

**MetroHealth Medical Center's
Doctoral Residency in Health Service Psychology
Resident Handbook**



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Dear Psychology Resident:

Congratulations on being part of the **Sixth Class** of residents to participate in MetroHealth Medical Center's (MetroHealth) Doctoral Residency in Health Service Psychology! Your class is leading the way and create an outstanding residency experience for your class and for all the classes that will follow in your footsteps! This residency has the distinction of being the First APA hospital-based, pediatric primary care residency program in Northeast Ohio. On top of that this program is the **ONLY** such residency that focuses on working with an underserved population. **This year will be truly exciting.** With the support from the Behavioral Health Workforce Enhancement training grant we are enhancing the integrated primary care training by including social work students and Advanced Nurse Practitioner Trainees.

For more than 170 years, MetroHealth has provided quality health care to a diverse patient population. The MetroHealth System is one of the largest, most comprehensive health care providers in Northeast Ohio and includes: MetroHealth Medical Center, MetroHealth Center for Rehabilitation, MetroHealth Center for Skilled Nursing Care, The Elisabeth Severance Prentiss Center for Skilled Nursing Care at MetroHealth and several outpatient facilities offering primary and specialty care. Medical services include rehabilitation, trauma, emergency medicine, women's and children's health care, surgical specialties, mental health, oncology, family health, internal medicine, community outreach, and long-term care.

MetroHealth, Cleveland's first hospital and a principal teaching center of the Case Western Reserve University School of Medicine (CWRU), is the flagship unit of The MetroHealth System and includes a Level I trauma center, a regional burn center, and Metro Life Flight, the country's second busiest emergency air transport system.

At MetroHealth, we are committed to providing a superb educational experience in a unique, supportive environment designed to further the professional growth of each resident. Residents are part of a team that is dedicated to excellent and compassionate care. The close links formed between faculty and residents offer the optimal situation for clinical training.

We hope you enjoy living in Cleveland as much as we do! Take time to be a tourist and explore all that Cleveland has to offer. By now, you know that Cleveland is situated on Lake Erie and that is experiencing a renaissance that began with sports venues downtown and continues with revitalized historical neighborhoods on the west side and a burgeoning corridor between the city's center and the east side. Cleveland boasts numerous Colleges and Universities, Art Museums and Theaters. Cleveland is surrounded by the Emerald Necklace, an extensive system of nature preserves and parks. The various reservations, which largely encircle the city of Cleveland, tend to follow the rivers and creeks that flow through the region. http://en.wikipedia.org/wiki/Cleveland_Metroparks

Welcome to MetroHealth. We hope your experience here is a beneficial start to your professional career, filled with learning and long-lasting relationships.

Sincerely,

Britt A. Nielsen, Psy.D., ABPP
Training Director

Marsheena Murray, Ph.D., ABPP
Child/Pediatric
Associate Training Director

Sarah Benuska, PhD
Adult Health
Associate Training Director

Acknowledgements:

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APPLICATION FOR RESIDENCY

The residency will participate in Phase I of the match. Applications should be submitted through the AAPI Online process administered by Association of Psychology Postdoctoral and Residency Centers (APPIC). A de-identified psychological evaluation of a should be submitted with your APPI. If you are applying to the child clinical/pediatric psychology track, please submit a report for a child/adolescent patient. If you are applying to the adult health track please submit a report for an adult patient.

In your letter of interest which is part of the Standard online application, please indicate **your training track preferences**. Put this information in **bold print** near the top of your cover letter. This will allow us to ensure you meet the lead faculty of your preferred training track (s). Additionally, at the end of interview day, residents will have an opportunity to indicate their preference for training tracks. **All training tracks are ranked separately and individuals can indicate an interest in multiple tracks without penalty.**

Program Number	Track
229711	Pediatric Psychology Track
229712	Neurodevelopmental Disabilities Track
229713	Trauma & Community Health
229714	Adult Health Track

Note that we have 3 different funding sources. These funding sources are as follows:

1. Pediatric Psychology/ MetroHealth Medical Center (3 slots)
2. HRSA- BHWET (3 slots)
3. HRSA-GPE Adult Health (2 slots)

The deadline for applying is November 1, 2019. Details are available at the APPIC website (www.appic.org). Interviews are conducted in person when possible and by telephone or Skype when an in-person interview is not feasible.

All applications are screened by members of the Residency Curriculum Committee. Committee members conduct interviews and provide ratings and feedback to the Residency Training Director and other Committee members. Final ranking decisions are made by consensus during a Committee review of interviewees. The Training Director submits the APPIC rankings to the National Matching Service.

Every effort is made to ensure diversity in selected trainees. Selections are non-discriminatory on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation, disability, and socioeconomic status.

Once residents are matched to the site, a letter of agreement is sent to selected residents within 48 hours. This letter includes information about start and end dates, residency salary, contact information for the Training Director, and other relevant information about the residency . Residents will complete pre-employment screening at MetroHealth that includes background check and drug testing.

The residency is a member of the Association of Psychology Postdoctoral and Residency Centers (APPIC) The residency abides by all APPIC guidelines and requirements.

Accreditation Status

The Psychology Residency program at MetroHealth Medical Center is Accredited as Psychology Internship by the American Psychological Association. Questions about the training may be emailed to the Training

Director, Dr. Britt A. Nielsen (bnielsen@metrohealth.org); however questions specifically related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002 Phone: (202) 336-5979 Email: apaaccred@apa.org

Requirements for Selection

An applicant must have completed all on-campus requirements in an APA accredited, degree-granting clinical, counseling, or school psychology doctoral program in the United States by the time the residency is scheduled to begin. The applicant must also have been awarded a Master's Degree during their training. The applicant must have successfully completed supervised practicum experiences and graduate coursework in health service psychology, including individual intelligence assessment, learning and development, psychotherapeutic interventions, and research/statistical analysis. Experience working on medical teams beneficial but not required. For those interested in the Pediatric Psychology, Neurodevelopmental Disability or Trauma/Community Health Track experience working with children and adolescents across a range of ages is expected. For the Adult Track experience working with adults across a range of ages is expected.

To be considered, applicants must be verified as ready to apply for Residency by the Director of Training of his or her graduate program, as listed in Part II of the APPIC application form.

Start and End Dates

The residency begins on July 1, 2019 and ends on June 30, 2020.

Background Check and Drug Testing

Prior to being hired, Residents are subject to the Human Resources policy on criminal background checks and drug testing. Residents must complete pre-employment screening and drug testing through MetroHealth's Health Clinic. MetroHealth's Drug-Free Workplace and Substance Abuse Policy applies regardless of any state or other laws permitting the use of medical marijuana. Such laws permit employers to prohibit marijuana in the workplace. Accordingly, the presence of marijuana in one's system remains prohibited by the MetroHealth System, even where use is pursuant to prescription. If a resident is taking a prescription drug or other medication, they may be required to provide prescription information or other medical justification if the substance is detected in the drug screen. Medical personnel may examine me and/or contact the resident's physician, pharmacist or other appropriate medical care provider to verify the use of a prescription or medication, the medical justification for it, and that the use of the medication is consistent with the prescribed use. All positive tests will be confirmed through a Medical Review Officer (MRO) retained by the MetroHealth System. A positive drug test may result in disciplinary action, up to and including termination.

Salary and Benefits

Residents receive a salary of \$31,200 annually. Residents will receive 2 weeks of paid vacation, 6 Federal Holidays and 4 floating holidays (Martin Luther King Day, President's Day, Columbus Day and Veteran's Day), and accumulated sick leave. Residents are eligible for health insurance through the MetroHealth Medical Center. Residents will also receive \$1000 in educational funds to support travel conference attendance.

Overtime policy: Residents will be eligible for over-time pay for any hours worked over 40 hours during a work week. Residents are required to use the Kronos time keeping system to clock in and out daily. The

system will automatically clock residents out for 1 hour lunch. Any overtime must be approved by the training director prior to working over 40 hours. See page 38 for more information about overtime.

INTRODUCTION

The purpose of this handbook is to introduce new residents to MetroHealth's Psychology Residency Program. Critical information regarding policies and procedures are contained in this handbook. If you have any questions on a specific clinical section of this handbook, please talk to your supervisor or director of training.

Program Overview

MetroHealth's Doctoral Residency in Health Service Psychology operates within MetroHealth's Division of Child and Adolescent Psychiatry and Psychology (CAPP), and the Departments of Psychiatry and Family Medicine. All supervising psychology faculty at MetroHealth are employees of the MetroHealth and hold academic appointments at Case Western Reserve University School of Medicine. There are currently 6 full and one part-time doctoral-level licensed psychologists in the Division of Child and Adolescent Psychiatry and Psychology, two child and adolescent psychiatrists, and three independently licensed social workers. Additionally, there is one health psychologist in the department of Psychiatry, four psychology faculty housed in the Family Practice Department in the four in the Department of Physical Medicine and Rehabilitation.

The psychologists in the Division of Child and Adolescent Psychiatry and Psychology have provided training for over 30 years and believe that training is a central part of their professional identities. Training represents an integral facet of CAPP and the mission of the hospital. Academic affiliation with Case Western Reserve University fosters training activities hospital-wide through a well-established residency program.

Central to the mission of MetroHealth is a focus on service, knowledge, and teamwork, with an emphasis on providing quality services to individuals in the community regardless of insurance coverage. The MetroHealth residency program adheres to the belief that thoughtful training in diversity issues is crucial in developing a professional identity that values and pursues excellence in clinical practice. MetroHealth psychology residents will be referred to as Psychology Residents and will work under the supervision of licensed psychologists. Psychology Residents will function as a member of the interprofessional team. All primary supervisors have a doctoral degree in psychology and are licensed psychologists in the state of Ohio. Supervisors are clinically and professionally responsible for services provided by residents.

This innovative doctoral residency was developed to meet the training needs of clinical psychology doctoral students and to meet the mental health needs of the diverse, underserved and low-income individuals in the community. In addition to providing training for a cohort of residents each year, the residency contributes to the workforce by providing highly trained doctoral level mental health providers in meeting the mental health needs of low-income adults, children and families.

The MetroHealth doctoral residency program provides training in assessing and treating a wide range of psychological problems, including mood and anxiety disorders, ADHD and oppositional defiant disorders, developmental issues, trauma and abuse, learning problems, family dysfunction, and health-related issues. Residents receive training in outpatient psychology clinic and the primary care and specialty care clinics at MetroHealth's main campus.

The goal of the residency is to prepare residents to be health service psychologists, comfortable treating a range of mental health issues of patients from diverse, underserved and low income backgrounds. Residents will gain these skills and competence through two major training rotations, 1) psychology outpatient rotation and 2) primary care rotation. Residents will also participate in pediatric specialty care clinics during their training within the MetroHealth System.

MetroHealth System Mission

The MetroHealth System commits to leadership in providing outstanding health care services, which continually improve the health of the people of our community. We offer an integrated program of services provided through a system, which encompasses a partnership between management and physicians and reflects excellence in patient care supported by superior education and research programs. We are committed to responding to community needs, improving the health status of our region, and controlling health care costs. We hold as a core value the provision of service to any resident of Cuyahoga County regardless of ability to pay.

MetroHealth System Mission:

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

Vision

MetroHealth will be the most admired public health system in the nation, renowned for our innovation, outcomes, service and financial strength.

Values

- Service to Others
- Teamwork
- Accountability
- Respect
- Inclusion and Diversity
- Quest for Excellence

Six Pillars

1. Dedicated Employees and Volunteers
2. Patient Experience and Engagement
3. Clinical Excellence
4. Operational and Financial Effectiveness
5. Community Impact
6. Education and Research

Residency Training Mission

The primary focus of MetroHealth's Doctoral Residency in Health Service Psychology is on providing care for a diverse, underserved population. The residency program provides professional training following a scientist-practitioner model and is designed to promote specific areas of competence in professional psychology. Those successfully completing the residency will exemplify high standards of legal, ethical, and professional conduct. The goal of the residency is to help residents develop working relationships with patients, their families and other professional staff, and enhance their communication, interviewing, and consultation abilities. Residents successfully completing the residency program will be able to provide a wide variety of clinical services, including evidence-based assessment and intervention with patients from diverse ethnic, cultural, and social backgrounds in outpatient and integrated primary care settings.

Training Aims and Competencies

Our residency is designed to accomplish the following aims:

Prepare residents for the practice of Health Service Psychology while working with patients from diverse ethnic, cultural, and social backgrounds, underserved population.

The competencies for residency training include the 9 profession-wide competencies of Research, Ethical and Legal Standards, Individual and Cultural Differences, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary skills. American Psychological Association's Competency Benchmarks Document, the Integrated Primary Care Competencies Document, and the Pediatric Psychology Education and Training Competency Document. Clear behavioral anchors tied to readiness for entry into practice are defined for each competency being measured. These goals will be used in documenting resident progress and for providing direct feedback to the resident.

Research

Goal #1: Resident demonstrates knowledge of scientific literature related to clinical practice in supervision, seminars, journal club, and case conferences.

Goal #2 Resident demonstrates ability to integrate scientific knowledge into clinical practice during supervision, case conferences, case consultation and in presentation to multidisciplinary teams.

Goal #3 Effectively presents current literature or research findings to accommodate multiple audiences (e.g., other psychologists, medical professionals, patients, community providers, and funding agencies).

Ethical and Legal Standards

Goal #4 Resident conducts self professionally and abide legal and professional ethical guidelines in all professional activities.

- Residents will have knowledge of and act in accordance with APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations and policies governing health

services at the organizational, local, state, regional and federal levels and relevant professional standards and guidelines.

- Demonstrates knowledge about legal issues associated with health care practice (e.g., compliant with documentation and billing practices, follows state laws for related to abuse reporting, adolescent reproductive health).

Goal #5 Resident recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.

- Follows appropriate procedures for reporting and documenting ethical and legal concerns.
- Identifies and addresses the distinctive ethical issues encountered in primary care and other clinical settings (e.g., dual relationship matters, confidentiality, informed consent, boundary issues, team functioning, and business practices).
- Demonstrates the ability to communicate ethical and legal concerns with team members

Individual and Cultural Differences

Goal# 6 Resident is sensitive to issues of diversity and exhibits awareness of the extent to which the lives of others can differ from their own.

- Incorporates awareness of patient's diversity in rapport building, case conceptualization, and intervention.
- Works with individual and family to develop treatment goals that are consistent with the diverse needs and priorities of the patient and family.
- Demonstrates self-awareness regarding their own cultural backgrounds and beliefs and potential impact on delivery of patient care.

Goal #7 Resident identifies and appreciates the impact of individual differences on patient's daily life experiences, as well as how that experience may impact assessment, treatment, and/or response to therapy.

- Demonstrates familiarity with relevant literature concerning cultural competence and the ability to integrate that knowledge into case conceptualization.
- Demonstrates skills in intervention with patients of diverse backgrounds and their families.
- Uses culturally sensitive measures and procedures when conducting research, evaluation or quality improvement projects.

Goal # 8 Resident addresses issues of individual differences or diversity with patients, families, or care team when relevant.

- Demonstrates ability to discuss available resources with individuals and families.
- Demonstrates an ability to utilize an interpreter when necessary.
- Modifies interventions for behavioral health change in response to social and cultural factors.

Professional Values, Attitudes, and Behaviors

Goal #9 Resident behaves in a way that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for welfare of others.

- Resident takes initiative to educate self regarding areas of practice they are less familiar.
- Resident uses problem solving strategies to resolve any difficulties that may arise.

Goal #10: Residents will engage in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being and professional effectiveness.

- Understands and supports importance of reflective (e.g., manages stress associated with patient care by actively consulting with other psychologists and supervisors).
- Understands and supports importance of self-assessment in settings (e.g., evaluates own competencies and determines needs for educations; acts in best interest of patient by seeking consultation and support when needed for services that exceed level of professional competence).
- Understands importance of health professional self-care (e.g., actively promotes self-care consultation opportunities including psychotherapy, exercise, psychiatric consultation, marriage and family therapy).

Communication and Interpersonal Skills

Goal #11. Resident develops rapport and forms a therapeutic alliance with patients and their family/caregivers.

- Effectively collaborates with patients and caregivers to identify intervention goals that focus on functional outcomes and symptom reduction in a targeted manner.
- Establishes and maintains effective relationships with patient and families.
- Demonstrates an awareness of how differences between the therapist and patient may impact the therapeutic relationship.

Goal 12 # Resident adapts communication with patients, families, interprofessional care team, and community agencies regarding the role of development, behavior, cognitive status, health, and environment on functioning.

Goal #13 Resident presents their diagnostic findings or assessments in verbal form or in a comprehensive written and appropriately tailored report for various consumers in an Electronic Health Record (EHR).

- Effectively communicates findings to families and interdisciplinary team members.
- Completes notes and reports with appropriate content and attention to detail in a timely manner.
- Describes ethical and privacy considerations for sharing information and documentation in the electronic health record (EHR), and as a member of an interdisciplinary care team.

Assessment

Goal #14. Residents will be able to evaluate and diagnose the range of developmental, behavioral, and emotional problems that would benefit from intervention, including normal variations, problems, and disorders.

- Understands of normative, adaptive and maladaptive emotional, cognitive, social, behavioral and physical development in the larger context of bio-psycho-social and environmental factors.
- Evaluates and uses strengths, resilience and wellness factors to inform understanding of a patients needs and promote health.
- Demonstrates knowledge of internalizing, externalizing, pervasive developmental, and psychiatric disorders in patients, and assigning DSM-5 diagnoses.

Goal #15 Resident conducts clinical diagnostic interviews and evaluations with individuals and families that are appropriate for the clinical setting in which they practice (outpatient therapy, primary care, specialty care, or consult service).

- Effectively uses multiple methods of interview (e.g., structured, semi-structured, brief problem focused, etc) to address presenting concerns in ways that are responsive and respectful of the diverse needs of individuals and referral sources.
- Incorporates multiple informant perspectives and sources to inform case conceptualization, recommendations for intervention, and treatment planning.

Goal #16 Resident selects and applies assessment methods that draw from the best available empirical literature and that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified referral question, as well as diversity characteristics of the patient.

Intervention

Goal #17 Resident implements and evaluates evidenced based treatments to inform treatment planning, program development, and modifications in treatment, as well as evaluate patient outcomes and effectiveness of program implementation.

- Effectively uses current evidence-based interventions appropriate for the setting to treat health and mental health related issues.
- Uses outcome data on patients to assess progress, formulate changes in treatment plans, and evaluate effectiveness of programs.
- Demonstrates ability to provide justification/support for interventions selected.
- Demonstrates the ability to evaluate treatment outcomes.
- Demonstrates understanding of ecological/developmental theory applied to intervention.
- Demonstrates skills in intervention with families of diverse backgrounds.

Goal #18 Resident formulates a biopsychosocial treatment plan appropriate for the setting (e.g., brief, problem-focused versus long-term therapy)

- Offers interventions that are inclusive of the family system (e.g., parent-training, family problem solving).
- Develops a case conceptualization to guide appropriate and effective treatment planning.

- Demonstrates ability to conduct comprehensive diagnostic assessments across functional domains.
- Demonstrates ability to conduct brief, problem-focused assessments that prioritize integrated care treatment goals.
- Demonstrates understanding of adjustment to acute or chronic illnesses and developmental, social and health behavior factors associated with poor health outcomes (e.g., impact of poverty, nonadherence to medical regimens).
- Demonstrates ability to collaborate with other disciplines in intervention planning and implementation for problems related to pediatric medical conditions.
- Bridges appropriately between behavioral services offered in primary care and specialty mental health and community resources.

Supervision

Goal #19 Resident applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals (e.g., role-played supervision, peer supervision, etc).

- Describes models of supervision
-

Goal #20 Resident actively seeks supervision when needed and uses it productively. Resident is responsive to feedback.

- Resident is prepared for supervision
- Resident identifies appropriate priorities for discussion during supervision
- Resident identifies

Consultation and Interprofessional/Interdisciplinary Skills

Goal 21: Resident effectively collaborates with professionals in an interdisciplinary setting.

- Demonstrates respect for other disciplines and perspectives within an interprofessional care team.
- Recognizes when and how to effectively advocate with other members of the health care team.
- Demonstrates ability to work with all members of a multidisciplinary team in the primary care clinic, specialty care clinics, and consultation/liaison service.

Goal 22: Residents participates in interprofessional training and case presentations, and presents psychology lectures for pediatric residents, psychiatry residents, family medicine residents, and/or physical medicine and rehabilitation residents.

- Demonstrates ability to teach learners of a variety of different levels and disciplines about behavioral, developmental, emotional, or social factors affecting their presentation in a medical setting.
- Demonstrates an understanding of how interprofessional teams collaborate for teaching and training purposes.

MetroHealth Medical Center

Child/Peds Tracks

Training Program

MetroHealth's training program is was developed to help residents learn to assess, create treatment plans, and intervene with children and adolescents in pediatric primary care clinics, pediatric psychology outpatient therapy, and in specialty care clinics. The residents are involved with face-to-face delivery of professional psychological service under the supervision of licensed psychologists, and are required to participate in regular didactic seminars and grand rounds. For Spanish-speaking residents, there is opportunity for bi-lingual supervision with our Spanish-speaking psychologist. Residents will learn to tailor their practice so that it is appropriate for the setting in which they are practicing.

Overview of Training Experiences and Electives

- Residents in all 3 tracks will spend 60% of their time in two core, year-long child-focused experiences (30% in Pediatric Psychology Outpatient Clinic and 30% in Integrated Pediatric Primary Care Clinics). Residents in all 3 tracks will be assigned to at least one half-day resident continuity clinic through out the year. Other primary care tracks will be determined by the Track the resident is assigned to (see Track Description list of other primary care tracks for trainees). Residents will spend 10% of time in their choice of two 6-month-long rotations in a specialty care clinic.
- Consultation and Liaison: Residents will rotate weekly through the Consultation and Liaison service covering the Pediatric Intensive Care Unit, Pediatric Medical Floors, and the Physical Medicine and Rehabilitation Hospital. Residents will provide brief, problem-focused assessments and interventions with children and adolescents who are hospitalized for a variety of medical disorders. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge of the role psychological and behavioral factors play in the presentation of children and families in inpatient medical floors. Residents will provide recommendations to the interprofessional staff and as needed and will consult with the team around brief problem-focused interventions. A rotation schedule will be created at the beginning of the year. Residents are responsible for finding coverage for any days they are not available and informing the responsible supervisor. The time required for this service varies based on the patient census in the hospital.
- Neonatal Intensive Care Unit (NICU): Residents interested in the NICU experience will each be assigned 2 or more babies and families in the NICU to observe and follow and possibly provide forms of therapeutic support and intervention. Resident will learn about the impact of preterm birth on child development outcomes.

Ten percent of the residents' time will be spent participating in clinical supervision and didactics. Residents are allotted 20% of their time for administrative tasks such as report writing or professional development activities such as working on their dissertation. See Appendix A for a sample schedule for each Track.

All residents are expected to have an average of 12 billable patient contact hours per week. To meet this goal residents should have their outpatient schedules full and have a minimum of 4 patient contacts per half day clinic in primary care. This will help accommodate for no-show rates and vacation time. If residents are falling below 12 billable patient contacts per week, they may have to adjust their schedules to ensure they meet this expectation. If a resident is falling below this average, the Training Director will work with the Resident to increase access to billable patient care experiences. This plan may include requiring the Resident to use administrative time to make up for those patient contacts.

Track Descriptions

Pediatric Psychology Track (4 Residents) Julie Pajek, PhD, Track Lead:

Core Training Experiences: Year-Long

Pediatric Psychology Outpatient Clinic: 1.5 days per week (30%). Residents will provide assessment and interventions for children and adolescents for medical, developmental, and behavioral issues. Residents are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. Individual assessments are also provided, and can include psychoeducational (e.g., intelligence and academic achievement, etc.) and developmental (e.g., autism, developmental delay, etc.) evaluations.

Integrated Pediatric Primary Care Clinics: 1.5 days per week (30%). Residents will be assigned to a Resident Continuity Clinic and either an Adolescent Medicine Clinic, Family Medicine Clinic, or Hispanic Clinic (for Spanish-speaking Residents)

- **Resident Continuity Clinic:** Residents on the Pediatric Psychology Track will be assigned to at least one (possibly two) half day resident continuity care primary care teams and will provide brief, problem-focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics, and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practices. Other primary care clinic assignments may include:
- **Adolescent Medicine:** Residents will provide brief, problem focused intervention with adolescents and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding adolescent medicine clinics, and will help educate pediatric residents about basic interventions that can be implemented with adolescents and families.
- **Family Medicine:** Residents will provide brief, problem-focused intervention in the Family Medicine Department working with patients of all ages. Residents will have the opportunity to work with Family Medicine residents. Residents function as a member or the interprofessional team during clinic visits and during team meetings.
- **Hispanic Clinic:** Spanish-speaking residents interested in this clinic will provide brief, problem-focused intervention with adolescents and families. Residents will provide consultation to and collaborate with physicians and other health care providers. Residents function as a member or the interprofessional team during clinic visits and during team meetings. The residents will be competent to screen and assess monolingual or bilingual children and families, and provide recommendations regarding mental health needs. Residents may be able to take on outpatient therapy cases in this rotation.

Specialty Care Rotation Experiences: pick 2 rotations, 0.5 days per week for 6 months each (10%). See Description of Specialty Care rotations below.

Developmental Disabilities Track (1 Resident) Melissa Armstrong-Brine, PhD, Track Lead:

Core Training Experiences: Year-Long

Pediatric Psychology Outpatient Clinic: 1.5 days per week (30%). Residents will provide assessment and interventions for children and adolescents for medical, developmental, and behavioral issues. Residents are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. Individual assessments are also provided, and can include psychoeducational (e.g., intelligence and academic achievement, etc.) and developmental (e.g., autism, developmental delay, etc.) evaluations.

NeuroDevelopmental Disabilities Primary Care Clinics: 1.5 days per week (30%). Residents will be assigned to a Resident Continuity Clinic and either Comprehensive Care Clinic or Developmental Behavioral Pediatrics Clinic

- **Resident Continuity Clinic:** Residents on the Pediatric Psychology Track will be assigned to at least one (possibly two) half-day resident continuity care primary care teams and will provide brief, problem focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics, and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practices. Other primary care clinic assignments may include:
- **Comprehensive Care Clinic:** Residents will be assigned to one half day of the comprehensive care clinic while is a primary care clinic for children with multiple complex medical or developmental problems. Residents will provide brief, problem-focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics, complex medical and developmental delays and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practice.
- **Developmental Behavioral Pediatrics:** Residents will be assigned to one half day in developmental behavioral pediatrics clinic. Residents will provide brief, problem-focused assessments and intervention with children and adolescents who present with developmental or behavioral problems. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues. Additionally, psychology residents will have opportunity to gain experience with the Fetal Alcohol Syndrome Clinic and the Neonatal Abstinence Syndrome Clinic. Residents will help educate pediatric residents about basic interventions that can be implemented with children, adolescents and families.

Specialty Care Rotation Experiences one half day per week for 6 months each. Residents on the Neurodevelopmental Disabilities Track **must choose either the Autism Assessment Clinic or the Neuropsychological Assessment Clinic**. Residents may choose to do both assessment rotations or choose an alternate rotation from the list of specialty rotations below, See Description of Specialty Care rotations below.

Trauma and Community Health Track (1 Resident) Marsheena Murray, PhD, ABPP & Lisa Ramirez, PhD, ABPP Track Leads:

Pediatric Psychology Outpatient Clinic: 1.5 days per week (30%). Residents will provide assessment and interventions for children and adolescents for medical, developmental, and behavioral issues. Residents are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. Individual assessments are also provided, and can include psychoeducational (e.g., intelligence and academic achievement, etc.) and developmental (e.g., autism, developmental delay, etc.) evaluations.

Integrated Primary Care Clinics: 1.5 days per week (30%). Residents will be assigned to one Resident Continuity Clinic and two clinics in the Medical Home for Children in Foster Care.

- Resident Continuity Clinic: Residents on the Trauma and Community Health Track will be assigned to one half day resident continuity care primary care teams and will provide brief, problem-focused intervention with children and families. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics, and will help educate pediatric residents about basic interventions that can be implemented in their pediatric practices.
- Medical Home for Children in Foster Care Clinic: Residents on the Trauma and Community Health Track will be assigned to 2 half days Foster Care Clinics and provide brief assessment & problem-focused intervention with children and foster families. In collaboration with Cuyahoga County Department of Children and Family Services, MetroHealth provides a Medical Home to all youth in foster care. Residents will provide assessment and consultation for children recently placed in foster care and will participate in interdisciplinary team staffing meetings providing recommendations regarding mental health needs of children in foster care. Residents will be competent in the role abuse and neglect play on the physical and mental health of children. Additionally, residents will be familiar with Trauma Focused CBT and will provide brief individual therapy to children placed in foster care.

Specialty Care Rotation Experiences one half day per week for 6 months each. Residents on the Trauma Community Health Track **must participate in the School Based Health Clinic Rotation and the Government Relations/Advocacy Rotation.** Residents on this rotation will have the opportunity to shadow other medical specialty clinics when school is not in session (i.e, over the summer, winter and summer breaks).

- The School Based Health Clinic is a medical clinic in the Cleveand Municipal School District public school buildings/parking lots in a mobile unit. Psychology residents will observe a school-based health clinic. Residents will gain exposure to an innovative method for delivery of health care to underserved school-aged children.
- Government Relations/Advocacy Rotation: Residents will meet with members of MetroHealth's Government Relations Department to learn about advocating for children and families with government agencies around mental health agencies. Residents will gain an understanding of strategies to use when advocating with children and families. The Community Advocacy Program is a Medical Legal Partnership between MetroHealth and the Legal Aid Society. Residents will have opportunities to shadow the community advocates as they work with our patients to obtain special education services, public benefits, and deal with housing issues.

Specialty Care Rotations: Residents will choose **two** 6-month rotations in pediatric specialty care clinics. Preference for some Specialty Care Clinics may be given to residents on specific tracks; however, an effort will be made to give residents experience in that clinic or with that patient population.

“P”: Priority is given to Pediatric Psychology Resident.

“N”: Priority is given to the NeuroDevelopmental Disability Resident.

Choose up to 2:

- **Autism Assessment Clinic**^N
 - **Location:** Child and Adolescent Psychiatry and Psychology, 4th Floor, Bell Greve
 - **Responsible Faculty:** Melissa Armstrong, PhD, Robert Needlman, MD, Irene Dietz, MD
 - **Description:** Resident will participate in the MetroHealth Autism Assessment Clinic (MAAC). As a member of this interprofessional team, residents will participate in the assessment of children suspected of having an autism spectrum disorder. The resident will become competent in the administration and interpretation of standardized assessments for autism spectrum disorders (including but not limited to the ADOS, ADIR, and GARS).

- **Assessment**^N
 - **Location:** Child and Adolescent Psychiatry and Psychology, 4th Floor, Bell Greve
 - **Responsible Faculty:** Melissa Armstrong, PhD
 - **Description:** Residents will conduct psycho-educational, neuropsychological and developmental assessments with children and adolescents. Residents will be competent in identifying appropriate assessments to answer the referral question. The resident will write comprehensive reports summarizing the findings of their evaluations and provide recommendations to schools and parents. The resident will also be able to explain findings to children and families.

- **Endocrine/Diabetes**^P
 - **Location:** Main campus, Area I Peds clinic
 - **Responsible Faculty:** Ajuah Davis, MD & Lisa Ramirez, PhD
 - **Description:** Residents will provide brief, problem focused intervention with children and adolescents who are followed in the Endocrinology Clinic. Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding disorders in endocrinology, and will help educate pediatric residents about basic interventions that can be implemented with children, adolescents and families.

- **Gastroenterology**^P
 - **Location:** Main Campus, Area I Peds clinic
 - **Responsible Faculty:** Reema Gulati, MD and Terry Stancin, PhD or Britt Nielsen, PsyD
 - **Description:** Residents will provide brief, problem focused intervention with children and adolescents who are followed in the Gastroenterology Clinic. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge and comfort regarding disorders in gastroenterology. Residents will help educate pediatric residents about basic interventions that can be implemented with children, adolescents and families.

- **Muscle Clinic^N**
 - **Location:** Main campus, Area 1 Peds Clinic
 - **Responsible Faculty:** Andre Prochoroff, MD and Melissa Armstrong, PhD
 - **Description:** Residents will provide brief, problem focused intervention with children and adolescents who are followed in the Muscle Clinic. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge and comfort regarding disorders in neuromuscular disorders. Residents will help educate pediatric residents about basic interventions that can be implemented with children, adolescents and families.

- **Nutrition Exercise and Wellness (NEW)/Obesity Clinic^P**
 - **Location:** Main campus, Area II Peds clinic
 - **Responsible Faculty:** Julie Pajek, PhD, Susie Akers, RD
 - **Description:** Residents will provide brief, problem focused assessments and intervention with children and adolescents who are followed in the NEW Clinic. There will be opportunities for conducting group psychoeducational interventions for children and families. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge and comfort in managing difficult to change behaviors.

- **Physical Medicine and Rehabilitation (Spinal Cord Injury)^N**
 - **Location:** Old Brooklyn Campus, MetroHealth Rehabilitation Hospital
 - **Responsible Faculty:** Britt A. Nielsen, PsyD & Felicia Fraser, PhD
 - **Description:** Residents will participate in team meetings (Check Points) and team Rounds. This is primarily an adult-focused rotation; although there may be opportunity to work with teens 14-18 who are currently in inpatient rehabilitation. Additionally, Residents may be able to take on an outpatient therapy case in this rotation. Residents will have opportunity to shadow patients during physical therapy, occupational therapy, speech therapy and recreational therapy. Residents will also attend the Spinal Cord Injury Chapter Meeting on the 3rd Monday of the month.

- **Kidz Pride Clinic ^P**
 - **Location:** Main Campus
 - **Responsible Faculty:** Henry Ng, MD, Ajuah Davis, MD and Terry Stancin, PhD
 - **Description:** Residents will participate in the Kidz Pride team meetings, an interprofessional team working with children who are experiencing gender dysphoria. Residents will participate in team meeting and participate in the Gender Non-conforming Group and the Gender Dysphoria Parent Support Group. Residents will gain an understanding of issues of the formation of gender identity, the impact of gender dysphoria on a child's mood and behavior and the impact this has on family members.

Additional Available experiences: All residents will be offered the opportunity to shadow other clinics as a way to gain exposure to other medical clinics and professional roles of psychologists. They may choose from specialty care rotations listed in this handbook, or other medical clinics that are not currently part of our specialty care rotations (e.g., sleep clinic, rheumatology, hematology, etc).

Adult Health Track Training Program Overview

MetroHealth's training program is was developed to help residents learn to assess, create treatment plans, and intervene with diverse/underserved patients in primary care clinics, outpatient therapy, and in specialty care clinics. The residents are involved with face-to-face delivery of professional psychological service under the supervision of licensed psychologists, and are required to participate in regular didactic seminars and grand rounds. Residents will learn to tailor their practice so that it is appropriate for the setting in which they are practicing.

The Adult Health Training Track is supported by a HRSA Graduate Psychology Education Grant focused on addressing the Opioid Epidemic that was awarded August, 2019. As such we have partnered with Northeast Ohio Neighborhood Health Center, a Federally Qualified Health Center to provide cutting edge training in medically assisted treatments for patients with opioid and substance use disorders.

We take pride in the fact that our program focus on interprofessional education that occurs in didactics and in clinical settings. We collaborate with our medical residency programs (Family Medicine, Psychiatry, and Addiction Fellowship). We also collaborate with social work and psychiatric nurse practitioner training programs at case to provide field placements for social work and psychiatric nurse practitioner trainees in our medical clinics. This allows trainees of different disciplines to learn from each other and how to work in integrated teams to provide the best care to their patients.

Overview of Training Experiences and Electives

- Residents will spend 60% of their time in two core, year-long child-focused experiences (30% in Outpatient Therapy and 30% in Integrated Family Medicine/Primary Care Clinics). Residents will spend 10% of time in their choice of two 6-month-long rotations in a specialty care clinic.
- Consultation and Liaison: Residents will rotate weekly through the Consultation and Liaison service covering the Burn Unit, Medical Floors. Residents will provide brief, problem-focused assessments and interventions with patients who are hospitalized for a variety of medical disorders. Residents will provide consultation for physicians and other health care providers around behavioral or emotional issues related to their medical condition. Additionally, psychology residents will expand their knowledge of the role psychological and behavioral factors play in the presentation of patients in inpatient medical floors. Residents will provide recommendations to the interprofessional staff and as needed and will consult with the team around brief problem-focused interventions. A rotation schedule will be created at the beginning of the year. Residents are responsible for finding coverage for any days they are not available and informing the responsible supervisor.
The time required for this service varies based on the patient census in the hospital.

Ten percent of the residents' time will be spent participating in clinical supervision and didactics. Residents are allotted 20% of their time for administrative tasks such as report writing or professional development activities such as working on their dissertation.

All residents are expected to have an average of 12 billable patient contact hours per week. Given no-show rates and vacation time, residents may have to adjust their schedules to ensure they meet this expectation. If a resident is falling below this average, the Training Director will work with the Resident to increase access to billable patient care experiences. This plan may include requiring the Resident to use administrative time to make up for those patient contacts.

Adult Health Psychology Track (2 Residents) Sarah Benuska, PhD, Track Lead

Core Training Experiences: Year-Long

Adult Outpatient Clinic: 1.5 days per week (30%). Residents will provide assessment and interventions for patients for medical, mood and psychiatric problems. Supervisors (Stacy Caldwell, PhD Emily White, PhD; Eric Berko, PhD; or Sheerli Ratner, PhD).

Residents are exposed to a wide range of patient presenting problems. Individual assessments are also provided, and can include psychoeducational (e.g., intelligence and academic achievement, etc.) and some neuropsychological evaluation.

Medically Assisted Treatment/Integrated Primary Care: Supervisor: Erica Staneff, PhD: Residents will be assigned to one half day a week clinic at a partnering health center (Northeast Ohio Neighborhood (NEON) Health Center, or Signature Health) to gain experience working with Opioid/Substance Use Disorder Treatments including Medically Assisted Treatment in an integrated primary care clinic. NEON health center is 6 miles (20 Minutes) from MetroHealth's Main Campus. Signature Health is 13 miles (30 Minutes) from main campus.

Specialty Care Rotation Experiences: pick 2 rotations, 0.5 days per week (except assessment rotation) for 6 months each (10%). See Description of Specialty Care rotations below.

Assessment* Supervisor: Felicia Fraser, PhD: Assessment rotation will “borrow” a half a day a week from outpatient therapy and will be a one day per week. This rotation takes place at our Physical Medicine and Rehabilitation Hospital (1.8 miles from Main Campus). Residents will conduct cognitive, neuropsychological and personality assessments with adults presenting with neurological difficulties from traumatic brain injury, stroke, etc. Residents will be competent in identifying appropriate assessments to answer the referral question. The resident will write comprehensive reports summarizing the findings of their evaluations and provide recommendations patient and families.

Behavioral Sleep Medicine Outpatient Clinic Supervisor: Emily White, PhD: Residents will provide assessment and brief, targeted interventions for adults with sleep disorders, including insomnia, circadian rhythm disorders, CPAP adherence issues, night eating, and nightmare disorder. Residents will become familiar with the use of Cognitive Behavioral Therapy for Insomnia (CBT-I) and other behavioral approaches to treat sleep disorders. Residents also have the opportunity to attend monthly Multidisciplinary Sleep Team meetings and weekly Sleep Grand Rounds.

Family Medicine Clinic: Supervisor Sarah Benuska, PhD, Sheerli Ratner, PhD or Stacy Caldwell, PhD: Residents will provide consultation for physicians and other health care providers. Additionally, psychology residents will expand their knowledge and comfort regarding pediatric primary care clinics, and will help educate residents about basic interventions that can be implemented in their practices.

Pain Clinic Supervisor Frank Kenner, PhD: Residents will provide assessment and brief, targeted interventions for adults with chronic pain. Residents will become familiar with the use of Cognitive Behavioral Therapy for Pain and other behavioral approaches to treat pain disorders.

Pride Clinic: Supervisor Sarah Benuska, PhD: Residents will provide assessment and therapy for LGBTQ patients presenting to MetroHealth's Adult Pride Clinic. Pride clinic is a primary care clinic for LGBTQ patients.

Weight Loss (Bariatric) Surgery/Weight Management Clinic: Emily White, PhD: Residents will conduct pre-surgery psychological evaluations, psychological personality testing, and brief behavioral interventions to facilitate behavioral change for adult patients seeking bariatric surgery through MetroHealth's Weight Management Program. Residents will also provide pre-surgical individual treatment for problematic eating behaviors (e.g., emotional eating, binge eating, night eating) and co-lead pre- and post-surgical support groups. Residents will attend monthly Weight Management team meetings, biannual retreats, and gain experience collaborating with other healthcare professionals.

Supervision, Mentoring and Didactics

The residency is an organized training program. Supervision and regular participation in the didactic seminars are required components of the residency. For Spanish-speaking residents, there is opportunity for bi-lingual supervision with our Spanish-speaking psychologist. In a typical week, each resident participates in:

1. A minimum of 2 hours of individual supervision per week with a licensed psychologist, see details below:
 - a. Individual Outpatient therapy supervision: One hour per week
 - b. Primary Care Supervision One and a half hours (1.5 hours total = 30 minutes of face to face supervision in each of the 3 Primary Care Clinics)
 - c. Specialty Care Clinic Supervision minimum of 30 minutes per week (face to face in specialty care clinic)
2. Individual supervision for Consultation/Liaison Service (each resident rotates through C/L 1 week at a time) 1 hour per consult. Varies based # of consults
3. Individual supervision for assessment batteries as needed to prepare for evaluation, report writing and feedback. Two hours of face to face supervision **per assessment case**.
4. One hour group supervision per week (primary care supervision and outpatient therapy supervision)
5. Two hours of didactic training or seminars

Some weeks provide additional training opportunities, such as the grand rounds offered through the departments of psychiatry and pediatrics. Residents are encouraged to attend any and all relevant training opportunities. Please see Appendix B for a sample schedule of training activities.

Supervision

Supervision is an integral part of the training experience. Residents will participate in at more than 2 hours of individual supervision with licensed psychologists per week as described above. Residents will participate in case conferences to discuss issues and concerns of interesting or difficult cases. Residents will participate in one hour of group supervision (Primary Care or Outpatient Therapy, every other week). For primary care, there will be a clinic supervisor who is there to provide direct supervision of your clinical cases (you will send your progress notes to that individual to sign) and you will have a primary care mentor assigned to meet with you at least twice a month for discussion of larger issues of providing integrated care.

Mentoring

Mentoring is ongoing throughout the training year. Residents get professional mentoring in didactics during Professional Development Didactics and personal mentoring during individual supervision. Clinical faculty offer mentoring in academics by giving opportunities for mentored journal reviews, participating in research, teaching, and presentation in national meetings. Most importantly, the faculty are invested in the success of trainees beyond residency and continue to mentor former trainees well beyond the completion of the residency.

Didactics

Residents will participate in 2 hours of psychology specific didactics weekly. In addition to these psychology didactics, residents will have opportunities to participate in other training around the hospital, including: Pediatrics Grand Rounds, Psychiatry Grand Rounds, and BioEthics conferences. Periodically, residents will participate in interprofessional training with pediatrics residents on topics related to child development and mental health.

- Psychology Didactics: Residents will attend weekly presentations on issues relevant to assessment, treatment, ethics, and professional development.
- Psychology Training Series: Residents will participate in the following training series, each occurring once a month.
 - Professional Development Series) - Guest speakers will meet with residents to discuss issues around residents' development as a pediatric psychologist. This will include topics such as working in an academic health setting, grant writing, finding a professional mentor, and dealing with ethical dilemmas in pediatric psychology.
 - Case Presentation Resident will present an interesting or difficult case for case discussion and review (Each resident will present 4 times)
 - Journal Club Series Resident led discussion of an interesting or relevant journal article. (Each resident will present 4 times)
 - Supervision Series Throughout the year, residents will participate in didactics designed to build resident's own competency to supervise and to develop their own supervision style. Residents will participate in at least one live peer-to-peer supervision session. Residents will be paired up, and each resident will present a case for live peer supervision from their partner. Residents in the "peer supervisor" role will reflect on the experience of supervising, and will receive feedback from peer supervisee, fellow resident observers, and attending psychologists on their peer supervision session.
 - Resident Meeting with Training Director Discuss Progress of residency , issues and concerns.

Additional Didactic Experiences

- Pediatrics Grand Rounds are weekly academic presentations focused on issues related to pediatric care.
- Psychiatry grand rounds are weekly presentations focused on issues related to psychiatry and mental health.
- BioEthics at Noon are a monthly education series presented by MetroHealth's Department of BioEthics and present a variety of topics related to ethical issues that arise in a medical setting.
- The Interprofessional Training Conferences: Residents will attend specially selected trainings that highlight interprofessional issues related to care and treatment of patients alongside pediatric residents, social work or psychiatric nurse practitioner trainees. This will occur in place of Primary Care Rounds when topics of relevance to both psychology and pediatrics are being presented.
- Simulated clinical experiences will be scheduled to observe residents in a controlled environment with a standardized patient.

- Poverty Simulation will be held in the fall to help residents understand that lives and struggles of our patients who are living at or near the poverty level.

Estimated Weekly Schedule

Residents are expected to be present from 8am – 5pm Monday – Friday, unless otherwise agreed upon by the training director. In a typical week, residents will spend 1.5 work days at their Pediatric Psychology outpatient major rotation. They will spend 1.5 more work days at their pediatric primary care major rotation. The remaining weekdays will be dedicated to specialty care rotations, individual and group supervision, weekly didactic presentations, and professional development.

An approximation of a resident's weekly training activities is shown below. Specific clinical activities vary among residents according to their focus areas and rotation placement.

Estimated Weekly Schedule

SERVICE ACTIVITIES	Length of Rotation	Hours/Week
Pediatric Psychology Outpatient Clinic	12 months	12
Primary Care Clinic	12 months	12
Specialty Care Clinic (2 per year)	6 months	4
TRAINING ACTIVITIES	Day of Week	Hours/Week
Seminars/didactic training	Thurs 2-4 pm	2
Individual Supervision	Supervision	2-3
Group Supervision	Thursday 1-2 pm	1
• Primary Care Group Supervision	1 st and 3 rd Thursday	
• Outpatient Group Supervision	2 nd and 4 th Thursday	
ADDITIONAL TRAINING OPPORTUNITIES	Day of Week	Hours/Week
Pediatrics Grand Rounds	Thurs 12:00 -1:00 pm	1
Interprofessional Conferences as Instructed	TBD	TBD
Psychiatry Grand Rounds	Wed 12:00-1:00 pm	1
BioEthics at Noon	1 st Tuesday of Month 12:00-1:00 pm	1*Monthly
OTHER ACTIVITIES	Day of Week	Hours/Week
Flex/Administrative Time		8
TOTAL HOURS/WEEK		40-45 hours

Faculty

Melissa Armstrong, Ph.D.-Neuropsychology

2009, Saint Louis University

Assistant Professor, Case Western Reserve University School of Medicine

Pediatric neuropsychological evaluation, Autism Spectrum Disorders, craniofacial conditions, prevention and intervention for childhood obesity, transition to adulthood in ASD and other neurodevelopmental conditions, treatment of emotional and behavioral concerns in children and adolescents with neurodevelopmental disorders and/or chronic illness.

Sarah E. Benuska, Ph.D. –Health Psychology

2016, The University of Akron

Outpatient Psychiatry and Integrated Behavioral Health in Family Medicine, psychotherapy, psychological assessment, and case consultation/warm hand-offs; training and supervision of medical and psychology residents/students. Areas of interest: collaborative care, provider wellness and behavioral health competency development, consultation liaison, trauma/PTSD, anxiety, depression, LGBTQ.

Eric H. Berko, Ph.D. - Health Psychology, Geropsychology

1994, SUNY Albany

Assistant Professor, Case Western Reserve University School of Medicine

Co-located care in the department of Family Medicine - service provision and training of physicians, psychologists, counselors, social workers. Areas of interest: health psychology, collaborative care, geriatrics, anxiety disorders, depression, chronic disease management, neurocognitive disorders, Family Medicine education.

Felicia Fraser, Ph.D. –Neuropsychology, Rehabilitation Psychology

2012, Fordham University

Assistant Professor, Case Western Reserve University School of Medicine

Areas of interest: Neurocognitive disorders, spinal cord injury, traumatic brain injury, optimizing adjustment to medical conditions and chronic illness, depression, anxiety disorders.

Frank Kenner, Ph.D. –Neuropsychology, Rehabilitation Psychology

2011, Kent State University

Areas of interest: Pain Management, Physical Medicine and Rehabilitation, Geriatrics, Trauma, Consultation Liaison.

Marsheena Murray, Ph.D., ABPP-Clinical Psychology

2011, Kent State University

Assistant Professor, Case Western Reserve University School of Medicine

Associate Training Director

Psychologist for Medical Home for Children in Foster Care

Assessment and treatment of abuse and neglect, trauma focused cognitive behavior therapy, anxiety, and management of behavior problems in child and adolescents.

Brittany Myers, Ph.D., Pediatric Psychology

2017, University of Illinois at Chicago

Assistant Professor, Case Western Reserve School of Medicine

Integrated pediatric primary care, Spanish/English Bilingual therapy and assessment services, adolescent mood/anxiety disorders, community violence/trauma, and sleep disorders.

Britt A. Nielsen, Psy.D. ABPP-Pediatric Psychology

2001, Indiana State University

Director of Training

Associate Professor, Case Western Reserve School of Medicine

Pediatric consultation, coping with medical crises, traumatic brain injury, spinal cord injury, adjusting to chronic illness, anxiety, depression, management of behavior problems in child and adolescents.

Julie Pajek, Ph.D. - Pediatric Psychology

2014, Case Western Reserve University

Assistant Professor, Case Western Reserve University School of Medicine

Integrated pediatric primary care, program development, early childhood development, sleep disorders, and autism assessment.

Lisa Ramirez, Ph.D., ABPP - Pediatric Psychology

2011, Case Western Reserve University

Assistant Professor, Case Western Reserve School of Medicine

Integrated pediatric primary care, program development, school-based health clinics, early childhood development, interventions for behavioral problems in children and adolescents, parent training, adjustment to chronic illness and disease management.

Terry Stancin, Ph.D., ABPP-Pediatric Psychology

1986, Kent State University

Professor, Case Western Reserve School of Medicine

Director of the Division of Child & Adolescent Psychiatry & Psychology

Integrated pediatric primary care, gender dysphoria, coping with medical crises, traumatic brain injury adjusting to chronic illness, anxiety, depression, management of behavior problems in child and adolescents.

Erica Staneff, PhD-Adult Health, MAT

2012 Adler University

Behavioral Health Director at Northeast Ohio Neighborhood Health Services (NEON)

Integrated primary care, medically assisted treatments for opioid and substance use and abuse disorders, underserved populations, ACES.

Emily K. White, PhD – Health Psychology

2016, University of Nevada Las Vegas

Assistant Professor, Case Western Reserve University School of Medicine

Areas of interest/practice: Health psychology, behavioral sleep medicine, pre-bariatric surgery psychological evaluations, obesity, eating disorders, women's health, coping with chronic illness, multicultural issues.

Policies and Procedures

Policies and procedures for the doctoral residency are established by the **Residency Curriculum Committee**. The committee consists of the Residency Training Director (Britt A. Nielsen, PsyD) who serves as the committee chair, the Associate Training Director (Marsheena Murray, PhD), Training Track Leads, and the chair of the Division of Child and Adolescent Psychiatry and Psychology.

The Residency Training Director and the Associate Training Director manage daily operations and routine decisions pertaining to the residency - including scheduling, and personnel matters, coordinates the didactic schedule, serves as the liaison with APPIC, and ensures that the training program follows all APPIC and APA guidelines and regulations. The Residency Curriculum Committee oversees programmatic issues, including policies, goals of training, ongoing self-study, review of residents' progress, interviews of potential residents, and resident ranking. The Residency Curriculum Committee meets face to face bi-weekly in addition to email communication as well as additional meetings as determined by the Residency Training Director.

Orientation to Residency

Residents will participate in hospital orientation on July 1 & 2, 2020. Orientation to the residency will take place on July 3-17, 2020. Residents will begin their rotations on or around the 3rd full week in July. Residents will begin initially shadow all psychology faculty, social workers, and psychiatrists to understand the flow of the clinics and to observe other providers individual styles. Additionally, in the primary care clinics, residents will observe medical providers in clinic to understand the basic components of a medical visit and shadow the psychology attendings during consultations. Supervisors will then either co-lead sessions or observe residents in sessions to assess their baseline competence and begin to identify training needs.

Residency Completion Criteria

To successfully complete the doctoral residency, residents are expected to fulfill the following requirements and demonstrate competence in each of the areas described in this manual.

1. A minimum of **2000** hours of program participation, including **800** hours of direct clinical work.
2. **Two-three** hours of weekly individual supervision.
3. **One** hour of group supervision per week (pediatric primary care and outpatient therapy).
4. Completion of a minimum of **four** assessment batteries.
5. Competency Evaluation: **Mid Year:** Resident must achieve a rating of at least 2's or 3 at mid year competency evaluation on with **none** of the items being rated as a 1 or lower.
End of the year the Resident the resident must achieve a rating of 3 or higher on 100% of the items.

Upon satisfactory completion of the residency program residents will receive an residency certificate. See Appendix C for sample certificate

Self-Study

The Training Director and the Residency Curriculum Committee will review the training experiences offered to residents as part of the self-study process. This includes reviewing resident formal evaluations and informal feedback regarding of training opportunities.

Academic Integrity

According to the APA Ethics guidelines, "Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally." This guideline applies to all work submitted in this program (electronic, written or oral). Submission of oral presentations or written work that include plagiarized material (text or data) is a serious infraction. Residents who plagiarize will be subject to

disciplinary action, which may include being dismissed from the program.

Diversity Training Statement:

The MetroHealth doctoral residency is committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When resident's attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all patients. For some trainees, integrating personal beliefs or values with professional competence in working with all patients may require additional time and faculty support. Ultimately though, to complete our program successfully, all residents must be able to work with any client placed in their care in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, residents do not have the option to avoid working with particular client populations or refuse to develop professional competencies because of conflicts with their attitudes, beliefs, or values.

Evaluations

Residents will be given frequent feedback from supervisors based on their professional work. Residents will be given a formal progress evaluation in their pediatric psychology outpatient clinic and their pediatric primary care rotation twice during the year. They will also be evaluated upon completion of each of their specialty care rotations. Residents will receive informal evaluations mid rotation and/or if a training need has been identified. The competency-based evaluation form is included in this packet, see Appendix D. Residents should review this form prior to meeting with his/her supervisor, and be prepared to develop competency-based goals for the residency year.

Procedure for mid-year and year-end evaluation:

1. The Training Director requests that the rotation supervisors fill out the competency-based evaluation form through the MyEvaluations system.
2. After receiving the supervisors' evaluation, the Training Director completes the formal competency evaluation.
3. The evaluation is reviewed with the resident and the resident is given opportunity to provide a written response.
4. All evaluations and student responses become part of the resident's file, are reviewed by the Residency Curriculum Committee, and are provided to the Director of Clinical Training at the resident's doctoral training program.

Clinical Suitability Concerns

The MetroHealth doctoral residency recognizes the rights of residents to be treated with courtesy and respect. In order to maintain the quality and effectiveness of residents' learning experiences, all interactions among doctoral students, residents, faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see APA Ethical Principles of the psychologists and Code of Conduct). The residency program has an obligation to inform residents of these principles and of their avenues of recourse should problems arise with regard to them. Below are listed guidelines that are intended to assist residents through disagreements that may arise.

Due Process Guidelines:

Due process guidelines are followed by the training program. These procedures are used to evaluate all residents in training and serving as guidelines in developing remediation contracts. It is important that decisions made about the resident are not arbitrary or based on personal biases.

The guidelines for due process are:

Residents receive a written copy of training goals, objectives, and expectations at the beginning of the training year in the Residency Manual. They also receive a copy of evaluation procedures and forms at the beginning of the training year. Residents receive a copy of the Resident Evaluation Form at the beginning of the year. Evaluations are completed in a timely manner by supervisors who directly observe the residents' performance. A description of what is expected from residents to successfully complete the training program is outlined.

Residents receive copies of all policies related to resident's rights (Management of Residents with Performance Difficulties or Problematic Behavior; Grievance Procedure; Sexual Harassment and Harassment). These policies describe the program procedures regarding management of residents with performance or problematic behavior. Grievance and appeals procedures are also described in these materials.

Remediation contracts between a resident and the training program define the performance difficulties and/or problematic behavior and include timelines for remediation, expected outcomes, and consequences if the expected outcomes are not achieved.

An appropriate amount of time is allowed for the resident to respond to actions taken by the program.

Sponsoring graduate programs are notified when any significant concerns arise regarding their resident during the training year.

Written documentation of program actions regarding residents are shared with all relevant parties.

Complaints and Grievance Procedures Initiated by Residents

Residents may have complaints or concerns about the training program. Policies have been established to resolve such difficulties, should they arise, discussed below.

1. **PURPOSE:** To establish basic policy, principles, and procedures for the presentation and consideration of resident complaints and grievances. There is a different and separate process entitled "Remediation of Problematic Performance and Behavior Problems, Due Process, and Grievance Procedures," that describes the resident's rights to due process. Due process procedures are to be followed when a resident requests formal review of an action taken against him or her. If the resident has a complaint/grievance about working conditions, treatment by a supervisor, etc., then the following procedures below should be adhered to. If the complaint is about harassment, it is handled as discussed in the Section on Harassment Policy.

2. POLICY: It is the policy of the Residency Program to identify, prevent, and make reasonable and proper efforts to correct the causes of the resident's concern and dissatisfaction as related to the training program. Every effort will be made to resolve all disputes informally, if possible. However, the filing of a formal grievance may be necessary and is the final and essential means of resolving disputes. A resident, in presenting her/his grievance, is entitled to communicate with and seek advice from any of the following officials:

- A supervisor at a level above the immediate supervisors; or
- Association of Psychology Postdoctoral and Residency Centers; or
- The American Psychological Association, Committee on Accreditation

3. DEFINITION:

A. Grievance: Request by a resident, or by a group of residents, for personal relief in a matter of concern or dissatisfaction relating to the supervisor or training program.

B. Resident Grievance Committee: The Resident Grievance Committee (RGC) includes the Residency Training Director, the resident's outpatient rotation supervisor, and the resident's primary care rotation supervisor. If the grievance involves a member of the Resident Grievance Committee, that member will recuse him or herself from the process and a fourth member (i.e., the Associate Training Director or another faculty member) will be asked to join the Committee.

4. PROCEDURES:

A. Informal Procedure: The resident must complete the informal procedure before undertaking the formal procedures. A resident may present a grievance under this procedure either orally or in writing. Normally, the resident should discuss his/her grievance with the immediate supervisor first. However, if the nature of the grievance is such that the resident considers it not to be in her/his best interest, he/she may discuss it with the Training Director or other psychology faculty. The resident's request for informal adjustment of a grievance must be made not later than 5 working days after the date of the incident or action occurred or was first learned. A resident may present a grievance concerning a continuing practice or condition at any time. The time limit may be extended when the resident shows good cause.

Based on careful consideration and review of all the facts, the supervisor who has authority to resolve the grievance informally will answer the resident, in writing, within 5 working days from the date of the request for informal consideration. The answer will include

- a) the decision,
- b) the reason(s) on which the decision is based, and
- c) a statement of the resident's right to present the grievance under the formal procedure, if she/he is not satisfied with the informal decision.

B. Formal Procedure: If a resident is not satisfied with the informal answer, he/she is entitled to present the grievance in writing, under this formal procedure, to the Resident Grievance Committee for resolution. The formal grievance must be submitted within 5 working days after the date she/he is informed of the answer under the informal procedure. The time limit may be extended when the resident shows good cause. The formal grievance must be in writing and contain the following information:

- 1) The specific action or incident on which the grievance is based, including the date of the action or incident occurred and the date the resident first learned of the action or incident.
- 2) The reason(s) on which the resident based his/her belief that the action or incident was unjustified or that she/he was treated unfairly, and/or the specific policy, written agreement, or provision that was violated and how it affected the resident.
- 3) The corrective action requested by the resident.

Grievances will be handled in the following manner:

1. Grievances should be written and/or sent to the Residency Training Director.
2. The Training Director communicates the complaint to the Resident Grievance Committee within

- five working days of receipt of the complaint.
3. The Resident Grievance Committee gathers necessary information from all relevant parties (e.g., other residents, supervisors, clients, etc.).
 4. The Resident Grievance Committee may conduct interviews to obtain additional information. This is not a litigious process, and attorneys should not be involved at this level.
 5. The Resident Grievance Committee recommends a decision within 10 working days of the grievance being presented to the Committee.
 6. The Training Director notifies the student of the recommendation in writing within three working days.

C. **Decision on the Grievance:** The supervisory official in the chain of command will attempt to settle the grievance. If a satisfactory resolution cannot be obtained, the formal grievance will be forwarded to the Chair of the Department of Psychiatry. The Chair will review the resident's grievance and relevant documentation, and render a final decision within 5 working days.

D. The Psychology Training Director and/or the Psychology Division Chief will be responsible for administering the grievance procedure and for bringing it to the attention of the residents during their orientation period.

E. **Supervisors:** Supervisors are responsible for listening to resident complaints and attempting to clarify and make reasonable adjustments to address problems that arise in daily relationships with residents. The supervisors having authority to adjust the issue(s) involved in a particular grievance are responsible for:

- 1) Maintaining a fair and objective attitude toward all residents in an effort to encourage an informal adjustment to the complaint(s) and/or grievance(s).
- 2) Being alert to any evidence or complaints of resident dissatisfaction, inquiring into the reasons for such dissatisfaction, and resolving issues and misunderstandings in an expeditious manner before the problem becomes a grievance.
- 3) Displaying an attitude of willingness to listen and to consider a resident's problem.
- 4) Giving prompt, thorough, and impartial consideration to a resident's grievance and for making a fair decision based on the facts related to the issue(s).
- 5) Timely and carefully documenting her/his efforts to settle each grievance as it arises.

Remediation of Performance Difficulties and Problematic Behavior, Due Process, and Grievance Procedures

The training program has developed a set of procedures to be implemented in the event that a resident has performance difficulties or problematic behavior as defined below. If a resident has performed below expectations in competencies (e.g., clinical abilities, professional conduct, ethical and legal matters, etc.), this is noted in writing on the supervisor's quarterly evaluation form entitled "Psychology Resident Competency Assessment Form" for that resident, or noted earlier than the quarterly evaluation period, as appropriate.

1. **PURPOSE:** This document provides Psychology residents with a definition of problematic behaviors, problematic performance, a listing of sanctions, and an explicit discussion of the due process and grievance procedures.

2. **POLICY:** It is the policy of the Psychology division to use due process to ensure that decisions about residents are not arbitrary or personally based. Due process requires that the Training Program identify specific evaluative procedures which are applied to all residents and provide appropriate appeal procedures.

3. **DEFINITIONS:**

A. **Problematic behaviors:** When supervisors perceive that a resident's behavior, attitude, or characteristics

are disrupting the quality of his/her clinical services; her/his relationship with peers, supervisors, or other staff; or his/her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute “problematic performance.”

B. Problematic performance: an interference in professional functioning that renders the resident unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency, or unable to control personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning.

More specifically, behaviors typically become identified as problematic when they include one or more of the following characteristics:

- 1) The resident does not acknowledge, understand, or address the problem when it is identified by supervisors.
- 2) The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- 3) The quality of services delivered by the resident is significantly below expectations or negatively affected by the behavior of concern.
- 4) The problem is not restricted to one area of professional functioning.
- 5) The problem interferes with relationships with peers, supervisors, or other staff.
- 6) A disproportionate amount of attention by training personnel is required.
- 7) The resident’s behavior does not change as a function of feedback, remediation, efforts, and/or time.

Evaluation criteria which link this definition to particular professional behaviors are incorporated in the quarterly evaluations as designated in the “Psychology Resident Competency Assessment Form.” Alternatively, they can be described in narrative form on the “Psychology Resident Competency Assessment Form,” which is completed by the supervisors at quarterly intervals during the residency year.

4. PROCEDURES:

A. During the orientation period:

- 1) This policy will be presented to residents, in writing and verbally, as well as the program’s expectations related to professional functioning.
- 2) Procedures for evaluation will be explained, including when and how evaluations will be conducted.
- 3) The various procedures and actions involved in making decisions regarding the problem behavior or concerns will be articulated.
- 4) The Training Director will communicate early and often with graduate programs, when applicable, about any suspected difficulties with residents and, when necessary, seek input from these academic programs about how to address such difficulties.
- 5) A remediation plan for identified inadequacies will be instituted when appropriate, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- 6) A written procedures will be provided to the resident to describe how the resident may appeal the program’s action. Such procedures are included in this Residency Manual which is provided to residents and reviewed during orientation.
- 7) The Training Director will ensure that residents have sufficient time to respond to any action taken by the program.
- 8) Input from multiple professional sources will be used when making decisions of recommendations regarding the resident’s performance. The resident’s University Graduate Program will be contacted regarding any plan of action for remediation of a resident. Information and recommendation from the

resident's Graduate Program will be welcomed by the Training Committee. The resident will receive copies of the correspondence between the two programs.

- 9) The actions taken by the program and its rationale will be documented in writing and given to all relevant parties.

B. Informal Staff or Resident Complaints or Grievance: Supervisory staff and/or residents are encouraged to seek informal resolution of minor grievances or complaints directly with the other party, or by using the Training Director as intermediary. Such informal efforts in this manner may involve the Training Director or the Chief of Psychology. Failure to resolve issues in this manner may eventuate in a formal performance complaint or resident grievance, as the case may be, according to the procedures outlined below. Should the matter be unresolved and come a formal issue, the resident may be encouraged to use a supervisor, or in the case of conflict of interest, another psychologist faculty member, as a consultant on following the formal process.

C. Responding to Problematic Resident Performance or Behavior:

- 1) At any time, a resident may be given verbal feedback—considered a verbal warning—that he/she is not performing up to expected standards. In particular, at the quarterly evaluation periods, supervisors are expected to give a verbal warning if they believe the resident is not performing up to expected standards, if the resident is likely to be rated below the expected level on any of the competencies evaluated. If the resident addresses the feedback appropriately and brings her/his performance up to the expected standard, then no further action is necessary.
- 2) If a resident receives ratings below the expected level for a rotation/training experience, the following procedures will be initiated:
 - a) Within five (5) working days of receipt of the training rating or observation of concerns, the Residency Curriculum Committee will meet to discuss the ratings and determine what action needs to be taken to address the problem reflected by the ratings.
 - b) The resident will be notified verbal and/or in writing, immediately upon receipt of the ratings, that such a review is occurring and the Residency Curriculum Committee will receive any information or statement from the resident related to his/her response to the rating.
 - c) In discussing the inadequate ratings, and the resident's response, the Residency Curriculum Committee may adopt any one or more of the following methods or may take another appropriate action and may issue a(n):
 - i. Written or verbal notice that no further action is necessary.
 - ii. "Acknowledgement Notice" which states in writing:
 - a) That the Residency Curriculum Committee is aware of and concerned with this rating or observation.
 - b) That the rating has been brought to the resident's attention.
 - c) That the Residency Curriculum Committee will work with the resident to remediate the problem or skill deficit addressed by the rating.
 - d) That the behavior(s) associated with the rating are not serious enough to warrant more serious action.

iii. "Probation Notice," as defined below. Probation is a time-limited, remediation-oriented, more closely supervised training period. The purpose of the probation period is to assess the ability to the resident to complete the residency and to return the resident to a more fully functioning state. During probation, the Residency Curriculum Committee and Training Director actively and systematically monitor for a specific length of time the degree to which the resident addresses, changes and/or otherwise improves the problematic behavior.

The Probation Notice is a written statement that includes the following:

- a) The actual behaviors associated with the inadequate rating.
- b) The specific recommendations for rectifying the problem, including remediation considerations described below.
- c) The time frame during which the problem is expected to be ameliorated.
- d) The procedures designed to ascertain whether the problem has been appropriately rectified.
- e) The resident will be informed that he/she has the right to request a review of this action.

d) When the Residency Curriculum Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

- i. Increased supervision, either with the same or other supervisors.
- ii. Change in format, emphasis, and/or focus of supervision.
- iii. Reducing the resident's clinical or other workload. The length of a schedule modification period will be determined by the Residency Curriculum Committee. The termination of the schedule modification period will be determined, after discussions with the residents, by the Residency Curriculum Committee.
- iv. Requiring additional reading, literature review, or specific academic coursework.
- v. If the Training Director, Chair of the Division, Department Chairperson, or Residency Curriculum Committee suspect that psychological, medical, or physical problems may be interfering with the resident's ability to meet the expected standards of performance, the resident may be asked to undergo an appropriate medical or psychological evaluation and intervention as a contingent for continuation of the training appointment. In these instances, the resident will be referred to the Employee Assistance Program at no cost to the resident as outlined in the MetroHealth System Medical Assistance Program Policies and Procedures. If the resident has MetroHealth Insurance, they may also seek services at Psych Behavioral Consultants (216) 468-5000.

e) After delivery of an Acknowledgement Notice, the Residency Curriculum Committee will meet with the resident to review its recommended action. The resident may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are described in Resident Grievance Procedures of this document. Once the Residency Curriculum Committee has issued an Acknowledgement Notice, the problem's status will be reviewed within 3 months' time, at the next formal evaluation or sooner, if deemed necessary. In the case of a Probation Notice, the problem's status will be reviewed within the time frame set by the notice.

3) Failure to Correct Problems: When the intervention does not rectify the problematic performance or behavior within a reasonable period of time, or when the resident seems unable or unwilling to alter his/her behavior, the Residency Curriculum Committee may need to take further formal action. If a resident on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice, the RGC will conduct a formal review and then inform the resident in writing that the conditions for revoking of the probation have not been met. The Training Committee may then elect to take any of the following steps or other appropriate action:

- a) Initiate or continue the Remediation Plan for a specified period of time.
- b) Suspend the resident for a limited time from engaging in certain professional activities until there is evidence that the problematic performance/behavior in question has been rectified. Suspension beyond a specified period of time may result in termination or failure to complete residency successfully.

- c) The Residency Curriculum Committee may specify to the graduate program and/or licensing board those settings in which the former resident can and cannot function adequately.
- d) The Residency Curriculum Committee will make a formal recommendation of immediate termination of the resident to the Chairperson of the Department of Psychiatry. The resident's University Graduate Department Training director and the resident will be informed of the recommendation. Following the approval of the Chairperson, the resident will be terminated.
- e) Dismissal from Residency involves the permanent withdrawal of all MetroHealth Medical Center responsibilities and privileges as determined by the MetroHealth Medical Center Policies and Procedures. Either administrative leave or dismissal may be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client/patient is a major factor, or the resident is unable to complete the residency due to difficulties in performance or problematic behavior.
- f) Recommend a career shift for the resident when the Training Committee's deliberations lead to conclusions that a resident is not suited for a career in professional clinical practice. Residents will receive a list of resources for legal aid, financial assistance, and psychotherapy or counseling.

D. Resident Appeal Procedures: Residents who receive an Acknowledgement Notice or Probation Notice, or who otherwise disagree with any Residency Curriculum Committee decision regarding their status in the program, are entitled to challenge the committee's actions by initiating a grievance procedure. Throughout this process, due process procedures will be implemented and there will be appropriate documentation of all decisions and actions. Information will be shared with the resident, the resident's University Graduate Program Training Director, and all appropriate parties.

Within 10 working days of receipt of the Residency Curriculum Committee's notice or other decision, the resident must inform the Training Director in writing that he/she disagrees with the Committee's action and provide the Training Director with information as to why he/she believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge.

Following receipt of the resident's appeal, the following actions will be taken:

- 1) Upon receipt of the written notice of grievance, the Training Director will convene the Resident Grievance Committee as defined above. The resident retains the right to hear all allegations and the opportunity to dispute them or explain his or her behavior.
- 2) Within 10 days of receipt of the written notice of grievance by the resident, a Grievance Hearing will be conducted, chaired by the Training Director, or another appropriate chairperson, as determined by the Graduate Medical Education Committee, in which the grievance is heard and evidence is presented. The resident can request clarification of issues if needed during this review. Decisions made by the Grievance Committee must be made by majority vote. Within 10 days of the hearing, the Grievance Committee will submit a written report to the Chair of Psychology, including recommendations. These recommendations will detail goals, objectives, assessment techniques, expected outcomes and timelines for improvement by the resident.
- 3) Within 5 working days of receipt of the Resident Grievance Committee's report, the Chair of Psychology will accept the Resident Grievance Committee's action, reject the Resident Grievance Committee's action and provide an alternative, or refer the matter back to the Resident Grievance Committee for further deliberation. In the latter case, the Grievance Committee then reports back to the Chair of Psychology, within 10 working days of the receipt of the request for further deliberation. The Chair of Psychology then makes a final decision regarding what action is to be taken.
- 4) Within 10 working days of the final decision, recommendations will be communicated to the resident, their sponsoring University's Graduate Program Training Director, and any other appropriate individuals, in writing.
- 5) Upon receipt of the Resident Grievance Committee's decision, the resident can choose to accept the Resident Grievance Committee's decision or appeal. The policy is as follows:

If a resident has been disciplined, the resident has within 10 working days of the action to appeal the disciplinary action to the Chairperson of the Department of Psychiatry. The Department Chairperson has 3 working days to respond in an effort to achieve a mutually satisfactory resolution prior to beginning the formal grievance process. If the complaint is not resolved informally by the discussion between the resident and the Chairperson of the Department, the resident can request a referral to the MetroHealth Committee on Residents/House Officers Association (HOA) for a more formal hearing. The Institution Level Due Process is outlined below:

Description of Institution Level Due Process

1. When informal mediation and written plans/warning at the program level are not sufficient, the matter is referred to the hospital's Committee on Residents/HOA.
2. The Committee on Residents/HOA will serve as a forum for the review of resident complaints and grievances which cannot be resolved at the program level. The following protocol will be followed:
 - a. Residents must seek to resolve complaints and grievances with the Program (Training) Director and/or departmental chairperson prior to petitioning the Committee on Residents.
 - b. In the event that these issues cannot be resolved at the program/departmental level, then the residents may petition the Chairperson of the Committee on Residents for a hearing.
 - c. The Chairperson of the Committee on Residents/HOA will discuss the issue with the departmental chairperson to determine whether or not the issue has been reviewed at the program level.
 - d. If the issue remains unresolved, the Chairperson of the Committee on Residents/HOA will appoint a Chairperson for a Grievance Subcommittee. The Grievance Subcommittee will consist of the chairperson, two resident members and two other faculty members, all not from the involved department.
 - e. The Grievance Subcommittee will hold an informal hearing, inviting presentations from the departmental chairperson, program director, departmental faculty, and residents in the involved program. The Grievance Subcommittee will prepare a report, briefly reviewing the relevant materials, and outlining its recommendations for its resolution of the problem. Those recommendations will be provided to the residents in the involved program, along with the departmental chairperson, program director, faculty and Chairperson of the Committee on Residents/HOA. The recommendations of the Grievance Subcommittee will be advisory to the program director and will not be binding on the program director.
 - f. There will be no further appeals after the Grievance Subcommittee has held its hearing.

E. Allegations of Resident Violation of Standards: Any faculty or staff member of MetroHealth Medical Center may file a written complaint against a resident for the following reasons: unethical or legal violations of professional standards or laws, or failures to satisfy professional obligations that result in violation of the rights privileges, or responsibilities of others.

- 1) The Training Director will review the grievance with other members of the Residency Curriculum Committee and determine if there is reason to go further or whether the behavior in question is being rectified.
- 2) If the Training Director and other Residency Curriculum Committee members determined that the alleged behavior cited in the complaint, if proven would not constitute a serious violation, the Training Director shall inform the complaining faculty or staff member, who then may be allowed to renew the complaint if additional information is provided.
- 3) When an adverse decision has been made by the Training Director and other Residency Curriculum Committee members, the procedures to be followed will be those outlined above in Section 4. C.

F. Administrative Disciplinary Action: As an employee of MetroHealth Medical Center, residents are held to institutional administrative policies of the MetroHealth Medical Center. Residents may be subject to disciplinary action for administrative reasons including, but not limited to, failure to complete medical records on a timely basis*, falsification of records, violating privacy practices, material omission of information on applications, or conviction of a felony. Administrative suspension or dismissal is not appealable under this Due Process Policy.

*Appropriate and timely completion of medical records is first recognized as a training issue and will be subject to the residency Due Process Policy (verbal warning, probation, and remediation) and is appealable under that policy. Egregious violations related to the timeliness of documentation that are not resolved after the remediation process will be subject to the Administrative Disciplinary Action

5. RESPONSIBILITY:

A. Management: The Residency Training Director, Associate Training Director and/or Chair of Psychology will be responsible for administering the grievance procedure and for bringing it to the attention of the resident during their orientation period.

B. Supervisors: Supervisors are responsible for listening to residents' complaints and attempting to clarify and make reasonable adjustments to address problems that arise in daily relationships with residents. The supervisors having authority to adjust the issues(s) involved in a particular grievance are responsible for:

- 1) Maintaining a fair and objective attitude toward all residents in an effort to encourage an informal adjustment to the complaint(s) and/or grievance(s).
- 2) Being alert to any evidence or complaints of resident dissatisfaction, inquiring into the reasons for such dissatisfaction, and resolving issues and misunderstandings in an expeditious manner before problem becomes a grievance.
- 3) Displaying an attitude of willingness to listen and to consider a resident's problem.
- 4) Giving prompt, thorough, and impartial consideration to a resident's grievance and for making fair decision based on facts related to the issues.
- 5) Timely and carefully documenting his/her efforts to settle each grievance as it arises.

Sexual Harassment Policy

The MetroHealth Psychology Residency endorses, and residents, faculty, and supervisors must comply, with Section 1.11 and 1.12 of the *Ethical Standards of Psychologists and Code of Conduct*, which state:

1.11 Sexual Harassment

(a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile work place environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

(b) Psychologists accord sexual-harassment complaints and respondent's dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

1.12 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

Tracking Training Activities

Residents are expected to track their residency training activities in Time2Track and submit monthly reports to verify your training activities. Instructions are below for trainees who already have a Time2Track account. If you do not have a Time2Track account, please let us know and you will be provided with an access code to create a new account.

Instructions for Time2Track Members with an Account:

1. [Click here](#) and sign in using your current login & password. Or navigate to Time2Track.com
2. Once logged in, click the gear icon in the upper right corner of your screen, then click "Profile" in the dropdown menu.
3. In your Profile, make sure Your School is "**Metrohealth Psychology Residency**". If it is not, start typing the name of your program in the box and select the correct name in the list that appears. Your School must show "**Metrohealth Psychology Residency**" EXACTLY or you will not be connected with your program's account.
4. While you are still in your Profile, you should check to make sure your Program Level is correct.
5. Click Save at the bottom of the screen.

You are now ready to set up your Placement.

1. Once again, click on the gear icon in your account and select Placements. For detailed information and screenshots that will help you with this step [click here](#).
2. We also offer a Quick Start Guide that will help you with the basics of getting started with Time2Track. [Click here to download the Time2Track Quick Start Guide](#) (make sure to select the guide that is appropriate for your program).

If you run into any problems, you can contact us at support@time2track.com.

Instructions for New Time2Track Members:

1. [Click here](#) and enter your information. Your School must show "**Metrohealth Psychology Residency**" EXACTLY or you will not be connected with your program's account.
2. Click "Next".
3. Follow the prompts to select your subscription plan and enter your payment information.
4. Once you have created your account, you will need to set up your Placement. For detailed information and screenshots that will help you with this step [click here](#)
5. Our Quick Start Guide will help you with the basics of getting started with Time2Track. [Click here to download the Time2Track Quick Start Guide](#) (make sure to select the guide that is appropriate for your program).

If you run into any problems, you can contact us at support@time2track.com.

Daily Business

Working Hours

Working hours, established by the Training Director, are typically normal business hours 8am – 5 pm with a 1 hour lunch break. Monday through Friday. Residents are expected to try to use their work hours efficiently as to get their work done during the 40 hour work week. **When working 40 hours is not possible, the resident must obtain approval from the training director for overtime prior to taking it.**

When residents are in the Pediatrics Clinics they should ensure that they finish with patients by 5 pm. At times, residents may need to clock out in Primary Care. Once a resident clocks out, you may not do any other work related activities (i.e., closing notes). If ending by 5 pm is not possible, alert the Psychology Fellow or the Psychology Supervisor for primary care ASAP to come up with a plan of action. (e.g., if possible, you may be given permission to work 15-30 minutes over and come in 15-30 minutes later another day that same week (it is important to note that this option is not available on Friday afternoons).

There are many opportunities during the training year that fall outside of what is considered “required activities.” These “voluntary activities” take place on your own time (or *after all* your patient care related work is completed) and include:

- Mentored Journal Review
- Research opportunities
- Community/Evening Activities
 - Talks
 - Lectures
 - Presentations
 - Fund raising activities
- Self-Directed Learning (reading journals, researching diagnoses and treatments)

If in doubt about whether an activity is required or voluntary, please check with the Training Director.

Residents are asked to be flexible in their scheduling where possible. Residents will be issued pagers, but are not required to be available nights, weekends, or during vacation.

Vacation and Sick Leave

MetroHealth provides employees with 6 paid holidays and 4 ‘floating’ holidays. Residents will receive a bank of 80 hours of vacation during the residency year and residents will accumulate sick leave during their residency year. Residents are asked to submit requests for leave in writing at least 30-days’ notice before scheduling vacation leave.

Residents accumulate sick time during their training and are encouraged to take time off as needed to ensure their own health as well as the health of clients and other staff.

Residents should call **216-778-2278 and 216-778-1555** when they need to take time off for illness. **Additionally, Residents should call or text both the direct supervisor for that day and residency director if it is necessary to take time off due to illness.** Hours used in excess of the accrued sick time should be made up within the current pay period if possible.

Extended Absence

A resident may be excused from service for maternity leave, severe illness (physical or emotional), or other legitimate reasons. Extended absences do not reduce the overall number of hours required for completing the residency. In rare cases, a resident may need to extend the length of training in order to fulfill all required training hours. The resident and the Training Director will meet to discuss the leave and review accumulated hours to determine if training needs to be extended.

Secretarial/Technical Support

Secretarial support for scheduling patients and taking patient messages will be provided by the secretarial staff in the departments or locations of their placements (Child and Adolescent Psychology and Psychiatry, Adult Psychiatry, Technical Support for computer problems will be provided by the Information Services Department at MetroHealth Medical Center. The number to the IS Help Desk is 216-957-3280.

Hospital Information:

Case Western Reserve University Library Access

Residents will be provided with access to Case Western Reserve University Library. They will be able to access the electronic database, online journals and other resources of the Case Library System.

Parking: Residents will be registered for parking at the time of orientation, and access to the appropriate lot will be tied to your MetroHealth badge. The cost for parking is deducted from the residents' bi-weekly paycheck. Current cost of parking is \$15.72 bi-weekly.

Dress-Code

You are expected to present a professional appearance. This does not mean you have to buy new clothes, but we ask that you just be neat, clean, and covered. A few "no-no's":

No flip-flops

No jeans, no denim

Nothing low-cut/revealing, including having no skin show between your blouse and your pants/skirt, especially when you are sitting.

Department Information

Contact Information:

The secretaries and supervisors in the department need to have your phone number in case there is a need to contact you. These numbers will **not** be shared with patients and YOU SHOULD NOT DO SO EITHER.

Phones and Computer Information:

Department Phone Number: **216- 778-3745.**

Resident Office Number: The phone number to the Resident office is: **216-778-3736.**

Pediatric Clinic Office Number: **216-778-3690**

Do not give your direct office number to patients! Give them the department number listed above

To call out, dial “9” then the number. For long distance numbers dial “9” and then 1+ the phone number with area code. These calls will show up as “No Caller ID” on the other party’s phone.

If the person you are calling does not accept calls from unidentified callers, you can dial “22” and then the number. This will then identify the call as coming from “MetroHealth.”

Computers:

When walking away from any computer, it should either be “**Locked**” or “**Logged off completely**” for security purposes. If you are walking away from a computer for more than 20 minutes—(using your best judgement) you should log completely off so another person can use the computer. Otherwise they will force you to log off and any unsaved work may be lost.

The computer has to be left on at night in order to update the system and get virus protection, etc. At the end of each day, be sure to **log off**.

Use of offices:

When using offices or therapy rooms, it is imperative that you clean up any mess you make. If you use another provider’s office, be respectful of that provider’s belongings and return the office back to the way you found it.

Food

A refrigerator and a microwave are available for your use in the kitchenette. Please clean up after yourself when you use the microwave and remember to throw away old food.

There are several places in the hospital complex in which you can purchase food. These include:

a. Cafeteria: First floor of hospital. You need to take your hospital-issued ID card and money with you the first time you go in order to qualify for the **hospital-employee discounted costs**. There’s a machine there in which you insert your dollars, wave your card at the appropriate scanner, and then suddenly your ID card is your meal ticket until it ‘runs out of money’. Anyone nearby will help you if you have trouble with the machine. P.S.: food is not so bad down there. Lots of choices.

b. Cafés (outpatient plaza, 2nd floor atrium OR First floor near gift shop). Also takes “cash-less” ID system (15% off).

You are quite welcome to eat in your office, but be careful not to leave crumbs and open food containers which might attract bugs overnight.

c. C Market on the Ground Floor across from Radiology, is a Market Place for employees that is monitored by video camera. Employees create an account and add money to their account for purchase of drinks, snacks, and other essentials.

3. Outside of the hospital within walking distance are Cedarland, Garano's and Subway.

Community Aspirations

MetroHealth strives to provide a respectful and collegial atmosphere. Every effort is made to provide an optimal training environment for doctoral students and doctoral interns.

Residency is a time of transition, providing opportunity for trainees to further develop skills learned during earlier years of graduate training while also preparing for entry into professional psychology as a career. We hope this residency provides many opportunities for personal and professional development.

Residents are valued colleagues. Please feel free to bring your questions, comments and concerns to faculty, staff, and supervisors.

We hope you enjoy your residency year!

Things to Do in Cleveland

Located on Lake Erie, Cleveland is a mid-sized city that is experiencing a renaissance that began with sports venues downtown and continues with revitalized historical neighborhoods on the west side and a burgeoning corridor between the city's center and the east side.

In addition to being the home to 3 major-league sports teams, Cleveland also boasts an extensive Metroparks system and a celebrated arts scene, including multiple museums, the 2nd-largest performing arts center in the country (Playhouse Square), and a world-renowned orchestra (Cleveland Orchestra).

Cleveland also has a burgeoning restaurant and food scene; there is a great variety of traditional American, ethnic, and fusion food restaurants to explore, including high-end offerings from celebrity chefs like Michael Symon (Lolita's) and local trendsetters like Matt Fish (Melt), to affordable and authentic ethnic restaurants from almost any part of the globe you could want (including Cambodian, Lebanese, Polish, Puerto Rican, and more).

Sports/Outdoor Activity

Cleveland's 3 major-league sports teams:

Cleveland Indians (MLB): www.indians.com

Cleveland Browns (NFL): www.clevelandbrowns.com

Cleveland Cavaliers (NBA): <http://www.nba.com/cavaliers>

Cleveland Monsters (hockey): <https://www.clevelandmonsters.com/>

Parks, Beaches, Towpaths

Cleveland Metroparks (includes Zoo and public beach information):

<http://www.clevelandmetroparks.com/Main/Home.aspx>

Erie Canal Towpath: <http://www.nps.gov/cuva/planyourvisit/ohio-and-erie-canal-towpath-trail.htm>

Arts/Theatre/Museums

Cleveland Museum of Art: <http://www.clevelandart.org/>

Museum of Contemporary Art, Cleveland: <http://www.mocacleveland.org/>

Playhouse Square: <http://www.playhousesquare.org/>

Cleveland Play House: <http://www.clevelandplayhouse.com/>

Cleveland Public Theater: <http://www.cptonline.org/>

Cleveland Orchestra: www.clevelandorchestra.com

Notable Restaurants

Melt Bar and Grilled: <http://meltbarandgrilled.com/>

Fahrenheit: <http://www.chefroccowhalen.com/fahrenheit-cleveland/>

Pier W: <http://www.selectrestaurants.com/pier/>

Spice: <http://spicekitchenandbar.com/>

Michael Symon Restaurants:

B Spot: <http://bspotburgers.com/>

Lola's: www.lolabistro.com

Lolita's: www.lolitarestaurant.com

Appendix A

Sample Pediatric Psychology Track Resident Schedule

Time	Monday	Tuesday	Wed	Thursday	Friday
7am :00				Pediatrics	
:30				Grand Rounds	
8am :00	Outpatient rotation	Primary Care rotation	Outpatient rotation	Primary Care Rotation	Admin/Pro Development
:30					
9am :00					
:30				Supervision	
10am :00				Staffing in clinic	
:30					
11am :00		Supervision			
:30		Staffing in clinic			
12pm :00	Lunch	Bioethics @ noon	Psychiatry	Lunch	Lunch
:30		1x Month	Grand Rounds		
1pm :00			Specialty Rotation	Pediatrics & Psychology	Supervision
:30				Lecture	
2pm :00				Psychology Didactics	Admin/Pro Development
:30		Supervision			
3pm :00		Staffing in clinic		Resident Monthly	
:30				Series	
4pm :00				Supervision	
:30					

Sample Neurodevelopmental Disability Track Resident Schedule

Time	Monday	Tuesday	Wed	Thursday	Friday
7am :00				Pediatrics	
:30				Grand Rounds	
8am :00	Outpatient rotation	Primary Care rotation	Outpatient rotation	Autism Assessment Rotation	Admin/Pro Development
:30					
9am :00					
:30				Supervision	
10am :00				Staffing in clinic	
:30					
11am :00		Supervision			
:30		Staffing in clinic			
12pm :00	Lunch	Bioethics @ noon	Psychiatry	Lunch	Lunch
:30		1x Month	Grand Rounds		
1pm :00			Specialty Rotation	Pediatrics & Psychology	Supervision
:30				Lecture	
2pm :00				Psychology Didactics	Admin/Pro Development
:30		Supervision			
3pm :00		Staffing in clinic		Resident Monthly	
:30				Series	
4pm :00				Supervision	
:30					

Sample Trauma/Community Health Track Resident Schedule

Time	Monday	Tuesday	Wed	Thursday	Friday
7am :00				Pediatrics	
:30				Grand Rounds	
8am :00	Outpatient rotation	Foster Care	Outpatient rotation	Primary Care Rotation	Admin/Pro Development
:30					
9am :00					
:30				Supervision	
10am :00				Staffing in clinic	
:30					
11am :00		Supervision			
:30		Staffing in clinic			
12pm :00	Lunch	Bioethics @ noon	Psychiatry	Lunch	Lunch
:30		1x Month	Grand Rounds		
1pm :00		Foster Care	School Based Health Clinic	Pediatrics & Psychology	Supervision
:30				Lecture	
2pm :00				Psychology Didactics	Admin/Pro Development
:30		Supervision			
3pm :00		Staffing in clinic		Resident Monthly	
:30				Series	
4pm :00				Supervision	
:30					

Psychology Didactics and 2nd Hour Series Schedule

Date		Topic	Presenter
7/10/2014		Orientation	N/A
7/17/2014	2:00 PM	Behavioral Techniques for Parent Training	Britt Nielsen, PsyD, ABPP
	3:00PM	Lavigne article, parent training in primary care	Resident #1
7/24/2014	2:00 PM	Children with Disabilities: Early Intervention, Special Education and School Discipline	Leah Winsberg
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD, ABPP
7/31/2014	2:00 PM	Components of a Well Child Visit (moved to 1pm)	Susan Carlin, MD
	3:00PM	5th Thursday Admin Time	
8/7/2014	2:00 PM	Medical Legal Partnership	Katie Feldman, CAP
	3:00PM	Professional Development EPPP/ Licensure and Board Certification	Ramirez & Murray & Nielsen
8/14/2014	2:00 PM	Adolescents and Confidentiality	Elise Ellick
	3:00PM	Case Conference: Dr. Ramirez case	
8/21/2014	2:00 PM	Working with Diverse Patient Populations	Dr. Murray
	3:00PM	Journal Club: Diversity article	Resident #2
8/28/2014	2:00 PM	Introduction to sleep/Sleep interventions for young children	Carolyn Landis, PhD
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
9/4/2014	2:00 PM	Screening for mental/behavioral health	Melissa Armstrong, PhD
	3:00PM	Professional Development: Vita and Applying for Post Doc	Terry Stancin, PhD, ABPP
9/11/2014	2:00 PM	Trauma Focused CBT	Dr. Norah Feeny, CWRU
	3:00PM	Case Conference: Dr. Nielsen Case	
9/18/2014	2:00 PM	Recognizing Autism Spectrum Disorders	Melissa Armstrong, PhD
	3:00PM	Journal club: Discredited interventions	Resident #3
Date		Topic	Presenter

9/25/2014	2:00 PM	Managing Difficult Patients	Bath Bacon
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
9/30/2014	Noon**	Psychopharm Brown Bag Lunch	Neil Dass, DO
10/2/2014	2:00 PM	School Based Health Clinics	Lisa Ramirez, PhD and Matt Tien, MD
	3:00PM	Establishing new lines of service	Lisa Ramirez, PhD and Britt Nielsen, PsyD
10/9/2014	2:00 PM	Introduction to Foster Care	Dr. Murray
	3:00PM	Case Conference	Resident #2
10/16/2014	2:00 PM	Legal issues that impact individuals with Mental Health Issues	Megan Sprecher, CAP
	3:00PM	Journal Club	Resident #1
10/23/2014	2:00 PM	Interventions for Anxiety with Urban Youth	Marsheena Murray, PhD
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
10/30/2014	2:00 PM	Managing ADHD in Primary Care	Robert Needlman, MD
	3:00PM	5th Thursday Admin time	
11/6/2014	2:00 PM	Grief and Loss	Dr. Nielsen
	3:00PM	Ethics and Supervision	Rebecca Hazen, PhD (Rainbow Babies)
11/13/2014	2:00 PM	Social Media (Moved to 1pm)	Margaret Stager, MD
	3:00PM	Case Conference	Resident #3
11/20/2014	2:00 PM	DBT and Borderline patients	Marsheena Murray, PhD
	3:00PM	Journal Club	Resident #2
11/27/2014		Happy Thanksgiving! No Didactics!	
12/3/2014		Psychiatry Grand Rounds: Gender Variant Youth	Terry Stancin, PhD ABPP
12/4/2014	2:00 PM	*(Jim Perrin CaseCan Day)*	
	3:00PM	Providing Feedback To Patients and Families	Melissa Armstrong, PhD
Date		Topic	Presenter
12/11/2014	2:00 PM	Recognizing eating disorders	Kelly Bhatnagar, PhD

	3:00PM	Case Conference	Resident #3
12/18/2014	2:00 PM	Obesity	Melissa Armstrong, PhD & Susan Akers, RD
	3:00PM	Journal Club	Resident #1
12/25/2014		Christmas Day No Didactics	
1/1/2015		New Year's Day No Didactics	
1/8/2015	2:00 PM	Ethan Shafer (TBD)	
	3:00PM	Balancing Work and Life	Panel of supervisors
1/15/2015	2:00 PM	Substance Use in Adolescents	Bob Smith, PhD
	3:00PM	Case Conference	Dr. Stancin
1/22/2015	2:00 PM	Sexual Abuse in Children	Marsheena Murray, Ph.D.
	3:00PM	Journal Club	Resident #2
1/29/2015	2:00 PM	Working With Visually or Hearing Impaired Patients	Melissa Armstrong
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
2/5/2015	2:00 PM	Adjustment to Chronic Illness	Karen Tien, PhD
	3:00PM	Professional Development Expanding Competencies	Britt Nielsen, PsyD
2/12/2015	2:00 PM	Mindfulness	Roseanne Radkowitz, LISW
	3:00PM	Case Conference	Dr. Armstrong
2/19/2015	2:00 PM	Encopresis a team approach	Reema Gulati, MD & Nielsen, PsyD
	3:00PM	Journal Club	Resident # 3
2/26/2015	2:00 PM	Adjustment to acquired life changing injuries	Britt Nielsen, PsyD
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
3/5/2015	2:00 PM	Reactive Attachment Disorder in Foster and adopted Children	Marsheena Murray, Ph.D.
	3:00PM	Professional Development	
Date		Topic	Presenter
3/12/2015	2:00 PM	Motivational Interviewing	Terry Stancin, PhD, ABPP
	3:00PM	Case Conference	Resident #2

3/19/2015	2:00 PM	Working with Diverse Patient Populations: Part II	Lisa Ramirez, Ph.D.
	3:00PM	Journal Club	Resident #2
3/26/2015	2:00 PM	Working with pts with frequent inpt hospitalizations	Britt Nielsen, PsyD
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
4/2/2015	2:00 PM	Managing School Refusal	Marsheena Murray, Ph.D.
	3:00PM	Professional Development: Reviewing Articles as an Ad Hoc Reviewer.	Gerry Taylor, PhD, ABPP
4/9/2015	2:00 PM	Consulting in a Hospital Setting	Britt Nielsen, PsyD
	3:00PM	Case Conference	Resident #1
4/16/2015	2:00 PM	Vulnerable Child Syndrome	Lisa Ramirez, PhD
	3:00PM	Journal Club	
4/23/2015	2:00 PM	Failure to Thrive	Irene Dietz
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
4/30/2015	2:00 PM	Sleep interventions for school age children	Carolyn Landis, PhD
	3:00PM	5th Thursday Admin Time	
5/7/2015	2:00 PM	Impact of Prenatal exposure to drug	Melissa Armstrong, Ph.D.
	3:00PM	Professional Development:	
5/14/2015	2:00 PM	Telehealth for Psychology	Britt Nielsen, PsyD
	3:00PM	Case Conference	Resident #3
5/21/2015	2:00 PM	OCD Therapy and Medication Management	Neil Dass, MD & Nielsen PsyD
	3:00PM	Journal Club	Resident #2
5/28/2015	2:00 PM	Dissertation	Resident #1
	3:00PM	Meeting with Training Director	Britt Nielsen, PsyD
Date		Topic	Presenter
6/4/2015	2:00 PM	Dissertation	Resident #2
	3:00PM	Professional Development: Finding a Job as a Pediatric Psychologist	Terry Stancin, PhD, ABPP
6/11/2015	2:00 PM	Dissertation	Resident #3

MetroHealth Medical Center

AN ACADEMIC MEDICAL CENTER
OF

Case Western Reserve University

Cleveland, Ohio

This certifies that

James T. Shore

*has faithfully and satisfactorily completed a
Residency in Clinical Psychology
Accredited as a doctoral internship
in health service psychology*

July 1, 2017 - June 30, 2018

PROGRAM DIRECTOR

CHIEF CLINICAL OFFICER

CHAIR, DEPARTMENT

DEAN, SCHOOL OF MEDICINE

Appendix D.

Policy Acknowledgement of Diversity Policy

As articulated in our program policy statement (see pg. # 27 in Resident Handbook), we are committed to a training process that ensures that residents develop the knowledge, skills, and attitudes, beliefs, and values. Our training clinic is committed to providing an inclusive and welcoming environment for all members of our community. Consistent with this principle, clinic policy requires that supervisors and residents do not discriminate on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status in the services provided at the residency training sites.

In some case, tensions may arise for a resident due to differences in beliefs or values with clients. Because the residents will have to navigate these sorts of clinical situations in their future practice careers, the program has a responsibility to prepare residents to do so in a safe and ethical manner. The program will respectfully work with students as they learn how to effectively practice with a broad range of clients. Thus, residents should expect to be assigned clients that may present challenges for them at some point in training.

If residents do not feel comfortable or capable of providing competent services to a client because it conflicts with the resident's beliefs or values, it is the trainee's responsibility to bring this issue to the attention of this/her supervisor. Because client welfare and safety is always the first priority, decisions about client assignment and reassignment are the responsibility of the faculty/supervisors.

I have reviewed the above and agree

Resident Signature Date

Faculty Signature Date

Appendix E.

**Acknowledgement of Receipt of Training Aims and Objectives, Residency Completion Criteria
Due Process Policy, Grievance, and Sexual Harassment Policy.**

Policy:	Handbook Page Number
Training competencies	11
Residency Completion Criteria	30
Due Process	28
Grievance Policy	28
Sexual Harassment Policy	36

I agree that faculty have reviewed the Training Goals and Objectives, Residency Completion Criteria Due Process Policy, Grievance, and Sexual Harassment Policy during orientation. I also acknowledge that I received a copy of these policies in my Residency Handbook. I have opportunities to ask questions and understand that if other questions arise I can ask the Training Directors or a faculty member.

Resident Signature Date

Faculty Signature Date

Appendix F. MetroHealth Doctoral Resident Evaluation

ALL EVALUATIONS ARE COMPLETED ELECTRONICALLY ON MYEVALUATIONS.COM

SEE ATTACHED EVALUATION FORM

APPENDIX G.

EVALUATION OF INTERNSHIP

Please evaluate your residency experience in the following areas:

Supervision

Was the amount of supervision you receive while on residency adequate? YES NO

What did you find most useful with regard to the amount and quality of supervision you received?

What suggestions do you have for improving the residency supervision?

Your overall rating of the quality of the supervision from 1-5, with 1 being inadequate and 5 being excellent: _____

Training Opportunities

What did you find most useful with regard to the amount and quality of training opportunities available to you?

What suggestions do you have for improving the residency in this regard?

Your overall rating from 1-5, with 1 being inadequate and 5 being excellent: ____

Professional Development

What did you find most useful with regard to your own professional development?

What suggestions do you have for improving the residency in this regard?

Your overall rating from 1-5, with 1 being inadequate and 5 being excellent: ____

Relationships with Staff and Supervisors

What did you find most useful with regard your relationship with staff and supervisors?

What suggestions do you have for improving the residency in this regard?

Your overall rating from 1-5, with 1 being inadequate and 5 being excellent: ____

Ethics and Diversity

What did you find most useful with regard the training you received in ethics and diversity?

What suggestions do you have for improving the residency in this regard?

Your overall rating from 1-5, with 1 being inadequate and 5 being excellent: ____

Overall residency training

How well did the training you received fit your expectations based on information provided online, in the residency handbook and during the residency overview provided on interview day? 1 Not well 3 Adequately-5 Very well

How well did the training you received prepare you for independent practice? 1 Not well 3 Adequately-5 Very well

What did you find most useful with regard your preparation for your future in psychology?

Were there any limits to the training program?

How can we improve the residency training program?

Your overall rating from 1-5, with 1 being inadequate and 5 being excellent

Appendix H.

Primary Care Visit – Shadow Note

Clinic day/time:	Preceptor:	Provider:
Patient age:	Informant:	Psych Resident:

Chief concerns	
Development	
Gross motor	
Fine motor	
Language	
Social/emotional/play	
Sleep	
Toileting	
Diet	
Discipline	
Peer/sibling relationships	
Medical issues	

Comments/thoughts about visit: