



**Staten Island University Hospital** Northwell Health<sup>SM</sup>

---



## Doctoral Psychology Internship

Clinical Psychology

Neuropsychology and Rehabilitation Medicine

---

## Table of Contents



**Staten Island University Hospital Northwell Health™**

	4
Description of the Hospital, Health Care System and Department	4
Staten Island University Hospital Mission Statement	4
Staten Island University Hospital	4
Northwell Health System	5
Rehabilitation Medicine Department	6
Neuropsychology Department	6
Goal of the Doctoral Internship Program	8
Psychology Internship Training Program - Training Model	8
Inpatient Brain Injury and Rehabilitation Units	10
Expected Proficiencies	12
Psychology Internship Training Program - Internship Hours	14
Didactic Activities	15
Sample Intern Weekly Schedule	18
Organization of Intern Training	19
Internship Orientation	19
Individualized Training Plan	19
Supervision Methods	20
Training Supervisors	20
Assessment of Interns Progress	21
Feedback Regarding Progress	21
Grievances	22
Respect for Interns	23
Hiring Process	23
Diversity and Non-Discrimination Statement	24





## Description of the Hospital, Health Care System and Department

### **Staten Island University Hospital Mission Statement**

Staten Island University Hospital is dedicated to providing our community with the best possible quality care through continuous quality improvement efforts. We consider employees to be our greatest resource. We continually examine the way we do our work in order to make improvements and prevent errors. Exceeding the needs and expectations of our customers is the basis for all that we do.

### **Staten Island University Hospital**

Staten Island University Hospital is a 714-bed, specialized teaching hospital located in New York City's 5th and fastest-growing borough. Occupying two large campuses, plus a number of community-based health centers and labs, the hospital provides quality care to the people of Staten Island, the New York metropolitan region, and to patients from around the world.

The 17-acre north campus (475 Seaview Avenue, Ocean Breeze) features the architecturally beautiful six-story Tower Pavilion; home of the renowned Heart Institute of Staten Island. The Heart Institute rivals the best cardiac centers in the nation, and offers advanced cardiothoracic surgeries, including "continuous beating heart" surgery plus sophisticated invasive and non-invasive diagnostics.

The north campus also is home to the prestigious Nalitt Institute for Cancer and Blood-Related Diseases, which was New York State's very first freestanding ambulatory cancer care facility, and remains an innovator with leading-edge research protocols and a compassionate, caring ethic. Other vital north site locales include the multi-specialty Irving R. Boody, Jr. Medical Arts Pavilion, the hospital's Regional Burn Center with its deserved national reputation for pediatric

burn care, plus a Trauma Center, Center for Women's Health, and widely-acclaimed programs for high-risk pregnancies and maternal care.

The south campus (375 Seguire Avenue, Princes Bay) offers specialty programs that include Geriatric Psychiatry, the hospital's accredited Institute for Sleep Medicine, and a range of behavioral health and substance abuse services. Both campuses have 911-receiving Emergency Departments, and Staten Island's fully-modern, new Emergency Department and Education Center is currently under construction at the north site.

Founded in 1861, Staten Island University Hospital today is a member of the North Shore-LIJ Health System, and enjoys numerous academic and clinical affiliations and accreditations.

### **Northwell Health System**

Northwell Health System formerly North Shore-LIJ Health System includes 21 award-winning hospitals and nearly 400 physician practice locations throughout New York, including Long Island, Manhattan, Queens and Staten Island. Proudly serving an area of seven million people, Northwell delivers world-class services designed for every step of your health and wellness journey.

Northwell Health System was founded in 1997 with the merger of the North Shore Health System and LIJ Medical Center, creating a healthcare network that now includes 21 hospitals, The Feinstein Institute for Medical Research, rehabilitation and skilled nursing facilities, a home care network, a hospice network, and progressive care centers offering a range of outpatient services.

Headquartered in Great Neck, New York, North Shore-LIJ is the largest integrated health system in New York State, based on patient revenue, and the 14th-largest healthcare system in the United States. Its service area encompasses more than seven million people in Long Island, Manhattan, Queens and Staten Island. With more than 47,000 employees, North Shore-LIJ is the largest private employer in New York State.

## **Rehabilitation Medicine Department**

At the Rehabilitation Medicine Department at Staten Island University Hospital our physicians, occupational and physical therapists, speech language pathologists, recreation therapists, rehabilitation nurses, and support staff provide the highest quality patient care. Our department combines its services with:

- The Stroke Center
- Neurology
- Pediatric Trauma Services
- Department of Orthopedics
- The Regional Burn Center
- The Heart Institute
- Nalitt Institute for Cancer and Blood Related Diseases

Our department's well-known programs include:

- A Comprehensive 48-bed Inpatient Rehabilitation Unit for adults
- Brain injury inpatient rehabilitation for adults
- Outpatient Adult Rehabilitation Service
- Outpatient Pediatric Rehabilitation Service

SIUH Rehabilitation Medicine is focused on consumer satisfaction. We continually enhance the quality of our services. We are recognized by:

- The Commission on Accreditation of Rehabilitation Facilities (CARF).
- The Joint Commission.
- The New York State Department of Health designates SIUH as the largest downstate center for the inpatient treatment of brain injury.

## **Neuropsychology Department**

Neuropsychology is an integral part of the SIUH Rehabilitation in all aspects. Our department utilizes a holistic approach including: neurocognitive and neurobehavioral assessment, emotional support and coping strategies, non-pharmacological pain interventions, substance abuse counseling, agitation/ environmental management, and

caregiver education/ support. SIUH encourages sensitivity towards working with the LGBT population, people with disabilities and patients from different cultural/ethnic backgrounds.

There are five psychologists within the Department of Rehabilitation Medicine with expertise in a wide variety of neurological conditions affecting both adults and children. Specific areas of expertise include: brain injury and stroke rehabilitation, neuro-oncology, memory disorders, typical and atypical child development, learning disabilities, and persistent mental illness. Traumatic spinal cord injury, amputees, other neurological conditions, and pain management are also the focus of interest for our inpatient psychologists.

#### Outpatient Neuropsychology Service

The Outpatient Neuropsychology Service treats the lifespan and evaluates patients with a wide variety of neurologic disorders affecting cognition. Our psychologists provide developmental evaluations as part of the New York State Early Intervention Program to children 0-36 months of age, as well as learning and academic evaluations, psychodiagnostic evaluations, neuropsychological evaluations, short-term psychotherapy, pain management, cognitive remediation and bariatric pre-surgical evaluations. In addition, we offer a continuum of care which starts in the inpatient rehabilitation unit and continues on an outpatient basis. Our department works closely with adult and pediatric neurology, oncology and pediatric trauma surgery.

#### Inpatient Neuropsychology Service: Brain Injury and Rehabilitation Units

SIUH Inpatient Rehabilitation is a CARF accredited (Commission on Accreditation of Rehabilitation Facilities), 16 bed unit. Diagnosis seen include a mix of neurological, orthopedic and medically complex patients. We have dedicated beds and protocols for brain injury patients. Our 'Non-pharmacological Pain Management protocol' and 'Assistive Technology for Aging in place' received nominations for innovation in the Northwell Health system Presidential Awards. The Rehabilitation department developed a Peer Mentor program with the help of our Volunteer Services and Level I Adult Trauma Department. This program enlists previous patients to become volunteers and undergo orientation and training developed by the American Trauma Society (ATS) -Trauma Survivors Network (TSN). These mentors work with patients individually or in support groups, support

caregivers, and assist with recreational activities especially the inpatient rehabilitation graduation ceremony. We currently have volunteers who mentor in the areas of Stroke, TBI, SCI, Guillan-Barre, Amputation, Drug Overdose, and Knee Replacement.

## **Aims of the Doctoral Internship Program**

The main objective of the Doctoral Psychology Internship Program at Staten Island University Hospital, Department of Rehabilitation Medicine is to provide the opportunity for Interns to develop competency in the application of psychological and neuropsychological knowledge to the professional practice of psychology, with specific emphasis placed on clinical problems in a medical center setting. Since the setting for this internship is in the Rehabilitation Medicine Department, emphasis is on work with individuals with a range of physical, cognitive, emotional and behavioral disabilities.

The orientation and operation of the Psychology Internship Program at Staten Island University Hospital combines both as a Scientist-Practitioner training model and a Practitioner-Scholar. To this aim, both evidence-based practices are emphasized as well as the practical application of best practices. The training model is to provide mentored and supervised experiences in assessment, intervention, consultation, and other professional development activities that are sequential, cumulative, and gradually increased in complexity.

## **Psychology Internship Training Program - Training Model**

Interns are trained in assessment, consultation, individual and group therapy, cognitive remediation, and professional development, with the primary training method being experiential.

Training in assessment emphasizes comprehensive evaluation of cognitive functioning of individuals with neurological and developmental disorders. Interns learn effective interviewing techniques with neurologically-impaired patients and become proficient at test selection, administration, and scoring, as well as interpretation of results and oral and written communication of findings. Supervision emphasizes integrated conceptualization of established and theoretical models of adult and developmental cognitive psychology, neuroanatomy, neuropsychological test performance, qualitative observation and historical data.



Over the course of the 12 month training program, interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning. Trainees will conduct both outpatient and inpatient evaluations utilizing a flexible battery informed by a hypothesis approach based. Interns will engage in neuropsychological consultation with other medical professionals, take part in multidisciplinary team meetings, didactic activities and clinical research.

The intention is to foster clinical psychologists in the area of rehabilitation psychology and clinical neuropsychology. The internship promotes development of interns' clinical skills in multiple areas including brief and comprehensive psychological and neuropsychological assessments, individual, family and group psychotherapy, cognitive remediation, and interdisciplinary team consultation. These skills are developed through intensive supervision, experiential learning, and evidenced based didactics.

Interns will receive training in the outpatient clinic and inpatient rehabilitation unit. The three interns will each participate in a 4-month inpatient rotation.

#### Outpatient Neuropsychology Service

Interns will complete in-depth psychological and neuropsychological assessments, and provide individual psychotherapy and family education. The Outpatient Neuropsychology service treats adults and children presenting with a broad range of behavioral, developmental, learning and neurocognitive disabilities. Referrals to Outpatient Neuropsychology are received from a variety of sources including: the Rehabilitation Medicine Department, Adult and Pediatric Trauma Services, Adult and Pediatric Neurology, Developmental Pediatrics, Oncology, Neurosurgery, Bariatric Surgery and professionals in the community.

Based on one's training needs and specific interests, an Intern can choose to focus primarily on either adult or pediatric cases. However, some exposure in working with both populations is required. The Training Director selects the cases for each Intern. Because it is not feasible to develop expertise in all the populations we serve, cases will be clustered so that the intern can develop a thorough understanding of several conditions, eg. Chari malformations, Traumatic Brain Injury, subcortical dementias, Autism etc.

The following schedule outlines some of the training components and expected proficiency levels for each half of the internship year for the Outpatient service.

#### I: July-January

- Shadow supervisor to perform Initial Evaluation and Feedback on Neuropsychological Evaluation
- Develop competencies in the use of wide variety of neuropsychological assessment measures and techniques
- Consult with supervisor on the selection of standardized neuropsychological test batteries with respect to the referral question
- Independently perform an Initial Evaluation
- Understanding of strengths and weakness of standardized neuropsychological tests, psychometric properties and cultural limitations
- Manage caseload of 5-7 patients
- Report writing

#### II: January-June

- Independently select battery relevant to referral question
- Clinical case formulation of a variety of diagnoses
- Consumer oriented report writing
- Diagnostic skills and ICD-10 coding
- CPT coding
- Working with third party payers
- Treatment strategies and recommendations
- Adjustment counseling and brief psychotherapy
- Competencies in evaluating three or more specialized populations

#### **Inpatient Brain Injury and Rehabilitation Units**

Interns will gain experience in performing bedside neurocognitive, emotional, and behavioral assessments with acutely ill patients. They will administer and interpret brief cognitive tests, write inpatient reports, provide supportive psychotherapy and psychoeducation to patients and their families, co-lead cognitive remediation, patient and family support groups, and work collaboratively with the interdisciplinary rehabilitation team. The inpatient interdisciplinary team consists of Physiatry, Nursing, Physical, Occupational, Speech and Recreational therapists, Social Workers, and Nurse Case Managers. Interns will learn to integrate information from other disciplines, present cognitive strategies based on assessment, and participate in safe discharge planning with

patient, family and team. Assessment is also focused on cognition in daily living and integrated with the FIM (Functional Independence Measure) system for improving rehabilitation outcomes, especially for patients with life altering diagnoses and our aging population. Educating patient and families is a fundamental part of rehabilitation to encourage community reintegration, especially with our often complex Acquired Brain Injury patients. Interns will educate about diagnosis, coping strategies, community resources and assistive technology to encourage safe discharge home. They will also help supervise the peer mentors in their interactions with the patients individually or in a group setting.

The following schedule outlines the training components and expected proficiency for this rotation.

#### Phase I:

- Orientation to the Unit
- Initial Neuropsychology and Departmental competencies
- Medical Chart Review and Documentation
- Introduction to Neuropsychological Assessment
- Case conceptualization and brief test battery selection
- Brief Inpatient Reports with focus on rehabilitation strategies
- Shadow supervisor to develop skills in:
  - Performance of Initial Bedside Evaluation and Initial family contact
  - Rehabilitation Psychotherapy and non-pharmacological Pain management
  - Family and Patient education
  - Inpatient Groups
- Training:
  - FIM (Functional Independence Measure);
  - SBIRT (Screening, Brief Intervention, and Referral to Treatment for substance use);
  - Suicide Assessment and protocol

#### Phase II: More autonomy in caseload management

- Increase confidence in testing medically complex patient
- Clinical Case Formulation
- Report Writing
- Discuss treatment strategies
- 7-9 patient caseload with supervising NP
- Co-lead Inpatient Groups

- Supervise Peer Visitors
- Rehab Family Education

## Expected Proficiencies

The essential clinical psychology skills in which all interns are expected to demonstrate competence include the following: (a) neuropsychological assessment including clinical interviewing (i.e., the development of an appropriate interpersonal contact that permits the gathering of information relevant to neurological and psychosocial factors that cause or maintain the patient's presenting problem or symptomatology) and the selection, use, and interpretation of standardized neuropsychological tests and measures relevant to forming a diagnosis, conceptualization, or treatment plan for the presenting problem; (b) consultation and communication with other professionals regarding the contribution of psychological factors to the presenting problem or diagnosis and the availability of appropriate psychological intervention alternatives; (c) case conceptualization and report writing (i.e., the integration of interview data, test findings, and collateral sources of information into a coherent framework that allows for the communication of an accurate diagnosis and the development of an appropriate treatment plan); (d) psychotherapeutic intervention (i.e., the development and implementation of an appropriate treatment derived from a data-based case conceptualization and an awareness of the relevant empirical literature regarding the efficacy of various treatments for the presenting problem or diagnosis); (e) awareness of issues of professional ethics, legal issues, and individual and cultural diversity as they affect the practice of psychology; and (f) knowledge of the methods and contributions of research and scholarly inquiry as applied to the practice of psychology. Competence in the essential professional skills (appropriate to an entry-level position) within the designated area of interest is required for successful completion of the internship program. Competence is also expected for skills outside the intern's designated area of focus. Systematic training in the targeted professional competencies is assured through the following activities: (1) the direct provision of clinical services that all interns accrue for their assessment/consultation and psychotherapy/supervision activities; (2) ongoing individual and group supervision; (3) the two hours per week of involvement in research; and (4) the more than 150 hours per year of didactic training that addresses theories and methods of assessment/diagnosis and consultation, brain-behavior relationships and neuroanatomy, psychological interventions and their efficacy,

strategies of scholarly inquiry, ethics and professional behavior, and issues of cultural and individual diversity.

Internship training is designed to facilitate the skill and competency of the interns throughout the training year. At the end of the internship, the interns are expected to master:

1. Clinical interview skills, conduct an initial intake, make a DSM-V clinical diagnosis, and formulate a treatment plan. Intern should be able to relate current scientific knowledge to clinical work.
2. Competence in multiple methods and theoretical orientations regarding psychological diagnosis and assessment.
3. Formulating a flexible and hypothesis driven battery based on the referral question and diagnosis.
4. Conducting a psychological assessment, give verbal feedback, and present the results in a written report
5. Writing a neuropsychological report with strategies and recommendation for the referral source, treatment team, patient and family.
6. Self-direction in gathering clinical and research information. Independence in seeking out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.
7. Conducting family interviews, providing education to patients and families about the diagnosis, initial evaluation and ongoing assessment
8. Conceptualizing psychotherapy cases in verbal and/or written form. Formulates a useful case conceptualization that draws on theoretical and research knowledge.
9. Conducting individual and group psychotherapy utilizing behavioral/cognitive behavioral techniques.
10. Competence in provision of interventions are well-timed, effective and consistent with empirically supported treatments.
11. Competency in suicide assessment and interventions, risk management and patient privacy regulations
12. Competency in nonpharmacological pain management techniques
13. Competency in substance use treatment and intervention according to SBIRT
14. Understanding the impact of complex medical conditions on cognition, emotion and behavior
15. Understanding the indications for psychotropic medications and be able to apply this knowledge in clinical interactions with patients
16. Conducting assessment and therapy sessions with a certified live interpreter or via phone for patients who do not speak English
17. Foundations of multicultural and diversity issues as these impact on clinical work with patients and self as a psychologist
18. Knowledge of ethical issues in the practice of psychology and familiarity with APA guidelines.
19. Competence in professional conduct, ethics and legal matters in dealings with patients and staff
20. Competency in the use of positive coping strategies with personal and professional stressors
21. Administrative competence in professional documentation
22. Professional efficiency and time management skills

23. Competence in providing the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.
24. Competence in use of consultation and supervision to meet professional and patient goals.
25. Professional entry level knowledge of supervision techniques and ability to use these skills in a consistent and effective manner, and build good rapport with supervisee.

## **Psychology Internship Training Program - Internship Hours**

The training year begins in July and finishes the last Friday in June. 2000 clock hours are required for the completion of the internship in accordance with New York state licensure requirements. Full time hours will be accrued at the rate of 37.5 hours/week for a period not exceeding 12 months. Thus, interns may take a total of 20 days of personal time, which may include sick days, personal time or vacation days. However, if personal circumstances necessitate taking additional time, the intern's training year may need to be extended to complete the necessary training hours.

The following is a general description of an intern's weekly activities.

**Direct patient service (20-25 hours per week)** including: individual psychological assessments, individual neuropsychological assessments, individual psychological interventions, family interventions, and group psychotherapy. Approximately 12 hours of direct treatment will be on the outpatient service and 8 hours of treatment will occur on the inpatient service.

**Supervision (2- 4 hours per week).** Each intern will have clinical supervision to support planning assessments, analyzing data and providing oral and written feedback. Supervision will also emphasize the delivery of psychological services and include professional conduct, ethics and standards.

Each intern will have a primary supervisor in the Outpatient service and a primary supervisor on the Inpatient unit. With respect to the Outpatient Service, intern will meet with each supervisor for two- hours each week and will participate in 1-2 hours of group supervision-

such as case conference. Additional supervision is provided on an ad hoc basis and informally.

Supervision on Inpatient: Supervision occurs daily with briefing and debriefing. The interns brief with the supervisor about assigned patients to get an update on current functional status, team feedback, and rehabilitation discharge planning. Interns then debrief at the end of the day to conceptualize the case, discuss findings, and review of inpatient brief reports. Individual supervision is 3-4 hours weekly.

**Didactic Activities- (4-5 hours per week)**

Interns will attend 4-5 hours of didactics per week, and will participate in providing some content (with guidance).

**Assessment Seminar-** -[First and Third Monday of the Month (10:30-12:00 pm)]- Administration, use, scoring and interpretation of different psychological and neuropsychological instruments will be presented. Interns will also rotate in presenting.

**Cultural Diversity Forum-**[Second and Fourth Monday of the Month (10:30-12:00 pm)]- Working with diverse populations in a hospital and as a psychologist/neuropsychologist.

**Neuroradiology Rounds-**[Second and Fourth Wednesday of the Month]-Intern meet with the chair of radiology to learn the basics of neuroimaging and review brain imaging of their cases.

**Neuroanatomy Didactics** [Thursdays (1-2pm)]- This focuses on Neuroanatomy, and brain-behavior relationships.

**Foundational Cognitive Neuroscience and Behavioral Neurology-** [Wednesdays (1-2pm)]- Current research and pioneering studies that shaped the field will be reviewed.

**Case Presentation**-[First Friday of Every Month (11-11:30 pm)]- Neuropsychology staff rotate monthly in presenting a case.

**Professional Issues and Ethics**-[Friday (11-11:30 pm)]-Ethical standards and issues relating to practices of psychology and career development will be discussed.

**Inpatient Seminar** [First and Third Wednesday 11-12 Rehab Conference Room]

In addition, the hospital offers grand rounds relevant to the training needs of beginning psychologists in Pediatrics, Neurology, General Medicine, Oncology, Neuroscience, Surgery and Psychiatry.

Interns may attend any additional lectures, as their time permits. Further, interns will have the opportunity to observe brain cutting and neurosurgeries to better develop their knowledge of neuroanatomy.

**Readings**- Readings pertaining to clinical cases will be assigned. Interns will be expected to integrate readings and research articles into cases and present during supervision.

**Research**-Interns will participate in one of several ongoing research projects. Current projects include: pain and neuropsychology testing in brain injury, factors related to successful outcomes in a bariatric population and factors affecting recovery in pediatric concussion.

**Paperwork and Report Writing (10 hours)**. Interns will have time devoted to case preparation, data scoring and report writing.

**Meetings**-Neuropsychology departmental meetings are held every Friday from 11:30-12:30. There will also be quarterly meetings with the entire Rehabilitation Medicine Department and hospital wide mandatory education in compliance with JACHO and CARF standards.



**The work week-** Interns generally work between 40-45 hours/per week. Most interns find they are working longer hours in the early part of the year due to the nature of the learning curve. Fridays tend to be late day, as inpatient consults tend to be the heaviest on that day and patients must be seen within 24 hours of admission. Interns are not required to work weekends or to be on-call.

## Organization of Intern Training

Interns are assigned to both the Outpatient Clinic and Inpatient Unit to conduct assessments/consultations/ therapy/groups. Training in both areas is a requirement of this program. An individualized training plan is developed jointly by the intern and the Training Director and takes into account the intern's previous training experiences and future career goals. Within their area of focus, the interns will work with a variety of staff. The precise structure of training will vary due to the different service demands and training goals. Interns typically spend about 50% of their time in direct patient contact. The remainder of the time is devoted to report writing, supervision, research and didactic training.

In the Outpatient Clinic, each intern is expected to carry a case of 7-10 patients and complete 2-3 full neuropsychological reports monthly. On the Inpatient unit, each intern will gradually mirror the clinical duties of their supervising psychologist before assuming a caseload of 7-9 patients. The intern's supervisor will participate in, and in many instances, conduct the initial clinical interview and the feedback session. Ultimate responsibility for each case lies with the supervisor.

## Internship Orientation

During the first two weeks of the internship year, a series of presentations is provided to all interns with a basic orientation to the hospital, library services, hospital policies and procedures, the department and the program as well as preparation for much of the clinical training they will undergo during the year. Interns receive guidance in the implementation of our procedures, as well as area-specific presentations including an overview of commonly seen diagnoses, frequently used tests and basic interpretative guidelines.

## **Individualized Training Plan**

The specific course of training is tailored individually to each intern's particular training needs. Early in the internship year, the Training Director meets with each intern to review the intern's prior practicum training experiences and self-assessment of professional training needs. The outcome of this review is to build a training plan across the following five categories: (1) assessment and consultation skills (e.g., interviewing, testing, independent case conceptualization, report writing, feedback to referral sources, etc.); (2) intervention skills (e.g., individual, family, or group psychotherapy, etc.); (3) populations and diagnoses (e.g., children, adolescents, adults, elderly, medical surgical, pediatric, psychiatric, neurological patients, etc.); (4) neuropsychological theoretical orientations (e.g., eclectic, hypothesis testing, process approach, Halstead-Reitan, Luria, etc.); and (5) other skills (e.g., supervisory experience, research involvement, public presentations etc.). These identified training targets serve as the guide that is used in determining the intern's clinical training. The individualized training plan is reviewed on an ongoing basis and is updated based on the intern's progress and input from the written and oral feedback from the intern's training supervisors.

## **Supervision Methods**

The intern's experience of direct provision of clinical services occurs in conjunction with regular, ongoing (individual and/or group) supervision by a department neuropsychologist. It is generally preceded by opportunities for observational learning and guided participation. In addition, the clinical and supervisory experiences are supplemented with yearlong didactic experiences that address theories and methods of assessment/diagnosis and consultation, psychological interventions and their efficacy (including empirically supported treatment), ethics and professional behavior, and issues of cultural and individual diversity. Modeling and guided participation typify the primary teaching methods used. Each supervisor reviews the intern's prior training so as to gauge the level and type of supervisory guidance required to meet the intern's training needs.

## Training Supervisors

Each intern will have a primary training supervisor on the Inpatient unit and in the Outpatient clinic. Based on the learning needs and specialty of staff, interns may change supervisors mid-year to enhance their learning. For both assessment and psychotherapy cases, the supervisor maintains responsibility for the case.

## Assessment of Interns Progress

Intern knowledge and competence are assessed on an ongoing basis through a variety of methods, including live observations of intern-patient interviews and testing, detailed reviews of the intern's written assessment reports and progress notes, observations of required intern presentations of case formulations and treatment planning, as well as formal and informal feedback from referral sources. Feedback to interns about their progress in achieving competence in professional skills is accomplished through several means. First, each supervisor provides interns with verbal feedback about performance during assessment. Second, all supervisors complete detailed, written, scaled evaluations of the performance of each intern supervised quarterly. Third, staff members review and discuss the progress of each intern, on a quarterly basis, and makes individualized recommendations for training experiences for the following quarter. Fourth, the Training Director meets individually with each intern to review the formal feedback, to assist the intern in conducting a self-assessment of progress, and to integrate the evaluative information into the training plan for the remainder of the internship year.

We expect that interns generally begin the training year with the need to develop competence in several levels of knowledge and skills. As the training year progresses, we expect that intern's progress will be such that their levels of knowledge and skills will demonstrate increasing competence so that at the conclusion of the internship year, each intern is competent to practice psychology as an entry level professional. See Appendix B for a Student Evaluation Form.

## Criteria for Internship Completion

To successfully complete the internship, a psychology intern must:

- Attend and complete all required new hire and orientation activities:

- Northwell orientation
- Staten Island University Hospital orientation
- Background check, including fingerprinting, and drug screening
- Department orientation meetings
- Corporate Compliance and CITI research training
- Required Computer-Based Learning (CBL) courses (e.g., HIPPA regulations)
- Complete a minimum of 2,000 training hours:
  - Request time away 2 months in advance and arrange appropriate coverage duties in a timely manner and inform patients
  - Keep records of vacation and time away
  - Presentations and/or attendance at professional meetings are considered academic leave
  - Submit a summary of clinical contact time twice a year
- Perform at a satisfactory level on both rotations:
  - Supervisor evaluations indicate that the intern's performance in each area of training is satisfactory, with no areas in need of improvement, and all requirements have been met
  - At least 80% of competency areas on the Intern Evaluation Form will be rated at level of competence of **HI** or higher. No competency areas will be rated as **R** or **E**.
- Complete proper documentation of all clinical activities:
  - All patients seen throughout the internship will have their initial encounter and each subsequent encounter is documented in a manner consistent with departmental and medical center standards.
  - All patient documentation is co-signed by the appropriate supervisor
  - There are no outstanding concerns with respect to medical records
- Present at least one didactic lecture.
- Attend and actively participate in learning activities such as seminars, grand rounds and conferences. Document attendance at 3 lectures/seminars per week.

## Feedback Regarding Progress

At mid-year (or sooner if warranted by the presence of a significant issue) and at year-end, the Internship Training Director writes a letter to the Director of Clinical Training of each intern's doctoral program. This letter summarizes the intern's progress. Each intern is asked to read this letter and to sign it prior to mailing. The intern is encouraged to indicate points of agreement or disagreement either in the letter itself or in a separate correspondence to his or her Director of Clinical Training.

Minor deficiencies in intern preparation or performance are generally remediated through the course of normal interaction with the intern's supervisor(s). The remediation may consist of didactic supervisory instruction, modeling of techniques by the supervisor, and/or readings in the appropriate literature. When the deficiency is in the domain of experience, the intern may be assigned additional relevant cases to provide the needed exposure. Minor deficiencies in experience, training, or performance are communicated to the Director of Clinical Training from the intern's home program in the context of the mid-year evaluation letter.

Since interns undergo ongoing informal evaluation and receive formal quarterly evaluations from staff, major deficiencies are generally detected early, usually during the first quarter of training. When a major deficiency is detected, three steps are taken. First, the intern is placed on "probationary status" to communicate clearly that significant improvement in performance is needed for successful completion of the internship and that failure to remediate the deficiency could result in dismissal from the internship program. Second, a remediation plan is developed by the faculty and the Internship Training Director to ameliorate the noted deficiency. Such plans typically involve increased supervisory contacts (for both training and evaluation) along with intensive variations of the remediation methods used to deal with minor deficiencies. The remediation plan specifies the required changes in performance along with a timetable for re-evaluation of progress. Third, the Director of Clinical Training at the intern's home program is notified by the Internship Training Director in written correspondence with a copy provided to the intern. The input of the Director of Clinical Training is sought in the remediation plan, and he or she is kept abreast of the intern's progress through follow-up contacts both by telephone and by mail. If the deficiency is remediated, probationary status is lifted. If the intern fails to remediate the deficiency, the psychology staff carefully reviews evaluations from the intern's

supervisors as well as the intern's self-evaluation of progress. The psychology staff then decides whether sufficient progress has been made to warrant continuation of the probationary status, with the expectation that the deficiency will be remediated, or whether dismissal from the program is warranted by the intern's failure to demonstrate progress.

## **Grievances**

A stepped-approach is used in the resolution of disputes and grievances. Interns are encouraged to resolve problems directly with the individual(s) involved if at all possible. Interns may seek the advice and guidance of their supervisor in resolving problems. If this procedure is not successful, the intern may ask the Training Director to intervene. In such a case, the Training Director collects all relevant information from the intern and other parties and consults with other staff as is appropriate to the specific situation. Subsequently, the Training Director brings the relevant individuals together and presents a plan for resolution of the problem. The Training Director then follows up with the intern and other relevant parties to determine whether a successful resolution of the problem has been achieved. If the grievance is such that the intern believes that the complaint cannot be brought to the Training Director, or if the intern wishes to appeal the Director's decision, the formal Grievance Policy will be implemented. See Appendix.

## **Respect for Interns**

Our Program is committed to treating interns with courtesy and respect. Interns are viewed as junior colleagues, and the faculty strives in all interactions to treat interns with dignity and with concern for their welfare as trainees and as persons. Moreover, the faculty show respect for cultural and individual diversity among interns. Interns are apprised of the APA ethical standards regarding their treatment as students, and they are informed of the various formal and informal means of assistance in event of difficulties in this area.

## **Hiring Process**

Hiring is contingent upon successful completion of employee health screening, background check, and reference check. Successful completion of employee health screening will require passing a drug screening test, obtaining a PPD and being current on titers. Successful

completion of background check requires finger printing and disclosure of any legal issues. If the candidate has a criminal history, it must be disclosed. Failure to disclose is a condition to deny employment. Following disclosure of legal history, there is an adjudication review of all offenses by the Health Care System. A determination is then made based on person's past and their prospective job. Finally, failure to obtain references or a poor reference can result in failure to pass the pre-employment screening.

## **Diversity and Non-Discrimination Statement**

Non-discrimination and Equal Employment Opportunity SIUH promotes diversity in its workforce at all levels of our organization. We are committed to providing a work environment where everyone is treated with respect, dignity and fairness. We are an equal opportunity employer and do not discriminate on the basis of race, color, creed, religion, gender, national origin, actual or perceived sexual orientation, veteran status, marital status, age or disability. We celebrate cultural and other differences because they contribute to the strength of SIUH. We comply with all laws, regulations and policies relating to equal employment opportunity in hiring, reductions in force, transfers, terminations, evaluations, recruiting, compensation, promotions and discipline. We make reasonable accommodations to known physical and mental limitations of qualified individuals with disabilities.

## **Employee Services**

Interns currently share an office. Each is provided with a computer and have access to clerical, scheduling and financial screeners. Dictation services are also available from the hospital. For more detailed information, please contact the program or visit the hospital's website.

## **Food Services**

### **Cafeteria**

The cafeteria hours are as follows:

7:00 A.M. to 7:30 P.M. cold foods and drinks

7:00 A.M. to 10:00 A.M. breakfast foods

11:00 A.M. to 2:00 P.M. and 4:00 P.M. to 7:30 P.M. grill, deli bar and salad bar

### **Atrium Express**

Heart Tower Lobby hours are as follows:

7:00 A.M. to 7:30 P.M., Monday through Friday

11:00 P.M. through 3:00 A.M., Sunday through Thursday

## **Employee Services**

### **Food Services**

#### **Cafeteria**

The cafeteria hours are as follows:

7:00 A.M. to 7:30 P.M. cold foods and drinks

7:00 A.M. to 10:00 A.M. breakfast foods

11:00 A.M. to 2:00 P.M. and 4:00 P.M. to 7:30 P.M. grill, deli bar and salad bar

### **Atrium Express**

Heart Tower Lobby hours are as follows:

7:00 A.M. to 7:30 P.M., Monday through Friday

11:00 P.M. through 3:00 A.M., Sunday through Thursday



## **Library Services**

### **Location & Hours**

The Medical Library is located in the Regina McGinn Education Center (RMC), 475 Seaview Avenue, 2nd Floor. Staffed library hours are Monday - Friday, 9am to 5pm. Hospital staff members with hospital IDs may use the library during unstaffed hours, provided that the RMC is open, by either using card reader access (for authorized users), or obtaining entry from a security guard or RMC manager.

### **Library Computers & Other Equipment**

The library is equipped with computers, printers, scanners, a photocopier, and other peripheral devices available for patron use.

To use library computers and access electronic library resources all users must have individual hospital network IDs and passwords, as well as Internet IDs and passwords. IDs and passwords may be obtained from the Information Services.

It is not permitted to change any computer settings or save any files on library computer hard drives. All users' files should be saved on personal flash drives, which can be borrowed from the library office.

### **Collections**

The library collection currently includes over 600 e-journals and more than 700 e-books, as well as a collection of the latest reference and textbooks in print format. The library also provides access to many electronic services and databases, such as UpToDate, PubMed, MD Consult, McGraw-Hill's AccessMedicine, AccessSurgery, AccessEmergencyMedicine, and AccessAnesthesiology, Cardiosource Plus, VisualDx, Cochrane Library, Stat!Ref, Mosby's Nursing Consult, CINAHL, and others. All electronic resources are available through the Medical Library website located at the hospital Intranet and accessible from all workstations throughout Staten Island University Hospital. Remote access to all electronic resources with the exception of UpToDate is allowed for authorized users through EMIL (Electronic Medical

Information Library) located on HealthPort - a web portal of the North Shore–LIJ Health System. Services and Technical Functions

### **Literature Search**

Library patrons may request a medical literature search from the medical librarian. Literature search request forms are available at the library office or may be filled electronically through the library website.

### **Document Delivery**

The library provides interlibrary loan service through DOCLINE for the journal articles not in the library's collection. Requests may be made personally at the Library Office, by phone at 226-9547, or by email [siuhlibrary@siuh.edu](mailto:siuhlibrary@siuh.edu). For faster delivery, the library first tries to get articles electronically and usually fills the requests within 1-3 days (though in some cases it might take longer). In case of patient emergencies, articles can be delivered the same day. The library receives most articles free of charge from library consortia. When articles cannot be obtained free of charge, it is the user's responsibility to pay interlibrary loan fees.

### **Information Literacy Training:**

The library staff provides medical house staff officers, students, and other patrons with instructions in order to fully utilize library resources and materials. Instructions are given in the form of general orientations, lectures, group classes, and individual training sessions. Topics include PubMed searching, EndNote (a reference management software,) and more. Patrons are also assisted in preparing PowerPoint presentations and using Microsoft Office and other applications.

### **Parking**

Parking is available in the designated employee parking lot and may be accessed with your SIUH employee ID badge reader.

## Library Services

### **Location & Hours**

The Medical Library is located in the Regina McGinn Education Center (RMC), 475 Seaview Avenue, 2nd Floor. Staffed library hours are Monday - Friday, 9am to 5pm. Hospital staff members with hospital IDs may use the library during unstaffed hours, provided that the RMC is open, by either using card reader access (for authorized users), or obtaining entry from a security guard or RMC manager.

### **Library Computers & Other Equipment**

The library is equipped with computers, printers, scanners, a photocopier, and other peripheral devices available for patron use.

To use library computers and access electronic library resources all users must have individual hospital network IDs and passwords, as well as Internet IDs and passwords. IDs and passwords may be obtained from the Information Services.

It is not permitted to change any computer settings or save any files on library computer hard drives. All users' files should be saved on personal flash drives, which can be borrowed from the library office.

### **Collections**

The library collection currently includes over 600 e-journals and more than 700 e-books, as well as a collection of the latest reference and textbooks in print format. The library also provides access to many electronic services and databases, such as UpToDate, PubMed, MD Consult, McGraw-Hill's AccessMedicine, AccessSurgery, AccessEmergencyMedicine, and

AccessAnesthesiology, Cardiosource Plus, VisualDx, Cochrane Library, Stat!Ref, Mosby's Nursing Consult, CINAHL, and others. All electronic resources are available through the Medical Library website located at the hospital Intranet and accessible from all workstations throughout Staten Island University Hospital. Remote access to all electronic resources with the exception of UpToDate is allowed for authorized users through EMIL (Electronic Medical Information Library) located on HealthPort - a web portal of the North Shore-LIJ Health System. Services and Technical Functions

### **Literature Search**

Library patrons may request a medical literature search from the medical librarian. Literature search request forms are available at the library office or may be filled electronically through the library website.

### **Document Delivery**

The library provides interlibrary loan service through DOCLINE for the journal articles not in the library's collection. Requests may be made personally at the Library Office, by phone at 226-9547, or by email [siuhlibrary@siuh.edu](mailto:siuhlibrary@siuh.edu). For faster delivery, the library first tries to get articles electronically and usually fills the requests within 1-3 days (though in some cases it might take longer). In case of patient emergencies, articles can be delivered the same day. The library receives most articles free of charge from library consortia. When articles cannot be obtained free of charge, it is the user's responsibility to pay interlibrary loan fees.

### **Information Literacy Training:**

The library staff provides medical house staff officers, students, and other patrons with instructions in order to fully utilize library resources and materials. Instructions are given in the form of general orientations, lectures, group classes, and individual training sessions. Topics include PubMed searching, EndNote (a reference management software,) and more. Patrons are also assisted in preparing PowerPoint presentations and using Microsoft Office and other applications.

## **Parking**

Parking is available in the designated employee parking lot and may be accessed with your SIUH employee ID badge reader.

## **Application Procedures**

Interns may access information about application procedures in the SIUH Neuropsychology Internship website, online handbook, through the APPIC program listing, or by contacting the program directly to request that the SIUH Neuropsychology Internship Handbook be sent via mail or email. All applicants are required to provide their application through the APPIC online system.

*We will utilize the APPI online application. Please submit the following items in accordance with the APPIC Online procedures:*

- An application form.
- A cover letter *that describes your specific interest in our program.*
- A curriculum vitae.
- Three letters of recommendation.
- Documentation from the Director of Clinical Training or equivalent at your graduate school affirming your Readiness for Internship, using the APPIC verification form.
- Official transcripts of all graduate work undertaken.
- Two redacted neuropsychological reports

Please contact Dr. Basile with questions about the program (phone: (718) 226-6501; e-mail: [rbasile1@northwell.edu](mailto:rbasile1@northwell.edu)).

## **Recruitment Process and Procedures**

Completed applications will be forwarded to SIUH faculty members for review. Each application is reviewed by at least three faculty members. Faculty reviews include

verification of program requirements and evaluation of applicant quality. Please note that while a candidate's academic record, recommendations, and written materials are important determinants in the review process, SIUH places an emphasis on the amount of prior clinical experience and the 'fit' between an applicant's stated training desires and the program's goals, objectives, and training experiences.

Students from a variety of professional psychology programs are invited to apply, as we find that this diversity enriches our program. However, past experience and coursework related to the aims, objectives and needs of the population served by the institution is required. A strong testing base, knowledge of psychological and neuropsychological principles and procedures, in addition to strong history taking and interviewing skills are emphasized. Since we serve both pediatric and adult populations in our outpatient service, we welcome applicants with both adult and/or pediatric experience. Some mental health experience is a plus; but, the bulk of past experience should have come from a hospital affiliated setting working with medically and neurologically compromised individuals or alternatively from a school based setting with prior experience treating and evaluating children.

Candidates who are highly ranked on the basis of this review will be contacted to set up in-person interviews.

Interviews entail a half-day experience involving either a morning or afternoon session. Following a 30-minute overview of the program by the DCT, each candidate will participate in three 30-minute individual interview with two faculty members. Candidates will also have an opportunity to meet with the current interns to ask questions and to learn more about the internship in a more informal manner.

Internship offers will be made in accordance with the computer Matching System developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC), and all APPIC guidelines will be followed. This internship 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 intern applicant. You can find a copy of all the APPIC Match Policies by visiting their web site: [www.appic.org](http://www.appic.org).

When offers are made through the Matching System, they represent SIUH's commitment to a training position with the specified area of training focus.

APPENDIX I

**STATEN ISLAND UNIVERSITY HOSPITAL**

**REHABILITATION MEDICINE  
POLICY & PROCEDURE MANUAL**

	<b>MANUAL CODE:</b>
--	---------------------

<b>TOPIC: Grievance and Due Process Procedures for Interns</b>	
<b>EFFECTIVE: 4/27/18 Page 1 of 4</b>	<b>REPLACES: None</b>

This policy outlines the grievance procedures for interns to follow in the case of a serious issue potentially calling for a formal review. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

1. An Intern challenges an evaluation made by their primary supervisor.

If an intern is in disagreement with an evaluation given, she/he first discusses the nature of the disagreement with the supervisor who initiated the evaluation. If the situation is not resolved, the intern discusses the complaint with the Training Director. Within 5-10 days of receiving the written complaint, the Training Director will then facilitate a meeting between the intern and supervisor to resolve the disagreement.

If the situation is not resolved via this meeting, a Review Panel of three staff within the Rehabilitation Medicine Department (excluding the supervisor if she/he is a member) will consider the grievance and work with the intern to resolve the situation. The Review Panel shall be formed no later than 10 days after the intern discusses the complaint with the Training Director If the situation then remains unresolved, it is referred to the Executive Director of Rehabilitation Medicine who will consider the grievance within 5 days of receiving the complaint and the intern and consult as needed.

2. Intern challenges decisions made by Training Director and/or Supervisors.

If an intern does not agree with an evaluation completed by the Training Director or decisions (such as remediation) made by the supervisor(s), the intern brings the grievance to the Executive Director of Rehabilitation Medicine. The Executive Director will work with the intern to resolve the grievance in consultation as needed. The Executive Director will meet with the intern within 5 days of receiving a written complaint.

3. Intern challenges a staff member or another intern.

If an intern has a complaint or grievance concerning a staff member or another intern, the intern is expected to follow the same procedures as other staff. First, it is suggested that she/he discuss the matter with the person in question. If, for reasons of differences in power, this places the intern at risk, this step is bypassed.



The intern should then consult with the Training Director who will arrange a meeting within 5 business days of the complaint. In the event that the grievance is against the Training Director, the intern will bypass this step and bring the matter to the Executive Director of Rehabilitation Medicine for consultation or resolution. The Executive Director will meet with the intern within 5 business days of the requested meeting and will consult as necessary.

4. The Intern has concerns regarding other issues not stated above, including, but not limited to: grievance about a supervisor, supervision, a staff member, trainee, the institution or the internship program such as training goals, stipend, work hours etc:

An informal review is the first step. The intern should raise the issue with the involved party or the Director of Clinical Training in an effort to informally resolve the problem.

If the matter cannot be satisfactorily resolved using informal means, the intern can submit a formal grievance in writing to the DCT. If the DCT is the object of the grievance, the grievance should be submitted to an uninvolved Training Director and Clinical Coordinator. The individual being grieved will be asked to submit a response in writing. The DCT, the Clinical Coordinator and/or the the Intern's supervisor, based on the nature of the grievance, will meet with the intern and the individual being grieved within 10 business days.

This meeting may be held in person or via videoconference. In some cases, the DCT or Clinical Coordinator may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The DCT or Clinical Coordinator will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back in writing within 10 business days regarding whether the issue has been adequately resolved.

If the plan of action fails, the program will convene a review panel. The intern may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome. If the review panel determines that a grievance against a staff member has merit, then the issue will be turned over to Human Resources.

Please note: Staten Island University Hospital's procedures for complaints and grievances alleging discrimination or harassment by reason of race, color, religion, sex, national origin, age, marital status, disability, veteran status, or sexual orientation are outlined in the Human Resources Policy and Procedures Manual, which can be obtained by visiting Employee Relations at 475 Seaview Avenue or on the hospital intranet site, which can be accessed via any computer within the hospital- including the medical library. Interns should consult the Human Resource Policies and Procedures for specific policies on: Aggression, Hostility and Violence in the Workplace; Compliance with Disability Laws, Equal Employment Opportunity - Affirmative Action and Non-Discrimination and Non-Harassment.

## **Review Panel and Process**

1. When needed, a Review Panel of three Rehabilitation Medicine staff members will be formed by the Executive Director of Rehabilitation Medicine with recommendations from the Training Director, the Clinical Coordinator and the intern involved with the dispute.
2. Within five business days, all parties involved in the complaint will submit a written description of their version of the conflict and the efforts to resolve it.
3. After receipt of the written documentation noted in step 2, the Review Panel will meet within 10 days to review written materials and, as deemed appropriate, interview any or all parties involved in the complaint. A written response with recommendations for how to resolve the situation as well as an explanation of how the committee arrived at their decision will be provided to the intern and all other parties involved, within five business days of the Review Panel meeting.

If the intern or other parties remain dissatisfied with the outcome following the decision of the Review Panel, they may utilize grievance procedures detailed for the health system on the Hospital Intranet website-titled Complaint and Grievance Procedure. The concern will be escalated to Human Resources where the policy is outlined on the process where employees and employer can address workplace disputes.

## **GENERAL PURPOSE AND STATEMENT**

The purpose of this policy is to set forth the grievance procedures and due process procedure at Staten Island University Hospital for the Psychology Internship Program within the Department of Rehabilitation Medicine that is available to Psychology Interns in situations where disciplinary action is necessary, where a marginal or unsatisfactory academic evaluation has been given to the intern or where there is . The Hospital is committed to making certain that the procedures are fair, objective and consistent and that they provide each intern a full opportunity to be heard.

## **PROCEDURE**

### **I. DISCIPLINARY ACTION**

A. The Director of Psychology Services of the Psychology Internship, supervising psychologist or the respective designees may take disciplinary action against an intern for the reasons specified. Any intern who is disciplined must receive notice of the reasons for the disciplinary action, an opportunity to be heard before an impartial tribunal consisting of the other interns, departmental psychologists and therapy managers from inside the department and the Executive Director of Rehabilitation Medicine, an opportunity, when appropriate, to question witnesses against him/her and a right to a review of the determination.

Prior to taking disciplinary action, the Director of Psychology Services will review the matter. During the investigative phase, and before determining whether the imposition of the disciplinary action is appropriate, the Director of Psychology Services may reassign the intern or require that he/she take a leave of absence. Such reassignment or leave must be of a duration sufficiently limited so as not to affect the intern's eligibility for credit for the year. The imposition of the leave or reassignment is at the discretion of the Director of Psychology Services. In the event that a leave is required, the affected intern shall be so informed as well. The process will be reviewed with him/her and he/she will be given a copy of this policy. Should the Director of Psychology Services decide suspension is appropriate, this action will carry with it all of the reporting responsibilities to the appropriate educational agencies.

The Director of Psychology Services or a respective designee may take disciplinary action, up to and including termination, against any intern who:

- a. fails to demonstrate an acceptable level of professional competence or clinical judgment in the treatment of patients;
- b. commits an act which constitutes professional misconduct under the New York State Education Law or a breach of professional ethics;
- c. fails to abide by the By-laws, Rules and Regulations or policies of the Hospital or the clinical staff;
- d. engages in any activities which are a threat to the welfare or safety of patients, employees, other employees or the Hospital; or
- e. fails to abide by the Human Resource Department "Discipline" policy, Manual Code 5.06.

The foregoing list is not intended to be complete and disciplinary action may be taken for other forms of misconduct.

The Director of Psychology Services shall send the intern written notice of the disciplinary action, together with a statement of the reasons therefore. A copy will be kept in the Department and a copy will be sent to the central QI file. The disciplinary action shall become effective immediately. The intern may request a hearing pursuant to section C, below.

#### B. Summary Suspension

An intern may be summarily suspended from his/her duties and responsibilities, without a hearing, where his/her continued presence is deemed to be a risk to the Hospital or its patients. Following such action by the Director of Psychology Services, the intern shall have the right to a hearing by the Graduate Medical Education Committee as outlined below.

#### C. Right to a Hearing

Any intern who has received a notice of disciplinary action may request, in writing, a hearing within 10 business days from receipt of such notice. Requests should be directed to the Director of Psychology Services.

D. Hearing

1. The Psychology Department shall hold a hearing NO later than 30 days, from the date the written request for the hearing is received. The Director of Psychology Services shall appoint an ad hoc committee to conduct the hearing. The ad hoc hearing Committee shall consist of 6 members chosen from the Rehabilitation Medicine Department and shall include, where practicable, at least two interns or post-doctoral fellows. The members of the ad hoc hearing committee should have had no prior connection to the disciplinary action from which the hearing is requested.

2. Within 15 days of the conclusion of the hearing, the ad hoc hearing committee shall submit a written report of its findings and decision to the Director of Psychology Services, the intern's school program and the intern involved. The decision of the Committee shall be final.

## ACADEMIC EVALUATIONS AND TRAINING COMPETENCIES

All interns receive semi-annual and annual departmental evaluations. More frequent departmental evaluations will occur during weekly supervision or whenever the Director of Psychology Services feels they are indicated.

In the event the Director of Psychology Services decides that an intern will be given an unsatisfactory or marginal evaluation, the intern will be notified in writing. For the purpose of this policy a marginal evaluation is one that identifies multiple areas that need improvement or remediation. An unsatisfactory evaluation is one that will result in any of the following:

1. A formal remediation program
2. Extended training to meet training goals and competencies
3. Intern being placed on academic probation and privileges are suspended or rescinded.
3. An intern not receiving credit for the year.
4. An unsatisfactory letter of reference.

Minor deficiencies in intern preparation or performance are generally remediated through the course of normal interaction with the intern's supervisor(s). The remediation may consist of didactic supervisory instruction, modeling of techniques by the supervisor, and/or readings in the appropriate literature. When the deficiency is in the domain of experience, the intern may be assigned additional relevant cases to provide the needed exposure. Minor deficiencies in experience, training, or performance are communicated to the Director of Clinical Training from the intern's home program in the context of the mid-year evaluation letter.

Since interns undergo ongoing informal evaluation and receive formal quarterly evaluations from staff, major deficiencies are generally detected early, usually during the first quarter of training.

When a major deficiency is detected, three steps are taken.

First, the intern is placed on “probationary status” to communicate clearly that significant improvement in performance is needed for successful completion of the internship and that failure to remediate the deficiency could result in dismissal from the internship program.

Second, a remediation plan is developed by the faculty and the Internship Training Director to ameliorate the noted deficiency. The remediation plan specifies the required changes in performance along with a timetable for re-evaluation of progress.

Third, the Director of Clinical Training at the intern’s home program is notified by the Internship Training Director in written correspondence with a copy provided to the intern. The input of the Director of Clinical Training is sought in the remediation plan, and he or she is kept abreast of the intern’s progress through follow-up contacts both by telephone and by mail.

If the deficiency is remediated, probationary status is lifted. If the intern fails to remediate the deficiency, the psychology staff carefully reviews evaluations from the intern’s supervisors as well as the intern’s self-evaluation of progress. The psychology staff then decides whether sufficient progress has been made to warrant continuation of the probationary status, with the expectation that the deficiency will be remediated, or whether dismissal from the program is warranted by the intern’s failure to demonstrate progress.

The notification of a marginal or unsatisfactory performance shall be from the Director of Psychology Services and shall include a written description of the areas of deficiency and a copy of this policy advising the intern of his/her rights.

If the intern chooses to request a reconsideration of his/her performance, he/she must do so within 10 business days of receiving such notice. Such request for reconsideration will be heard by a Departmental Advisory Committee. The Departmental Advisory Committee shall be comprised of other interns and postdoctoral fellows, two psychologists; the Director of Psychology Services and the Executive Director of Rehabilitation Medicine shall serve as Co-Chairpersons of the Committee. Before the meeting of the Departmental Advisory Committee, the intern shall have access to all of the written evaluations and any other materials used by the Director of Psychology Services in preparing the evaluation.

The Committee shall prepare a written report setting forth its findings and recommendations, fully describing the basis of the recommendations. A copy of the report will be made available to the intern, who will have an opportunity to provide written comments.

The written report along with the intern's comments, if provided, will be directed to the Executive Director of Rehabilitation Medicine who will, in her discretion, and after reviewing the material, make a final determination. A copy of all reports will be submitted to the Chair of the intern’s training

program.

**SIGNATURES:**

**Reviewed by:**

**Title**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_