exceed expectations for an intern. Independently adapts evidence-based treatments for complex clinical presentations while demonstrating sophisticated clinical reasoning.

8. Supervision

1 – Not Acceptable

Demonstrates poor understanding of supervisory roles or responsibilities.

2 – Below Expected

Demonstrates emerging supervisory skills but requires close guidance.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Demonstrates foundational supervisory knowledge and skills. Uses supervision to develop supervisory identity and competence.

4 – High Intermediate

Demonstrates effective foundational supervision skills with minimal guidance. Provides thoughtful feedback and responds appropriately to supervisee developmental needs. Performance exceeds expectations for an intern.

5 – Advanced

Demonstrates exceptional supervisory knowledge and skill that consistently exceeds expectations for an intern. Integrates developmental, ethical, and reflective approaches to supervision while demonstrating advanced professional judgment.

9. Consultation and Interprofessional/Interdisciplinary Skills

1 – Not Acceptable

Demonstrates difficulty collaborating or providing appropriate consultation.

2 – Below Expected

Demonstrates basic consultation skills but requires frequent guidance.

3 – Expected Level

Demonstrates the expected level of competence for an intern at this stage of training. Participates effectively in consultation and interdisciplinary teams. Uses supervision to refine consultative skills.

4 – High Intermediate

Provides effective consultation and collaborates confidently within interdisciplinary teams. Demonstrates professional judgment that exceeds expectations for an intern.

5 – Advanced

Demonstrates exceptional consultation and interprofessional collaboration skills that consistently exceed expectations for an intern. Effectively facilitates communication across disciplines and contributes meaningfully to collaborative patient care.

Profession-Wide Competencies Evaluation Form

All interns undergo formal evaluations every four months, using a form provided by the Program Director. These evaluations are conducted by at least one licensed psychologist who has directly supervised the intern during the evaluation period. In addition to the written evaluation, each rotation includes an oral outcome assessment. These evaluations contribute to the Semi-Annual and Annual reviews.

Intern is being evaluated based on these parameters (Please check all that apply):

- ☐ Direct observation
- ☐ Feedback from psychology supervisors and core faculty
- ☐ Participation in meetings
- ☐ Review of clinical records
- ☐ Individual supervision
- ☐ Group supervision
- ☐ Participation and engagement in didactics
- ☐ Other:

Rating Scale (Applies to All Items)

Rating	Description
1	Not Acceptable
2	Below Expected
3	Expected Level
4	High Intermediate
5	Advanced
N/A	Not Applicable / Insufficient Opportunity

Profession-Wide Competencies		N/A	1	2	3	4	5
Research	Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).						
Research	Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level.						
Ethical and legal standards	Demonstrate knowledge of and acts in accordance with each of the following: a) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; b) Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and c) Relevant professional standards and guidelines.						
Ethical and legal standards	Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.						
Ethical and legal standards	Conducts self in an ethical manner in all professional activities.						
Ethical and legal standards	Engages in professional activities in a manner consistent with the policies of the training setting and with Ohio laws and statutes related to the practice of psychology.						
Individual and cultural diversity	Integrates awareness and knowledge of individuals and cultural differences in the conduct of professional roles.						
Individual and cultural diversity	Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.						
Individual and cultural diversity	Knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.						

Individual and cultural diversity	The ability to apply a framework for working effectively with areas of individual and cultural diversity						
Individual and cultural diversity	The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.						
Professional values, attitudes, and behaviors	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.						
Professional values, attitudes, and behaviors	Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.						
Professional values, attitudes, and behaviors	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.						
Professional values, attitudes, and behaviors	Responds professionally in complex situations with a greater degree of independence as they progress across levels of training.						
Professional values, attitudes, and behaviors	Accept responsibility for meeting deadlines, completing required documentation promptly and accurately						
Communication and interpersonal skills	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.						
Communication and interpersonal skills	Demonstrates effective interpersonal skills and the ability to manage difficult communication well.						
Communication and interpersonal skills	Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated.						
Assessment	Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.						
Assessment	Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).						
Assessment	Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.						
Assessment	Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.						
Assessment	Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.						
Assessment	Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.						

Intervention	Establishes and maintains effective relationships with the recipients of psychological services.						
Intervention	Develop evidence-based intervention plans specific to the service delivery goals.						
Intervention	Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.						
Intervention	Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.						
Intervention	Demonstrate the ability to apply the relevant research literature to clinical decision making.						
Intervention	Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.						
Consultation and interprofessional/interdisciplinary skills	Demonstrates knowledge and respect for the roles and perspectives of other professions.						
Consultation and interprofessional/interdisciplinary skills	Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.						
Supervision	Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.						
Supervision	Apply the supervisory skill of observing in direct or simulated practice.						
Supervision	Apply the supervisory skill of evaluating in direct or simulated practice.						
Supervision	Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.						

Please list intern's strengths at this point in training

Opportunities for improvement

Other comments

Supervisor's signature _____ Date _____

Intern's comments/response

Intern's signature _____ Date _____

***INTERN ACKNOWLEDGES THAT THEY HAVE BEEN DIRECTLY OBSERVED IN-PERSON BY THEIR IMMEDIATE SUPERVISOR RESPONSIBLE FOR THE ACTIVITY OR EXPERIENCE BEING EVALUATED. ***

☐ Intern refused to sign.

End of Evaluation

Semi-Annual / Annual Evaluation

Intern is being evaluated based on these parameters (Please check all that apply):

- ☐ Direct observation
- ☐ Feedback from psychology supervisors and core faculty
- ☐ Participation in meetings
- ☐ Review of clinical records
- ☐ Individual supervision
- ☐ Group supervision
- ☐ Participation and engagement in didactics
- ☐ Other:

Rating Scale (Applies to All Items)

Rating	Description
1	Not Acceptable
2	Below Expected
3	Expected Level
4	High Intermediate
5	Advanced
N/A	Not Applicable / Insufficient Opportunity

Profession-Wide Competencies		N/A	1	2	3	4	5
Research	Interns will demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities such as case conference presentations, publications, and present research or scholarly activities at the local, regional, or national level. Interns will have the ability to integrate research findings into clinical practice, ultimately improving outcomes for individuals						
Ethical and legal standards	Intern's understanding and application of APA Ethical Principles of Psychologists and Code of Conduct to recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve dilemmas and conduct self in an ethical manner in all professional activities. This competency ensures that interns practice with integrity and uphold the rights and dignity of patients throughout their care. Engages in professional activities in a manner consistent with the policies of the training setting and with Ohio laws and statutes related to the practice of psychology.						
Individual and cultural diversity	Intern's ability to understand, appreciate, and effectively respond to the diverse backgrounds and experiences of patients and colleagues. This competency ensures that interns provide equitable and inclusive care, fostering a therapeutic environment that respects and values the unique identities of each patient and team members they may be working with.						

Professional values, attitudes, and behaviors	Demonstrate a commitment to behave in ways that reflect the values and attitudes of psychology, including integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others. Interns will have the ability to engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Interns will respond professionally in complex situations as well as demonstrate openness and responsiveness to feedback and supervision. Accept responsibility for meeting deadlines, completing required documentation promptly and accurately						
Communications and interpersonal skills	Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Also, demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated. Be able to demonstrate effective interpersonal skills and the ability to manage difficult communication well.						
Assessment	Intern's ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data through appropriate methods. Interns will interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Interns will communicate findings and implications of the assessment in an accurate and effect manner.						
Intervention	Intern's ability to establish and maintain effective relationships with the recipients of psychological services. Interns will identify and utilize evidenced based intervention plans informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.						
Consultation and interprofessional/interdisciplinary skills	Demonstrate knowledge and respect for the roles and perspectives of other professions. Provide consultation to healthcare professionals across various disciplines to provide comprehensive care for patients ensuring that psychological considerations are integrated into treatment planning and decision-making.						
Supervision	Apply supervision knowledge in direct or simulated practice with psychology trainees. Learn to apply the supervisory skills of observing, evaluation, and giving feedback and constructive criticism to psychology trainees. Interns will conduct self in a professional manner during supervision.						

Comments:

1. To meet the above goals of achieving competency in the listed areas to the standard expected, the following objectives apply:
 - a) Evaluations
 - Each intern will have an evaluation after each rotation.
 - Copies of these evaluations will be maintained in the program management software and will always be available to the intern.

- A final evaluation will be prepared for each intern who completes the program, and this will verify that the intern has demonstrated sufficient professional ability to practice competently and independently. This will be part of the intern's permanent record.
- Regular education meetings will be held and if there are any concerns with the performance of the intern, timely feedback will be given to the intern.
- The faculty performance will be evaluated anonymously by the intern after every rotation, but results will not be released to specific supervisor until the end of the year by the Training Director.
- The Clinical Competency Committee will meet at least twice yearly to review all Interns evaluations and to discuss each Intern's progression in reaching the required Milestones.

☐ Intern *Name* has successfully completed the requirements.

☐ Intern *Name* has not successfully completed the requirements due to following reason(s): *Explain, listing milestones not met.*

As a result, the following action will occur: *Explain plan.*

I, _____ have reviewed the information included in this Semi-Annual Evaluation Summary/Annual Evaluation Summary.

Intern Signature

Date

***INTERN ACKNOWLEDGES THAT THEY HAVE BEEN DIRECTLY OBSERVED IN-PERSON BY THEIR IMMEDIATE SUPERVISOR RESPONSIBLE FOR THE ACTIVITY OR EXPERIENCE BEING EVALUATED. ***

I, _____, verify that the information included in this Semi-Annual Evaluation Summary/Annual Evaluation Summary was reviewed with

_____.

Program Director/Associate Program Director Signature

Date

☐ Intern refused to sign.

End of Semi Evaluation/Annual Evaluation Summary

Case Presentation Evaluation Rubric

Intern: _____

Date: _____

Topic: _____

1. Data Collection Relevant to Referral Questions:

Did the intern collect sufficient data to assess the patient relative to presenting problems and/or referral questions?

1	2	3	4	5
Data collection is incomplete, unfocused, or omits critical information relevant to the referral.	Basic data is collected, but key areas are underdeveloped or not clearly tied to referral questions.	Sufficient relevant data are collected to address referral questions; supervision needed to refine scope or depth.	Comprehensive, well-targeted data collection that clearly addresses referral questions.	Sophisticated, efficient data collection, demonstrating advanced clinical judgement and prioritization.

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Comments:

2. Medical Conditions and Integration:

Did the intern adequately explain relevant medical conditions, labs, and their relationship to patient functioning?

1	2	3	4	5
Medical information is inaccurate, superficial, or not integrated.	Medical conditions are described but connections to psychological status are unclear.	Relevant medical conditions and labs are accurately described with basic integration.	Medical and psychological factors are clearly and thoughtfully integrated.	Demonstrates advanced biopsychosocial integration comparable to licensed practice.

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Comments:

3. Literature Review:

Did the intern conduct a thorough and relevant literature review?

1	2	3	4	5
Little to no relevant literature cited or misapplied.	Limited or outdated literature with minimal integration.	Relevant, current literature is cited and generally applied appropriately.	Strong integration of current literature informing conceptualization and intervention.	Sophisticated synthesis of literature, demonstrating advanced scientific reasoning.

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Comments:

4. Mental Status Examination:

Did the intern adequately assess and present the patient's mental status?

1	2	3	4	5
Mental status assessment is incomplete or inaccurate.	Basic elements included but lacks depth or clarity.	Adequate and accurate mental status assessment appropriate to the case.	Thorough, nuanced mental status evaluation integrated into case formulation.	Advanced assessment demonstrating, subtle clinical judgement and precision.

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Comments:

5. Case Conceptualization:

Did the intern comprehensively conceptualize the patient's difficulties?

1	2	3	4	5
Conceptualization is fragmented or overly simplistic.	Some relevant factors identified, but integration is limited.	Coherent conceptualization incorporating major relevant factors.	Well-integrated, multifactorial conceptualization.	Sophisticated, flexible conceptualization, demonstrating expert-level integration.

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Comments:

6. Diagnosis and Differential Diagnosis:

Were the diagnoses accurate and complete? Were differentials discussed?

1	2	3	4	5
Diagnoses are inaccurate or unsupported.	Primary diagnosis identified but differentials are limited or unclear.	Accurate diagnoses with appropriate discussion of differentials.	Clear, well-reasoned diagnostic justification with thoughtful differential analysis.	Advanced diagnostic reasoning comparable to autonomous practice.
☐	☐	☐	☐	☐

Comments:

7. Intervention Rationale:

Did the intern justify selected interventions and explain why alternatives were not chosen, based on current literature?

1	2	3	4	5
Intervention rationale is absent or inappropriate.	Basic rationale provided with limited literature support.	Intervention choice is appropriate and generally supported by literature.	Strong, well-articulated rationale with evidence-based justification.	Sophisticated treatment planning, reflecting advanced clinical judgement.
☐	☐	☐	☐	☐

Comments:

8. Service Delivery and Professional Issues:

Did the intern address service delivery and professional issues relevant to the case?

1	2	3	4	5
Service delivery issues are not identified.	Issues are mentioned but not meaningfully discussed.	Relevant professional and systems issues are adequately addressed.	Thoughtful discussion of systems level and professional considerations.	Advanced understanding of service delivery within complex systems.
☐	☐	☐	☐	☐

Comments:

9. Ethical Issues:

What ethical issues were involved, and how were they resolved?

1	2	3	4	5
Ethical issues were missed or mishandled.	Ethical issues identified but resolution is unclear or incomplete.	Relevant ethical issues identified and addressed appropriately with supervision.	Ethical reasoning is clear, proactive, and well-articulated.	Advanced ethical judgement consistent with autonomous practice.

☐☐☐☐☐

Comments:

10. Diversity and Cultural Considerations:

What diversity issues were involved in this case, and how were they addressed?

1	2	3	4	5
Diversity factors are ignored or minimized.	Diversity acknowledged but not integrated.	Relevant diversity factors identified and incorporated into care.	Thoughtful and culturally responsive integration throughout the case.	Advanced multicultural competence and systemic awareness.

☐☐☐☐☐

Comments:

11. Presentation Style and Professional Communication:

Was the presentation clear, organized, and professional?

1	2	3	4	5
Disorganized, unclear, or unprofessional presentation.	Basic organization but difficult to follow or overly reliant on notes.	Clear, organized presentation appropriate for internship level.	Polished, confident presentation with effective engagement.	Highly professional, concise, and engaging presentation comparable to licensed practice.

☐☐☐☐☐

Comments:

12. Overall Case Presentation Rating 1-5

13. Strengths

14. Areas for Growth

Overall Comments:

Examiner Signatures:

*Please note: The program encourages continued progression toward advanced levels of professional competence across the internship year, consistent with APA Benchmarks. *

End of Case Presentation Evaluation

Intern Evaluation of Supervisor

Supervisor Name: _____

Intern Name: _____

Rotation Name: _____

Evaluation Period: End of Rotation

Date: _____

Rating Scale (Applies to All Items)

Rating	Description
1	Does Not Meet Expectations
2	Below Expectations
3	Meets Expectations
4	Exceeds Expectations
5	Significantly Exceeds Expectations
N/A	Not Applicable / Insufficient Opportunity

1 = Does Not Meet Expectations

Supervision does not meet minimum training standards. Supervision is inconsistent or insufficient, lacks structure, or does not adequately support ethical, clinical, or professional development. Feedback is absent, unclear, or unhelpful. Supervisor availability may be limited, and the learning environment may feel unsafe or unsupportive.

2 = Below Expectations

Supervision meets some basic requirements but is inconsistently effective. Supervision occurs but may lack clear structure, developmental focus, or timely feedback. Guidance may not be well matched to the intern's level of training, and supervisor availability or responsiveness may be variable.

3 = Meets Expectations

Supervision meets program and APA expectations for internship training. Supervision is provided regularly, is developmentally appropriate, and supports skill development and professional growth. Feedback is constructive and timely, and the supervisor fosters a respectful and supportive learning environment.

4 = Exceeds Expectations

Supervision is consistently strong and developmentally responsive. The supervisor is highly available, organized, and attentive to training goals. Feedback is specific, timely, and highly useful. Supervision effectively integrates ethics, diversity, science, and professional identity development, supporting increasing intern autonomy.

5 = Significantly Exceeds Expectations

Supervision is exceptional and models best practices in psychology training. The supervisor provides outstanding mentorship, advanced clinical and professional guidance, and highly collaborative supervision. Supervision consistently promotes advanced reasoning, ethical excellence, cultural responsiveness, and readiness for independent practice.

N/A = Not Applicable / Insufficient Opportunity

Parameters of Evaluation		N/A	1	2	3	4	5
Supervision Structure & Availability	Provided regularly scheduled supervision consistent with program requirements						
Supervision Structure & Availability	Was accessible and responsive between supervision sessions						
Supervision Structure & Availability	Ensured supervision time was protected and used effectively						
Supervisory Relationship & Professional Climate	Modeled professional values and ethical behavior						
Supervisory Relationship & Professional Climate	Fostered a respectful, supportive, and professional supervisory relationship.						
Supervisory Relationship & Professional Climate	Created a learning environment that encouraged questions and discussion						
Developmentally Appropriate Supervision	Tailored supervision to my level of training and experience						
Developmentally Appropriate Supervision	Adjusted expectations and autonomy appropriately over time						
Developmentally Appropriate Supervision	Supported my progression toward increased independence						
Feedback & Evaluation	Provided timely, specific, and constructive feedback						
Feedback & Evaluation	Balanced strengths-based and corrective feedback						
Feedback & Evaluation	Clearly communicated expectations and performance standards						
Integration of Science and Practice	Encouraged the use of empirical literature to inform clinical work						
Integration of Science and Practice	Modeled critical thinking and evidence-based decision-making						
Integration of Science and Practice	Supported integration of research, assessment, and intervention						
Ethical and Legal Guidance	Modeled ethical and legally sound professional behavior						
Ethical and Legal Guidance	Helped identify and resolve ethical dilemmas						
Ethical and Legal Guidance	Encouraged consultation and ethical decision-making						
Attention to Individual and Cultural Diversity	Demonstrated cultural humility and awareness						
Attention to Individual and Cultural Diversity	Encouraged consideration of diversity and contextual factors						

Attention to Individual and Cultural Diversity	Supported culturally responsive clinical practice						
Support for Professional Identity & Growth	Supported development of my professional identify as a psychologist						
Support for Professional Identity & Growth	Encouraged self-reflection and professional growth						
Support for Professional Identity & Growth	Discussed career development and readiness for practice when appropriate						
Consultation, Collaboration, and Systems Awareness	Modeled effective interdisciplinary collaboration						
Consultation, Collaboration, and Systems Awareness	Supported my role on treatment teams						
Consultation, Collaboration, and Systems Awareness	Helped me navigate systems-level or organizational issues						

Overall Evaluation:

Overall effectiveness of supervision:

1	2	3	4	5
☐	☐	☐	☐	☐

Supervisor's strengths:

Suggestions for improvement (optional):

Would you choose to work with this supervisor again?

☐ Yes ☐ No ☐ Not sure

Additional Comments:

End of Intern Evaluation of Supervisor

Psychology Intern Remediation Plan

Date of Remediation Plan Meeting:

Name of Intern:

Program Director:

Primary Supervisor:

Names of All Persons Present at the Meeting:

Is this a Notice of Counseling or Notice of Probation:

Description of the problem(s) identified for which remediation is sought:

Date(s) the problem(s) was brought to the intern's attention and by whom:

Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already initiated by the supervisor(s)/faculty to address the problem(s):

Remediation Plan

<u>Competency/ Skills Deficits Identified</u>	<u>Problem Behaviors Identified</u>	<u>Expectations for Acceptable Performance</u>	<u>Intern's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Time-frame for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>	<u>Consequences for Unsuccessful Remediation</u>

I, _____, have reviewed the above remediation plan with my primary supervisor, additional supervisors/faculty, and the Program Director. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Intern

Program Director

Date

Date

Intern's comments (Feel free to use additional pages):

End of Remediation Plan

APPENDIX 2.0—Program Policies

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Policy Name:	Psychology Intern Recruitment and Selection
Policy Number:	CP.C.1.a
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

I. Mission, Vision, and Values

This organization aims to ensure its Mission, vision, and values are reflected in all organizational-wide policies, procedures, and guidelines.

This policy aligns with our mission of extending the compassionate ministry of Jesus, improving the health and wellbeing of our communities, and promoting healing by upholding the highest standards of clinical education and training. Grounded in the core values of Mercy Health – St. Rita's—compassion, human dignity, integrity, service, and stewardship—it fosters the personal and professional growth of our psychology interns and faculty. The policy reflects our commitment to developing compassionate, competent healthcare professionals dedicated to serving all patients, especially the poor, dying, and underserved. Through this commitment, we aim to advance excellence in care and strengthen the health of the communities we serve.

II. Policy

This policy will ensure fair and equitable selection of qualified psychology interns to enter Doctoral Internship training at Mercy Health – St. Rita's Medical Center. The sponsoring institution must have written policies and procedures for psychology intern recruitment, selection, and eligibility, and appointment consistent with Program Requirements and must monitor each of its programs for compliance.

III. Purpose

- A. The Doctoral Internship program must select individuals appropriately qualified to enter and complete a graduate medical education curriculum.
- B. Provide eligible interns with information about the recruitment and selection process.
- C. Outlines the recruitment and selection process of the clinical psychology internship program.

IV. Scope

This policy applies to clinical psychology interns.

V. Policy Details

A. Nondiscrimination

1. The Internship in Doctoral Internship does not discriminate on the basis of race, ethnicity, religion, sexual orientation, or physical ability. This program selects from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, ability to communicate within the entire medical team, and personal qualities such as motivation and integrity are considered in the selection process.
 - a) Performance in graduate school, personal letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process. The Graduate Medical Education Committee and Graduate Medical Education programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
 - b) As long as an applicant is from an appropriate program, has the required experience, and can perform the duties of an intern, that individual will be given full consideration for selection. The training program must select individuals appropriately qualified to enter and complete the education curriculum. We aspire to build intern classes that reflect diverse cultures, ethics, and perspectives. We value the richness that diversity, equity, and inclusion bring to our organization.

B. Administrative and Financial Assistance

1. The interns receive financial support set at a level that is fair and appropriate, considering the geographic location and clinical setting of the training site. The program ensures adequate financial support for faculty and staff, as well as for reliable and sufficient training activities throughout the duration of the interns' educational contracts. Program funding is aligned with the institution's operating budget and is planned in a way that allows the program to effectively achieve its training objectives.

C. Application

1. The program uses the application provided by APPIC and available at their website, <http://www.appic.org/>. The application and all supporting documentation are submitted electronically through APPIC.

D. Deadline

1. All applications must be submitted by November 5 each year.

E. Screenings

1. It is strongly preferred that applicants meet the following requirements, but exceptions can be made, depending on the individual's background and qualifications:
 - a) Be in good standing in a Clinical, Counseling, Health, or Neuropsychology doctoral program that is either APA or CPA accredited.
 - b) Be certified by that program's Director of Clinical Training as ready for internship and free from behavioral difficulties likely to interfere with the applicant's ability to perform the duties of an intern.
 - c) Have completed 1000 hours of practicum experience prior to the beginning of the internship. This is inclusive of all practicum hours (including supervision and support hours) and is not only face-to-face hours.
 - d) Be able to read and write standard American English and be able to understand and respond in spoken English.
2. The Program Director will screen all applications for the above and will forward those which meet these requirements to the selection committee.

F. Review by Selection Committee

1. A selection committee consisting of the Program Director and other faculty members will review the applications and determine which applications will be given further review. Individuals selected by this committee are invited for a formal interview that will be completed virtually. We will notify all applications of their status by December 15, most commonly by email. Prior experience in comparable settings or engaging in comparable work is a major factor in this selection process as is the appropriateness and quality of the individual's graduate training program.
 - a) Information that is provided must include:
 - i. Stipends, benefits, vacation, leaves of absence (including medical, parental, and caregiver), professional liability coverage, and disability insurance accessible to psychology interns; and,
 - ii. Health insurance accessible to psychology interns and their eligible dependents.

G. Interview

1. All internship interviews are conducted virtually. Selected applicants will be invited to participate in a scheduled virtual interview day, during which they will meet with psychology faculty, current trainees, and other relevant program personnel. Applicants will have the opportunity to learn about the internship program, ask questions, and discuss the program's training experiences, structure, and expectations. The virtual interview format is designed to provide all applicants with equitable access to the interview process while allowing meaningful interaction with faculty and staff.

H. Ranking

1. Once the interviews are completed, individuals who have been interviewed are ranked and those ranks are submitted to the National Matching Service.

I. APPIC Policies

1. The program fully endorses the APPIC policy that the program neither solicits nor provides ranking information and asks that applicants do the same.

J. Administrative and Financial Assistance

1. The Doctoral Internship program maintains an integral role in operating under the mission of the Graduate Medical Education Department as well as the Sponsoring Institution.
2. Psychology interns are provided access to educational resources (library, teaching space and equipment, information systems, etc.) needed to be successful in their role.
3. Psychology interns are provided financial support that is set at a representative and fair level for the geographic location and clinical setting of the training site.
4. Financial support is adequate to maintain faculty/staff and provides sufficient and dependable training activities.

VI. Definitions

N/A

VII. Attachments

The brochure is web based and can be found on the institutional website at:

<https://www.mercy.com/about-us/careers/graduate-medical-education/locations/lima/clinical-health-psychology-doctoral-internship-at-st-ritas-medical-center/rotations-and-curriculum>

VIII. Related Policies

N/A

IX. Regulatory Notices

Nothing in this policy modifies the at-will status of any organizational associate or otherwise creates a contractual relationship between the organization and any associate.

The organization, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	07/01/2025	07/01/2027	New Policy Document	N/A	Designated Institutional Official

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 01/21/2024 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for: Mercy Health - St. Rita's Medical Center

Policy Name:	Psychology Intern Performance and Evaluation
Policy Number:	CP.C.1.e
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2026
Version:	2.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

I. Mission, Vision, and Values

This organization aims to ensure its Mission, vision, and values are reflected in all organizational-wide policies, procedures, and guidelines.

This policy aligns with our mission of extending the compassionate ministry of Jesus, improving the health and wellbeing of our communities, and promoting healing by upholding the highest standards of clinical education and training. Grounded in the core values of Mercy Health – St. Rita’s—compassion, human dignity, integrity, service, and stewardship—it fosters the personal and professional growth of our psychology interns and faculty. The policy reflects our commitment to developing compassionate, competent healthcare professionals dedicated to serving all patients, especially the poor, dying, and underserved. Through this commitment, we aim to advance excellence in care and strengthen the health of the communities we serve.

II. Policy

The program has written criteria that every psychology intern must achieve prior to successfully completing the internship program. The psychology intern must be in compliance with each of the individual program competencies to be approved for completion. In addition, the Program Director, or designee, must provide and sign a Final Evaluation for each psychology intern upon completion of the program. The program director will consider recommendations from the Clinical Competency Committee when completing the final evaluation. The final evaluation will be part of the psychology intern’s permanent record maintained by the institution in New Innovations (curriculum/assessment management portal) and must be accessible for review by the psychology intern in accordance with institutional policy. The final evaluation will verify that the psychology intern has demonstrated the knowledge, skills, and behaviors necessary to enter unsupervised practice.

III. Purpose

The Sponsoring Institution must have a policy that requires each of its American Psychological Association (APA) accredited programs to determine the criteria for successful completion of the internship program. The final evaluation is a comprehensive, stand-alone document that encompasses the scope of the psychology intern’s performance while enrolled in the program. The final evaluation will provide information for future credentialing of the psychology intern’s performance after completing the program.

IV. Scope

This policy applies to clinical psychology interns.

V. Policy Details

A. Performance

1. Each program must have program specific written criteria that act as competencies, consistent with accreditation standards, which must be achieved prior to the completion of the internship program.
2. These competencies must be clearly defined and available to the psychology interns for their understanding of what level of performance is required for successful completion of the internship program. Program completion criteria should be reviewed by the Program Evaluation Committee annually.
3. Psychology interns who do not demonstrate the level of performance expected as outlined in program competencies and APA Profession-Wide Competencies will be provided feedback, support, and remediation as appropriate following the organization's due process policy. The remediation plan is located in the Psychology Internship Training Manual for Due Process.
4. The program director, with input from the Clinical Competency Committee, will make the final determination for the successful completion of the psychology internship. This decision is based on the individual(s) competencies as outlined by the program and the APA. An extension of the educational program may be necessary if the program director determines an individual has not demonstrated the competence necessary for autonomous practice.

B. Evaluation

1. During the final month of a psychology intern's training, the program director or designee will complete a final evaluation of the intern's performance.
2. The curriculum/assessment management portal (New Innovations) will have individual ratings of each intern based on the following dimensions of professionalism/competency, that are congruent with the Profession-Wide Competencies (PWCs) used by the American Psychological Association:
 - a) Research
 - b) Ethical and legal standards
 - c) Individual and Cultural diversity
 - d) Professional Values and Attitudes
 - e) Communication and Interpersonal Skills
 - f) Assessment
 - g) Intervention
 - h) Supervision
 - i) Consultation and interprofessional/interdisciplinary skills
3. Provide a verification statement by documenting the psychology intern "has demonstrated sufficient competence to enter autonomous practice." If the psychology intern is leaving the program without successfully completing the program, the final evaluation must be adjusted to reflect "has not demonstrated sufficient competence to enter autonomous practice".
4. Any additional documentation as further specified by accrediting body or applicable certifying Board.

5. We will be evaluating interns' progress at the end of each rotation. Included in those evaluations will be a case presentation evaluation, conducted independently by two psychologists (not the primary supervisor), to be as objective as possible. A copy of this will be uploaded into New Innovations.
6. Clinical Competence Committee (CCC) will convene at six months into the internship and at the conclusion of the internship to review each intern's progress using all available metrics. See attached Semi-Annual / Annual Evaluation form. Our curriculum/assessment management portal (New Innovations) will have rotation supervisor evaluations and CCC ratings based on the same rating scale, which is referenced in section 7a.
7. Interns can access their ratings within New Innovations at any time, and their ratings will be discussed with them by the supervisor in question. They will also receive feedback throughout their rotations during individual supervision regarding their clinical competence, report-writing, etc. The primary supervisor will directly observe a sampling of their clinical and professional interactions. Additionally, they will receive informal feedback from peers and other faculty members during group supervision and case discussions.

- a) The internship program's goal is for interns to progress toward advanced levels of professional competence by the conclusion of training and to demonstrate readiness for entry-level autonomous practice consistent with APA expectations.

Evaluation of intern performance is developmental in nature and considers level of training, complexity of clinical responsibilities, and progression across the internship year.

On the program's rating scale:

- i. N/A = Not applicable or not assessed in this training experience.
 - ii. 1 = Not acceptable (**will initiate formal due process procedures**)
 - iii. 2 = Below Expected (**will initiate a formal remediation plan, increased monitoring, and review by the Clinical Competency Committee**)
 - iv. 3 = Expected Level (**satisfactory and passing performance for an intern at that stage of training**)
 - v. 4 = High Intermediate (**performance exceeds expected competency levels for an intern at that stage of training**)
 - vi. 5= Advanced (**demonstrates highly advanced competence that consistently exceeds expectations for an intern at that stage of training**)
- b) A rating of 3 ("Expected Level") reflects satisfactory and passing performance for an intern at that stage of training
 - c) Ratings of 4 ("High Intermediate") and 5 ("Advanced") reflect increasingly advanced levels of competence and are encouraged as interns progress throughout training; however, ratings of 4 or 5 are not required across all competencies for successful completion of internship.
 - d) Interns are expected to demonstrate overall competency across all Profession-Wide Competencies (PWCs) by the completion of the internship year. Although ratings of 4 or 5 are encouraged and commonly observed as interns progress through training, a rating of 3 will constitute satisfactory performance.
 - e) An average score of 2 ("Below Expected") across the items comprising a single Profession-Wide Competency (PWC) on an end-of-rotation evaluation will initiate a formal remediation plan, increased monitoring, and review by the Clinical Competency Committee (CCC). Because the semi-annual evaluation contains a single overall rating for each PWC, a score of 2 ("Below Expected") on any PWC during this evaluation will also initiate a formal remediation plan, increased monitoring, and review by the CCC. A score of 2 ("Below Expected") or lower on any PWC at the time of the final annual

evaluation will be considered below the minimum level required for successful completion of the internship program.

- f) A score of 1 ("Not Acceptable") on a PWC during a rotation evaluation, or a semi-annual evaluation, will initiate the program's formal Due Process procedures.
 - g) To successfully complete the internship program and receive verification of readiness for entry-level autonomous practice, interns must demonstrate overall competence across all Profession-Wide Competencies (PWCs) as reflected in the final annual evaluation. A score of 2 ("Below Expected") or lower on any PWC at the time of the final annual evaluation will be considered below the minimum level required for successful completion of the internship program.
- 8. If there are any significant issues related to either the intern's skill set (including professionalism) or their willingness to accept the ratings given, the intern will be given an opportunity to develop an action plan that is acceptable to both the intern and the Psychology core faculty. The intern will also be free to consult with an ombudsman (a non-faculty colleague who is not within the internship structure). The program director will ensure that there is at least one designated ombudsman for each training year. Interns will be provided with information for said ombudsman during the onboarding process.
 - 9. Interns will also be evaluated based on their case presentations that occur on each rotation, with cases picked based on the current rotation. Case presentations will be presented to all of interns and there will be two additional supervisors present to evaluate interns (the interns' current rotation supervisor is excluded from evaluating case presentation). The evaluation form for case presentations will have the same rating scale as those used for the semi-annual, annual, end of rotation evaluations, and CCC review in order to keep scoring consistent to track progress.
 - 10. Feedback regarding interns' progress will be sent to their graduate training programs via email at the mid-year mark and at the conclusion of internship. The mid-year email will include information related to the intern's progress and attach a summary of interns' evaluations thus far. We will also send an email at the end of the year to let the graduate program know that the intern successfully (or not) completed the internship, a summary of interns' evaluations, and a signed letter of completion.
 - 11. Please review our grievance policy and due process policy for additional details.
 - 12. If there are concerns, then more frequent follow-up between our training director and graduate program director will occur.
 - 13. An original copy of the final evaluation will be:
 - a) Given to the psychology intern.
 - b) Placed in the intern's permanent record in the doctoral internship program.
 - c) Placed in the Graduate Medical Education psychology intern's credentialing file, via New Innovations.

VI. Definitions

N/A

VII. Attachments

N/A

VIII. Related Policies

CP.C.1.f Psychology Intern Due Process

This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

IX. Regulatory Notices

Nothing in this policy modifies the at-will status of any organizational associate or otherwise creates a contractual relationship between the organization and any associate.

The organization, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	07/01/2025	07/01/2027	New Policy Document	N/A	Designated Institutional Official
2.0	07/01/2026	07/01/2028	Updated policy due to APA recommendations		Designated Institutional Official

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 01/21/2024 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for: Mercy Health - St. Rita's Medical Center

Policy Name:	Psychology Intern Due Process
Policy Number:	CP.C.1.f
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

I. Mission, Vision, and Values

This organization aims to ensure its Mission, vision, and values are reflected in all organizational-wide policies, procedures, and guidelines.

This policy aligns with our mission of extending the compassionate ministry of Jesus, improving the health and wellbeing of our communities, and promoting healing by upholding the highest standards of clinical education and training. Grounded in the core values of Mercy Health – St. Rita’s—compassion, human dignity, integrity, service, and stewardship—it fosters the personal and professional growth of our psychology interns and faculty. The policy reflects our commitment to developing compassionate, competent healthcare professionals dedicated to serving all patients, especially the poor, dying, and underserved. Through this commitment, we aim to advance excellence in care and strengthen the health of the communities we serve.

II. Policy

To ensure proper procedures are in place for performance improvement, remedial or disciplinary action regarding inadequate psychology intern performance. At the discretion of the Program Director, duties outside clinical care environment may be limited to provide the psychology intern opportunity to focus on the recommendations and improvement plan. Outside clinical care environment activities can include, but are not limited to meeting participation, mentorship assignments, leadership roles, program or institutional community events, etc.

III. Purpose

Mercy Health – St. Rita’s Medical Center (SRMC) requires that psychology interns be provided a fair and reasonable opportunity for due process and grievance. The following policy and procedure apply to all psychology interns in training and will be followed by all faculty and staff when evaluating psychology interns or for disciplinary actions.

IV. Scope

Ensure the program’s compliance with the Sponsoring Institution’s policies and procedures related to due process. Including:

- A. when action is taken to suspend or dismiss a psychology intern
- B. on employment and non-discrimination – psychology interns must not be required to sign a non-competition guarantee or restrictive covenant.

V. Policy Details

A. Procedure

1. Graduate Medical Education is based on the principle of graduated and increasing levels of responsibility. As the psychology intern gains knowledge, clinical competence, and skill it is anticipated that the psychology intern will progress toward greater independence. This process is known as progress responsibility. The ultimate goal of training is for the psychology intern to develop into an independent practitioner.
2. Psychology interns are advanced to higher levels of responsibility upon successful completion of the program's competencies. These are defined by the American Psychological Association (APA), evaluated by faculty members, and determined by the Clinical Competency Committee (CCC) for the program. The CCC then reports their recommendations to the Program Director. It is possible that a psychology intern may not agree with the recommendations as to remedial or disciplinary actions.
3. The due process procedures within the internship program will be directly tied to instances of problematic behavior or concerns regarding the attainment of competence in the program's defined competency areas. Formal evaluations of intern competence serve as the trigger for initiating Due Process procedures, ensuring transparency and fairness in addressing any issues that may emerge during the internship. This structured framework provides a clear pathway for evaluating and managing concerns related to professional conduct and competency development. Clarity in these procedures is crucial for maintaining the integrity of the internship program and fostering the professional growth and development of interns.
4. In the context of Due Process within the internship program, both the program and interns have distinct rights and responsibilities. The program is responsible for outlining clear procedures and guidelines for Due Process, ensuring fairness and transparency in addressing any concerns regarding interns' performance or behavior. This includes providing interns with timely and specific feedback, opportunities for remediation or improvement, and procedural safeguards during any disciplinary actions or decisions. Conversely, interns have the right to be informed of any issues or concerns related to their performance or behavior, the opportunity to respond to allegations, and access to support and advocacy throughout the process. It is also their responsibility to adhere to the program's standards of conduct and competency, actively engage in their professional development, and participate constructively in any remedial measures outlined by the program. This mutual understanding of rights and responsibilities supports a supportive and constructive learning environment that promotes both personal and professional growth.

B. Notice, Hearing, and Appeal

- C. Tri-annually, the Program Director will review the Formal Intern Evaluation Forms submitted, as well as discuss intern competencies and performance with the supervising faculty. Additionally, each intern will receive semi-annual and annual formal evaluations. If these goals are not met, a plan for remediation is required. Based on the information gathered, the CCC will initiate the following procedures within 1 week of receipt of the quarterly evaluations from rotation supervisors:
 - a) If the discussions or evaluations reveal minor deficiencies in intern performance, the Program Director may initially take the following steps:
 - i. obtain more information from the supervisor.
 - ii. meet with the Designated Institutional Official/Director of Graduate Medical Education to discuss the nature of the difficulties, and/or

- iii. discuss the difficulties with the intern and determine a plan to meet the aforementioned minimum levels of achievement.
1. Once initiated, the CCC will complete any or all of these steps within 2 weeks. If these initial steps are unsuccessful or met with additional concerns or if an intern appears to have significant deficiencies in performance, or significant concerns raised regarding his/her competence, professionalism, emotional stability, or ethics (it is a matter of professional judgment on part of the Program Director & intern supervisors as to when an intern's deficiencies or behavior should be considered significant versus minor), the following steps will be taken:
- j) The deficiencies or concerns will be presented to all clinical training faculty of the internship program. This meeting will take place no more than 7 calendar days from the Program Director's determination that the concerns are to be considered significant deficiencies. A preliminary determination will be made as to whether the difficulty appears to be of a long-standing nature or specific to this particular internship site. Contacting the intern's graduate program's Program Director may be an option in attempting to determine the scope of the problem, especially if it is suspected that it is of a long-standing nature.
 - k) Within 2 days of this meeting, the intern will then be notified in writing that a comprehensive review of their performance is occurring and asked to provide the clinical training faculty with any information relevant to the identified issues. The graduate program may be contacted and asked to provide input and further information on the intern's perceived deficiencies. The Program Director will then meet with the intern to discuss these matters within 7 calendar days.
 - l) Within 14 calendar days from the notice of the intern, the clinical training faculty and Program Director may decide that there is a need for a Remediation Plan to address the specific area(s) of difficulty, or problematic behavior and outline the remedial steps the intern must take along with a specified time frame to take such steps. A proposed course of action for the intern in question may consist of additional training, additional supervision, reduced patient load, etc.
 - m) The final Remediation Plan will be put into writing within 2 days of the training faculty's decision to implement this plan, provided to the intern and placed into the intern's file. The Program Director will meet with the intern to review the plan within 7 calendar days from the provision of the Remediation Plan to the intern and provide an opportunity to discuss any concerns.
 - i. If the remediation plan is accepted by the intern, its adherence shall be monitored by the Program Director in conjunction with the intern's supervisor.
 - ii. If the intern deems the plan to be unsatisfactory and would like to appeal the remediation plan, the intern may initiate a formal grievance in writing within 7 calendar days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution, as well as be dated and signed.
 - iii. Then a formal meeting of The Grievance Panel will be held to review the complaint. The Grievance Panel is composed of the Program Director, and all Behavioral Medicine faculty who were not involved in the incident. The Grievance Panel will meet in a timely fashion (not to exceed 14 calendar days from the submission of a formal written complaint) and will render a decision about the complaint that will be communicated in writing to all parties involved within 2 calendar days from date of Grievance Panel meeting.
 - n) If the intern deems the decision unsatisfactory and would like to appeal the decision of the Grievance Panel the intern may make a final written appeal (within 14 days of the Grievance Panel) to the Designated Institutional Official/Director of Graduate Medical Education that should include a full explanation of why the intern does not feel the

proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Designated Institutional Official/Director of Graduate Medical Education will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. The decision made by the Designated Institutional Official/Director of Graduate Medical Education is considered final.

- o) After the plan for remediation is implemented, the intern will be provided with written feedback on the extent to which the remediation plan has been effective or not in resolving the original deficiency within the time frame provided on the Remediation Plan under “Dates of Evaluation” (which will typically be 1 month).
- p) Failure to adhere to remediation plan criteria and/or successfully resolve the area(s) of deficiency could result in an unsatisfactory completion of the internship and/or dismissal/termination from the program (see Dismissal/Termination below).

D. Dismissal/Termination

1. If the conduct of an intern is considered sufficiently serious to warrant dismissal/termination from the Internship Program such as, severe violations of the Ethical Principles of Psychologists and Code of Conduct (APA, 2010), when imminent physical or psychological harm to a patient is a major factor, or unprofessional behavior is present, (examples include any action which jeopardizes the welfare of patients; the use of or possession of alcoholic beverages, and/or illicit controlled substances while on duty or on Hospital property; breach of policy; failure to rectify behavior or deficiencies despite feedback, remediation efforts and/or time, etc.), the following shall occur:
 - a) The Program Director shall hold a meeting with the clinical training faculty including the Director of Graduate Medical Education to discuss the matter within seven calendar days. The findings from the meeting shall be provided to the intern within two calendar days (the Program Director will ensure that interns have sufficient time to respond to any action taken by the program).
2. Should the decision be made to dismiss/terminate the intern from the program (a decision which must be unanimous among all those in attendance at the aforementioned meeting), the intern would be notified within two calendar days and provided written documentation of such decision. At that time, the intern will also be provided with a copy of the grievance procedure. If the intern is in disagreement with any aspect of the evaluation procedure, remediation plan, or dismissal/termination procedures, he/she may utilize the intern formal grievance procedure:
 - a) A formal grievance can be initiated in writing within seven calendar days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution, as well as be dated and signed.
 - b) Then a formal meeting of The Grievance Panel will be held to review the complaint. The Grievance Panel is composed of the Program Director, Director of Graduate Medical Education, and all internship training faculty who were not involved in the incident. The Grievance Panel will meet in a timely fashion (not to exceed 14 calendar days from the submission of a formal written complaint) and will render a decision about the complaint that will be communicated in writing to all parties involved within 2 calendar days from date of Grievance Panel meeting.
 - i. If the Program Director is involved in the grievance, the Director of Graduate Medical Education would take the Program Director’s place in the process.
 - ii. If all of the aforementioned leaders are involved, remaining faculty would nominate one faculty member who was not involved in the grievance to take the lead in the grievance process.
 - c) If the intern deems the decision unsatisfactory and would like to appeal the decision of the Grievance Panel the intern may make a final written appeal to the Director of Graduate Medical Education (within 14 days of the Grievance Panel) that should include a full

explanation of why the intern does not feel the proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Director of Graduate Medical Education will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. The decision made by the Director of Graduate Medical Education is considered final.

VI. Definitions

Suspension: a recommendation from the Program Director or the CCC for removal of a psychology intern from normal duty. During this time, the psychology intern may attend educational conferences but is not allowed to participate in clinical care.

Dismissal: a recommendation from the CCC that a psychology intern be dismissed from the program. This action would take place prior to the end of the current psychology intern contract term.

VII. Attachments

N/A

VIII. Related Policies

CP.C.1.g Psychology Intern Grievance

This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

IX. Regulatory Notices

Nothing in this policy modifies the at-will status of any organizational associate or otherwise creates a contractual relationship between the organization and any associate.

The organization, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	07/01/2025	07/01/2027	New Policy Document	N/A	Designated Institutional Official

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 01/21/2024 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for: Mercy Health - St. Rita's Medical Center

Policy Name:	Psychology Intern Grievance
Policy Number:	CP.C.1.g
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

I. Mission, Vision, and Values

This organization aims to ensure its Mission, vision, and values are reflected in all organizational-wide policies, procedures, and guidelines.

This policy aligns with our mission of extending the compassionate ministry of Jesus, improving the health and wellbeing of our communities, and promoting healing by upholding the highest standards of clinical education and training. Grounded in the core values of Mercy Health – St. Rita’s—compassion, human dignity, integrity, service, and stewardship—it fosters the personal and professional growth of our psychology interns and faculty. The policy reflects our commitment to developing compassionate, competent healthcare professionals dedicated to serving all patients, especially the poor, dying, and underserved. Through this commitment, we aim to advance excellence in care and strengthen the health of the communities we serve.

II. Policy

It is the intention of Mercy Health – St. Rita’s Medical Center (SRMC) to provide a learning and working environment in which a psychology intern has the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. In the normal course of working together on a day-to-day basis, problems in connection with the working relationship can arise. Mechanisms to raise and resolve such issues are outlined in the Graduate Medical Education Handbook. In most cases, the problem can and should be resolved at the first level of supervision. However, if a psychology intern faces formal action for academic or non-academic issues, probation, suspension, or termination and a mutually satisfactory solution cannot be worked out at the level of the program, the psychology intern shall be given an opportunity to grieve such actions pursuant to this Administrative Regulation without fear of intimidation or retaliation.

III. Purpose

The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing psychology intern grievances at the program and institutional level and that minimizes conflicts of interest.

In the context of Grievance within the internship program, both the program and interns have rights and responsibilities. The program is responsible for outlining clear procedures and guidelines for Grievance, ensuring fairness and transparency in addressing any concerns the interns may have. This includes providing interns with timely and specific feedback, and procedural safeguards throughout the Grievance

process. Interns will also have the right to be informed of any issues or concerns related to their grievance in a timely manner and will have access to support and advocacy throughout the process. It is also their responsibility to adhere to the grievance policy if initiated. This mutual understanding of rights and responsibilities supports a supportive and constructive learning environment that promotes both personal and professional growth.

IV. Scope

This policy applies to clinical psychology interns.

V. Policy Details

A. Informal Process

1. If the problem pertains to a training supervisor, faculty member or other individual, the psychology intern is to first discuss the problem directly with the individual involved. The trainee should clearly indicate to the involved party the date (if applicable) and nature of the conflict or complaint, as well as suggestions as to how the complaint may be appropriately resolved to his/her satisfaction.
2. After 2 weeks, if the intern has attempted to resolve the issue unsuccessfully or the intern does not feel safe discussing the problem directly with the individual involved and believes he/she needs the assistance of a third party, the intern should proceed through as many of the following steps as may be necessary to resolve the problem.
 - a) Discuss the issue with the Program Director. If the grievance is against the Program Director, the intern should direct the complaint with the Director of Graduate Medical Education. At this initial exploratory stage, the intern may speak confidentially to any of these individuals to help clarify the problem. In some cases, this contact may be sufficient to resolve the complaint.
 - i. If the issue involves all the individuals, the intern can go directly to any uninvolved internship training faculty member.
 - b) If necessary, the Program Director (or the faculty member that the intern approached in step 1 above) may, with the permission of the intern, perform an informal investigation that might include interviewing the parties involved or any party who has evidence concerning the validity of the complaint.
 - c) If this informal process fails to lead to the resolution of the grievance within 2 weeks, the intern may utilize the formal grievance procedure as outlined below.

B. Formal Process

1. A formal grievance can be initiated in writing within seven calendar days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution, as well as be dated and signed.
2. Then a formal meeting of The Grievance Panel will be held to review the complaint. The Grievance Panel is composed of the Program Director, Director of Graduate Medical Education, and all internship training faculty who were not involved in the incident.
 - b) If the Program Director is involved in the grievance, the Director of Graduate Medical Education would take the Program Director's place in the process.
 - c) If all the aforementioned leaders are involved, remaining faculty would nominate one faculty member who was not involved in the grievance to take the lead in the grievance process.
3. The Grievance Panel will meet in a timely fashion (not to exceed 14 calendar days from the submission of a formal written complaint) and will render a decision about the complaint that will be communicated in writing to all parties involved within 14 calendar days from date of Grievance Panel meeting.

4. If the intern deems the decision unsatisfactory and would like to appeal the decision of the Grievance Panel the intern may make a final written appeal to the Director of Graduate Medical Education that should include a full explanation of why the intern does not feel the proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Director of Graduate Medical Education will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. The decision made by the Director of Graduate Medical Education is considered final.

VI. Definitions

Grievance: any dispute or controversy between the psychology intern and any of the Program supervisory personnel concerning the application of the psychology intern's GME agreement, the policies and procedures of the program, and the policies, procedures, rules, and regulations of the Hospital.

VII. Attachments

N/A

VIII. Related Policies

CP.C.1.f Psychology Intern Due Process

This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

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Sites revised 01/21/2024 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for: Mercy Health - St. Rita's Medical Center

Policy Name:	Psychology Intern Supervision Policy
Policy Number:	CP.C.1.h
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

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II. Policy

This policy governs the responsibilities of psychology interns and supervising psychologists at the Sponsoring Institution and affiliates. It provides the procedural requirements pertaining to supervision of psychology interns focusing on supervision from an educational perspective, ensuring compliance with the APA.

III. Purpose

In a health care system where patient care and the training of health care professionals occur together, there must be a clear delineation of responsibilities to ensure that qualified practitioners provide patient care. As interns acquire the knowledge and judgment that accrue with experience, they are allowed the privilege of increased authority for patient care.

- A.** SRMC, as the sponsoring institution, follows the institutional requirements of the APA accrediting and certifying body. The process of progressive responsibility is the underlying educational principle for all graduate medical and professional education, regardless of specialty or discipline. Supervising clinician educators involved in this process must understand the implications of this principle and its impact on the patient and the psychology intern.
- B.** SRMC must comply with the institutional requirements and accreditation standards of The Joint Commission and other health care accreditation bodies. Qualified health care professionals with appropriate credentials and privileges provide patient care and provide the supervision of psychology interns.

- C. The intent of this policy is to ensure that patients are cared for by clinicians who are qualified to deliver care, and this care is documented appropriately and accurately in the patient record. This is fundamental both for the provision of excellent patient care and for the provision of excellent education and training for future health care professionals.
- D. The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Incumbent on the clinician educator is the appropriate supervision of learning skills.

IV. Scope

Supervision is an intervention provided by a supervising psychologist. This relationship is evaluative, extends over time, and has simultaneous purposes of enhancing the professional functioning of the psychology intern while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the psychology intern, and role modeling.

V. Policy Details

- A. **Procedure:** The provisions of this policy are applicable to patient care services including, but not limited to, inpatient care, outpatient care, and emergency care.
 - 1. The Program Director is the ultimate supervisor for all interns, determines who may and may not supervise interns, and assigns interns to supervisors.
 - 2. Supervising psychologists are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires PERSONAL involvement with each patient and each psychology intern who is participating in the care of that patient. Each patient must have a supervising licensed independent psychologist whose name is identifiable in the patient record. Other supervising physicians/practitioners may at times be delegated responsibility for the care of the patient, however, supervision of the psychology intern is not permitted by non-doctoral level psychologists. It is the responsibility of the supervising psychologist to be sure that the psychology intern involved in the care of the patient is informed of such delegation and can readily always access a supervising psychologist.
 - a) In order to be a primary supervisor on any rotation, a psychologist must meet the following requirements:
 - i. Be licensed as a psychologist in Ohio.
 - ii. Be appointed as a member of the medical staff of the hospital with privileges which include supervision.
 - b) Other supervisors may be assigned within a rotation with the approval of the Program Director provided those individuals meet one of the following requirements:
 - i. Be licensed in Ohio at the independent practice level in that individual's profession, or
 - ii. Be supervised in providing supervision to the intern (e.g. a Post doctoral Fellow could supervise an intern provided he/she is supervised by a faculty member).
 - 3. Within the scope of the training program, all psychology interns must function under the supervision of supervising psychology faculty.
 - a) Interns will receive a minimum of four hours of supervision per week, with no fewer than two hours of individual supervision per week. The intern will discuss each new case with the supervisor, along with any difficult cases the intern is following. Interns can also request meetings with supervisors to discuss other topics such as individualized feedback or professional growth.
 - b) Friday morning group supervision experiences include one hour of "Breakfast Rounds" and a one-hour team meeting. Breakfast Rounds is a more formal teaching and supervision conference. Teaching faculty will initially offer case presentations in Breakfast Rounds to help the interns develop a professional model for discussing cases, with ample time for feedback and questions, including how the concepts discussed relate to the interns' clinical

cases and their professional development. After this orientation, trainees and staff will present cases and discuss issues relevant to the case including assessment, diagnosis, and plan for intervention. Relevant literature is also presented.

4. Mercy Health St. Rita's Medical Center adheres to current accreditation requirements as set forth by the American Psychological Association and The Joint Commission.
5. To ensure patient safety and quality care while providing for an optimal educational experience of the psychology intern in the ambulatory setting, it is expected that an appropriately credentialed supervising psychologist is physically present during clinic hours.
6. The intern may have the opportunity to provide "umbrella" supervision to doctoral trainees working within our program.

B. Roles and Responsibilities: Psychology Interns occur in the context of different services and in a variety of appropriately structured clinical settings, including inpatient, outpatient, and community settings.

1. **Program Director:** The Program Director is responsible for the quality of the overall education and training program, and for ensuring that the program is following the program requirements. The privilege of progressive authority and responsibility. Conditional independence, and a supervisory role in patient care delegated to each psychology intern must be assigned by the program director and faculty members. The program director must evaluate each psychology intern's abilities based on specific criteria.
2. **Designated Institutional Official (DIO):** The DIO has the authority and responsibility for the oversight and administration of the sponsoring institution's ACGME/CPME/APA accredited programs and is responsible for ensuring compliance with all applicable accreditation requirements.
3. **Director of Graduate Medical Education (DGME):** The DGME will serve as a dyad leader with the DIO to monitor the sponsoring institution's ACGME/CPME/APA accredited programs. The DGME will work with program directors, faculty, and residents/fellows/psychology interns in efforts toward innovative practices in education.
4. **Supervising Psychologist:** The supervising psychologist also referred interchangeably with "faculty" is responsible for, and must be personally involved in, the care provided to individual patients in inpatient and/or outpatient settings. When a psychology intern is involved in the care of the patient, the responsible supervising psychologist must continue to maintain a personal involvement in the care of the patient. A supervising psychologist must provide an appropriate level of supervision. Determination of this level of supervision is a function of the experience and demonstrated competence of the psychology intern and of the complexity of the patient's health care needs. The supervising practitioner must delegate portions of care to the psychology interns based on the needs of the patient and the skills of each psychology intern.
 - a) General:
 - i. The supervising psychologist directs the care of the patient and provides the appropriate type of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the psychology intern being supervised. All services must be rendered under the supervision of the responsible psychologist or must be personally provided by the supervising psychologist.
 - b) Documentation of Supervision:
 - i. Documentation of supervision must be entered into the medical record by the supervising psychologist and reflected within the psychology intern's progress note. The medical record needs to reflect the involvement of the supervising psychologist.
 - ii. Each patient in the clinical learning environment will have an identifiable, appropriately credentialed, and privileged psychologist who is ultimately responsible for that patient's care.

- iii. Programs will establish schedules that assign qualified faculty members to supervise at all times and in all settings in which psychology interns provide patient care.
- iv. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each psychology intern must be assigned by the Program Director and faculty members.
 - a. The program director must evaluate each psychology intern's abilities based on specified program and APA competencies.
 - b. Faculty members functioning as supervising psychologists must delegate portions of care to psychology interns based on the needs of the patient and the skills of each psychology intern.
- v. Ultimately, the level of psychology intern participation and responsibility is determined by the supervising psychologist and is based on the psychology intern's level in the program, job description, and the specific and unique needs of a given patient as determined by the supervising psychologist.
- vi. All psychology interns must be in communication with the appropriate supervising psychologist according to policies defined by each program.
- vii. Psychology interns must complete documentation within 24 hours of services. In every level of supervision, the supervising psychologist must review, correct as needed, assessments and progress notes. Exceptions to this 24-hour rule would be very rare and would need approval from the primary supervisor.
- viii. In ambulatory settings, a supervising psychologist must be continuously available to provide and be actively involved in the supervision of care.
- ix. When allowing psychology interns to participate in the care of their patients, the supervising psychologist retains the responsibility to provide care and oversee the treatment and documentation processes. Should the need arise, the supervising psychologist may remove the psychology intern from direct patient care.
- c) General Documentation Guidelines:
 - i. Both supervising psychologists and psychology interns will document services in the patient's medical record. The documentation must be dated and contain a legible signature or identity and may be completed using one of these methods:
 - a. Dictated and reviewed.
 - b. Typed
 - ii. Whether the supervising psychologist was present during the critical or key portions of the services provided by a psychology intern
 - iii. The participation of the supervising psychologist in providing the service
 - iv. The supervising psychologist or the psychology intern may use a macro/smart phrase, which is a command in a computer or dictation application in an electronic medical record that automatically generates predetermined text that is not edited by the user, as the required personal documentation if the writer of the note personally adds it in a secured or password-protected system. In addition to the writer's macro, either the supervising psychologist or the psychology intern must provide customized information that is sufficient to support a medical necessity determination. The note in the electronic medical record must sufficiently describe the specific services furnished to the specific patient on the specific date. If both the supervising psychologist and the psychology intern use only macros, it is not considered sufficient documentation.
- d) Unacceptable documentation includes inability to determine whether the supervising psychologist was present, evaluated the patient, and/or had any involvement with the

plan of care. Supervisors may use the following or similar phrases in reviewing psychology intern documentation:

- i. Agree with above.
 - ii. Rounded, Reviewed, Agree
 - iii. Discussed with psychology intern; Agree; Seen and agree.
 - iv. Patient seen and evaluated.
5. **Psychology Interns:** Psychology interns must be aware of their limitations and not attempt to provide clinical services for which they are not trained. Psychology interns must know the limits of their scope of practice, and the circumstances under which they are permitted to act with conditional independence. Psychology interns provide care to patients under the guidance and supervision of the psychology faculty at all times. Each psychology intern is responsible for communicating with the supervising psychologist for any significant patient care issues; for example, a problematic behavior pattern by a patient, potential for patient self-harm or violent behavior, concerns about elder abuse or neglect, change in the status of a patient to a higher or lower level of care, and/or any acute change in the clinical status of the patient. Such communication with the supervising psychologist must be documented in the electronic medical record by interns. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible supervising psychologist are serious matters and may result in steps including, but not limited to, dismissal from the program.
 6. **GMEC Oversight:** GMEC will review each program's Supervision Policy on an annual basis. Concerns about psychology intern supervision will be investigated by the GMEC, as necessary.

VI. Definitions

Sponsoring Institution refers to the entity that oversees, supports, and administers one or more accredited residency/fellowship/internship programs.

Program refers to the APA accredited Doctoral Internship program sponsored by SRMC.

Supervising Psychologist/Supervisor/Faculty Member refers to doctoral level psychologists who are appropriately credentialed and privileged or licensed independent practitioner (as allowed by each accrediting body) appointed to the program faculty to provide education and supervision and who has responsibility for the patient's care.

Psychology Intern means an individual who participates in an approved graduate medical education (GME) program accredited by the APA. The term includes interns and fellows in approved GME programs.

Student means an individual who is enrolled in an accredited school with an affiliation agreement to rotate within SRMC, MHP, or its affiliates. A student is never considered to be an intern, resident, or fellow.

Teaching setting means any hospital-based provider setting that receives Medicare or Medicaid payment for the services of interns.

Supervision is the process of providing oversight and direction to an intern during their care of patients. Supervision may be exercised through a variety of methods to allow interns to progress to graduated responsibility leading to autonomous practice.

Documentation means notes recorded in the patient's medical records by a psychology intern or supervising psychologist.

Physically present means that the supervising psychologist is in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient, and/or performs a face-to-face service.

Critical or key portions means that part(s) of a service that is/are a critical or key part of the service.

Emergency Situations: An “emergency” is defined as a situation where immediate care is necessary to preserve life of, or to prevent serious impairment of the health of a patient. In such situations, any psychology intern, assisted by medical center personnel, is permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate supervising psychologist must be contacted and apprised of the situation as soon as possible. The psychology intern must document the nature of that discussion in the patient record.

VII. Attachments

N/A

VIII. Related Policies

This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

IX. Regulatory Notices

Nothing in this policy modifies the at-will status of any organizational associate or otherwise creates a contractual relationship between the organization and any associate.

The organization, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	07/01/2025	07/01/2027	New Policy Document	N/A	Designated Institutional Official

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Sites revised 01/21/2024 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for: Mercy Health - St. Rita's Medical Center

Policy Name:	Psychology Intern Telesupervision Policy
Policy Number:	CP.C.1.h.1
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

I. Mission, Vision, and Values

This organization aims to ensure its Mission, vision, and values are reflected in all organizational-wide policies, procedures, and guidelines.

This policy aligns with our mission of extending the compassionate ministry of Jesus, improving the health and wellbeing of our communities, and promoting healing by upholding the highest standards of clinical education and training. Grounded in the core values of St. Rita's—compassion, human dignity, integrity, service, and stewardship—it fosters the personal and professional growth of our psychology interns and faculty. The policy reflects our commitment to developing compassionate, competent healthcare professionals dedicated to serving all patients, especially the poor, dying, and underserved. Through this commitment, we aim to advance excellence in care and strengthen the health of the communities we serve.

II. Policy

This policy governs the responsibilities of psychology interns and telesupervision at the Sponsoring Institution and affiliates. It provides the procedural requirements pertaining to telesupervision of psychology interns focusing on telesupervision from an educational perspective, ensuring compliance with the APA.

III. Purpose

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe and allows for the continuation of high-quality training in circumstances that preclude in-person supervision.

- A.** St. Rita's Medical Center (SRMC) must comply with the institutional requirements and accreditation standards of The Joint Commission and other health care accreditation bodies. Qualified health care professionals with appropriate credentials and privileges provide patient care and provide the supervision of psychology interns.
- B.** The intent of this policy is to ensure that patients are cared for by clinicians who are qualified to deliver care and this care is documented appropriately and accurately in the patient record. This is fundamental both for the provision of excellent patient care and for the provision of excellent education and training for future health care professionals.
- C.** The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Incumbent on the clinician educator is the appropriate supervision of learning skills.

IV. Scope

Telesupervision allows supervisors to be engaged and available to assigned trainees, oversee client care, and foster trainee development, even in circumstances that preclude in-person interactions. In these ways, it is fully consistent with our training aims. In-person supervision has unique benefits, including the availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence.

To ameliorate the drawbacks of telesupervision, trainees and supervisors engaging in telesupervision should be informed of the inherent challenges of the format and must work collaboratively to identify strategies to maximize the effectiveness of this format. Trainees and supervisors should discuss the potential for miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc.

V. Policy Details

A. How and When Telesupervision is Used:

1. Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule conflicts such as illness of one of the parties, or of their dependent), severe weather, conference travel, life events, or public health emergencies). It is not used for the sole purpose of convenience. Trainees and supervisors engaging in telesupervision will use Zoom, a HIPAA-compliant videoconferencing platform available within Bon Secours Mercy Health at St. Rita's Medical Center. Supervisors and supervisees may access telesupervision either from their offices or from a secure and confidential space within a home.

B. Who Can Participate in Telesupervision:

1. The student's practicum supervisor will determine the student's level of clinical competency and receptiveness to supervision to ensure they can engage in telesupervision effectively. Based on their face-to-face meetings, the supervisor will judge the strength of the supervisory alliance and determine if it is sufficient for telesupervision.

C. Supervisory Relationship Development:

1. Ideally, in-person meetings between supervisor and supervisee are encouraged. This can be especially important early on in supervisory relationship development. We also encourage supervisors to check in regularly with supervisees about their telesupervision experience. Our supervisors and other clinical staff are readily available via phone or Microsoft Teams between supervision sessions for consultation and informal discussions. Microsoft Teams should not be used for protected health information but can be used to determine if the supervisor is available and where in the medical center the supervisor may be located. Such availability for consultation serves to foster the development of strong supervisory relationships.

D. Professional Responsibility for Clinical Cases:

1. The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely working clinical staff are also available to trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's needs or client care.

E. Management of Non-scheduled Consultation and Crisis Coverage:

1. Supervisors are available by email, text, phone, or Microsoft Teams in the event of a need for consultation between sessions. Other clinical staff are also available via such forms of communication if a direct supervisor is unavailable. We maintain an open-door policy for immediate consultation whenever possible, and other clinical staff can also be approached

in this manner. Supervisors or other clinical staff can be invited to telesupervision sessions to consult and assist with the management of a client.

2. For crisis coverage, a supervisor will be on call for telesupervision to supervise the crisis with the student and an on-site supervisor will be provided to facilitate the crisis intervention at the clinic.

F. Privacy/Confidentiality of Clients and Trainees:

1. Supervisors and supervisees will only conduct supervision that pertains to the discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or a home-based setting. Our videoconferencing platform, Zoom, provides end-to-end encryption, and meets HIPAA standards.

G. Technology Requirements and Education:

1. Telesupervision will occur via Zoom. During their orientation weeks, trainees will receive telehealth training, and training on being prepared for supervision, be this in-person or via teleconference. Clinic staff receive continuing education and training on providing services in a teleconferencing environment.

H. Telesupervision Responsibilities of the Supervisor:

1. It shall be the supervising psychologist's responsibility to provide telesupervision, to:
 - a) maintain a license to practice psychology in the state of Ohio;
 - b) maintain full legal functioning authority and professional responsibility for the welfare of the client and have functional authority over the psychological services provided by the supervisee.
 - c) establish a clear protocol for managing emergency consultation and be available to the supervisee as needed in the event of an emergency with a client/patient;
 - d) ensure telesupervision is conducted via two-way video/audio or audio-only transmissions
 - e) consider the training needs of the supervisee and the service needs of the clients, protecting them from harm;
 - f) inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;
 - g) identify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;
 - h) inform supervisees of procedures to manage technological difficulties or interruptions in service;
 - i) obtain and maintain competence in the chosen telecommunication technology;
 - j) ensure that telesupervision is provided in compliance with the supervision requirements of the licensing board.

VI. Definitions

N/A

VII. Attachments

N/A

VIII. Related Policies

CP.C.1.h Psychology Intern Supervision

This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

IX. Regulatory Notices

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X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	07/01/2025	07/01/2027	New Policy Document	N/A	Designated Institutional Official

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Policy Name:	Psychology Intern Records
Policy Number:	CP.C.1.i
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

I. Mission, Vision, and Values

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This policy aligns with our mission of extending the compassionate ministry of Jesus, improving the health and wellbeing of our communities, and promoting healing by upholding the highest standards of clinical education and training. Grounded in the core values of Mercy Health – St. Rita’s—compassion, human dignity, integrity, service, and stewardship—it fosters the personal and professional growth of our psychology interns and faculty. The policy reflects our commitment to developing compassionate, competent healthcare professionals dedicated to serving all patients, especially the poor, dying, and underserved. Through this commitment, we aim to advance excellence in care and strengthen the health of the communities we serve.

II. Policy

The program's system for maintaining intern records, including performance records and formal complaints, can be organized through a dedicated New Innovation software designed for managing Psychology Internship data. Below is an outline of how this system can address the key points outlined in the request:

A. Intern Records and Performance Records:

1. **System Overview:** The software will have a designated section or module specifically for the Psychology Internship department, where records related to intern performance can be stored and managed.
2. **Types of Records:** This would include evaluations of intern progress, feedback from supervisors, clinical assessments, and other performance-related documents that track the intern's growth and competency.
3. **Confidentiality:** The system will provide secure storage options, including password protection and role-based access controls, ensuring that intern records are kept confidential. Only authorized staff or administrators will have access to sensitive information. Additionally, Interns will have access to their own performance records, including semi-annual evaluations, annual evaluations, end-of-rotation evaluations, and rotation specific case presentations.

III. Purpose

The purpose of this policy is to establish a comprehensive system for maintaining intern records, including performance evaluations and formal complaints, within the Psychology Internship program. This system will be managed through a dedicated New Innovations software, ensuring that all records are securely stored, accurately tracked, and easily accessible when required. The software will facilitate the efficient retention of training evaluations, formal complaints, and performance-related documents, while adhering to the standards set forth by the Commission on Accreditation (CoA), state, and federal regulations. This policy aims to ensure confidentiality, compliance, and accountability, supporting the integrity of the internship program and providing transparency during site reviews. The structured approach outlined in this policy will also enhance the overall management and accessibility of intern data, aligning with best practices in the field.

IV. Scope

This policy applies to clinical psychology interns.

V. Policy Details

A. Location for Storing Information:

1. **Confidential Location:** Intern records, including performance data and formal complaints, will be stored in a confidential, encrypted database within the New Innovation software. The software will have robust security features, such as encryption, to protect sensitive data from unauthorized access.
2. **Access Control:** The program will designate specific personnel, such as the Internship Director or designated administrator, as having authorized access to review and manage these records. Regular audits can ensure that confidentiality and access control policies are being followed.

B. Permanent Maintenance of Training Evaluations:

1. **Record Retention:** New Innovations software will be configured to retain training evaluations permanently, ensuring compliance with CoA requirements. These evaluations will be stored in a digital format, with backups maintained to protect against data loss.
2. **Access for Site Visitors:** Complete records, including performance evaluations, will be available for on-site review by site visitors. The software will allow administrators to generate and provide reports, summaries, or access to specific intern records during site visits, as required.

C. Records of Complaints and Grievances:

1. **Complaint and Grievance Records:** The system will also track formal complaints or grievances filed against the program, ensuring that they are logged, reviewed, and resolved in a timely manner.
2. **Retention Period:** The software will allow for the categorization of complaints according to institutional, state, and federal policies, storing these records for the longest period as required by CoA guidelines. For example, complaints may be retained for the duration of the program's review cycle or as mandated by applicable laws or institutional policies.
3. **Compliance with CoA, State, and Federal Policy:** The software will provide alerts or reminders regarding retention timelines, ensuring the program maintains compliance with all relevant regulations and guidelines. Reports can be generated to verify that complaint records are being maintained according to required timeframes.

VI. Definitions

N/A

VII. Attachments

N/A

VIII. Related Policies

This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

IX. Regulatory Notices

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X. Version Control

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1.0	07/01/2025	07/01/2027	New Policy Document	N/A	Designated Institutional Official

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Policy Name:	Psychology Professionalism Faculty and Interns
Policy Number:	CP.C.2.a
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

I. Mission, Vision, and Values

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II. Policy

Mercy Health – St. Rita’s Medical Center Office of Graduate Medical Education will provide education for faculty and psychology intern development and monitor psychology interns’ and faculty supervisors’ fulfillment of their educational and professional responsibilities, including scholarly pursuits.

III. Purpose

Mercy Health – St. Rita’s Medical Center Office of Graduate Medical Education (GME) is committed to providing a welcoming environment for educational, professional, and scholarly pursuits of both our psychology interns and faculty. The GME Office, in conjunction with the doctoral internship program’s Program Evaluation Committee (PEC) will monitor and assess the fulfillment of educational and professional responsibilities of the faculty and psychology interns.

IV. Scope

This policy applies to clinical psychology interns and faculty.

V. Policy Details

A. Professionalism

1. All individuals encountered will be treated with courtesy and respect. This includes assisting individuals who look as though they might be in need of assistance, regardless of if they are the direct responsibility of the psychology intern or faculty supervisor.

2. All GME Personnel, including psychology interns and faculty, will be non-discriminatory when communicating with or about other individuals, including patients and their family members, while displaying an understanding of other religious beliefs, cultures, sexual orientations, etc.
3. All psychology interns and faculty supervisors will be educated on the importance of being appropriately rested and/or fit to provide patient care.
4. All psychology interns will provide complete and accurate documentation for any requested information in a timely manner as requested by the Designated Institutional Official (DIO)/Director of Graduate Medical Education (DGME).
5. All psychology interns and faculty supervisors will have access to confidential processes for reporting, monitoring, and addressing any unsafe behaviors within SafeCARE while in the workplace.
6. All psychology interns and faculty supervisors will have access to confidential processes for reporting, monitoring, and addressing any unprofessional behaviors within the Advice and Counsel system.
7. All psychology interns and faculty supervisors will pay attention to their surroundings when discussing or releasing patient related information to ensure patient privacy and HIPAA compliance.
8. Psychology interns have the opportunity to conduct town halls with or without program administrators (including faculty and the DIO/DGME) present and address any concerns as appropriate with the DIO/DGME and Graduate Medical Education Committee (GMEC)
9. All psychology interns and faculty supervisors will have a thorough understanding of their patient care performance improvement indicators and regularly monitor their performance.
10. All psychology interns and faculty supervisors will carry out professional duties responsibly while adhering to ethical principles.
11. All psychology interns and faculty supervisors will be up to date on current guidelines for treatment to ensure appropriate care for the patient.
12. All psychology interns and faculty supervisors will work collaboratively with members of the leadership team and interdisciplinary care team.

B. Professional Development

1. The Office of GME will provide educational opportunities that will address the professional responsibilities of psychology interns and/or faculty supervisors regularly.
2. All psychology interns and faculty supervisors will be educated on effective transitions of care procedures.
3. All psychology interns and faculty supervisors will regularly assess their skills and performances to identify areas for improvement in their practices.
4. All psychology interns and faculty will have opportunities to participate in root cause analyses or other risk-reduction processes.

C. Scholarly Pursuits

1. Faculty supervisors will have paid protected time for educational and personal development pursuits. Funding for attending conferences and educational development courses will be provided through allocated GME/CME dollars as stipulated in the faculty agreements.
2. All psychology interns and faculty supervisors will have access to medical records to support scholarly activities, quality improvement, and patient safety initiatives.
3. All psychology interns will have the opportunity to submit abstracts for presentation in the GME Scholarly Activity Symposium at the conclusion of their training.

VI. Definitions
N/A

VII. Attachments
N/A

VIII. Related Policies
This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

IX. Regulatory Notices
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Policy Name:	Psychology Program Evaluation Committee (PEC)
Policy Number:	CP.C.2.b
Department:	GME
Functional Area:	Psychology
Contributing Department	N/A
Approved by:	GMEC
Effective Date:	07/01/2025
Version:	1.0
Status:	Approved
Manual	Psychology Intern Training Manual
Section	Graduate Medical Education—Psychology Internship

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II. Policy

GME at Mercy Health St. Rita’s Medical Center (SRMC) has instituted a structured and process driven approach to provide continuous improvement at the program level.

III. Purpose

Graduate Medical Education (GME) at Mercy Health St. Rita’s Medical Center (SRMC) is committed to maintaining accreditation readiness and ensure continuous quality improvement of each of the accredited residency programs through an annual review process. This annual evaluation provides a review of each of the GME programs and the Sponsoring Institution strengths and identifies areas for ongoing improvement. The program evaluation committee serves as the body that coordinates data, formulates program specific assessments and recommended action plans, and generates the annual program evaluation.

IV. Scope

All GME residency, fellowship, and internship programs are to implement a program evaluation committee (PEC) and must have a written description of its responsibilities.

V. Policy Details

A. Procedure

1. The SRMC Graduate Medical Education Committee (GMEC) is responsible for oversight of all graduate medical education programs in accordance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements. The Psychology doctoral internship training program will be located within GME, but it will be seeking to obtain and retain accreditation under the auspices of the American Psychological Association's Committee on Accreditation (APA-CoA). As much as possible, for administrative efficiency, we will seek to harmonize APA-CoA requirements with the existing ACGME requirements and structures located within GME.
2. Each GME program must have a Program Evaluation Committee (PEC) appointed by the Program Director. The PEC functions in compliance with both the common program and program-specific requirements. The goal of the PEC is to oversee curriculum development and program evaluations for its respective GME training program. Data can be acquired within the annual program evaluation section within the Resident Management Software.

B. Implementation

1. Each GME program will have a program evaluation committee with a structure that meets the ACGME requirements:
 - a) The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation (APE) as part of the program's continuous improvement process.
 - b) Membership must be composed of at least two program faculty members and at least one intern. For new programs, meetings may be held as scheduled until interns are hired.
2. Program Evaluation Committee responsibilities must include:
 - a) acting as an advisor to the program director, through program oversight
 - b) review of the program's self-determined goals and progress toward meeting them
 - c) guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
 - d) review of the current operating environment to identify strengths, challenges, opportunities, and threats, as related to the program's mission and aims.
3. The Program Evaluation Committee should consider the following elements in its assessment of the program:
 - a) Curriculum.
 - b) Outcomes from prior Annual Program Evaluation(s).
 - c) APA-CoA letters of notification, including citations, Areas for Improvement, and comments.
 - d) Quality and safety of patient care.
 - e) Aggregate intern and faculty:
 - i. well-being surveys
 - ii. recruitment and retention
 - iii. workforce demographics
 - iv. engagement in quality improvement and patient safety
 - v. scholarly activity.
 - vi. written evaluations of the program.
 - f) Aggregate Intern:
 - i. achievement of milestones/Profession-wide Competencies (PWCs)
 - ii. graduate performance metrics.

- g) Aggregate faculty:
 - i. evaluation; and
 - ii. professional development
- 4. The Program Evaluation Committee must evaluate the program's mission and aims, strengths, weaknesses, opportunities, and threats.
- 5. The annual review, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the residents; and be submitted to the GME Designated Institutional Officer (DIO).
- 6. The PEC will be provided with confidential intern and faculty evaluation data by the program's administrative staff to conduct their business. Data includes but it is not limited to:
 - a) APA-CoA Requirements
 - b) Program Goals and Objectives
 - c) Program Policies
 - d) Rotation Diagrams
 - e) Curriculum Grid
 - f) The Prior year's APE and Action Plan(s) for improvement as well as data to be used to measure progress on individual initiatives, as specified in the prior year's APE.
 - g) Summary of Faculty Development completed.
 - h) Summary of Faculty Scholarly Activity (will also be used to update ADS)
 - i) Intern Performance information.
 - j) Graduate performance, including board pass rates.
 - k) Most recent APA-CoA Letters of Notification, including citations.
 - l) Annual GME Intern Survey Results
 - m) Annual GME Faculty Survey Results
 - n) Intern evaluation of the Program, Rotations, Faculty
 - o) Faculty Evaluation of the Program
 - p) Compliance with policies and requirements
 - q) Intern remediation and attrition.
- 7. Using the APE and Action Plan for Improvement the PEC will monitor and track each of the following:
 - a) Intern performance.
 - b) Faculty development
 - c) Graduate performance and feedback
 - d) Program quality.
 - e) Progress in achieving goals set forth in previous year's action plan.
- 8. The PEC will review recommendations from the Clinical Competency Committee. The program director is ultimately responsible for the work of the PEC. The approval must be documented in meeting minutes. The program's annual action plan and report on the program's progress on initiatives from the previous year's action plan must be sent to the DIO/DGME semi-annually.
- 9. The GMEC will review the APE material and resulting Action Plan for Improvement and will make a decision to:
 - a) Accept the Action Plan for Improvement as written.
 - b) Request clarification and additional information.
 - c) Determine the need for a Special Program Review.

VI. Definitions
N/A

VII. Attachments
N/A

VIII. Related Policies
This policy is established in alignment with standards required by the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

IX. Regulatory Notices
Nothing in this policy modifies the at-will status of any organizational associate or otherwise creates a contractual relationship between the organization and any associate.

The organization, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	07/01/2025	07/01/2027	New Policy Document	N/A	Designated Institutional Official

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 01/21/2024 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for: Mercy Health - St. Rita's Medical Center



APPENDIX 3.0—PTO Request Form

REQUEST FOR PAID TIME OFF

Please request time off 4-6 weeks in advance due to scheduling purposes

Date: _____ Rotation: _____

Psychology Intern name (printed): _____

Psychology Intern (signature): _____

Rotation Supervisor Approval (signature): _____ Approval via attached email: ☐

PAID TIME OFF (VACATION/ILLNESS) (25 days Monday-Friday) (Must use PTO for Holidays)

First date of time off: _____ Last date of time off: _____

Number of days **previously taken and/or requested**: _____

Number of days **in this request**: _____

Number of days **remaining after** this request _____

EMERGENCY AND SPECIAL LEAVE (please do not complete until you have discussed with Program Director. This section requires appropriate support documentation).

First date of time off: _____ Last date of time off: _____

Type of Leave:

Bereavement ☐ Jury Duty ☐ Military ☐ Other ☐

Documentation attached: Yes ☐ No ☐

FOR EDUCATION OFFICE USE ONLY

Program Director Approval (signature): _____ Date: _____

Processed by: _____ Date: _____

APPENDIX 4.0— Sample Rotation Schedule

	REHAB				
	Monday	Tuesday	Wednesday	Thursday	Friday
7:00		Neuroscience	Dr. Brickner Team day		
7:30		Grand Rounds (monthly)			
8:00	New	Consults	Consults	Consults	Breakfast Rounds
8:30	Patient	Consults	Consults	Consults	and Supervision
9:00	Supervision	Rehab	Rehab	Rehab	Didactics
9:30	New	Team	Team	Team	Didactics
10:00	Patient	Rehab	Rehab	Rehab	Team Meeting and
10:30	Supervision	Team	Team	Team	Group Supervision
11:00	Follow-up	Supervision	Consults	Supervision (virtual)	Cultural and ethical considerations
11:30	Patient	Notes/Admin		Notes/Admin	Cultural and ethical considerations
12:00	Lunch	Lunch	Grand Rounds	Lunch	Lunch
12:30			(with lunch)	Lunch	Lunch
1:00	Follow-up	Follow-up	Follow-up	Follow-up	CBT-I group alternates with
1:30	Patient	Patient	Patient	Patient	Consults or
2:00	Follow-up	Follow-up	Follow-up	Follow-up	Pain Management Group
2:30	Patient	Patient	Patient	Patient	
3:00	Follow-up	Follow-up	Follow-up	Notes/Admin	Notes/Admin
3:30	Patient	Patient	Patient	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

	PRE-SURGICAL				
	Monday	Tuesday	Wednesday	Thursday	Friday
7:00		Neuroscience			
7:30		Grand Rounds (monthly)	Weight Mngt		
8:00	New	New	Team Meeting	New	Breakfast Rounds
8:30	Bari	Bari	New	Bari	and Supervision
9:00	Patient	Patient	Bari	Patient	Didactics
9:30	Individual Supervision	Individual Supervision	Patient	Individual Supervision	Didactics
10:00	New	New	Individual Supervision	New	Team Meeting and
10:30	Bari	Bari	Bari	Bari	Group Supervision
11:00	Patient	Patient	Follow-up	Patient	Cultural and ethical considerations
11:30	Individual Supervision	Individual Supervision		Individual Supervision	Cultural and ethical considerations
12:00	Lunch	Lunch	Grand Rounds	Lunch	Lunch
12:30	Lunch	Lunch	(with lunch)	Lunch	Lunch
1:00	New	New		New	CBT-I Group alternates with
1:30	Bari	Bari	Bari	Bari	Pain Management group
2:00	Patient	Patient	Follow-up	Patient	or Bari
2:30	Individual Supervision	Individual Supervision	Individual Supervision	Individual Supervision	Follow-up
3:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
3:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

	REHAB	Tuesday	Neuropsych (1st and 3rd Wednesdays)	Thursday	Friday
	Monday		Wednesday		
7:00		Neuroscience			
7:30		Grand Rounds (monthly)			
8:00	New	Consults	Intake	Consults	Breakfast Rounds
8:30	Patient	Consults	Testing	Consults	and Supervision
9:00	Supervision	Rehab	Supervision	Rehab	Didactics
9:30	New	Team	Intake	Team	Didactics
10:00	Patient	Rehab	Testing	Rehab	Team Meeting and
10:30	Supervision	Team	Supervision	Team	Group Supervision
11:00	Follow-up	Supervision	Notes/Admin	Supervision (virtual)	Cultural and ethical considerations
11:30	Patient	Notes/Admin		Notes/Admin	Cultural and ethical considerations
12:00	Lunch	Lunch	Grand Rounds	Lunch	Lunch
12:30			(with lunch)	Lunch	Lunch
1:00	Follow-up	Follow-up		Follow-up	CBT-I group alternates with
1:30	Patient	Patient	Intake	Patient	Consults or
2:00	Follow-up	Follow-up	Testing	Follow-up	Pain Management Group
2:30	Patient	Patient	Supervision	Patient	
3:00	Follow-up	Follow-up	Notes/Admin	Notes/Admin	Notes/Admin
3:30	Patient	Patient	Notes/Admin	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

	PRE-SURGICAL	Tuesday	Neuropsych (1st and 3rd Wednesdays)	Thursday	Friday
	Monday		Wednesday		
7:00		Neuroscience			
7:30		Grand Rounds (monthly)			
8:00	New	New	Intake	New	Breakfast Rounds
8:30	Bari	Bari	Testing	Bari	and Supervision
9:00	Patient	Patient	Supervision	Patient	Didactics
9:30	Individual Supervision	Individual Supervision	Intake	Individual Supervision	Didactics
10:00	New	New	Testing	New	Team Meeting and
10:30	Bari	Bari	Supervision	Bari	Group Supervision
11:00	Patient	Patient	Notes/Admin	Patient	Cultural and ethical considerations
11:30	Individual Supervision	Individual Supervision		Individual Supervision	Cultural and ethical considerations
12:00	Lunch	Lunch	Grand Rounds	Lunch	Lunch
12:30	Lunch	Lunch	(with lunch)	Lunch	Lunch
1:00	New	New		New	CBT-I Group alternates with
1:30	Bari	Bari	Intake	Bari	Pain Management group
2:00	Patient	Patient	Testing	Patient	or Bari
2:30	Individual Supervision	Individual Supervision	Supervision	Individual Supervision	Follow-up
3:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
3:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

APPENDIX 4.0— Sample Rotation Schedule Continued

MENTAL HEALTH (regular outpatient weeks)				
Monday	Tuesday	Wednesday	Thursday	Friday
7:00	Neuroscience			
7:30	Grand Rounds (monthly)			
8:00	Follow-up	New	New	Breakfast Rounds
8:30	Patient	Patient	Patient	and Supervision
9:00	Follow-up	Supervision	Supervision	Didactics
9:30	Patient	Follow-up	Follow-up	Didactics
10:00	Follow-up	Patient	Patient	Team Meeting and
10:30	Patient	Follow-up	Follow-up	Group Supervision
11:00	Follow-up	Patient	Patient	Cultural and ethical considerations
11:30	Patient		Supervision	Cultural and ethical considerations
12:00	Lunch	Grand Rounds	Lunch	Lunch
12:30		(with lunch)	Lunch	Lunch
1:00	Follow-up	Follow-up	New	Reading/research
1:30	Patient	Patient	New	Reading/research
2:00	Follow-up	Follow-up	Patient	Supervision
2:30	Patient	Patient	Supervision	Reading/research
3:00	Notes/Admin	Notes/Admin	Supervision	reading/research
3:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

INTEGRATED CARE				
Monday	Tuesday	Wednesday	Thursday	Friday
7:00	Neuroscience			
7:30	Grand Rounds (monthly)			
8:00	Notes/Admin	Patient Appt	Notes/Admin	Breakfast Rounds
8:30	Patient Appt	Patient Appt	Patient Appt	and Supervision
9:00	Notes/Admin	Supervision	Notes/Admin	Didactics
9:30	Patient	Supervision	Patient	Didactics
10:00	Notes/Admin	Patient Appt	Notes/Admin	Team Meeting and
10:30	Patient	Patient Appt	Patient	Group Supervision
11:00	Notes/Admin	Patient Appt	Notes/Admin	Cultural and ethical considerations
11:30	Supervision	Notes/Admin	Supervision	Cultural and ethical considerations
12:00	Supervision	Notes/Admin	Supervision	Lunch
12:30	Lunch	Lunch	Grand Rounds	Lunch
1:00	Patient Appt	Patient Appt	Patient Appt	Reading/research
1:30	Notes/Admin	Notes/Admin	Notes/Admin	Reading/research
2:00	Patient Appt	Patient Appt	Patient Appt	Reading/research
2:30	Notes/Admin	Notes/Admin	Notes/Admin	Reading/research
3:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
3:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

MENTAL HEALTH		Neuropsych (1st and 3rd Wednesdays)		
Monday	Tuesday	Wednesday	Thursday	Friday
7:00	Neuroscience			
7:30	Grand Rounds (monthly)			
8:00	Follow-up	Follow-up	Intake	New
8:30	Patient	Patient	Testing	Patient
9:00	Follow-up	Follow-up	Supervision	Supervision
9:30	Patient	Patient	Intake	Follow-up
10:00	Follow-up	Follow-up	Testing	Patient
10:30	Patient	Patient	Supervision	Follow-up
11:00	Follow-up	Follow-up	Notes/Admin	Patient
11:30	Patient	Patient	Supervision	Supervision
12:00			Grand Rounds	Lunch
12:30			(with lunch)	Lunch
1:00	Follow-up	Follow-up		new
1:30	Patient	Patient	Intake	Patient
2:00	Follow-up	Follow-up	Testing	Supervision
2:30	Patient	Patient	Supervision	outpatient
3:00	Notes/Admin	Notes/Admin	Notes/Admin	clinical
3:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

INTEGRATED CARE		Neuropsych (1st and 3rd Wednesdays)		
Monday	Tuesday	Wednesday	Thursday	Friday
7:00	Neuroscience			
7:30	Grand Rounds (monthly)			
8:00	Notes/Admin	Patient Appt	Intake	Notes/Admin
8:30	Patient Appt	Patient Appt	Testing	Patient Appt
9:00	Notes/Admin	Supervision	Supervision	Notes/Admin
9:30	Patient	Supervision	Intake	Patient
10:00	Notes/Admin	Patient Appt	Testing	Notes/Admin
10:30	Patient	Patient Appt	Supervision	Patient
11:00	Notes/Admin	Patient Appt	Notes/Admin	Notes/Admin
11:30	Supervision	Notes/Admin	Notes/Admin	Supervision
12:00	Supervision	Notes/Admin	Grand Rounds	Supervision
12:30	Lunch	Lunch	(with lunch)	Lunch
1:00	Patient Appt	Patient Appt		Patient Appt
1:30	Notes/Admin	Notes/Admin	Intake	Notes/Admin
2:00	Patient Appt	Patient Appt	Testing	Patient Appt
2:30	Notes/Admin	Notes/Admin	Supervision	Notes/Admin
3:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
3:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:00	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin
4:30	Notes/Admin	Notes/Admin	Notes/Admin	Notes/Admin

NOTE: Neuropsych testing clinics are the 1st and 3rd Wednesdays only. The rest of the week is identical to normal week for the rotation

Acknowledgement of Receipt of Mercy Health – St Rita’s Clinical Psychology Doctoral Internship Handbook 2025-2026

Intern Program Handbook Acknowledgment

The Mercy Health – St. Rita’s Medical Center Intern Program Handbook is provided electronically through the Resident Management Software, New Innovations. Interns are required to review the handbook and confirm acknowledgment by selecting the checkbox indicating **“Reviewed.”**

By checking the box, you confirm that you have read and understand the contents of the Intern Program Handbook. Once selected, the checkbox will automatically be replaced with a date indicating when the handbook was reviewed and acknowledged.

This electronic confirmation serves as your **official acknowledgment and signed attestation** that you have reviewed and understand the information contained in the Intern Program Handbook. The recorded date will be maintained as documentation of your review.