



MetroHealth
Devoted to Hope, Health, and Humanity

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

**Residency Handbook
2023-2024**

Table of Contents

Informational Letter	4
Acknowledgements	5
Application process	6
Requirements for Selection	7
Start and End Dates	7
Salary and Benefits	7
Program Overview	8
Training Locations	9
Residency Training Mission	13
Training Aims and Competencies	13
Training Program	19
Training Experiences	19
Pediatric Psychology Track	20
Neurodevelopmental Disabilities Track	21
Trauma/Community Health Track	22
Specialty Care Rotation Descriptions (Pediatrics)	23
Adult Health Psychology Track	25
Adult Health Specialty Care Rotations	26
Supervision, Mentoring and Didactics	29
Supervision	29
Mentoring	30
Didactics	30
Additional Training Experiences	31
Estimated Weekly Schedule	32
Faculty and Staff	33
Policies and Procedures	36
Residency Curriculum Committee Members	36
Orientation to Residency	36
Residency Completion Criteria	36
Self-Study	37
Academic Integrity	37
Diversity Training Statement	37
Evaluations	37
Maintenance of Records	38
Clinical Suitability Concerns	38
Due Process	38
Grievance Policy: Complaints & Grievance Procedures Initiated By Residents	39
Remediation of Performance Difficulties & Problematic Behavior	42
Sexual Harassment Policy	49
Tracking Training Activities	50
Daily Business	51
Working Hours	51
Vacation and Sick Leave	51
Extended Absence	51
Hospital Information	51
Department Information	53
Cleveland Information	55

Appendix A Sample Schedules.....	56
Sample Pediatric Psychology Track Resident Schedule.....	56
Sample Neurodevelopmental Disability Track Schedule.....	57
Sample Trauma Community Health Schedule.....	58
Sample Adult Health Track Resident Schedule	59
Appendix B Draft Didactics Schedule.....	60
Appendix C Sample Certificate	63
Appendix D Resident Evaluation v.2	63
Appendix E Policy Acknowledgment of Diversity Policy	69
Appendix F. Acknowledgment of Due Process, Goals and Expectations for Training	70

Dear Psychology Resident:

Congratulations on being part of the **2023-2024 class** in MetroHealth Medical Center's (MetroHealth) Doctoral Residency in Health Service Psychology! Your class is leading the way to 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 in the region that focuses on working with an underserved population. **This year will be truly exciting.**

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 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 also 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
Associate Training Director

Sarah Benuska, Ph.D.
Associate Training Director

Acknowledgements:

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2013 recipient of the American Psychological Association Grants for Residency Programs

Case Children’s Access Now (CaseCAN), a workforce development program funded by the Ohio Department of Medicaid, Medicaid Technical Assistance and Policy Program (MedTAPP) Healthcare Access (HCA) Initiative SFY 14 and SFY 15 - Continuation and Expansion.



APPLICATION FOR RESIDENCY

The residency will participate in Phase I of the match. Applications should be submitted through the AAPI Online process administered by the Association of Psychology Postdoctoral and Residency Centers (APPIC). For those applying to the adult health track: A de-identified psychological evaluation of an adult should be submitted with your APPI. For those applying to a child or adolescent track: A de-identified psychological evaluation of a child or adolescent should be submitted with your APPI.

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 Track
229714	Adult Health Psychology General Track
229715	Adult Health Psychology SUD BHWET Track
229716	Adult Serious Persistent Mental Illness GPE SUD Track

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

1. The Pediatric Psychology Track (4 slots), Neurodevelopmental Disabilities Track (1 slot) and Trauma and Community Health Track (1 slot) are funded by the MetroHealth System.
2. The Adult Health Psychology (2 slots) funded by the MetroHealth System.
3. The Adult Health Psychology Track (2 slots) is funded in part by a Health Resources Services Administration Behavioral Health Workforce Education Training grant.
4. Adult SMI Track (2 slots) funded in part by a Health Resources Services Administration Graduate Psychology Education Grant.

The deadline for applying is November 1, 2022. Details are available at the APPIC website (www.appic.org). Interviews are conducted in person when possible and by telephone or WebEx/other videoconferencing when an in-person interview is not feasible. Due to the Covid-19 Pandemic, all interviews for the 2023-2024 training year will be via video conference.

All applications are screened by members of the Residency Faculty Members, with supervisors for specific tracks reviewing applicants for those tracks. Residency Faculty conduct interviews and provide ratings and feedback to the Residency Training Director, Track Leads, and other faculty. Ranking decisions are made by consensus during a faculty review of interviewees. The Training Director is responsible for the final ranking decision and submits the rankings to the National Matching Service.

Every effort is made to ensure diversity in selected trainees. Selections are non-discriminatory based on 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 1 week of the match results announcement. 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 a background check and drug testing.

The residency is a member of the Association of Psychology Postdoctoral and Residency Centers (APPIC). This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.

Accreditation Status

The Psychology Residency program at MetroHealth Medical Center is Accredited as a Psychology Internship by the American Psychological Association. Questions about the training may be emailed to the Training Director, Dr. Britt A. Nielsen (bn Nielsen@metrohealth.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 is 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 Health Track experience, working with adults across a range of ages is expected. For the Adult Serious Persistent Mental Illness track, experience working with a range of psychiatric disorders is recommended. Experience working on an inpatient psychiatric unit is beneficial but not required.

Questions specifically related to the program's accreditation status should be directed to the Commission on Accreditation:

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

Covid-19 and its impact on prospective applicants and minimum program requirements

Given that the Covid-19 Pandemic has impacted training programs and practicum placements across the country, MetroHealth Residency Program will be flexible when it comes to reviewing applications in terms of the required number of assessment and intervention hours. While we do not have a specific adjusted requirement, we will consider applications that do not meet our minimum requirement. *To be considered, applicants must be verified as ready to apply for Residency by the Director of Training of their graduate program, as listed in Part II of the APPIC application form.*

Start and End Dates

The residency begins on July 3, 2023 and ends on June 28, 2024.

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 Employee 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 them 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 \$35,600 annually. Residents will receive 2 weeks of paid vacation, 7 Federal Holidays (New Year's Day, Memorial Day, Juneteenth, 4th of July, Labor Day, Thanksgiving, Christmas) and 4 floating holidays (Martin Luther King Day, Presidents' Day, Columbus Day and Veterans Day), and accumulated sick leave. Residents are eligible for health insurance through MetroHealth Medical Center. Residents will also receive \$1000 in educational funds to support travel conference attendance. Residents contribute to the Ohio Public Employee Retirement System (OPERS) and when the resident leaves the MetroHealth System. Residents are able to roll over their contribution to OPERS upon leaving the MetroHealth System.

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 Department of Psychiatry, in the Division of Psychology. All supervising psychology faculty are employees of MetroHealth and hold academic appointments at Case Western Reserve University School of Medicine. There are currently eight full- and two part-time doctoral-level licensed psychologists in the Division of Child and Adolescent Psychiatry and Psychology, four child and adolescent psychiatrists, and three independently licensed social workers. There are five health psychologists in the Department of Psychiatry, four psychology faculty housed in the Family Practice Department, and five in the Department of Physical Medicine and Rehabilitation, two psychologists at the Behavioral Health Hospital, and one psychologist at the county correctional facility.

The psychologists in the Division of 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 the Section 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 to meet the mental health needs of low-income 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 clinics and the primary care and specialty care clinics at MetroHealth's main campus and MetroHealth satellite clinics.

The goal of the residency program 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 specialty care clinics during their training within the MetroHealth System.

Training Locations

The MetroHealth Residency Program has a number of training sites throughout the Cleveland area. Below is a list of training sites, the training experiences offered at the sites and the demographics of the patient population at that site.

MetroHealth Medical Center Main Campus

Types of training experiences offered:

Child and Adolescent Psychology and Psychiatry (CAPP)

- Outpatient Therapy
- Pediatric Primary and Specialty Care Clinics
 - Integrated Primary Care
 - Foster Care Medical Home
 - Pediatric Sleep medicine
 - Kids Pride
 - Endocrinology
 - Gastroenterology
 - School Based Health Clinic (mobile unit)

Adult Psychiatry Department

- Adult outpatient therapy
- HIV clinic

MetroHealth Medical Center Main Campus is a 708-bed general medical, surgical facility and a Level I Trauma Center and serves as the safety net hospital for Cuyahoga County, Ohio. MetroHealth Main Campus provides outpatient psychiatry and psychology services, pediatric primary care, pediatric and adult specialty care clinics. MetroHealth draws from all socioeconomic classes in Cuyahoga County, attracting patients from the city of Cleveland, its suburbs, and patients from rural towns outside of Cuyahoga County. In Cuyahoga County, 30% of the population is Black/African American; 2.9% Asian, 5.2% Hispanic or Latinx. Approximately 11.3% of the population speak a language other than English at home. 17.7% of people are below the poverty level. Cuyahoga County has a large immigrant and refugee population, and 7% of residents are foreign born (US Census Bureau State and County Quick Facts, 2013). Cleveland itself draws a slightly more diverse population with 53% identifying as Black/African American, 1.8% Asian and 7.3% Hispanic/Latinx.

Patients seen in the Outpatient Child and Adolescent Psychiatry and Psychology (CAPP) Department represent a diverse sampling of patients ages 0-25 years of age. Thirty-three and a half percent (33.5%) of visits in the CAPP outpatient clinic are by children who are identified as being Hispanic and 16% of visits by

patients who indicate a preference for speaking Spanish. A quarter of visits (25.51%) are by children identified as being Black/African American.

The patients seen in the Pediatric Primary Care and Specialty Clinics at MetroHealth (ages 0-25 years) are 22.35% Hispanic/Latinx, with 3.57% identifying Spanish as their preferred language. Approximately 33% of pediatric primary care or specialty care patients are Black/African American and 40% identify as Caucasian.

MetroHealth Old Brooklyn Medical Center

Training Experiences Offered:

- Geriatrics
- Pain Management
- Physical Medicine and Rehabilitation Adult Neuropsychological Assessment

The Old Brooklyn Medical Center offers a range of medical in-patient and ambulatory services including Physical Medicine and Rehabilitation for brain injury, spinal cord injury and orthopedic injury (inpatient and outpatient), neuropsychological assessment, and geriatrics.

MetroHealth Parma Medical Center

Training Experiences Offered:

- MetroHealth Autism Assessment Clinic/Assessment Clinic
- Outpatient Adult Psychiatry
- Adult Behavioral Sleep Medicine
- Weight Loss Surgery and Weight Management Center (WLSWMC)

The Parma Medical Center offers a range of medical in-patient and ambulatory services including primary care, weight-loss management, and behavioral health (including MAT programming as well as MAAC clinic) which psychology residents have exposure to depending on rotational experiences. This medical center serves the community with the following self-reported patient make up by race: 24.5% Black/African American, 65.2% White, 2.4% Asian, 0.3% Native Hawaiian/Pacific Islander, and 0.4%, American Indian/Alaskan Native, and 6.2% declined to answer. Patient-reported preferred language is: 92.6% English, 3.4% Spanish, 0.8% Arabic, 1% Ukrainian/Russian/Romanian, 0.2% Chinese/Mandarin/Vietnamese/Cantonese, and 2% reported as Other/None of the Above.

MetroHealth Broadway Health Center

Training Experiences Offered:

- Family Medicine and Medically Assisted Treatment
- Outpatient Therapy

MetroHealth Broadway Health Center treats patients' primary care needs, urgent care and behavioral health needs that arise across the life span. Medical providers and medical residents regularly conduct preventative care and manage chronic health issues amongst a similarly diverse range of families and individuals. At the Broadway Health Center self-reported patient make up by race is: 69.9% Black/African American, 22.5%

White, 4% Asian, 0.1% Native Hawaiian/Pacific Islander, and 0.2%, American Indian/Alaskan Native, and 2.7% declined to answer. Patient-reported preferred language is: 94.2% English, 3.4% Spanish, 0.8% Arabic, 1% Ukrainian/Russian/Romanian, and 3% Chinese/Mandarin/Vietnamese/Cantonese.

MetroHealth Ohio City Health Center

Training experiences offered:

- Family Medicine Integrated Primary Care
- Outpatient Child and Adolescent Therapy
- Hispanic Clinic

The Ohio City Health Center (previously at McCafferty Health Center), which opened its doors in July 2020, serves the community with the following self-reported patient make up by race: 27.7% Black/African American, 56.4% White, 1.8% Asian, 0.3% Native Hawaiian/Pacific Islander, and 0.4%, American Indian/Alaskan Native, and 12.4% declined to answer. Patient-reported preferred language is: 84.5% English, 12.3% Spanish, 0.6% Arabic, 0.6% Ukrainian/Russian/Romanian, and 0.4% Chinese/Mandarin/Vietnamese/Cantonese.

MetroHealth Cleveland Heights Medical Center

Training Experiences Offered:

- Adult Behavioral Sleep Medicine
- Geriatrics
- Weight Loss Surgery and Weight Management Center (WLSWMC)

The Cleveland Heights Medical Center, offers a range of ambulatory services including primary care, sleep medicine, and behavioral health which psychology residents have exposure to depending on rotational experiences. This medical center serves the community with the following self-reported patient make up by race: 69.4% Black/African American, 24.6% White, 1.6% Asian, 0.2% Native Hawaiian/Pacific Islander, and 0.4%, American Indian/Alaskan Native, and 3.1% declined to answer. Patient-reported preferred language is: 97.1% English, 0.9% Spanish, 0.2% Arabic, 0.3% Ukrainian/Russian/Romanian, 0.3% Chinese/Mandarin/Vietnamese/Cantonese, and 1.2% reported as Other/None of the Above.

In addition to the above, MetroHealth has a number of unique clinics providing care to diverse populations. These specialty clinics include:

- The Hispanic Clinic (i.e., OSCAR clinic): Focuses on caring for Spanish-speaking children and families at MetroHealth.
- Pride and Kids Pride Clinics: MetroHealth Medical Center offers clinical services for adults and children identified as LGBTQ. MetroHealth Medical Center has one of the few clinics focused on providing medical and mental health care for transgender children.

- Cuyahoga County Corrections Center: Provides medical and psychiatric/psychological care for individuals incarcerated at the Cuyahoga County jail.
- MetroHealth Autism Assessment Clinic: Provides assessment for children and adolescents presenting with Neurodevelopmental Disabilities. This multidisciplinary team (Psychologist, Social Worker, Developmental Behavioral Pediatrician, Speech Language Pathology) and innovative program also offers an assessment clinic for Spanish-speaking children and families with Spanish-speaking psychologists, social workers and speech language pathologists.

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 who successfully complete 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, and an 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. 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: Resident 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 abides by legal and professional ethical guidelines in all professional activities.

- Resident has knowledge of and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct and relevant laws, regulations, and policies governing health services at the organizational, local, state, regional, and federal levels and relevant professional standards and guidelines.
- Resident demonstrates knowledge about legal issues associated with health care practice (e.g., compliance with documentation and billing practices, follows state laws related to abuse reporting, etc.)

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

- Resident follows appropriate procedures for reporting and documenting ethical and legal concerns.
- Resident 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).
- Resident 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.

- Resident incorporates awareness of a patient's diversity in rapport building, case conceptualization, and intervention.
- Resident works with individual and, as appropriate, family to develop treatment goals that are consistent with the diverse needs and priorities of the patient and/or family.
- Resident 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 a patient's daily life experiences, as well as how that experience may impact assessment, treatment, and/or response to therapy.

- Resident demonstrates familiarity with relevant literature concerning cultural competence and the ability to integrate that knowledge into case conceptualization.
- Resident demonstrates skills in intervention with patients of diverse backgrounds and, as appropriate, their families.
- Resident 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.

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

Professional Values, Attitudes, and Behaviors

Goal #9: Resident behavior 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 oneself regarding areas of practice with which they are less familiar.
- Resident uses problem-solving strategies to resolve any difficulties that may arise.

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

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

Communication and Interpersonal Skills

Goal #11: Resident develops rapport and forms and maintains a therapeutic alliance with patients and, as appropriate, their family/caregivers.

- Resident effectively collaborates with patients and caregivers to identify intervention goals that focus on functional outcomes and symptom reduction in a targeted manner.
- Resident 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, emotional functioning, health, and environment on psychological functioning.

Goal #13: Resident presents 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).

- Resident effectively communicates findings to patients and/or families and interdisciplinary team members.
- Resident completes notes and reports with appropriate content and attention to detail in a timely manner.
- Resident 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 are able to evaluate and diagnose the range of developmental, behavioral, and emotional problems that would benefit from intervention, including normal variations, problems, and disorders.

- Resident understands normative, adaptive, and maladaptive emotional, cognitive, social, behavioral and physical development in the larger context of bio-psycho-social and environmental factors.
- Resident evaluates and uses strengths, resilience, and wellness factors to inform understanding of patient needs and to promote health.
- Resident demonstrates knowledge of internalizing, externalizing, pervasive developmental, and psychiatric disorders in patients, and assigns appropriate DSM-5 diagnoses.

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

- Resident 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.
- Resident 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 evidence-based treatments to inform treatment planning, program development, and modifications in treatment, as well as to evaluate patient outcomes and effectiveness of program implementation.

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

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

- Resident offers interventions that are inclusive of the patient's family system (e.g., parent-training, family problem solving).
- Resident develops a case conceptualization to guide appropriate and effective treatment planning.

- Resident demonstrates ability to conduct comprehensive diagnostic assessments across functional domains.
- Resident demonstrates ability to conduct brief, problem-focused assessments that prioritize integrated care treatment goals.
- Resident 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).
- Resident demonstrates ability to collaborate with other disciplines in intervention planning and implementation for problems related to relevant medical conditions.
- Resident bridges appropriately between behavioral services offered in primary care and specialty mental health and community resources/services.

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).

- Resident describes models of supervision.
- Resident demonstrates understanding of different supervision roles.

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 demonstrates insight and self-reflection in the context of supervision.
- Resident makes appropriate changes based on supervision feedback.

Consultation and Interprofessional/Interdisciplinary Skills

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

- Resident demonstrates respect for other disciplines and perspectives within an interprofessional care team.
- Resident recognizes when and how to effectively advocate with other members of the health care team.
- Resident demonstrates ability to work with all members of a multidisciplinary team in primary care and/or specialty care clinics and on consultation/liason service.

Goal #22: Resident 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.

- Resident 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.
- Resident demonstrates an understanding of how interprofessional teams collaborate for teaching and training purposes.

MetroHealth System Training Program

MetroHealth's training program 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 bilingual supervision with our Spanish-speaking psychologists. 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 pediatric 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 pediatric tracks will be assigned to at least one half-day resident continuity clinic throughout 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.

Residents on the Adult Health tracks will spend 60% of their time in two core, year-long experiences (30% in Psychology Outpatient Clinics and 30% in Integrated Primary Care). Residents in both the GPE and the BHWET tracks will get 25% of their experience in substance use screening, assessment, prevention and/or intervention) which may include Medically Assisted Treatment (MAT) in Integrated Care. Residents on the Adult Health tracks will spend 10% of their time in their choice of two 6-month long rotations in a specialty care clinic.

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 note writing, report writing or professional development activities such as participating in additional training activities, or 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 of 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 of 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.

NeuroDevelopmental 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 Neurodevelopmental 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 at least one half-day of the comprehensive care clinic which 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 at least 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 on page 19.

Trauma and Community Health Track (1 Resident) Marsheena Murray, PhD, ABPP, Track Lead:

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 team 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 of 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 that 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 spring breaks).

- The School-Based Health Clinic is a medical clinic in Cleveland 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.

Child/Pediatric 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:** MetroHealth Parma Hospital
 - **Responsible Faculty:** Melissa Armstrong, PhD
 - **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 choose opportunities to participate in either assessment clinic of younger children (under 6 years) or older children (6 years and over). The resident will become competent in the administration and interpretation of standardized assessments for autism spectrum disorders (including but not limited to the ADOS-2, ADIR, and CARS-2).
- **Assessment^N**
 - **Location:** MetroHealth Parma Hospital
 - **Responsible Faculty:** Melissa Armstrong, PhD, Kimberly Bodner, 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. The expectation is that the resident will complete 10 reports over the 6-month rotation. The 10 reports include the 2 reports expected of all interns during the semester; however, during the semester not on assessment rotation, the resident will still be expected to complete 2 additional reports.
- **Endocrine/Diabetes^P**
 - **Location:** Main campus, Area I Peds clinic
 - **Responsible Faculty:** Primary Care Faculty
 - **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.

- **Constipation Clinic^P**

- **Location:** Main Campus, Area I Peds clinic
- **Responsible Faculty:** Primary Care Faculty
- **Description:** Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the Constipation Clinic. Residents will be a part of an interdisciplinary team of gastroenterology and nutrition providers working to co-manage chronic constipation in children and adolescents. Residents will provide psychoeducation and cognitive/behavioral intervention to families seen in Constipation 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.

- **Muscle Clinic^N**

- **Location:** Main campus, Area 1 Peds Clinic
- **Responsible Faculty:** Primary Care Faculty
- **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 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
- **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.

- **Kids Pride Clinic^P**

- **Location:** Main Campus
- **Responsible Faculty:** Kelsey MacDougall, PsyD
- **Description:** Residents will participate in the Kids Pride team, 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.

- **Pediatric Headache Clinic**

- **Location:** Main campus, Area I Peds clinic
 - **Responsible Faculty:** Brittany Myers, PhD
 - **Description:** Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the outpatient Pediatric Headache Clinic. Residents will conduct shared visits together with the pediatric neurologist to provide collaborative interdisciplinary evaluation and treatment of chronic headaches. Psychology residents will assess and address mood, anxiety, sleep, nutrition and other lifestyle factors that may be related to headaches, and will provide brief cognitive and behavioral interventions to help patients to manage chronic pain. Additionally, psychology residents will expand their knowledge and comfort regarding other common disorders in neurology that may be associated with headaches.
- **Pediatric Sleep**
 - **Location:** Main campus, Area I Peds clinic
 - **Responsible Faculty:** Brittany Myers, PhD
 - **Description:** Residents will provide brief, problem-focused intervention with children and adolescents who are followed in the outpatient pediatric sleep clinic. Residents will shadow and conduct visits together with the pediatric sleep medicine specialist to provide behavioral sleep intervention to children and adolescents with sleep concerns. Psychology residents will expand their knowledge and comfort regarding other common sleep disorders in childhood, like sleep apnea, delayed sleep phase, insomnia, narcolepsy, and parasomnias.

Additional Available experiences: Child/Peds 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., rheumatology, hematology, etc). *Time for experiences listed below will come from Resident's Flex Time.*

- **Consultation and Liaison:** Residents will have opportunities to participate in Consultation and Liaison service covering the Pediatric Intensive Care Unit, Pediatric Medical Floors, and the Burn Unit. 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.

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

Core Training Experiences: Year-Long

Adult Outpatient Clinic (Required): 1.5 days per week (30%). Supervisors: Kathleen Alto, PhD; Sarah Benuska, PhD; Eric Berko, PhD; Amanda Burger, PhD; Stacy Caldwell, PhD; Frank Kenner, PhD; Sheerli Ratner, PhD. Residents will provide assessment and psychotherapy interventions for patients with mental health issues often compounded by complex medical presentations. Residents are exposed to a wide range of patient presenting problems and psychosocial stressors. Individual assessments including diagnostic clarification and some neuropsychological evaluation may be included in this rotation.

Family Medicine Integrated Primary Care-MetroHealth (Required) 1.5 days per week (30%). Supervisors: Kathleen Alto, PhD; Sarah Benuska, MS, PhD; Eric Berko, PhD; Sheerli Ratner, PhD. Residents will provide brief, problem-focused assessment and intervention (e.g., warm hand-offs/consultation) in the Family Medicine Department working with patients of all ages. Residents will have the opportunity to work with a range of medical providers and trainees (medical students, family medicine residents, psychiatry residents, nurse practitioner trainees. Psychology residents function as a member of the interprofessional team during clinic visits and during team meetings.

Adult Specialty Care Rotation Experiences: Trainees from both tracks will pick 2 rotations, 0.5 days per week for 6 months each (10%) (some rotations are one full day and borrow 0.5 days from the outpatient rotation; these include but are not limited to: neuropsychological assessment, county corrections, and bariatric rotations.). See Description of Specialty Care rotations below.

Adult Health Psychology SUD BHWET Track (2 Residents) Kathleen Alto, PhD, Track Lead

Core Training Experiences: Year-Long

Adult Outpatient Clinic (Required): 1.5 days per week (30%). Supervisors: Kathleen Alto, PhD; Sarah Benuska, PhD; Eric Berko, PhD; Amanda Burger, PhD; Stacy Caldwell, PhD; Frank Kenner, PhD; Sheerli Ratner, PhD. Residents will provide assessment and psychotherapy interventions for patients with mental health issues often compounded by complex medical presentations. Residents are exposed to a wide range of patient presenting problems and psychosocial stressors. Individual assessments including diagnostic clarification and some neuropsychological evaluation may be included in this rotation.

Family Medicine Integrated Primary Care / MAT (Required) 1.5 days per week (30%). Supervisors: Kathleen Alto, PhD; Sarah Benuska, MS, PhD; Eric Berko, PhD; Sheerli Ratner, PhD. Residents will provide brief, problem-focused assessment and intervention (e.g., warm hand-offs/consultation) in the Family Medicine Department working with patients of all ages. Residents will have the opportunity to work with a range of medical providers and trainees (medical students, family medicine residents, psychiatry residents, nurse practitioner trainees. Psychology residents function as a member of the interprofessional team during clinic visits and during team meetings. A core component of this rotation includes assessment and treatment of substance use/abuse issues alongside other presenting mental/physical health issues. Possible locations include MHS Broadway, Brooklyn, Ohio City and Parma; as well as Recovery Resources. Residents will gain

experience working with Opioid/Substance Use Disorder Treatments including Medically Assisted Treatment in an integrated primary care clinic (MHS Broadway; Recovery Resources).

Adult Specialty Care Rotation Experiences: Trainees from both tracks will pick 2 rotations, 0.5 days per week for 6 months each (10%) (some rotations are one full day and borrow 0.5 days from the outpatient rotation; these include but are not limited to: neuropsychological assessment, county corrections, and bariatric rotations.). See Description of Specialty Care rotations below.

Commented [BN1]: ADD SMI TRACK

Adult Serious Persistent Mental Illness (SPMI) SUD GPE Track (2 Residents) Robert Hammond, PhD, Track Lead

Core Training Experiences: Year-Long

Severe and Persistent Mental Illness/Substance Use Disorder Inpatient Core Rotation

1.5 days per week (30%). Conducted at the Cleveland Heights Behavioral Health Hospital and Partial Hospitalization Program/Intensive Outpatient Program.

Supervisors: Robert Hammond, Psy.D., Megan Shiles, Ph.D.

Residents will gain direct care experience with patients with chronic and severe mental health issues often compounded by complex medical presentations. Residents will train in the Dual Diagnostic Unit which emphasizes evaluation and evidence based practices geared toward patients with co-occurring mental health and substance abuse issues. Working within an interdisciplinary team model, the resident will engage in assessment, crisis therapy, brief psychotherapy, family therapy and inpatient group programming.

Severe and Persistent Mental Illness/Substance Use Disorder Outpatient Core Rotation (SPMI/SUD) 1.5 days per week (30%). Conducted at the Cleveland Heights Behavioral Health Hospital and Partial Hospitalization Program/Intensive Outpatient Program.

Supervisors: Robert Hammond, Psy.D., Megan Shiles, Ph.D.

Residents will gain direct care experience with patients with chronic and severe mental health issues often compounded by complex medical presentations.

Resident will have opportunity to spend time on the Dual Diagnostic Unit emphasizing evaluation and evidence based practices geared toward patients with co-occurring mental health and substance abuse issues. Working within an interdisciplinary team model, the resident will engage in assessment, crisis therapy, brief psychotherapy, family therapy and psychoeducational group programming.

Adult Specialty Care Rotation Experiences:

- **Neuropsychological Assessment Clinic**
 - **Location:** MetroHealth Old Brooklyn Campus
 - **Responsible Faculty:** Felicia Fraser, PhD & Ketrin Lengu, PhD
 - **Description:** Assessment rotation will “borrow” a half a day a week from outpatient therapy and will be a one full 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 to patients and families.

Commented [BN2]: PsychMed unit as a specialty? Gero Psych?

- **Behavioral Medicine HIV Clinic**

- **Location:** Metrohealth Main Campus
- **Responsible Faculty:** Amanda Burger, PhD
- **Description:** Residents will provide assessment and brief, targeted interventions for adults with HIV/AIDS and will become familiar with psychological aspects that often present with HIV disease, including adjusting to diagnosis, dealing with social stigma, adherence to medication and medical care, substance use, trauma, depression, anxiety, personality disorders, concerns regarding sexuality/sexual identity, etc.

- **Behavioral Sleep Medicine Outpatient Clinic**

- **Location:** Metrohealth Cleveland Heights Hospital or MetroHealth Parma Hospital
- **Responsible Faculty:** Amanda Burger, PhD
- **Description:** 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 will also have the opportunity to attend monthly Multidisciplinary Sleep Team meetings and weekly Sleep Grand Rounds.

- **Correctional Psychology Rotation^S:**

- **Location:** Cuyahoga County Corrections Facility
- **Responsible Faculty:** Ajasha Long, PhD
- **Description:** Residents will conduct therapy with incarcerated individuals. Residents will gain experience working with patients who are experiencing a range of mental health issues including trauma and substance use and are coping with complex psychosocial histories.

Commented [BN3]: Corrections as a priority for SMI

Commented [BN4]: MAT as a specialty care option?

- **Family Medicine Clinic:**

- **Location:** Ohio City Clinic, Broadway Clinic, Brooklyn Clinic
- **Responsible Faculty:** Kathleen Alto, PhD; Sarah Benuska, MS, PhD; Eric Berko, PhD; Stacy Caldwell, PhD; Sheerli Ratner, PhD.
- **Description:** Residents will provide same-day consultations and/or warm hand-offs for resident and attending physicians and other health care providers. In this rotation psychology residents will expand their knowledge and comfort regarding assessment for and facilitation of brief behavioral interventions for behavioral health concerns and/or mental health symptoms/diagnoses. Inter-professional collaboration and learning/educating are core elements of this experience.

- **Geropsychology Clinic (Outpatient):**

- **Location:** Old Brooklyn Senior Health Outpatient Program, Cleveland Heights MetroHealth Clinic – Family Medicine

- **Responsible Faculty:** Ann Pearman, PhD
- **Description:** Geropsychology practice involves helping older adults and their families achieve well-being, overcome problems, and realize maximum potential during later life. Residents have the opportunity to learn several aspects of geropsychological care including geriatric assessments, therapy with older patients (including integrated behavioral health care), and interdisciplinary collaboration and consultation. In this rotation, residents will expand their knowledge and comfort in working with older adults and their families with mental health challenges and the use of brief behavioral interventions and assessments to understand and deal with these challenges.
- **Medically Assisted Therapies/Integrated Care (Outpatient)^S :**
 - **Location:** Broadway Clinic
 - **Responsible Faculty:** Kathleen Alto, PhD
 - **Description:**
 -
- **Pain Clinic:**
 - **Location:** MetroHealth Main Campus
 - **Responsible Faculty:** Frank Kenner, PhD
 - **Description:** 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:**
 - **Locations:** MetroHealth Brooklyn, Parma; and Rocky River
 - **Responsible Faculty:** Kathleen Alto, PhD; Sarah Benuska, PhD.
 - **Description:** MetroHealth's Pride Clinic is a primary care clinic for adult patients who identify as LGBTQ+. As with the Family Medicine Clinic rotation, in this rotation residents provide consultations and/or warm hand-offs for primary care Pride Clinic providers. Residents may additionally facilitate psychotherapy and participate in assessments for gender-affirming surgery documentation requests which may be included as a supplement to their outpatient therapy clinic.
- **Psychosocial Oncology Outpatient Clinic**
 - **Location:** Metrohealth Main Campus
 - **Responsible Faculty:** Amanda Burger, PhD
 - **Description:** Residents will provide assessment and brief, targeted interventions for patients across the spectrum of cancer diagnosis, treatment, and survivorship process. A specific focus on coping with cancer and its physical and psychological impact, including adjustment disorders, disease specific concerns, non-adherence, and end of life questions will be relevant along with more general health psychology topics such as chronic pain, eating concerns, and sleep. Residents will also have the opportunity to attend multidisciplinary team meetings and the Survivorship Committee meeting.
- **Weight Loss (Bariatric) Surgery/Weight Management Clinic:**
 - **Location:** MetroHealth Main Campus or MetroHealth Parma Hospital
 - **Responsible Faculty:** Danette Conklin, PhD & Mackenzie Keriazes, PsyD
 - **Description:** 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. Residents will participate in 1:1 and group supervision. Residents will be expected to present one case study at the end of their rotation.

Assessment: over the course of the year adult track residents are required to complete a total of **4** assessment batteries with accompanying integrative reports, from any combination of the the following settings:

- Adult ADHD/Learning Problems (Caldwell)
 - Bariatric Surgery Readiness (Conklin; Keriazes)
 - Geropsych Assessments (Pearman or Berko)
 - Gender Affirming Treatment Readiness (Benuska and Alto)
 - General (Benuska, Caldwell, Kenner, Ratner)
 - Psych Assessment at Inpatient Behavioral Health Hospital (Hammond; Shiles)
- **Minimum** information sources: Clinical Interview, Records Review, at least **one+** Objective or Projective measure(s) (e.g., MMPI-2/2RF)

Additional Available experiences: Adult 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). *Time for experiences listed below will come from Resident's Flex Time.*

- Adult Consultation/Liaison
- Inpatient behavioral health hospital
 - Mood disorder Unit
 - Thought Disorder Unit
 - Partial Hospitalization Program
 - Intensive Outpatient Program

Note about training during COVID-19 Pandemic:

In March of 2020, like many psychology training programs, MetroHealth Medical Center adapted to the COVID-19 pandemic by temporarily moving to a remote training model.

We were fortunate to be ahead of the game in many respects. Our staff and trainees were quickly able to work remotely from home doing telehealth (telephone and video sessions) while being able to meet their training goals and continue to care for their patients. Live supervision is possible during our remote telehealth delivery model as supervisors are able to join in on trainees' video and telephone visits with patients.

Our quick action and response to the COVID-19 Pandemic allowed our trainees to finish their training year with high quality patient experiences. MetroHealth was able to create a new opportunity for our trainees to add telehealth service delivery to their clinical competencies.

Currently, our providers have returned to the hospital to provide patient care; however, patients are being seen via telehealth. Patients are encouraged to participate in telehealth; however, in some cases patients are best served with face-to-face sessions. Decisions to bring a patient in for a face-to-face visit are made by the trainee and the supervisor and with the agreement of the patient.

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 psychologists. In a typical week, each resident participates in:

1. More than 2 hours of individual supervision per week with a licensed psychologist, see details below:
 - a. Outpatient therapy supervision: One hour per week individual supervision
 - b. Primary Care Supervision One and a half hours (1.5 hours total = 30 minutes of individual supervision in each of the 3 Primary Care Clinics)
 - c. Specialty Care Clinic Supervision a minimum of 30 minutes per week (face-to-face in specialty care clinic)
2. Individual supervision for assessment batteries as needed to prepare for evaluation, report writing and feedback. A minimum of two hours of supervision **per assessment case**.
3. One hour group supervision per week
 - a. For child/pediatric residents: primary care supervision or outpatient therapy supervision every other week
 - b. For adult residents: outpatient therapy supervision or MAT/SUD supervision every other week
4. Two hours of didactic training or seminars

Following APA guidelines, it is required that at least 50% of your supervision is Face-to-Face (IRL). As a training program and faculty we value the benefits of meeting with trainees Face-to-Face and developing a strong training relationship with them.

Some weeks provide additional training opportunities, such as the grand rounds offered through the departments of psychiatry, pediatrics, addiction medicine, integrated behavioral health brown bags, or bioethics department. 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 which involves mentorship. Residents will participate in 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 (see above for specifics). 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).

Supervision for primary care rotations takes place both at prescheduled times and on-the-fly between patient visits. During each 4-hour clinic period, residents receive prescheduled supervision at the start and end of clinic, totaling about 30 minutes per clinic (which ends up being 1.5 hours per week). In addition, residents receive on-the-fly, direct supervision before, during and after patient visits. Each resident is also assigned a primary care mentor with whom they meet at least monthly for 1 hour.

Mentoring

Mentoring is ongoing throughout the training year. Residents get professional mentoring in didactics during Professional Development Didactics and personal mentoring during individual supervision. Residents may request an individual mentor to augment their training experience. 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, Addiction Medicine Grand Rounds and BioEthics at Noon, and the Graduate Medical Education Office Educational Initiatives. Periodically, residents will participate in interprofessional training with pediatrics, family medicine, or addiction residents on topics related to health and mental health topics.

- **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:** Faculty will meet with residents to discuss issues around residents' development as health service psychologists. This will include topics such as working in an academic health setting, grant writing, finding a professional mentor, and dealing with ethical dilemmas in psychology.
 - **Multicultural Competency Series:** The series will focus on the broad individual and cultural differences that may relate to our lives, the lives of our patients, or that may be impacting the community, city, or country.
 - **Case Conceptualization Presentation:** Residents will be provided with background material for the same case. Each resident will be assigned a theoretical orientation and will present background on that theoretical orientation and present the case via the lens of the assigned theory.
 - **Case Presentation:** Resident will present an interesting or difficult case for case discussion and review.
 - **Journal Club Series:** Resident led discussion of an interesting or relevant journal article. (Each resident will present once.)
 - **Supervision Series:** Throughout the year, residents will participate in didactics designed to build their 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:** to discuss progress of residency, issues and concerns. The residency coordinator may also join these meetings to discuss administrative 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.
- Addiction Medicine Grand Rounds presented biweekly focused on issues related to the prevention, assessment, and treatment of opioid use disorders.
- BioEthics at Noon is 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.
- Simulated clinical experiences will be scheduled to observe residents in a controlled environment with a standardized patient.
- A poverty simulation will be held during the year to help residents understand the 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 outpatient major rotation. They will spend 1.5 days at their 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
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
<ul style="list-style-type: none"> • Primary Care Group Supervision 	1 st and 3 rd Thursday	
<ul style="list-style-type: none"> • Outpatient Group Supervision 	2 nd and 4 th Thursday	
ADDITIONAL TRAINING OPPS	Day of Week	Hours/Week
Pediatrics Grand Rounds	Thurs 12:00 -1:00 pm	1
Psychiatry Grand Rounds	Wed 12:00-1:00 pm	1
BioEthics at Noon	1 st Thursday of Month 12:00-1:00 pm	Monthly
OTHER ACTIVITIES	Day of Week	Hours/Week
Flex/Administrative Time		8

Faculty

MetroHealth Faculty

Kathleen Alto, Ph.D. -- Counseling Psychology

2019, University of Akron

Outpatient Integrated Behavioral Health Services and PRIDE Clinic

Interests: integrated care, gender/sexuality, social determinants of health, empowerment, multicultural competency, women's health, LGBTQ+.

Melissa Armstrong-Brine, Ph.D.-Pediatric Neuropsychology

2009, Saint Louis University

Associate 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, M.S., Ph.D. –Counseling / Health Psychology

2016, The University of Akron

Assistant Professor, Case Western Reserve University School of Medicine

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., ABPP - 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.

Kimberly Bodner, Ph.D. - Neuropsychology

2016, University of Missouri

Assistant Professor, Case Western Reserve School of Medicine

Pediatric neuropsychology, neurodevelopmental disorders, complex medical conditions, Autism Spectrum Disorders, Hispanic Autism Assessment Clinic

Amanda Burger, Ph.D. – Clinical, Health Psychology

2010, Wayne State University

Psychologist in Specialty Medicine Clinics: Sleep Medicine, Oncology, and HIV/Infectious Disease

Areas of interest: integrated behavioral health, chronic pain, behavioral sleep medicine, education, health behavior change

Stacy Caldwell, Ph.D. –Counseling, Health Psychology

2010, The Ohio State University

Assistant Professor, Case Western Reserve University school of Medicine

Areas of interest: integrated behavioral health and primary care, brief behavioral health interventions, self-management interventions for mental health, reducing mental health disparities

Danette Conklin, Ph.D. - Health Psychology, Bariatric Surgery, Weight Management, Women's Health

2011, Fielding Graduate University

Assistant Professor of Psychiatry and Reproductive Biology, Case Western Reserve University
Co-located care in Weight Management and Psychiatry Departments.

Areas of Interest: bariatric surgery evaluations, disordered eating, group therapy, psychological aspects of menopause, mood disorders, research

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.

Robert Hammond, Psy.D. –Inpatient Behavioral Health

1998, Wright State University

Areas of interest: Forensic Psychology, Health Psychology, psychotherapy, psychological assessment, case consultation, lifestyle factors that improve mental health, the interaction of Mental Illness and Criminogenic Factors, the use of EBPs

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

2011, Kent State University

Areas of interest: pain management, physical medicine and rehabilitation, geriatrics, trauma, consultation liaison.

Mackenzie Keriazes, Psy.D. – Health Psychology-Bariatric Surgery, Weight Management

2019, Spalding University

Assistant Professor, Case Western Reserve School of Medicine

Behavioral Health, Weight Loss Surgery & Weight Management Center, pre-bariatric surgery psychological evaluations, adjustment & coping post-bariatric surgery, treatment of disordered eating.

Areas of interest: Integrated Behavioral Health in Primary Care (Family Medicine, Pediatrics, Med-Peds), psychotherapy, brief behavioral health interventions, case consultation and warm-handoffs for patients across the lifespan.

Ajasha Long, Ph.D. –Counseling Psychology, County Correction Facility

2021, Ball State

Assistant Professor, Case Western Reserve University School of Medicine

Areas of interest: Forensic psychology, criminogenic factors, social determinants of health, sexual health/wellness

Ketrin Lengu, Ph.D. – Neuropsychology

2020, Eastern Michigan University

Assistant Professor, Case Western Reserve University School of Medicine

Areas of interest: Neuropsychological evaluation of mood disorders, aging and dementia, traumatic brain injury, concussion, epilepsy; personality assessment; therapeutic feedback

Kathryn Mancini, Ph.D. –Pediatric Psychology

2018, Miami University (Ohio)

Assistant Professor, Case Western Reserve University School of Medicine

Areas of interest: Integrated pediatric primary care, specialty care for gender diverse and transgender youth, behavioral sleep medicine, interventions for internalizing and externalizing problems in children and adolescents

Kelsey MacDougall, Psy.D. –Pediatric Psychology

2020, Pacific University

Assistant Professor, Case Western Reserve University School of Medicine
Areas of interest: Integrated pediatric primary care, specialty care for gender diverse and transgender youth, behavioral sleep medicine, mood/anxiety disorders, parent training, and early childhood development

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

2011, Kent State University
Associate 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
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.

Ann Pearman, Ph.D. - Clinical Geropsychology

2003, Washington University in St. Louis
Associate Professor, Case Western Reserve University School of Medicine* anticipated
Clinical geropsychologist embedded in Geriatric Medicine clinics. Service provision and training of psychologists. Areas of interest: geriatric mental health, collaborative care, integrated behavioral health, neurocognitive disorders, depression, anxiety, memory complaints, and caregiving.

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

2011, Case Western Reserve University
Associate 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.

Sheerli Ratner, Ph.D. –Clinical, Health Psychology

2010, Walden University
Assistant Professor, Case Western Reserve School of Medicine
Integrated Behavioral Health in Family Medicine, psychotherapy, brief behavioral health interventions, case consultation and warm hand-offs; training and supervision of psychology fellows, social workers, counselors, medical residents and students. Areas of interest: trauma/PTSD, anxiety disorders, depression, interventions

for behavioral problems in children and adolescents, parent training, adjustment to chronic illness and disease management.

Policies and Procedures

Policies and procedures for the doctoral residency are established by the **Residency Curriculum Committee**. The Residency Curriculum Committee consists of the Training Director, Associate Training Directors, and Track Leads from each of the 4 training tracks. To ensure balanced representation of the Adult Health Program, several adult rotation supervisors serve on the curriculum committee as well. Each of the 4 training tracks have an identified track lead. As noted above, Dr. Murray serves as both the ATD and Track Lead for the Trauma and Community Track and Dr. Benuska serves as ATD and Track Lead for the Adult Health Psychology Track.

Current Residency Curriculum Committee Members:

Committee Members	Program Role
Dr. Nielsen	TD/Chair
Dr. Murray	ATD/ Trauma and Community Health Track Lead
Dr. Benuska	ATD/ Adult Health Track Lead
Dr. Pajek	Pediatric Psychology Track Lead
Dr. Armstrong-Brine	Neurodevelopmental Disability Track Lead
Dr. Robert Hammond	Corrections Rotation Lead
Dr. Kathleen Alto	Rotation Lead for MAT & integrated primary care training

The Residency Training Director and the Associate Training Directors manage daily operations and routine decisions pertaining to the residency - including scheduling, personnel matters, and coordination of the didactic schedule. Dr. Nielsen serves as the liaison with APPIC, and ensure 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

Prior to COVID, Residents participated in a 2-day hospital orientation prior before starting Residency Orientation. After COVID, Residents participate in online hospital orientation 1-2 weeks before the July start date and have an appointment with Employee Health for a Health Screening and Benefits enrollment (Residents are paid for their time doing orientation). At this point we are not sure how hospital orientation will be handled in 2022 and will let residents know as soon as it is planned.

Orientation to the residency will take place for the first 2 weeks of July (with Hospital Orientation completed before hand). Residents will begin their rotations on or around the 3rd week in July. Residents will begin initially shadowing 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 to three** hours of weekly individual supervision.
3. **One** hour of group supervision per week (primary care/integrated care and outpatient therapy).
4. Completion of a minimum of **four** assessment batteries.
5. Competency Evaluations: **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 must achieve a rating of 3 or higher on 80% of the items with no average rating being lower than 2.5 for a given competency.

Upon satisfactory completion of the residency program residents will receive a 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 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 residents' 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 (end of 1st quarter and end of 3rd quarter) 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 their 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 MedHub 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.

Maintenance of Records

The MetroHealth Residency maintains evaluations and other documentation related to a resident's training electronically. Records are maintained in a secured drive on the Graduate Medical Education server, in a file for the Psychology Residency Program. Only GME staff, Training Director and Program Coordinator have access to these files. Any paper documents that are received are scanned and saved in the Psychology Residency Program file. Evaluations are currently completed using MedHub, a confidential service that allows for electronic completion of evaluations of didactics, trainees, faculty and program.

Clinical Suitability Concerns

The MetroHealth 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. Listed below are 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 serve 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 residents' 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.

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 informal evaluation form entitled "Informal MidRotation Evaluation" or Mid-year or end of year evaluation form entitled "Psychology Resident Evaluation" for that resident, or if 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; their 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 their 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.

C. Evaluation criteria describing particular professional behaviors are incorporated in the resident mid-year and end of year evaluation form titled "Psychology Resident Evaluation." Alternatively, they can be

described in narrative form on the “Informal Mid Rotation Evaluation,” which is completed by the supervisors at the end of the first quarter and at the end of the 3rd quarter during the residency year. 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 must achieve a rating of 3 or higher on 80% of the items with no average rating being lower than 2.5 for a given competency.

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.

*Appropriate and timely completion of medical records is first recognized as a training issue and will be handed informally by supervisors and training director. This may include being pulled from clinical duties, reduced clinical schedules and/or regularly check-ins to ensure work is completed within the expected time line. For residents with a persistent pattern of late notes (e.g., more than a week late, multiple weeks in a row) will be subject to the residency Due Process Policy (verbal warning and formal 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 Administrative Disciplinary Action.

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) 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.

B. Training Director Responsibilities:

- 1) 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.

- 2) A remediation plan for identified problematic behavior or performance will be instituted when appropriate, including a time frame for expected remediation and consequences of not rectifying the problematic behavior or performance.
- 3) The Training Director will ensure that residents have sufficient time to respond to any action taken by the program.
- 4) The Training Director will obtain input from multiple professional sources when making decisions or recommendations regarding the resident's performance.
- 5) The resident's University Graduate Program will be contacted regarding any plan of action for remediation of a resident. Information and recommendations from the resident's Graduate Program will be welcomed by the Training Committee.
- 6) The resident will receive copies of the correspondence between the two programs.
- 7) The actions taken by the program and its rationale will be documented in writing and given to all relevant parties.

B. Responding to Problematic Resident Performance or Behavior:

- 0) At any time, a resident may be given verbal feedback—considered a verbal warning—that they are 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 their performance up to the expected standard, then no further action is necessary.
- 1) If a resident fails to address the feedback and is not able to improve their performance to the expected standard or 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 verbally and/or in writing, immediately upon receipt of the ratings or report of problematic performance, 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 or problematic performance, 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 issues 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.
 - d) When the Residency Curriculum Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Remediation is a time limited and focused on enhancing residency competency through

training/learning oriented intervention. 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 LifeStance (216) 468-5000.
- e) After delivery of an Acknowledgement Notice, the Training Director and other members of 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.
- 2) 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. The Residency Curriculum Committee will conduct a formal review and then inform the resident in writing that the conditions for revoking of the remediation plan have not been met. The Residency Curriculum Committee may then elect to take any of the following steps or other appropriate action:
- a) Modify 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 Curriculum 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 they disagree with the Committee's action and provide the Training Director with information as to why they believe 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 appeal, the Training Director will convene the Curriculum 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 appeal by the resident, an Appeal Hearing will be conducted, chaired by the Training Director, or another appropriate chairperson in which the appeal is heard and evidence is presented. The resident can request clarification of issues if needed during this review. Decisions made by the Curriculum Committee must be made by majority vote. Within 10 days of the hearing, the Curriculum Committee will submit a written report to the Director of the Division 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 Curriculum Committee's report, the Director of the Division of Psychology will either: accept the Curriculum Committee's action, reject the Curriculum Committee's action and provide an alternative, or refer the matter back to the Curriculum Committee for further deliberation. In the latter case, the Curriculum Committee then reports back to the Psychology Division Director within 10 working days of the receipt of the request for further deliberation. The Chief 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 Curriculum Committee's decision, the resident can choose to accept the Curriculum 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 Director of the Division of Psychology. The Division Director 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 Director of the Division of Psychology, 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.

Complaints and Grievance Procedures Initiated by Residents

Residents may have complaints or concerns about the training program. Policies established to resolve such difficulties, should they arise, are 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 Division of Psychology 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 Internship 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. Curriculum Committee: The members of the Curriculum Committee will review grievances. If the grievance involves a member of the Curriculum Committee, that member will recuse themselves from the process and an additional faculty member will be asked to step into to review the grievance.

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 their grievance with the immediate supervisor first. However, if the nature of the grievance is such that the resident considers it not to be in their best interest, they may discuss it with the Training Director or other psychology faculty. The resident's request for informal adjustment of a grievance must be made **no 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, they are entitled to present the grievance in writing, under this formal procedure, to the Curriculum Committee for resolution. The formal grievance must be submitted within **5 working days after the date they are 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 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 their 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 Curriculum Committee within five working days of receipt of the complaint.
3. The Curriculum Committee gathers necessary information from all relevant parties (e.g., other residents, supervisors, clients, etc.)
4. The Curriculum 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 Curriculum 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 Director of the Division of Psychology. The Division Director 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 Director of the Division of Psychology 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.

5. RESPONSIBILITY:

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

Sexual Harassment Policy

The MetroHealth Doctoral Residency in Health Service Psychology 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 their training activities. Instructions are below for trainees who already have a Time2Track account. If residents do not have a Time2Track account, they should let the Training Director know and they 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 8am – 5 pm with a 1-hour lunch break, Monday through Friday; however, some rotations or locations may have a different start and end time.

Residents are asked to be flexible in their scheduling where possible, as some patient care clinics may vary in length depending on the complexity of the patients. 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 7 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 via Kronos at least 30 days before scheduling vacation leave. Please refer to information provided by Katie Atkinson during the orientation.

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 **216-957-1555** when they need to take time off for illness. **Additionally, Residents should call or text both the direct supervisor for that day and the psychology coordinator 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 parental 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 fulfil 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 clinics for which they are assigned. Patient service representatives will schedule, reschedule and take messages for providers and send to them via the electronic health record. 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 on Main Campus and Old Brooklyn is \$2.50 per day for a maximum charge of \$10.00 per week.

Dress-Code

Residents are expected to present a professional appearance. This does not mean residents should buy new clothes, but we ask that they be neat, clean, and covered. A few “no-no’s”:

No flip-flops

No jeans, no denim **with the exception of Thursdays and Fridays. Denim should not be ripped or frayed.**

Nothing low-cut/revealing, including having no skin show between shirt and pants/skirt/bottoms, especially when 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:

Do not give your direct office number to patients! Give them the department number listed for your assigned clinic.

Internal MetroHealth prefixes are either 778-xxxx or 957-xxxx. To dial internal phone numbers you only need to dial the last digit of the prefix and remaining 4 digits of the number. eg 8xxxx or 7xxxx.

To call and outside phone numbers, dial “9” then the number. At the MetroHealth Parma Medical Center dial “99” for an outside line. For long distance numbers dial “9” and then 1+ the phone number with area code. These calls will show up as “MetroHealth” on the other party’s phone.

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 clinical locations; your supervisor will orient you to those spaces when you start your clinical rotations. 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 can put money on your ID, or arrange to have the cost of your purchase taken out of your paycheck.
- b. Cafés (2nd-floor atrium of the outpatient plaza OR First floor near gift shop). Also takes “cash-less” ID system.
- c. C Market on the ground floor across from Radiology is a Marketplace 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.

- d. Outside of the main campus within walking distance are Half Moon Bakery, Cedarland, Garano's, and Subway.

For rotations occurring at satellite clinics, please discuss with supervisors at your clinical sites other options for eating at your location.

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 midsized 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 Guardians (MLB): <https://www.mlb.com/guardians>

Cleveland Browns (NFL): www.clevelandbrowns.com

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

Cleveland Monsters (minor-league 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	Lunch	Psychiatry	Bioethics @ noon	Lunch
:30			Grand Rounds	1x Month	
1pm :00			Specialty Rotation		Supervision
:30					
2pm :00				Psychology Didactics	Admin/Pro Development
:30		Supervision			
3pm :00		Staffing in clinic		Group Supervision	
:30					
4pm :00				Seminar Series	
: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	Lunch	Psychiatry	Bioethics @ noon	Lunch
:30			Grand Rounds	1x Month	
1pm :00			Specialty Rotation		Supervision
:30					
2pm :00				Psychology Didactics	Admin/Pro Development
:30		Supervision			
3pm :00		Staffing in clinic		Group Supervision	
:30					
4pm :00				Seminar Series	
: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					
:30				Staffing in clinic	
11am :00		Supervision			
:30		Staffing in clinic			
12pm :00	Lunch	Lunch	Psychiatry	Bioethics @ noon	Lunch
:30			Grand Rounds	1x Month	
1pm :00		Foster Care	School Based Health Clinic		Supervision
:30					
2pm :00				Psychology Didactics	Admin/Pro Development
:30		Supervision			
3pm :00		Staffing in clinic		Group Supervision	
:30					
4pm :00				Seminar Series	
:30					

Sample Adult Health Track Resident Schedule

Time	Monday	Tuesday	Wed	Thursday	Friday
8am	:00				
	:30				
9am	:00	Outpatient Clinic	Specialty Care:	Integrated Primary Care &	Outpatient Clinic
	:30	Ohio City	Bariatric Assessments	MAT	Broadway
10am	:00	Satellite	Weight Management		Satellite
	:30		Clinic		
11am	:00				
	:30				
12pm	:00	Lunch	Lunch	Lunch	Lunch
	:30				
1pm	:00			Flex	
	:30				
2pm	:00	Admin/Prof	Admin/Prof	Didactics	Outpatient
	:30	Development	Development		Broadway
3pm	:00			Group Supervision	
	:30				
4pm	:00			Seminar Series	
	:30				
5pm	:00				

Appendix B

Sample Didactics Schedule

**Psychology Doctoral Residency Program
Resident Didactics Calendar 2020-2021**

Date	Topic	Presenter
7/16/2020	Risk Assessments, Part 2	Brittany Myers, PhD, & Sarah Benuska, PhD
7/16/2020	Tips & Tricks Postdocs	Current Postdoctoral Fellows/Junior Faculty: Bridget Jones, PsyD, Kelsey MacDougall, PsyD, Jessica Simpson, PhD, Mackenzie Keriazes, PsyD
7/23/2020	Self-Care For Psychologists	Sheerli Ratner, PhD
7/30/2020	How To Hug A Porcupine (Working With Difficult Patients)	Robert Hammond, PsyD
8/6/2020	Intro to Intersecting Identities	Sarah Benuska, PhD & Marsheena Murray, PhD
8/13/2020	Adult Gender Identity	Sarah Benuska, PhD
8/20/2020	Child Gender Identity	Kathryn Mancini, PhD
8/20/2020	Thinking Forward About Professional Identity	Brittany Myers, PhD
8/27/2020	Development Across The Lifespan: Early Childhood, Part 1	Julie Pajek, PhD
9/3/2020	Maximizing the Efficiency of EHR for Psychology	Britt Nielsen, PsyD
9/10/2020	Telehealth Simulation	all faculty, all residents
9/17/2020	CV Development	Terry Stancin, PhD
9/24/2020	Development Across The Lifespan: Early Childhood, Part 2	Julie Pajek, PhD
10/1/2020	Receiving Feedback	Marianne Reeves, PhD
10/8/2020	An Integrated Approach to Health Management & Body Positivity	Coda Derrig, PhD
10/8/2020	CAP/Legal Aid: SSI	Jessica Baaklini, JD
10/15/2020	Motivational Interviewing, Part 1	Eric Berko, PhD
10/22/2020	Social Determinants of Health	Kathleen Alto, PhD
10/22/2020	Development Across The Lifespan: School-Age/Middle Childhood	Britt Nielsen, PsyD
10/29/2020	Professional Identity & Consulting Outside The Medical System	Lisa Ramirez, PhD
11/5/2020	Applying For Postdocs	Julie Pajek, PhD & Mackenzie Keriazes, PsyD
11/5/2020	Insomnia Interventions: CBT-I v ACT-I	Robert Hammond, PsyD
11/12/2020	CAP/Legal Aid: Housing & Utilities	Jessica Baaklini, JD
11/19/2020	Motivational Interviewing, Part 2	Eric Berko, PhD
11/26/2020	Happy Thanksgiving! No Didactics!	

12/3/2020	Addressing Spirituality and Religion in a Therapy Context	Julie Exline, PhD
12/3/2020	Group Sup Plus (Adult Track)	Sarah Benuska, PhD & Kathleen Alto, PhD
12/3/2020	Telehealth & Autism Spectrum Disorders (Peds Tracks)	Jessica Simpson, PhD
12/10/2020	Behavioral Activation	Kathleen Alto, PhD
12/10/2020	Assessing Eating Behaviors	Mackenzie Keriazes, PsyD
12/17/2020	Work-Life Integration	Julie Pajek, PhD, Marsheena Murray, PhD
12/24/2020	Christmas Eve No Didactics	
12/31/2020	New Years Eve No Didactics	
1/7/2021	Group Sup Plus (Adult Track)	Sarah Benuska, PhD, Kathleen Also, PhD
1/14/2021	Cultural Identity and Unconscious Bias	Brittany Pope, MS
1/21/2021	CAP/Legal Aid: Immigration & Family Law	Jessica Baaklini, JD
1/21/2021	HIPAA & Confidentiality--Special Considerations For Mental Health Providers	Lisa Venn (Office of Ethics & Compliance)
1/28/2021	In Vivo Supervision, Part 1	Brittany Myers, PhD
2/4/2021	In Vivo Supervision, Part 2	Brittany Myers, PhD
2/11/2021	CAP/Legal Aid: Public Benefits	Jessica Baaklini, JD
2/11/2021	Establishing New Lines of Service as a Psychologist	Lisa Ramirez, PhD, Britt Nielsen, PsyD
2/18/2021	CBT for Psychosis	Sarah Hope Lincoln, PhD
2/18/2021	In Vivo Supervision, Part 3	Brittany Myers, PhD
2/25/2021	Microaggressions & Mosquito Bites	Margie Diaz/The Office of Inclusion & Diversity
3/4/2021	In Vivo Supervision, Part 4	Brittany Myers, PhD
3/11/2021	CAP/Legal Aid: Child SSI & Survivors Benefits	Jessica Baaklini, JD
3/11/2021	Health & Healthcare Disparities	Melissa Armstrong-Brine, PhD
3/18/2021	In Vivo Supervision, Part 5	Brittany Myers, PhD
3/18/2021	Quality Improvement Cycle	Lisa Ramirez, PhD
3/25/2021	Biofeedback	Ethan Benore, PhD
4/1/2021	Bilingual Assessment	Brittany Myers, PhD, Kimberly Bodner, PhD
4/1/2021	In Vivo Supervision Part 6	Brittany Myers, PhD
4/8/2021	EPPP, Licensure, Board Certification	Kathryn Mancini, PhD / Mackenzie Keriazes, PsyD / Current MetroHealth Psychology Postdocs
4/15/2021	Autism Across The Lifespan	Leslie Speer, PhD
4/15/2021	Psychopharmacology	Raman Marwaha, MD
4/22/2021	Development Across the Lifespan: Adolescent & Young Adult Issues	Brittany Myers, PhD

4/22/2021	PCIT	Sarah Hope Lincoln, PhD
4/29/2021	CASE PRESENTATION: PRACTICUM STUDENT(S)	
5/6/2021	Giving Feedback	Marianne Reeves, PhD
5/6/2021	Development Across The Lifespan: Geropsychology	Eric Berko, PhD
5/13/2021	Sleep Interventions	Lisa Ramirez, PhD
5/13/2021	Psychology & Pain (Adult Track) / Social Media & Consequences For Adolescents (Peds Tracks)	Frank Kenner, PhD / Margaret Stager, MD
5/20/2021	Virtual Poverty Simulation	Marie Clark, MD
5/20/2021	CBT: Insomnia	Carolyn Landis, PhD
5/27/2021	Professional Development: Finding A Job As A Psychologist	Terry Stancin, PhD
6/3/2021	CASE PRESENTATIONS: RESIDENTS	all residents
6/10/2021	Reviewing Closing Procedures	Britt Nielsen, PsyD & Katie Atkinson (coordinator)
6/10/2021	Resident/Professional Development: Reflections on Residency	Robert Smith, PhD

MetroHealth Medical Center

AN ACADEMIC MEDICAL CENTER
OF

Case Western Reserve University
Cleveland, Ohio

This certifies that

James F. 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.



Welcome, Dr. Britt Nielsen

Main > Evaluations, Milestones and Curriculum > Design an Evaluation - Custom Step 3 of 3

View

Psychology Resident Evaluation v.2

Evaluation of Resident

Resident: [First Name] [Last Name] Evaluation Period: [99/99/9999] to [99/99/9999] Evaluator: [First Name] [Last Name] Rotation Name: [Rotation Name]

- Display Map to Milestones
- Hide Map to Milestones
- Display Evaluation Details
- Hide Evaluation Details
- Display Competency Headings
- Hide Competency Headings

Drag and Move each question or group name in order to change the order displayed

Description

Resident has been directly (i.e., in person or with video) observed at least once during evaluation period. (Select one)

Scientific Knowledge/Methods

Demonstrates knowledge of scientific literature related to clinical practice in supervision, seminars, journal club, and case conferences.

Does not demonstrate rudimentary skills to critically analyze research findings from empirical and professional literature, seminars, workshops, and other sources; does not attempt implementation of research knowledge, even with guidance from supervisors.	With some support from supervisors, mentors, or colleagues, evaluates research findings from empirical and professional literature, seminars, workshops, and other sources, and implements knowledge gained in professional clinical practice.	Critically evaluates research findings independently from empirical and professional literature, seminars, workshops, and other sources, and implements knowledge gained in professional clinical experience.
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Needs Improvement/Remediation <input type="radio"/>	Developing <input type="radio"/>	Satisfactory Progress/ Meets Expectations <input type="radio"/>
1	2	3

No Interaction

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

Does not demonstrate rudimentary skills to integrate and apply research findings to clinical work; does not attempt requires intensive guidance from supervisor to understand how to integrate research.	With some support from supervisors, mentors, or colleagues, integrates research findings from in professional clinical practice.	Independently integrates research findings from research, into clinical work.
--	--	---

Needs Improvement/Remediation <input type="radio"/>	Developing <input type="radio"/>	Satisfactory Progress/ Meets Expectations <input type="radio"/>
1	2	3

No Interaction

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

No Interaction

Organization, grammar, or interpersonal style interfere with communication of research. Resident frequently uses jargon and needs support from supervisor to ensure that language and concepts are understood by audience.	Able to present literature findings relatively jargon free. Needs some support from supervisor to ensure language is accessible to audience.	Able to present literature findings in cohesive manner that is adapted to the audience.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
1	2	3

Ethical and Legal Standard

Resident conducts self professionally and abides by legal and professional ethical guidelines in all professional activities.

Resident is unaware of important ethical or legal issues. Is not aware of and does not follow policies regarding organizational, local, state, regional and federal levels and relevant professional standards and guidelines. Not familiar with legal issues related to health care practice.	Generally knowledgeable of APA Ethical Principles, may need supervisor support and guidance to understand legal issues related to health care or organization specific policies.	Has knowledge of APA Ethical Principles, laws, professional guidelines, local state and organizational guidelines. Demonstrates understanding of legal issues associated with health care practice.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> No Interaction		

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

Disregards important supervisory input regarding ethics and/or law or is unaware of important ethical or legal issues. Makes inadequate safety assessment or plan, does not check in supervisor before letting patient leave the site. Hesitant and uncomfortable discussing ethical issues with other members of the interprofessional team. Does not assess risk appropriately or forgets to document risk assessment. Needs reminding to discuss confidentiality with patients.	Generally recognizes situations where ethical and legal issues might be pertinent, is responsive to supervisory input regarding them. Is aware of the need to communicate with interprofessional teams regarding ethical issues. Can recognize risk factors for problematic cases, needs guidance regarding evaluation of patient risk.	Consistently recognizes ethical and legal issues, appropriately asks for supervisory input to address issues effectively. Aware of appropriate reporting and documenting procedures. Is able to communicate with interprofessional team about ethical issues. Attempts to manage patient risk, with supervisory consultation.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> No Interaction		

Cultural and Individual Diversity

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

Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.	Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.	In supervision, recognizes and openly discusses limits to competence with diverse patients. Acknowledges and respects differences that exist between self and patients. Aware of own limits to expertise.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> No Interaction		

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.

Has little insight into patient's cultural experiences even after supervision.	Uses supervision well to recognize patient's cultural experience and how this impacts their participation in treatment and response to therapy. Comfortable discussing some patient cultural experiences, but uncomfortable with others.	Aware of patient's cultural experiences and how they may impact their participation in treatment and response to therapy.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> No Interaction		

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

<p>Has been unable or unwilling to surmount own belief system to recognize issues of diversity with their patients and families.</p> <p><input type="radio"/></p> <p>No Interaction</p>	<p>Has significant lack of knowledge regarding issues of diversity in some patient groups, but resolve such issues effectively through supervision. Uncomfortable addressing issues of diversity, but is making clear efforts.</p>	<p>Discusses issues of diversity in supervision, and is able to comfortably address issues of diversity with patient may need occasional prompts by supervisor.</p>
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
1	2	3

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.

Professionalism and Self-Awareness

<p>Does not take initiative to educate self regarding areas of practice they are less familiar. Does not use problem solving strategies to resolve difficulties. Does not take accountability.</p>	<p>May need guidance and support for problem solving priorities in clinic. May need some guidance from supervisor to find appropriate resources for self-education.</p>	<p>Independently takes initiative to educate self regarding areas residents if not familiar. Uses appropriate problem solving strategies to set priorities.</p>
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3
<input type="radio"/>		
No Interaction		

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.

<p>Denies problems or otherwise does not allow them to be addressed effectively. Not willing to be reflective, even with direct supervision and/or other guidance. Personal problems significantly disrupt professional functioning.</p>	<p>Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance and feedback from supervisor well.</p>	<p>Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Can be self-reflective and insightful with guidance from supervisor.</p>
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3
<input type="radio"/>		
No Interaction		

Interpersonal and Communication Skills

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

<p>Has difficulty building or is unable/inwilling to build a positive therapeutic relationship with patients. Struggles to develop functional therapeutic goals or recognize the impact of patient/therapist differences on the therapeutic relationship frequently requires supervisor input.</p>	<p>Can develop a positive rapport and therapeutic relationship in the majority of cases, but needs some guidance to consider the impact of therapist and patient differences on the therapeutic relationships. Needs supervisor guidance to develop treatment goals that target functioning and symptom reduction, but is able to include the patient in treatment plan development.</p>	<p>Establishes a positive rapport and therapeutic relationship with patients and their family/caregivers and can collaborate effectively with the patient in the development of a treatment plan. Needs minimal support from supervisors to identify function focused treatment goals and/or understand the impact of therapist and patient differences on the therapeutic relationship.</p>
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3
<input type="radio"/>		
No Interaction		

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.

Resident uses jargon or language that is not accessible to the patient, family or care team. Does demonstrate make attempts to adjust communication despite feedback from supervisor.

Resident makes some attempt to adapt language for audience; however, frequent intervention and support from supervisor is needed to ensure understanding.

Resident regularly adapts communication to audience and is able to check in with audience to ensure understanding.

Needs Improvement/Remediation
 No Interaction
 1

Developing
 2

Satisfactory Progress/ Meets Expectations
 3

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).

Organization, grammar, or interpersonal style interferes with communication. Written work requires major revisions. Supervisor frequently needs to assume role of communicating with interprofessional team or families to ensure correct information is shared or to address reaction from patient, caregivers or interprofessional team. Uses supervision to highlight important points.

Develops a plan for communicating with the supervisor. Able to present basic feedback on strengths and areas for improvement to family. Able to communicate with the team about findings relevant to the care team.

Written material covers essential points without serious error. may need polish in cohesiveness and organization. Able to provide verbal feedback with little intervention from supervisor to address needs of patient, care giver or interprofessional care team.

Needs Improvement/Remediation
 No Interaction
 1

Developing
 2

Satisfactory Progress/ Meets Expectations
 3

Assessment and Diagnosis

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.

Has significant deficits in understanding of normative, adaptive and maladaptive emotional, cognitive social, behavioral and physical development within the biopsychosocial and environmental context .

Understands the basic range of problems that would benefit from intervention, needs support from supervisor to use recognize role of biopsychosocial and environmental factors in symptom presentation.

Has a good working knowledge of the problems that would benefit from intervention, including normal variations, problems, and disorders. diagnostic formulation is usually good.

Needs Improvement/Remediation
 No Interaction
 1

Developing
 2

Satisfactory Progress/ Meets Expectations
 3

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).

Has significant deficits in interviewing skills and is often misses significant information that impacts the presenting problem.

Conducts an interview and evaluation with patient and relevant caretakers and team members to evaluate biological and psychosocial functioning related to the presenting problem appropriate for setting, with some direction from supervisor.

Demonstrates good skills in interview and evaluation with patient and relevant caretakers and team members to evaluate biological and psychosocial functioning related to the presenting problem appropriate for setting. Is thorough in gathering relevant patient data and recognizing atypical presentations.

Needs Improvement/Remediation
 No Interaction
 1

Developing
 2

Satisfactory Progress/ Meets Expectations
 3

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.

Demonstrates no ability to evaluate, select, and apply assessment methods appropriate to address the referral question. Does not collect relevant data and does not consider diversity characteristics of the patient and the reliability or validity of the measure.	Requires intense support from supervisor to select and apply assessment methods. Beginning to recognize when they have missed relevant data.	May occasionally consult supervisor regarding assessment method, but usually able to select and implement assessment appropriately. Gathers relevant data and considers diversity characteristics related to reliability and validity of the measures.
Needs Improvement/Remediation	Developing	Satisfactory Progress/Meets Expectations
1	2	3

No Interaction

Intervention and Consultation

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.

Demonstrates no ability to evaluate, select, and implement evidence based treatments and program development is often misinformed. Unable to identify ways to measure treatment or program outcomes.	Needs continued supervision to evaluate, select, and implement evidence based treatments and program development. Requires input from supervisor to assess outcome of treatment or program implementation.	Evaluates, selects, and implements evidence based treatments and program development. Consults with supervisor to assess outcome of treatment or program implementation.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

No Interaction

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

Treatment plan formulation does not reflect understanding of patient's goals, or psychologist's role in an interprofessional health care team.	With supervisory assistance is able to formulate treatment plan appropriate for setting. Aware of biopsychosocial issues when they are stated by the patient or care team. Needs supervision for development of awareness of underlying biopsychosocial issues. Requires ongoing supervision to create goals presented by patient and team.	Formulates biopsychosocial treatment plan independently, recognizing improvements when pointed out by supervisor. Sets appropriate goals with occasional prompting by supervisor, distinguishes realistic from unrealistic goals.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

No Interaction

Resident effectively collaborates with professionals in an interdisciplinary setting.

May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues or in team meetings and/or has difficulty in use of appropriate language, demeanor, physical conduct, and attire consistent with professional context; unable/unwilling to address difficulties. Unable to work effectively on interprofessional teams	Progressing well on providing input in a team setting, and with other peers and professionals; does well or is open to guidance in use of appropriate language, demeanor, physical conduct, and attire consistent with professional context. Effectively seeks assistance to cope with interpersonal concerns. Needs continued guidance regarding how to work effectively on interdisciplinary teams.	Actively and meaningfully participates in team meetings and with other peers and professionals. Uses appropriate language, demeanor, physical conduct, and attire consistent with the professional context. Appropriately seeks input from supervisors/mentors to cope with concerns. Requires occasional input regarding commonalities and differences among professionals across multiple contexts.
Needs Improvement/Remediation	Developing	Satisfactory Progress/ Meets Expectations

No Interaction

Resident 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.

Does not follow-through with responsibilities in development or implementation of a professional presentation and/or behavioral health/developmental curriculum.

Provides helpful suggestions regarding design and implementation of a professional presentation and/or behavioral health/developmental curriculum.

Collaborates with supervisors and/or colleagues to develop and present appropriate and engaging presentations and/or behavioral health/developmental curriculum. Attempts to educate a variety of disciplines and developmental levels about psychosocial factors and their affect/presentation in a medical setting.

No Interaction
Needs Improvement/Remediation
1

Developing
2

Satisfactory Progress/ Meets Expectations
3

Supervision

The 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).

Resident unable to describe or apply supervision models and practices.

Resident aware of models of supervision but needs substantial guidance to apply them in peer supervision or in simulated practice.

Aware of and implements models of supervision. Needs minimal feedback from supervisor.

No Interaction
Needs Improvement/Remediation
1

Developing
2

Satisfactory Progress/ Meets Expectations
3

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

Resident is not prepared for supervision, does not set priorities for supervision and may be defensive when given feedback or does not respond to feedback from supervisor.

Resident is sometimes disorganized or not prepared for supervision. Resident needs supervisor to help set priorities for supervision.

Resident is prepared for supervision, sets goals and priorities for supervision and is open responsive to supervisor feedback.

No Interaction
Needs Improvement/Remediation
1

Developing
2

Satisfactory Progress/ Meets Expectations
3

Comments:

Did you give direct feedback to the resident?

Appendix E

Policy Acknowledgement of Diversity Policy

As articulated in our program training statement (see pg. # 34 in Resident Handbook), we are committed to a training process that ensures that residents develop the knowledge, skills, and attitudes, beliefs, and values to work effectively with members of the public who embody intersecting demographics. 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, sex, 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 F.

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

Policy: Number	Handbook Page
Training competencies	13
Residency Completion Criteria	33
Due Process.....	35
Grievance Policy	35
Sexual Harassment Policy.....	46

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 Director(s) or a faculty member.

Resident Signature Date

Faculty Signature Date