

# University of Michigan/Michigan Medicine Pediatric Psychology Doctoral Internship



## Table of Contents

Introduction .....	3
Mission and Vision .....	3
Aim and Focus .....	3
Goals and Objectives .....	4
Curriculum .....	7
Sample Schedule .....	9
Patient Population .....	9
Administration .....	9
Supervision .....	10
Mentorship .....	12
Didactic Training .....	12
Training Environment .....	13
Training Support .....	14
Well-Being .....	15
Selection Criteria .....	16
Expectations for Intern Performance .....	18
Evaluation Process .....	19
Due Process Policy .....	19
Due Process Guidelines .....	23
Grievance Policy .....	24
Appendices .....	27

## Introduction

The University of Michigan/Michigan Medicine Pediatric Psychology Doctoral Internship Program provides training in Pediatric Psychology and is housed within the [Division of Pediatric Psychology](#) in the [Department of Pediatrics](#) of the [University of Michigan Medical School](#). We offer a full-time, yearlong program within our academic medical center, [Michigan Medicine](#), with a training year starting August 1 and ending July 31. For the 2027-2028 training year, we will offer at least two internship placements, and interns will receive a salary of \$36,800, subject to tax withholding. Interns receive 15 paid days off, and health benefits are available.

Our program is seeking accreditation from the American Psychological Association (<http://www.apa.org/ed/accreditation/>) and seeking membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC-[www.appic.org](http://www.appic.org)).

For additional information or for questions regarding accreditation please contact: Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; Phone: 202-336-5979 TDD/TTY; [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## Mission and Vision

The University of Michigan/Michigan Medicine Pediatric Psychology Doctoral Internship is committed to cultivating the next generation of pediatric psychology leaders through rigorous, evidence-based training using a scientist-practitioner model. Our program is designed to prepare interns for impactful careers in academic medical centers and professional practice in Health Service Psychology.

Interns receive comprehensive clinical and scholarly experiences across three core domains: (1) integrated behavioral health, (2) psychological care for chronic and acute medical conditions, and (3) developmental and behavioral pediatrics.

Consistent with the mission of the University of Michigan Department of Pediatrics, our training aims to: provide the highest quality care to children and their families; deliver therapeutic strategies that improve mental, physical, and emotional health; and provide outstanding and rich educational exchanges with various levels of psychology and medical trainees.

As the leading pediatric training hospital in the state of Michigan, our approach balances breadth and depth, offering rotation experiences that are individualized and include longitudinal opportunities for focused work with select patient populations. Dedicated mentorship and supervision are provided across clinical practice, research, and professional development. Our internship program values evidence-based practices that take into consideration individual, cultural, ethnic, and societal differences.

## Aim and Focus

We aim to provide training that prepares interns for future careers as pediatric psychologists within 3 core domains: integrated behavioral health, psychological care for children with chronic and acute medical conditions, and developmental and behavioral pediatrics. Consistent with the American Psychological Association Profession-Wide Competencies (PWCs), our focus is to deliver training that develops competency in each of the following areas:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

## Goals and Objectives

To achieve our training aim with focus on development of PWCs, our program has the following goals:

1. Cultivate understanding of the profession and roles of pediatric psychologists by offering well-rounded pediatric psychology clinical experiences (PWC #1, #4, #6, and #7)
  - Interns will receive didactic training in pediatric psychology specialization across the 3 core domains and review research supporting the impact of pediatric psychologists in these specialty areas
  - Interns will have at least one clinical rotation in each of the 3 core domains
  - Interns will obtain experience in screening, assessment, diagnosis, and treatment in each of the 3 core domains
2. Develop interdisciplinary care confidence and competence (PWC #1, #5, and #9)
  - Interns will learn the roles and responsibilities of other healthcare professionals and develop understanding of the research supporting interdisciplinary care models
  - Interns will develop understanding of when and how to consult with interdisciplinary providers
  - Interns will develop comfort and competence in efficiently and professionally communicating with other healthcare providers and working within interdisciplinary care teams
3. Train interns to facilitate effective communication between patients/families and other professionals (PWC #1, #3, #5, and #6)

- Interns will develop understanding of the research behind health literacy and how to facilitate patient/family-centered healthcare communications both in verbal and written form
  - Interns will learn to interpret results and recommendations from assessments with other providers (e.g., school psychologists, neuropsychologists) for the purposes of advocating for appropriate educational/learning support for patients
  - Interns will develop understanding of how systemic barriers can negatively impact health literacy and educational outcomes
4. Engage in treatment-related decision-making informed by complementary and opposing ethical, legal, systemic, and values-based principles (PWC #1, #2, and #3)
- Interns will have didactic training in the research and practical application in how to navigate typical ethical challenges in a medical setting, including understanding of ethical codes developed by other professions (e.g., social work, medicine, etc.)
  - Interns will be encouraged to engage in reflective practice and self-assessment to promote understanding of how their individual experiences/values/biases inform their clinical perceptions and care
  - Interns will develop appreciation of how personal, family values impact patient/family behavior and learn to incorporate culturally relevant factors into case conceptualizations
5. Develop a toolbox of evidence-based behavioral protocols for the assessment and intervention of typical behavioral/emotional concerns for children and adolescents (e.g., compliance, sleep, toileting, anxiety, mood concerns; PWC #1, #6, #7, and #8)
- Interns will learn how to provide evidence-based assessment for common psychological concerns of childhood and adolescence
  - Interns will learn new behavioral protocols including reviewing the research supporting the protocols and the limits of the protocols
  - Interns will observe supervisors implementing behavioral protocols
  - Interns will obtain experience in the selection and implementation of behavioral protocols
  - Interns will be given didactic and practical application experience in how to adapt evidence-based intervention protocols based on the goals and setting of the interaction and individual family factors
6. Develop a mature understanding of how systems-based and individual factors impact care access and engagement, practice mitigating those barriers for individual patients/families, and develop skills in advocating for reduced systemic barriers (PWC #1, #2, #3, #4, and #5)
- Interns will review the research and receive didactic and practical training in barriers to care at the medical center level, community level, and individual

- patient/family level and understand ethical and legal rights/responsibilities related to accessing and declining care
- Interns will engage in reflective learning on how professional providers' backgrounds and values impact access and engagement in care including understanding of how personal biases shape care delivery
  - Interns will receive didactic training in systemic barriers and how to professionally advocate for reduced barriers to care access
  - Interns will review research and have didactic training on the efficacy and clinical effectiveness of various evidence-based protocols including factors that impact patient/family's ability to receive evidence-based treatment (e.g., resource limitations in the local community)
7. Develop advanced knowledge of the roles of various psychological assessment providers, the value of different types of assessment methods, the interpretation of assessment results, and the practical application of assessment recommendations (PWC #1, #3, #6, #7, and #9)
- Interns will receive didactic training in how different psychological professionals engage in assessment and intervention and the different purposes of those interactions
  - Interns will review research on the value and limitations of various types of assessment methods
  - Interns will partner with patient/families in advocating for educational/psychosocial assessment, aid families in the interpretation of assessment recommendations, and choose interventions based on assessment findings
  - Interns will develop skills on when and how to consult with other professionals to better understand a patients' strengths and needs and advocate for appropriate educational and psychosocial supports
8. Recognize how developmental level and neurodevelopmental differences shape an individuals' perceptions and behaviors and learn best practices to advocate and implement empirically supported care for children with developmental/neurodevelopmental differences to promote their health and wellbeing (PWC #1, #2, #5, #7, and #9)
- Interns will receive didactic and literature review of child developmental and neurodevelopmental factors and how they impact psychosocial functioning, behavior, and medical outcomes
  - Interns will use their understanding of a patient's developmental level and neurodevelopmental functioning to tailor patient communication and treatment methods
  - Interns will obtain practical application on how to educate other professionals on the impact of a patient's developmental level and neurodevelopmental

functioning on their understanding and behavior and how to ethically provide care for these individuals

9. Critically evaluate, disseminate, and participate in research in child/health psychology (PWC #1, #4, and #5)
  - Interns will participate and lead review of pediatric psychology literature in journal clubs
  - Interns will receive didactic and practical training in the selection of research methods for use in clinical settings
  - Interns will participate in completion of their dissertation research projects and/or participate in research led by their clinical supervisors
  
10. Gain understanding of developmental models of supervision and mentorship within pediatric psychology settings (PWC #4, #5, and #8)
  - Interns will gain skills to participate effectively in individual and group supervision as a supervisee and peer supervisor
  - Interns will develop supervisory identity and prepare for future supervisory roles post-internship
  - Interns will understand the role and value of professional mentorship and develop skills in identifying and communicating with a mentor
  - Interns will engage in umbrella supervision for other trainees in the selection and implementation of behavioral protocols

## Curriculum

Internship training includes a breadth of experiences across treatment modalities within the 3 core domains of pediatric psychology along with depth of training in the treatment of common child psychological concerns. Internship training takes a developmental and tailored approach, recognizing the unique strengths and training needs of each intern.

Each intern will have at least one 6-month rotation in the developmental/behavioral and one 6-month rotation in acute and chronic illness domains and a 12-month rotation in integrated behavioral health. Through their rotation experiences, interns obtain a breadth of training across different child ages and presenting problems. They also gain depth of experience following patients through the treatment process from assessment to treatment discharge.

Rotation experiences are guided by the individual needs and experiences of each intern and include training appropriate to their developmental level. Training modalities include role play, structured observation of supervisors, co-therapy, therapy under direct supervisor observation, and independent therapy with supervisor direct availability as appropriate to the individual intern's developmental level.

Interns have assessment experiences focused on brief, problem-focused assessments using standardized instruments along with interpretation of individual, structured assessments across a range of assessment questions (e.g., attention-deficit/hyperactivity disorder, organ transplant readiness/candidacy, developmental functioning). Experience with treatment will occur across multiple modalities (consultation, short-term therapy, long-term therapy), settings (outpatient primary care, inpatient hospital consultation, multispecialty medical/behavioral clinics), and location (in-person, virtual).

Interns engage in clinical activity 3-4 days per week, and intervention is driven by evidence-based protocols. For instance, interns may collect data to diagnose common child behavioral concerns (anxiety, depression), engage in a behavioral intervention to treat a child with a sleep or feeding disorder, or consult with a patient/family to develop a plan to optimize engagement in medical care. Rotations available to interns vary year-to-year and are chosen based on intern training needs and supervisor availability.

Rotation opportunities include:

<b>Developmental/Behavioral</b>	
<b>Rotation</b>	<b>Psychologist Supervisor(s)</b>
Interdisciplinary Pediatric Feeding Program	Melissa Andersen and Natalie Berriz
Pediatric Elimination Disorders Program	Dawn Dore-Stites
Pediatric Behavioral Sleep Program	Dawn Dore-Stites
Pediatric Weight Management Program	Bethany Gaffka
Pediatric Chronic Pain Management Program	Kate Gamwell and Eric Scott

<b>Acute and Chronic Illness</b>	
<b>Rotation</b>	<b>Psychologist Supervisor(s)</b>
Pediatric Diabetes Program	Kristina Brookshire-Gay and Hayley Centola
Cardiac Neurodevelopmental Follow Up Program	Jennifer Butcher
Pediatric Cystic Fibrosis Program	Jennifer Butcher
Pediatric Solid Organ Transplant Program	Melissa Cousino and Emily Fredericks
Pediatric Cardiology Program	Melissa Cousino and Kelly Rea
Pediatric Functional Neurological Disorder Program	Kris Kullgren
Pediatric Multidisciplinary Dysautonomia Program	Kris Kullgren
Pediatric Oncology Program	Sunnye Mayes
Pediatric Red Cell Program	Eric Scott
Pediatric Neurology Program	Marisa Simoni

Pediatric Inpatient Consultation and Liaison Program	Marisa Simoni and Lauren Wruble
Medical Trauma and Illness Adjustment Program	Yi Tak (Daisy) Tsang
Pediatric Rheumatology Program	Luke Turnier
Pediatric Psychology General Outpatient Program	Various supervisors

<b>Pediatric Integrated Behavioral Health Program</b>	
<b>Site</b>	<b>Psychologist Supervisor(s)</b>
Canton Health Center	Richard Birnbaum
Howell Health Center	Andrew Cook
Briarwood Center for Women, Children, and Young Adults	Dana Gadaire
Brighton Health Center	Hannah Ham
Ypsilanti Health Center	Phoebe Jordan
East Ann Arbor Health Center	Phoebe Jordan
Northville Health Center	Yi Tak (Daisy) Tsang
Saline Health Center	Luke Turnier
West Ann Arbor Health Center	Luke Turnier

Remaining time during the intern training week is allocated for documentation and clinical follow-up, relevant clinical team meetings/case conferences, didactic training, umbrella supervision experiences, face-to-face supervision, and research. Each week, interns have at least 2 hours of didactic training, 2 hours of supervision, and 4 hours of time allocated for research-related activities.

### Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>	IBH supervision  Indirect clinical activities	Acute and chronic illness clinic	IBH clinic	IBH clinic	Monthly training directors meeting  Indirect clinical activities
<b>Lunch</b>	Lunch	Lunch	Multidisciplinary team meeting	Pediatric Grand Rounds	Didactics

<b>Afternoon</b>	Developmental behavioral clinic & supervision	Acute & chronic illness clinic	IBH clinic	IBH clinic	Protected research time
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## Patient Population

Pediatric psychologists at the University of Michigan C.S. Mott Children’s Hospital address a wide range of developmental, behavioral, and growth- and illness-related issues affecting children, adolescents, and their families. They support children, adolescents, young adults (ages birth to approximately 25 years) and families are served by inpatient and outpatient medical clinics affiliated with Michigan Medicine and C.S. Mott Children’s Hospital, including primary care practices located in the southeastern region of Michigan (see map below). Patients come from a broad range of locations throughout the state, including urban, suburban, and rural areas, and come from a diverse range of cultural and linguistic backgrounds.

## Administration

Internship Directors: Jennifer Butcher, PhD and Phoebe Jordan, PhD

Drs. Butcher and Jordan are licensed psychologists within the state of Michigan and are fully credentialed for practice at Michigan Medicine. As co-directors, Drs. Butcher and Jordan share responsibility for all elements of the training program. Specifically, they take primary responsibility for intern selection; organize, plan, and support delivery of all didactic content; create individualized programs of study for each intern; provide oversight to all clinical supervisors; conduct monthly mentorship meetings with interns to provide additional support; document and maintain interns' training records; and communicate with an intern’s home universities as necessary.

Division Director: Emily Fredericks, PhD

As Director of the Pediatric Psychology Division in the Department of Pediatrics, Dr. Fredericks is responsible for strategic leadership, faculty and provider development, clinical program oversight, and operational management.

Education Director: Eric Scott, PhD

As Education Director for the Division of Pediatric Psychology, Dr. Scott is responsible for strategic planning and oversight of education activities within the division at the medical trainee, practicum, internship, and fellowship level. He facilitates monthly meetings of the Education Committee for monitoring and continuous improvement.

Education Committee:

The education committee is composed of two representatives from each level of training (medical learners, psychology practicum students, doctoral interns, and postdoctoral fellows), as well as the division director (Dr. Fredericks) and the education director (Dr.

Scott). They oversee and coordinate all education activities within the Division of Pediatric Psychology.

## Supervision

Forging strong supervisory relationships between trainees and faculty is a core training goal designed to support interns' competency in pediatric psychology practice, professionalism, ethics, and interprofessional collaboration. Supervision emphasizes biopsychosocial perspectives, evidence-based practice, culturally responsive care, and acknowledgement of working within a larger system (e.g. healthcare; family). Our program uses a developmental supervision model: interns receive more structured and direct oversight early in the training year with increased independence as competencies are demonstrated and documented.

Supervision is characterized as an interactive educational experience between the intern and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purpose of enhancing the professional functioning of the trainee; monitoring the quality of pediatric psychology services; and serving as a gatekeeper for progress or completion.

Supervisors are doctoral-level psychologists who have primary professional responsibility for the cases for which they provide supervision. All supervisors are appropriately trained and licensed to practice psychology in the state of Michigan and are fully credentialed for clinical care at Michigan Medicine.

Supervisors are responsible for:

- Communicating when supervision occurs (scheduled out of clinic; staffing after cases in-clinic, etc.) and ensuring that supervision time requirements are met for that rotation
- Providing oversight that ensures patient safety and standard-of-care services
- Clarifying expectations for the rotation (role, scope, documentation standards, communication procedures, evaluation procedures)
- Reviewing and co-signing documentation
- Monitoring intern workload and ensuring clinical activities align with the intern's training plan and competency level
- Communicating changes in supervision meeting schedules and expectations
- Addressing concerns promptly, including performance issues or professional conduct concerns, and documenting supervision as required
- Promoting an inclusive learning environment

Interns receive at least 4 hours of supervision per week. At least 2 hours are in individual supervision in which a supervisor meets individually with the interns. Beyond the 2 hours of required individual supervision, supervision format is either in an individual or group setting.

Interns are expected to:

- Come prepared to meetings with case updates, questions and relevant documentation
- Seek supervision proactively, especially when cases involve elevated risk, complex system issues, uncertainty about diagnosis/treatment or ethical/legal questions
- Ensure that overall hours of supervision per week are met and express any concerns about meeting requirements to internship training directors
- Maintain timely, accurate documentation and follow clinic/hospital policies
- Participate actively in feedback and incorporate supervisory guidance into practice
- Communicate promptly about barriers to care, scheduling issues, safety concerns and coordination needs

Training on supervision models and practices occurs throughout the internship year. Interns will have opportunities to achieve and demonstrate competency in didactic seminars as well as direct or simulated practice with trainees in earlier stages of their education and/or faculty.

## Mentorship

Mentorship in professional development is provided to all interns. Interns will meet as a group with the Training Director(s) once monthly for review of training progress and concerns, support, and professional development guidance. Topics will vary based on intern interest and need but may focus on supervisory relationships, postdoctoral training, career advice, and internship goal progress.

## Didactic Training

Didactic training is designed to supplement clinical opportunities to ensure full breadth of training in clinical and professional development topics within pediatric psychology. Interns receive a minimum of 2 hours per week of didactic training and a minimum of 9 hours per month. In addition to guaranteed didactic opportunities, interns can participate in additional trainings throughout the year, such as Psychiatry Grand Rounds, Pediatric Pain Grand Rounds, and the Program for Equity in Adolescent and Child Health “work in progress” seminars. Internship co-directors will support interns in identifying and attending opportunities of interest throughout their training year. Required seminars and a sample calendar are below:

1. Case Conferences: Initially facilitated by faculty and postdoctoral fellows with interns expected to present throughout the year. This seminar encourages interprofessional dialogue with the goal to overall enhance the quality of care within the division. Interns will demonstrate the scope of their clinical judgment via professional presentations. They will also provide and incorporate feedback

related to their clinical practice as well as integrate scientific knowledge within their problem-solving and decision-making skills.

2. **Journal Club:** Facilitated by interns. In this seminar, interns select a journal article of interest 3 times per year to lead a discussion surrounding the evaluation of research and application to clinical care. The goal of this seminar is to support profession-wide competencies related to critically evaluating and disseminating research as well as promoting evidence-based care.
3. **Professional Development Seminar:** Facilitated by faculty or staff members at academic medical centers or universities. This seminar allows a space for trainees and faculty to discuss critical issues related to the practice of professional psychology including (but not limited to): ethics and decision-making, career development, professional issues, and psychology as a profession. The goal of this seminar is to prepare interns for the transition from trainee to professional psychologist.
4. **Pediatric Psychology Seminar:** Facilitated by faculty or staff members at academic medical centers or universities. This seminar provides interns with additional exposure to an array of topics pertinent to working within a medical center setting. The goal of this seminar is to support trainee development as pediatric psychologists in their understanding of and ability to care for the psychosocial aspect of children and their families facing medical challenges and complexities. Topics largely surround common medical presentations encountered by pediatric psychologists and the impact on psychosocial functioning, as well as the application of psychological principles to address physical and psychological functioning and adjustment to illness.

	Thursday	Friday
Week 1	Pediatric Grand Rounds (1 hr)	Pediatric Psychology Seminar (1 hr)
Week 2	Pediatric Grand Rounds (1 hr)	Professional Development Seminar (1 hr)
Week 3	Pediatric Grand Rounds (1 hr)	Pediatric Psychology Seminar (1 hr)
Week 4	Pediatric Grand Rounds (1 hr)	Case Conference (1 hr) Professional Development Seminar (1 hr)

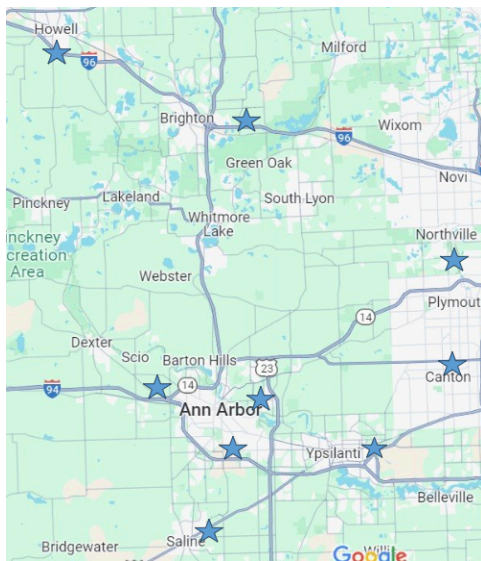
## Training Environment

Interns have shared trainee workspace in a trainee office on the medical campus with dedicated workstations including desk space with access to a computer and phone. Interns may leave personal belongings in this shared workspace. Administrative support services and office supplies are available. Each training site has the capability for interns to have access to offices/team rooms for specialty services, computers, and the internet for research and electronic recordkeeping.

Interns see patients in multiple locations across the Michigan Medicine Inpatient and Outpatient Clinics. In-person intervention settings vary from hospital rooms to traditional

psychotherapy rooms but always include a space with patient privacy. Clinic space includes a work room to allow live supervision and interdisciplinary consultation. Clinical care is also provided virtually. Patient virtual visits are scheduled and conducted via a HIPAA-compliant platform integrated into the EPIC Electronic Health Record. This platform has a waiting room capability allowing for live supervision during patient encounters. The Office of Interpreter Services is available for in-person, video, and phone support for patients who speak languages other than English, as well as for support with written translations.

Supervisors conduct supervision with their interns either in-person or via a Michigan Medicine-wide HIPAA-compliant platform installed on all intern computers. Didactics, other research labs, and book/journal clubs are largely conducted virtually, with occasional hybrid offerings.



## Training Support

Clerical support is available for administrative tasks, such as scheduling, photocopying, and faxing, related to clinical activities. Staff are available for clerical-related telephone calls to patients/families. Administrative support is also available to interns to support professional and education-related activities such as submitting time off and scheduling meetings with faculty. Interns are assigned a laptop computer for the year that includes access to the electronic health record and health information technology support through Michigan Medicine. Interns have access to office supplies and resources such as telephones, scanners, printers, and copy machines. Michigan Medicine utilizes the EPIC Electronic Health Record system, and interns are trained in the use of this system. Electronic data is protected with two-factor authentication. Interns have access to a wide range of electronic and paper assessment materials as well as intervention protocols and manuals.

Research support is available to interns through statistical programs, access to the University of Michigan libraries, and various research supports available through individual rotation/faculty research.

Stipend: A pediatric psychology intern's yearly stipend is commensurate with that of other Midwest academic medical centers and is reviewed routinely by Division and Department leadership.

Holidays and Time Off: The internship year begins August 1, or the first Monday after August 1, each year and ends on July 31, or the last Friday before July 31, each year. Completing hours early does not allow an intern to finish internship before the end date.

All interns are entitled to 15 days off (comprised of vacation, sick days, and personal/professional leave) during the internship year. Additionally, all interns will receive Michigan Medicine recognized holidays off. All days off should be communicated with a supervisor in advance when possible. In the case of illness, interns communicate with their supervisor as early as possible on the day of the illness.

Benefits: Employee health, dental, and vision benefits are available. Options for health benefits are reviewed with interns as part of onboarding. Proof of malpractice coverage must be provided by the interns' training institution or by the intern.

## Well-Being

Pediatric psychology interns have access to a number of resources at the institutional level to support wellness. A free and anonymous self-screening website is available on the institution's MHealthy website. Additionally, the Department of Pediatrics Intranet Webpage

(<https://sites.google.com/a/umich.edu/um-pediatrics/other-activities/humanism-and-wellness1>) includes wellness resources including free, self-administered, and anonymous screening tests for stress, work-life balance, and mental health, Wellness Modules, information to support health and wellness, and mental health resources. Additional counseling and treatment, including 24/7 emergency care, is provided through the Office of Counseling and Workplace Resilience, and the UM Psychiatric Emergency services (see Resource section below).

1. Emergency & Crisis Support: Use any of the following resources if you or a loved one is in crisis or experiencing an emergency.
  - a. Dial 911
  - b. U-M Psychiatric Emergency Services (PES) call (734) 936-5900 or (734) 996-4747
  - c. Crisis Text Line - A free 24/7 external support service available to members of the Michigan Medicine community. HIPAA compliance policies

- do apply to using this service, and all text conversations are private and secure.
- d. Michigan Medicine faculty, staff and learners can text 'UMICH' to 741741
  - e. U-M campus faculty and staff can text '4UMICH' to 741741
  - f. Call or Text [988 Suicide Lifeline](#)
2. [Office of Counseling and Workplace Resilience](#): 734-763-5409 or email [counseling@med.umich.edu](mailto:counseling@med.umich.edu)
- a. OCWR is committed to helping the Michigan Medicine community and their families by providing coordinated, compassionate, and confidential psychological care services.
  - b. As members of the Michigan Medicine community, OCWR staff recognize the unique demands and challenges of working in an academic medical center, while also honoring the joy, purpose, and meaning-making that can arise from this work.
  - c. The Office of Counseling and Workplace Resilience provides:
    - i. short-term counseling
    - ii. leader consultation
    - iii. impactful event support
    - iv. system-wide resilience interventions
    - v. mental health resources
    - vi. confidential online mental health screening provided by [Aiberry](#)
3. [U-M Benefits and Wellness](#)

## Selection Criteria

Our internship is housed within the Division of Pediatric Psychology in the Department of Pediatrics at the University of Michigan/Michigan Medicine. Our internship is applying for membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC), and we plan to participate in the APPIC Internship Matching Program administered by National Matching Services Inc. (NMS). The guidelines in effect for this application year are available from [APPIC](#).

We 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. Applicants must complete the [APPIC Application for Psychology Internship \(AAPI\) online](#).

We seek applicants with a solid clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and consultation, and personal characteristics necessary to function well in our specific internship setting. Our selection criteria are based on “goodness-of-fit” with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. A selection committee including at least two licensed psychologists is involved in initial review of APPI applications. Note: the selection process may include information gained from internet searches of applicants’ names.

**Application Deadline:** All application materials must be submitted through the AAPI Online Service by November 15th of the year prior to internship start. No materials are accepted via email or U.S. Mail. Please address your cover letter to Dr. Phoebe Jordan and Dr. Jennifer Butcher.

**Application Review and Interview Invitation:** After all applications are reviewed, applicants will be either invited for a virtual interview or notified that an interview will not be offered by December 15th of the year prior to internship start.

**Interviews:** Our virtual interview days occur on the second and third Fridays of January of the year the internship will start. We also offer a flexible, alternate interview day to accommodate as many interns as possible in the interview process. The alternate interview day varies each year.

Virtual interviews are required of all applicants who make the final selection round. Virtual interviews involve at least two, 30-minute interviews with members of the training faculty. A virtual open house also occurs each year to allow for a program overview and to answer interns' programmatic questions. This typically occurs on the evening before the first interview day. Please visit our website for more information and for specific details on how to apply: [Pediatric Psychology Internship | University of Michigan Medical School](#).

**Intern Recruitment and Selection:** Our internship is designed for graduate students completing their Ph.D./Psy.D. in Clinical, School, or Counseling Psychology who seek experience in an academic health center. Interns are selected based on a thorough review of application materials. We seek interns who wish to gain experience in a pediatric medical setting with an interdisciplinary care model. Many of our interns obtain post-doctoral positions within academic medical centers.

Interns are selected based on the following criteria found in all APA-required application materials:

- **Academic Record:** Interns must be in good standing with their APA-approved doctoral program in psychology. Applicants are required to have passed their doctoral program's comprehensive exam and must provide a letter of internship readiness from their Director of Clinical Training by the internship application deadline.
- **Clinical Experience:** Interns must have practicum experiences with children and adolescents. Interns must have at least 150 hours of assessment experience and at least 150 hours of intervention/consultation experience.
- Applicants must be eligible to obtain their State of Michigan Doctoral Educational Limited License in Psychology [[State of Michigan Temporary Limited License in Psychology \(TLLP\)](#)]. Applicants must obtain the State of Michigan TLLP

*BEFORE their August 1* start date. Specifically, they must submit a copy to their Training Co-Directors before July 1 of the year that their internship starts. Criteria and procedures for the Doctoral Educational Limited License in Psychology (TLLP) application are found on the [Michigan Board of Psychology](#) website. All costs associated with licensure (cost of application, background check) will be reimbursed following the start date of internship.

- Scholarship: Consistent with the scientist-practitioner model, interns must complete their doctoral dissertation proposal prior to the ranking deadline.
- Writing Skills: Interns must demonstrate strong writing skills in application materials.
- Letters of Recommendation: Interns must have three letters of recommendation per APPIC application guidelines.
- Interpersonal and Communication skills: This internship seeks interns who are flexible, collaborative, mature, and open to feedback and supervision.

**Background Checks:** Employment will be contingent on satisfactory completion of a background check and drug screening. All interns are background tested/checked prior to or as part of the internship. A conviction for violence, abuse, or neglect may terminate the internship offer or employment.

**Drug Screening:** Employees of the University of Michigan are prohibited to use all illegal drugs (as deemed by the federal government). Additionally, our internship program prohibits the use of marijuana/cannabis, THC, and/or CBD in ALL circumstances. The University of Michigan will refuse to hire/will terminate an intern for the following reasons: they test positive for an illegal substance regardless of medical need, they present a medical prescription, or the fact that they obtained the substance legally, over-the-counter. Any suspicion of use may result in termination of internship. Unscheduled drug testing may occur at any time during the internship.

**Health Screening:** Regarding health screenings, Michigan Medicine workforce members who perform any type of work in patient care areas are required to provide proof of immunity/vaccination to certain communicable diseases, including measles, rubella (German measles), mumps, pertussis and varicella (chicken pox). Immunity to those diseases will be documented at the preplacement assessment. If proof of immunity or vaccination is not available, blood can be drawn to assess immune status or vaccine will be given. Any changes will be provided to Human Resources by Occupational Health Services (OHS). Exceptions due to medical contraindications may be granted by OHS on a case-by-case basis. More information on the pre-placement health assessment is available here: [Pre-Placement Health Assessment | Human Resources University of Michigan](#). Additionally, a mandatory influenza vaccination program is in place that requires all workforce members, regardless of work location, to comply with infection control practices to avoid transmission of influenza. This can include vaccination,

wearing masks, or other procedures as determined by the Infection Control Committee on an annual basis.

Orientation: During orientation, the Training Directors will meet with the interns and review the internship handbook and relevant policies (e.g., due process and grievance process) to answer questions and ensure understanding. The Pediatric Psychology Education Program Lead Administrator will also meet with interns to review completion of administrative/tax forms, how to enroll in/obtain needed access to Michigan Medicine applications, review department policies and supports, and assist with obtaining employment materials such as identification badges, laptop computers and parking passes. Interns will spend orientation time completing required mandatory trainings including training in the electronic health record and compliance. At that start of each new rotation, interns will be expected to complete readings to orient them to the rotation population and meet with rotation supervisors to develop goals and expectations for the rotation.

## Expectations for Intern Performance

The internship program is 12 months/2,000 hours in length. All internship-related activities are counted and tracked weekly within the 2000 hours, and Site Supervisors sign intern evaluations to verify experiences at part of the formal evaluations. Interns are expected to provide hour logs monthly for review by training directors throughout the internship year.

For interns to successfully complete the internship, the following criteria must be met:

- Total training time must include at least 2000 hours
- Direct service time must include at least 500 hours
- Total supervision time must include 100 hours of individual supervision with a licensed psychologist plus an additional 100 hours of supervision with an additional licensed psychologist.
- All client records, paperwork, and work products must be complete and reviewed with supervisors before the end of internship

Completion Criteria: To successfully complete the internship, all interns must:

- Meet the minimum level of achievement (a score of 3, graduating intern) on the final evaluation of all competencies, meet the required number of internship hours, and meet the requirements specified in any Formal Remediation Plan.

## Evaluation Process

Multiple opportunities exist for formative and summative feedback throughout the training year. In the beginning of each rotation, interns set specific goals related to assessment, intervention, and consultation with each primary supervisor. Progress towards these goals is formally reviewed between intern and supervisor in October and

April, but informal progress monitoring occurs regularly in supervision. Additionally, formal feedback on intern progress toward profession-wide competencies is provided to interns at mid-year (December) and end-of-year (July). Interns are provided with feedback on both strengths and opportunities for growth that are developmentally appropriate. Feedback is reviewed verbally between interns and supervisors to allow for discussion; both parties then sign the completed evaluation, which is then signed by a training director and provided to the intern's graduate training director. Evaluations are based on live observation, record review, and feedback to direct supervisors from members of multidisciplinary teams. Please see Appendix A for evaluation form.

## Due Process Policy

The University of Michigan/Michigan Medicine Pediatric Psychology Doctoral Internship is committed to cultivating the next generation of pediatric psychology leaders through rigorous, evidence-based training using a scientist-practitioner model. Our program is designed to optimally prepare interns for impactful careers in academic medical centers and professional practice in pediatric psychology.

### Intern Rights and Responsibilities:

- The right to specific, timely, formative feedback.
- The right to be treated in a manner that is respectful, professional, and ethical.
- The right to reasonable opportunities to remediate problems. These procedures provide structured opportunities for interns to receive support and assistance to remediate concerns and are not punitive.
- The right to participate in Due Process procedures by having their viewpoint heard in each step of the process.
- The right to appeal decisions within the limits of the policy.
- The right to engage in ongoing evaluation of the training internship experience using the Training Evaluation.
- The responsibility to engage with the training program in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.
- Intern Rights and Responsibilities are aligned with the University of Michigan policies as described by the Graduate Psychology Education Committee (GPEC) and Graduate Medical Education (GME) and the Michigan Medicine Policy on Disruptive or Inappropriate Behavior by Michigan Medicine Personnel.

### Internship Rights and Responsibilities

The UM Pediatric Psychology Internship Program has:

- The right to implement due process procedures as described below.
- The right for faculty supervisors (trainers) to be treated in a manner that is respectful, professional, and ethical.

- The right to make decisions related to remediation for an intern including probation,
- suspension, and termination within the limits of this policy.
- The responsibility to engage with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting the interns in successfully completing the training program.
- The responsibility to use constructive feedback to improve training.
- The faculty supervisors reserve the right to restrict an intern's participation in internship should serious problems be apparent.
- Processes are aligned with the University of Michigan Grievance Procedures and Due Process as described in the UM Standard Practice Guide (Appendix B; [Policy 201.08](#))

#### Definition of a Problem:

A problem is broadly defined as an interference in professional functioning which is reflected in one or more of the following ways:

1. an inability to demonstrate professional behavior
2. an inability to demonstrate professional skills at an acceptable level of competency
3. an inability to manage personal stress, behaviors, and/or emotional reactions that interfere with professional functioning.

Faculty supervisors use professional judgment to determine when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1. The intern scores below the minimum level of acceptable performance on a formal program evaluation
2. The intern does not acknowledge, understand, or address the problem when it is identified
3. The quality of services delivered by the intern is negatively affected
4. The problem is not restricted to one area of professional functioning
5. A disproportionate amount of attention by faculty supervisors is required
6. Trainee behavior does not change as a function of feedback and/or time
7. The behavior has potential for ethical or legal ramifications if not addressed
8. The behavior negatively impacts the public view of the University of Michigan
9. Trainee behavior negatively impacts other trainees within the program, Department, and/or institution
10. The behavior potentially causes harm or causes harm to a patient
11. Gross misconduct that violates ethical standards and/or regulations, Michigan Medicine policies and/or procedures, and/or state/federal law

The UM Internship Program addresses intern behaviors to support the demonstration of competencies at two levels. The first level is Informal Review. A supervisor or faculty/staff member works with the intern to develop a plan, monitor the behavior, and resolve the issue. Second, intern behavior can be addressed in a Formal Review and will result in an Acknowledgement Notice, Remediation Plan, a Suspension Plan, or Termination.

**Informal Review:** When a supervisor or other faculty/staff member believes an intern's behavior is becoming problematic or that an intern has difficulty consistently demonstrating an expected level of competence, the first step should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. The faculty supervisor who raises the concern should monitor the situation through resolution or a formal response.

**Formal Review:** If an intern's problem behavior is beyond the level of an Informal Review or if the problem behavior persists following an attempt to resolve the issue informally, the following process is initiated:

1. **Notice:** The intern and the intern's home institution are notified in writing that the issue has been raised to a formal level of review and that a Hearing will be held.
2. **Hearing:** The site supervisor, and faculty/staff member if appropriate, will hold a Hearing with a training co-director and intern within 10 business days of issuing a Notice. The purpose is to discuss the problem and determine what action needs to be taken to address the issue. If the training co-director is the supervisor who is raising the issue, an additional faculty member who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to his or her response to the problem.
3. **Outcomes:** The result of the Hearing will be determined by the training co-directors and the primary supervisor, and potentially the other faculty supervisors who were present at the Hearing. This outcome will be communicated to the intern and the intern's Director of Clinical Training, in writing, within 5 business days of the Hearing. As a result of the hearing, a report will be generated. The four possible outcomes are a) the behavior should be addressed informally through an Acknowledgement Notice, or that the problem should be addressed formally with a b) Remediation Plan, c) Suspension Plan, or d) Termination.
  - a. **Acknowledgement Notice:** The Co-Directors will write a report that formally acknowledges that the faculty supervisor is aware of and concerned with the problem, that the problem has been brought to the attention of the intern, and that the problem does not warrant further remedial action at this time.
  - b. **Remediation Plan.** The plan defines procedures such that the supervisor(s) and training co-directors actively and systematically monitor,

for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the problematic behavior or skill deficit. The length of the remediation period depends on the nature of the problem and is determined by the intern's supervisor(s) and the training co-director(s). Development of the Remediation Plan may include consultation with Michigan Medicine Office of Clinical Affairs, Office of General Counsel, or Office of Graduate and Postdoctoral Studies, the Graduate Psychology Education Committee, Office of Counseling and Workplace Resilience (OCWR), and/or Human Resources. The written Remediation Plan will be shared with the intern and the intern's home institution and will include:

- i. The behaviors or skills associated with the problem;
  - ii. The specific actions to be taken to rectify the problem;
  - iii. The time frame during which the problem is expected to be ameliorated; and
  - iv. The procedures designed to determine whether the problem has been appropriately remediated. At the end of the remediation period, a training co-director will provide a written statement indicating whether the problem was remediated. This statement will remain in the intern's file and will be shared with the intern's home institution. If the problem has not been remediated, a training co-director may choose to extend the Remediation Plan, place the intern on a Suspension Plan, or terminate the intern's placement. The extended Remediation Plan includes all the information specified above and the extended time frame.
- c. Suspension Plan. Intern suspension removes the intern from all clinical service provision for a specified period, during which the program may support the intern in obtaining additional didactic training, close mentorship, or some other method of remediation. The length of the suspension period will be determined by the intern's supervisor and a training co-director. Decisions related to a Suspension Plan may include consultation with Michigan Medicine Office of Clinical Affairs, Office of General Counsel, Office of Graduate and Postdoctoral Studies, the Graduate Psychology Education Committee, Office of Counseling and Workplace Resilience (OCWR), and/or Human Resources. A written Suspension Plan will be shared with the intern and the intern's home institution and will include:
- i. The behaviors or skills associated with the problem;
  - ii. The specific actions to be taken to rectify the problem;
  - iii. The time frame during which the problem is expected to be ameliorated; and
  - iv. The procedures designed to determine whether the problem has been appropriately remediated. At the end of the suspension

period, a training co-director will provide a written statement indicating whether the problem was remediated such that suspension of clinical activities can be lifted. If the problem has not been remediated, a training co-director may choose to recommend that the intern be placed on a Remediation Plan, extend the suspension, or terminate the intern's placement. This written document will follow the procedures outlined above. This statement will remain in the intern's file and will be shared with the intern's home institution.

- d. Termination of Internship. If none of the above informal or formal methods of support is sufficient to change intern behavior, the problem is a gross violation of ethical standards and/or regulations, site policies and/or procedures, and/or state/federal law, termination from internship may occur. Should the decision to terminate the intern occur, the intern will receive a written notice from a training co-director. If an intern receives official notice of termination, the intern must complete and submit all patient paperwork within 48 hours. A training co-director would also notify, in writing, APPIC, the intern's home institution, and any relevant professional credentialing bodies. University of Michigan Office of General Counsel and Human Resources will also be notified.

## Due Process Guidelines

General Guidelines: Due process ensures that decisions made by internships about interns are not arbitrary or personally-based, requires that internships identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the interns so they may challenge the internship's action.

General due process guidelines include the following:

1. Presenting interns notice, in writing, with the internship's expectations related to professional functioning.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at regular intervals.
3. Outlining in the internship handbook the various procedures and actions involved in making decisions regarding problematic behavior.
4. Communicating early and often with interns about any suspected difficulties and seeking input about how to address such difficulties.
5. Providing a written procedure to the intern which describes how the intern may appeal the internship's action(s). Such procedures are included in the internship's handbook and made available to the intern at the beginning of the internship.
6. Ensuring that interns have sufficient time to respond to any action taken by the internship.
7. Using input from multiple sources when making decisions or recommendations regarding intern performance.

8. Processes are aligned with the University of Michigan Grievance Procedures and Due Process as described in the UM Standard Practice Guide (Appendix B; [Policy 201.08](#))

Appeal Process: Within ten business days of receiving a written outcome from a training co-director, the intern may appeal. Two levels of appeal are present. First, the intern would appeal, in writing, to a committee of three (3) pediatric psychology faculty supervisors and training co-directors. The intern may select an additional member of the committee.

Should an intern disagree with the decision of the committee, the intern may appeal in writing to the [Chair of the Department of Pediatrics](#). Psychology faculty supervisors may also submit documents to the Chair for review. The Chair will review the documents and make a decision. The decision will be made within ten (10) working days of receipt of the written appeal and all documents. The chair has final authority and full discretion in decision-making.

## Grievance Policy

A grievance is a formal term for a complaint. A grievance procedure is a process that is invoked when an intern has a complaint against the training program or individual involved in the training program. Interns may initiate an informal or formal grievance about the conduct of another intern, faculty supervisor, the Training Committee, the Director of Training, the Training Program, the Director of the Division of Pediatric Psychology, the Department of Pediatrics and their policies and procedures.

Grievances must be raised by interns and others in good faith consistent with [APA Ethics Standard 1.07](#), which states that psychologists do not file or encourage the filing of (ethics) complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

Standard University of Michigan Grievance Procedures and Dispute Resolution procedures as stated in the [UM Standard Practice Guide Policy 201.08](#) (Appendix B) may also be applied to the process of identifying insufficient performance and/or problem behaviors during formal review as well as to remediation, appeal, and grievances.

Informal Grievances: Interns dissatisfied with training or behavior may attempt to resolve the matter informally. When such a situation arises, the intern is encouraged to first speak directly with the person of concern for a resolution. If the situation is not resolved, or if the intern prefers not to speak directly to the faculty member/supervisor, the intern may discuss the concern with a supervisor and/or a training co-director. In many cases, a training co-director or supervisor can provide suggestions or feedback

that allows the intern to resolve the concern independently, and the matter is kept in confidence. If the intern is not comfortable addressing the situation alone, a training co-director or supervisor will then facilitate a meeting between the intern and the person of concern. In some cases, several meetings are held as progress is made toward resolution. A training co-director may consult with the training committee to assist interns in resolving difficulties.

**Formal Grievances:** If the matter that is the subject of a grievance cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Co-Directors of Training. If a Co-Director of Training is the object of the grievance, the grievance should be submitted to the Associate Director of Education or the Division Director.

The individual being grieved (or Director of Training if the subject of the grievance is the training program) will be asked to submit a response in writing within ten (10) working days.

The Directors of Training (or alternate Training Committee member, if appropriate) will then meet with the intern and the individual being grieved within ten (10) working days of the response. In some cases, the Directors of Training or other Training Committee member may wish to meet with the intern and the individual being grieved separately first. The intern may also choose to select an advocate to participate in the process. The goal of the joint meeting will be to develop a plan of action to resolve the matter.

The plan of action will include the following:

1. The behavior associated with the grievance
2. The specific steps to rectify the problem
3. The procedures designed to ascertain whether the problem has been appropriately rectified.

The Directors of Training or other Training Committee member will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Director of Training or other Training Committee member in writing within ten (10) working days regarding whether the issue has been adequately resolved. A written summary of the plan will be distributed by the appropriate parties to all relevant parties, including the intern's home institution.

Should an intern feel that the formal grievance was not satisfactorily addressed by the Co-Directors and/or Training Committee within the Division of Pediatric Psychology, the intern may also send a written grievance to Dr. Donna Martin, Chair of the Department of Pediatrics, who will contact the Human Resources Office to share a copy of the grievance. Within seven (7) days of the receipt of the written grievance, the Human Resource Office will convene a meeting with the involved parties and will facilitate a

hearing and course of action per [SPG Policy 201.08](#) (Appendix B). A written summary of the plan will be distributed to all relevant parties, including the intern's home institution. All faculty supervisors agree to adhere to the course of action developed by the Chair and Human Resources. Any formal grievances received by the Chair will be stored by a training co-director in a locked cabinet.

## Appendices

### Appendix A: Evaluation Form

**University of Michigan/Michigan Medicine  
Pediatric Psychology Internship Program  
Intern Evaluation Form (completed by supervisors)**

Intern Name
Supervisor(s) Name(s)
Date:
<input type="checkbox"/> Mid-year <input type="checkbox"/> End-of-year
Total Hours:
Supervision Hours:
Methods Used in Evaluation (check as many as apply):
<input type="checkbox"/> Live Observations <input type="checkbox"/> Verbal Summary <input type="checkbox"/> Process Notes <input type="checkbox"/> Observations from Additional Staff Members <input type="checkbox"/> Other (specify):

#### Mid-Year Expectations and Completion Criteria

- Interns receive a separate evaluation from each clinical supervisor
- At the mid-year formal evaluation, each intern's skills must be rated as Early Intern (a score of 2) on every item on the evaluation. If a score falls below a 2 at mid-year, the formal probationary plan procedures will be initiated.
- The Minimum Level of Achievement is a score of 3 (Graduating Intern) on the final formal evaluation.
- In order to successfully complete the internship, all interns must:
  - Meet the MLA of 3 (Graduating Intern) on every item on the final formal evaluation, and
  - Meet the required number of internship hours, and
  - Meet the requirements specified in any formal probationary plan.
- For each item, mark the number corresponding with your rating of the intern's skills

Rating	Score	Description
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Novice**	1	<p>Intern is just beginning to demonstrate these skills and requires more instruction, training, and practice prior to the completion of internship requirements. Intensive supervision is needed.</p> <p>This is a typical rating for interns at the onset of internship. A mid-year formal evaluation score of 1 will lead to initiation of formal remediation procedures.</p>
Early Intern	2	<p>Intern can demonstrate these skills with close supervision, but requires additional practice prior to completion of internship requirements. Routine, but intensive, supervision is needed.</p> <p>This is a typical rating early in internship. Scores of 2 or higher meet expectations for the mid-year formal evaluation.</p>
Graduating Intern	3	<p>Intern's skills are adequate for internship expectations. Additional guidance or practice may be necessary.</p> <p>This is a common rating for interns throughout internship. A score of 3 is the minimum level of achievement for the final formal evaluation. A 3 indicates an intern is ready for entry-level practice.</p>
Emerging Professional	4	<p>Intern demonstrates acceptable skills for an entry-level psychologist. Competency attained in all but non-routine cases. Occasional supervision is needed; depth of supervision varies with client needs and case complexity.</p> <p>This is a common rating for interns at the completion of internship. It surpasses the minimum level of achievement.</p>
Independent Functioning	5	<p>Intern demonstrates advanced skills for an entry-level psychologist. Intern demonstrates advanced skills in this area, consistent with those of a licensed psychologist. Supervision is ongoing and largely based on intern's needs assessment.</p> <p>This is an unusually high rating for interns at the completion of internship. It surpasses the minimum level of achievement.</p>
**Note: Supervisors must offer a detailed explanation for any score of 1		

**Research** (1-2 Early Intern, 3-5 Graduating Intern)

1	Critically evaluates research	1	2	3	4	5
2	Disseminates research (e.g., case conference, presentation, publications)	1	2	3	4	5

3	Applies scientific methods of evaluating practices, interventions, and programs	1	2	3	4	5
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**Ethical and Legal Standards** (1-2 Early Intern, 3-5 Graduating Intern)

4	Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct	1	2	3	4	5
5	Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels	1	2	3	4	5
6	Demonstrates knowledge of and acts in accordance with Relevant professional standards and guidelines	1	2	3	4	5
7	Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas	1	2	3	4	5
8	Conduct self in an ethical manner in all professional activities	1	2	3	4	5
9	Demonstrates and applies knowledge of school-specific regulations, policies, and practices in school and clinical contexts	1	2	3	4	5

**Individual and Cultural Diversity** (1-2 Early Intern, 3-5 Graduating Intern)

10	Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	1	2	3	4	5
11	Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	1	2	3	4	5
12	Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities)	1	2	3	4	5
13	Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers	1	2	3	4	5
14	Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	1	2	3	4	5

15	Independently applies their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship	1	2	3	4	5
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**Professional Values, Attitudes, and Behavior** (1-2 Early Intern, 3-5 Graduating Intern)

17	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	1	2	3	4	5
18	Engages in self-reflection regarding one's personal and professional functioning	1	2	3	4	5
19	Engages in activities to maintain and improve performance, well-being, and professional effectiveness	1	2	3	4	5
20	Actively seeks and demonstrates openness and responsiveness to feedback and supervision	1	2	3	4	5
21	Responds professionally in increasingly complex situations with a greater degree of independence as intern progresses across levels of training	1	2	3	4	5
22	Accurately assesses own strengths and weaknesses	1	2	3	4	5
23	Keeps supervisor(s) informed of all professional activities	1	2	3	4	5
24	Manages time effectively	1	2	3	4	5

**Communication and Interpersonal Skills** (1-2 Early Intern, 3-5 Graduating Intern)

25	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services	1	2	3	4	5
26	Produces oral, nonverbal, and written communications that are informative and well-integrated	1	2	3	4	5
27	Comprehends oral, nonverbal, and written communications	1	2	3	4	5
28	Demonstrates a thorough grasp of professional language and concepts	1	2	3	4	5
29	Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	1	2	3	4	5
30	Tolerates professional ambiguity and uncertainty	1	2	3	4	5

**Assessment** (1-2 Early Intern, 3-5 Graduating Intern)

31	Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	1	2	3	4	5
32	Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	1	2	3	4	5
33	Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	1	2	3	4	5
34	Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics	1	2	3	4	5
35	Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	1	2	3	4	5
36	Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	1	2	3	4	5
37	Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	1	2	3	4	5

**Intervention (1-2 Early Intern, 3-5 Graduating Intern)**

38	Establishes and maintains effective relationships with the recipients of psychological services	1	2	3	4	5
39	Develops evidence-based intervention plans specific to the service delivery goals	1	2	3	4	5
40	Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	1	2	3	4	5
41	Demonstrates the ability to apply the relevant research literature to clinical decision making.	1	2	3	4	5
42	Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	1	2	3	4	5
43	Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	1	2	3	4	5

**Supervision (1-2 Early Intern, 3-5 Graduating Intern)**

44	Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals	1	2	3	4	5
45	Demonstrate knowledge of supervision models and practices	1	2	3	4	5
46	Recognizes supervision needs	1	2	3	4	5
47	Invites feedback	1	2	3	4	5

**Consultation and Interprofessional/ Interdisciplinary Skills (1-2 Early Intern, 3-5 Graduating Intern)**

48	Demonstrates knowledge and respect for the roles and perspectives of other professions.	1	2	3	4	5
49	Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	1	2	3	4	5

**Total Rating of Intern**

Mid-year	1	2	3	4	5
End of Year	1	2	3	4	5

Qualitative Comments or Observations of Intern’s Performance:
Summary of Future Goals:
Please offer a detailed explanation for any skill ratings in the Novice (1) level. Also, note that any score of 1 will trigger the development of a formal remediation plan.

Supervisor’s Signature

Date

Intern’s Signature

Date

Internship Director's Signature

Date