Policy and Procedure Manual

Postdoctoral Residency Programs
In Clinical Psychology
2021-2022

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1. POSTDOCTORAL RESIDENCY PROGRAM OVERVIEW

The Postdoctoral Residency Programs in Clinical Psychology are funded by Kaiser Permanente Northern California (KPNC) and are compliant with state and national guidelines. The residency programs are comprised of seven consortia encompassing nineteen training sites located within the northern California region. All residents work toward achieving the same set of core competencies in general clinical psychology through their training experiences. The positions are full time only (40 hours per week) and are designed to be completed in no less than one year. The program begins in mid-September, and residents accrue 2000 hours over the course of the training year.

This manual provides the policies and procedures that are applicable to residents and training faculty. It is posted on the Regional Mental Health Training Programs’ website at https://mentalhealthtraining-ncal.kaiserpermanente.org/, the official "bulletin board" of the training programs. This website contains information such as the history of our programs, descriptions of the training sites and rotations, training faculty profiles and seminar schedules.


In addition, all KPNC Postdoctoral Residency Programs are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adhere to its policies as well. Website address: http://www.appic.org.

1.01 Mission Statement
Kaiser Permanente is an integrated managed care consortium, based in Oakland, California, founded in 1945 by industrialist Henry J. Kaiser and physician Sidney Garfield. Kaiser Permanente operates in eight states and the District of Columbia and is the largest managed care organization in the United States, serving over 12 million members nationally, including 4.5 million members in northern California. Care for members and patients is focused on total health and is guided by personal physicians, specialists and teams of caregivers.

Kaiser Permanente’s stated mission is to provide efficient, affordable, high-quality, evidence-based, health care while supporting continuous quality improvement. The organization is dedicated to care innovation, clinical research, health education and improving community health.
The Postdoctoral Residency Program’s mission statement declares a commitment "to training postdoctoral residents within an integrated health care system in order to prepare them for dynamic roles as practicing psychologists in the health care system of the future."

1.02 Rights of Postdoctoral Residents
1. To be informed of the expectations of the residency program
2. To be trained by professionals who behave in accordance with the ethical guidelines of their profession
3. To have individual training needs identified and documented
4. To receive ongoing evaluation that is specific, respectful and pertinent
5. To engage in evaluation of the training experience
6. To utilize due processes to challenge program decisions
7. To utilize grievance procedures to resolve disputes
8. To be granted privacy and respect for one’s personal life, including respect for one’s uniqueness and differences

1.03 Residency Policy Adherence Expectations
Postdoctoral residents are subject to KPNC’s general policies and procedures, which are presented to the resident during the orientation period. Residents may access this information through MyHR, a web site located as a link at https://vine.kp.org/wps/portal/kpvineportal/workspace and/or by contacting their local KPNC Human Resources consultant. Policies pertaining to professional appearance/dress code and social media use are located in sections 10.03 and 10.04 of this manual and should be reviewed.

Residents are required to reference and abide by the APA's Ethical Principles and Code of Conduct. In addition, residents are expected to understand and comply with all training program policies, departmental policies and state and federal laws.

2. PROGRAM CURRICULUM

2.01 Training Schedule Overview
In creating a schedule for the resident, the site training director works closely with the resident and the department managers. Major and minor rotations may include outpatient Mental Health, the Intensive Outpatient Program, the Eating Disorders team, the Emergency Department, Addiction Medicine Recovery Services (AMRS), Behavioral Medicine and other specialty medical services (e.g., chronic pain management, bariatric services, women's health etc.). Requirements vary between departments and may include some evening and/or weekend work hours. For example, AMRS may require weekend work hours, but in no case shall the resident be scheduled to work more than 40 hours a week.

At least one-half of the resident's time (approximately 20 hours per week) is spent providing direct services to patients. Services may include but are not limited to intake evaluations, individual and family psychotherapy, facilitation of treatment groups and psychological assessment. The remaining hours are spent in activities such as weekly individual and group supervision, departmental/team meetings, a program development/evaluation project, local and regional seminars and grand rounds, scholarly presentations to peers (see Appendix I for Resident Presentation Evaluation form) and a service project in the community. In some training locations, residents will have the opportunity to supervise psychology graduate student externs.
2.02 Administrative Support and Office Resources
Each of the medical centers has its own clerical and technical support staff to assist residents during their tenure at the assigned clinic. Administrative support staff can be utilized to help schedule patient appointments, respond to phone messages, track patient paperwork and provide assistance with other tasks as needed. The individual departments offer residents the use of translation services, copy machines, telephone and computers and technical support.

Every resident has a computer workstation that provides access to the internet, electronic periodicals, KPNC’s intranet, as well as a variety of online medical and psychological databases. These online databases include Medline, Micromedix (an internal medical database search engine), PsycInfo and evidence-based practice manuals for anxiety, depression, eating disorders, domestic violence and other treatment areas. KPNC’s information technology support is accessible to all residents through a telephone help line. Office software such as word processing and slide-show presentation programs are also available.

At all training sites, residents are provided with offices to meet with patients, receive and answer phone messages and schedule appointments within a confidential setting. Larger rooms are available to provide group or family therapy. Residents working with children have access to playrooms or offices equipped with toys and games. Additional training resources (which vary by site) include one-way mirrors and audio and video recording equipment.

Each medical center campus is equipped with conference rooms, a cafeteria and in some locations, exercise rooms. Conference rooms for training seminars are also available at Kaiser’s Regional headquarters in Oakland. Each medical center has its own medical library, with librarians available for research assistance. The Regional library service includes access to KPNC’s inter-library loan service, which is connected to all the major university and research institution libraries, both domestic and foreign.

2.02.01 Equipment Provided by Local Medical Centers
Local medical centers are asked to provide equipment to all trainees at the start of the training year. While this may include desktop computers, the Mental Health Training Programs request that all trainees be provided with Kaiser Permanente issued laptops to facilitate their working across multiple departments and to accommodate the changing dynamics in healthcare. Many of our trainees rotate through various departments in our medical centers, and travel to other medical centers for didactics and trainings. Therefore, laptops are needed to help facilitate this flexible schedule and to support working remotely when appropriate.

2.03 Diversity, Inclusion and Culturally Competent Care
Diversity issues are considered in every aspect of training as medical centers and clinics serve diverse and unique member populations that include differences in age, disability status, race, ethnicity, immigration experiences, gender, gender identity and expression, sexual orientation, religion and spirituality, socioeconomic status and family life. Through targeted seminar topics, supervision and therapeutic work, residents are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

The Regional Mental Health Training Program’s Equity, Inclusion and Diversity Committee organizes advanced trainings that promote cultural competency and cultural sensitivity. The trainings are designed to support all residents and provide them with a safe space to reflect on their experiences without judgment. Prior to each regional seminar, an optional diversity forum is
held with expert speakers from the community and from within Kaiser Permanente on topics impacting residents' clinical work and professional development. Forum topics have included immigration, micro-aggressions, unconscious bias and gender-affirming care.

The Equity, Inclusion and Diversity Committee also coordinates a voluntary Mentorship Program in which interested residents are matched with licensed clinicians. The licensed clinicians offer guidance and support separate from the supervision that is provided by the clinical supervisors. Mentorship combines the sharing of hands-on experience and thoughtful reflection with the underlying goal of promoting a training climate supportive of diversity. Mentors support mentees in their professional development by helping them prepare for entry-level career positions, define future goals, network and hone work/life balance.

2.04 Psychotherapy Training
Residents are taught evidence-based psychotherapy practices through didactic seminars and case supervision. In addition, they are trained in Feedback Informed Care (FIC), an innovative approach to mental health treatment in which patients and therapists use patient reported information to track treatment progress, as well as the therapeutic alliance. This approach has been found to significantly improve outcomes.

At each visit, patients' complete questionnaires from Tridium, an electronic behavioral health platform. These questionnaires cover important clinical domains such as psychiatric symptoms, subjective wellbeing, functional disability, medication adherence and treatment response. The information gathered allows therapists and patients to assess whether to continue a current therapy or whether to modify treatment. In each clinic, residents join staff colleagues and specially trained FIC case conference leaders in consultation groups to deepen their level of FIC expertise and to assist them in tailoring service delivery.

At the discretion of the site training director, program faculty, department managers and team leaders, a postdoctoral resident may facilitate a therapy group alone, provided that the following conditions are met:

- The resident's level of competence, as determined by observation of their clinical skill and evidence of previous experience, deems them appropriate to work alone
- The group is comprised of members who are appropriately treated by a single facilitator
- Supervision of the group and the closing of notes is assumed by an appropriate supervisor
- The primary purpose of facilitating a group alone is for training and professional development
- The resident never works alone in the clinic without a licensed staff member readily available for consultation or crisis assessment if necessary

2.05 Seminars and Didactic Training
Regularly scheduled didactic seminars are held at the consortium level. Resident attendance should be at 90% minimum. The resident is also expected to attend regional training seminars held in Oakland. Current seminar schedules and a list of speakers and topics can be found on the Regional Mental Health Training Programs website.

After the completion of each seminar/didactic training, residents evaluate the seminar on such criteria as whether the course was appropriately challenging and relevant and whether the presenter was sufficiently prepared and attentive to questions. This evaluation form (Appendix
H) is patterned after the Mandatory Continuing Education Provider evaluation. Residents’ feedback guides the program in developing future trainings.

**2.06 Community Partnership Project**
Reflecting Kaiser Permanente’s core commitment to mental health and wellness in our communities, each resident is required to spend at least 32 hours during their training year on a Community Partnership Project that focuses on improving mental health in the local community beyond our Kaiser Permanente patient members. The scope and focus of the projects are site specific, reflecting the unique opportunities available in each community to develop meaningful partnerships.

Projects are developed in conjunction with the site training director and can take a wide range of forms. Many Community Partnership Projects entail psychoeducational programs at local high schools or community centers, with emphasis in such areas as mindfulness, stress reduction, parenting education, anger management or communication trainings. Other projects have involved staff consultation at county or non-profit agencies (e.g., homeless shelters, community mental health clinics, prisons, etc.).

**2.07 Psychological Assessment Training**
Training in psychological assessment involves understanding referral questions, selecting assessment methods, collecting background information, administering, scoring, and interpreting measures, formulating hypotheses, assigning diagnoses, and recommending interventions.

Postdoctoral residents will only conduct assessments in which they have appropriate training. Specialized assessments such as neuropsychological testing for diagnostic purposes, for example, will only be performed and interpreted under the supervision of individuals who are privileged as neuropsychologists at the local medical center. Assessments that are specific to various Health Psychology applications, such as in primary care settings, should only be conducted and interpreted under the direction of supervisors who have the appropriate training. Psychological assessment supervisors are to abide by the regulations established by the APA Ethical Principles of Psychologists and Code of Conduct, Sections 9.01-9.11 on Assessment.

Testing materials are available at each site and include standard psychometric and neuropsychological measures as well computer programs to aid in the scoring of tests. In addition, residents have access to commonly used paper and pencil measures. The psychological assessment supervisor is responsible for training the resident in testing procedures and determining the appropriate measures to be used in each case.

Each resident is required to obtain written informed consent from the patient for psychological/neuropsychological assessment (Appendix G) which states that the postdoctoral resident is in training and working under the license of a staff psychologist supervisor.

**2.08 Program Development/Evaluation Project**
Each resident is required to undertake a program development/evaluation project over the course of the training year. The project will be selected based upon the resident’s interests and skill set, departmental need and the availability of any ongoing projects. Residents are allocated the equivalent of one hour per week for this requirement. The time can be scheduled on a weekly basis or can be combined into less frequent blocks of time, e.g., two hours every other week, four hours per month, etc.
The question (or hypothesis) underlying the project should be specifically focused and the project itself should fall within the regular scope of departmental services. It may involve collecting and analyzing administrative data to improve operations, or it may be a quality improvement/assurance project whose purpose is to improve or assess Kaiser Permanente programs or procedures. If the project is designed as a human subject’s research investigation to develop or contribute to generalizable knowledge (i.e., new information that has relevance beyond the population or program from which it was collected) or is intended to be disseminated in a public forum outside of Kaiser Permanente (e.g., conference presentation, published article), then the project will require consultation with the medical center’s Local Research Chair and a formal IRB review. If the resident is uncertain as to whether the project meets criteria for human subjects’ research, the resident should consult with the program evaluation supervisor and, if appropriate, submit a "Not Human Subjects Research Determination" form (available on the KPNC IRB website) to the IRB.

Possible foci of program development/evaluation projects can include, but are not limited to:

- Development and evaluation of a treatment group, intake procedure, or other new programming.
- Evaluation of factors associated with treatment outcomes
- An empirical needs assessment of a clinical area that would be enriched by psychological services, such as embedding psychologists in primary care or specialty medical teams
- Collaboration with regional or departmental projects such as Outcomes Monitoring or ongoing Division of Research studies
- Reminder: All research and intellectual property generated in the course of employment at Kaiser Permanente is the property of Kaiser Permanente (5.1.3 of KP’s Principles of Responsibility).

Once the project is defined, the resident will submit a proposal comprised of a literature review with references and an outline of the methodology to the program evaluation supervisor. Before data collection begins, the resident should consult with the program evaluation supervisor as to which data analyses are most appropriate.

The resident will meet with the program evaluation supervisor throughout the training year for mentoring and to provide updates on their progress. Residents may also share their proposals and progress with peers in group supervision sessions.

The resident will keep personally identifiable information about any patient participant (e.g., name, medical record number) in a secure location in the office at all times.

Towards the end of the training year, the resident will prepare a final manuscript summarizing the entire project and/or will give an oral presentation of the results, accompanied by a PowerPoint slide show to the target audience (i.e., department or team) who will most benefit from the information.

For residents submitting a final manuscript, the structure and content should follow APA journal article standards (e.g., introduction, method, results, discussion, references). Residents should
obtain a copy of the most recent APA Publication Manual and refer to it for guidance on the elements of a manuscript.

The final manuscript and/or slide deck will subsequently be placed in the resident’s local training file and on any shared drives for future use. Each manuscript and/or slide deck should be accompanied by an abstract of the project in APA format.

### 2.09 Proposed Program Project Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Training Year Calendar</th>
<th>Project Schedule and Progress Check Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mid-September</strong></td>
<td>Beginning of 1&lt;sup&gt;st&lt;/sup&gt; Quarter</td>
<td>- Postdoctoral Residency begins</td>
</tr>
<tr>
<td><strong>October/November</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Quarter</td>
<td>- Proposal ideas are discussed and developed</td>
</tr>
<tr>
<td><strong>December 1&lt;sup&gt;st&lt;/sup&gt;</strong></td>
<td>Beginning of 2&lt;sup&gt;nd&lt;/sup&gt; Quarter</td>
<td>- Written Proposal is submitted&lt;br&gt;- Therapy curriculum is submitted for intervention studies (where required)</td>
</tr>
<tr>
<td><strong>December/January</strong></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Quarter</td>
<td>- Written Proposal is approved&lt;br&gt;- Planning period for project implementation&lt;br&gt;- Participant recruitment begins for intervention studies</td>
</tr>
<tr>
<td><strong>January/February to May/June</strong></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; and 3&lt;sup&gt;rd&lt;/sup&gt; Quarters</td>
<td>- Project implementation&lt;br&gt;- Data collection period</td>
</tr>
<tr>
<td><strong>June to July</strong></td>
<td>4&lt;sup&gt;th&lt;/sup&gt; Quarter</td>
<td>- Data analysis&lt;br&gt;- Writing up of the results and discussion&lt;br&gt;- Preparation of a PowerPoint slide show or other presentation</td>
</tr>
<tr>
<td><strong>July to August</strong></td>
<td>End of 4&lt;sup&gt;th&lt;/sup&gt; Quarter</td>
<td>- Project presentation to team or department&lt;br&gt;- Final manuscript/slide deck is submitted to program evaluation supervisor and site training director for review and approval</td>
</tr>
</tbody>
</table>

### 3. SUPERVISION OF PROFESSIONAL HOURS

#### 3.01 BOP Supervisor Training Requirements

The Postdoctoral Residency Programs comply with supervision guidelines stipulated by the California Board of Psychology (BOP). The BOP requires that all primary supervisors complete a six-hour continuing education course in supervision each licensing cycle (every two years). For more information, go to: [https://www.psychology.ca.gov/applicants/sup_checklist.pdf](https://www.psychology.ca.gov/applicants/sup_checklist.pdf)

#### 3.02 BOP Supervision Agreement Form

The BOP Supervision Agreement form must be completed, signed and dated by both the primary supervisor and the resident no later than the first day of the residency program. To print a copy of the BOP Supervision Agreement form, go to: [http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf](http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf)
The completed BOP Supervision Agreement form must be accompanied by KPNC’s “Supplement to BOP Supervision Agreement” (Appendix Q) when applying for licensure. On the first page of the Supervision Agreement form, the appropriate category to check for the postdoctoral residency program is the third option, “BPC Section 2911.” This indicates that the training at KPNC takes place in a program with APA accreditation or APPIC membership. In addition, the word “intern” should be crossed out and replaced with “resident”; and the word “internship” replaced with “residency”.

On the second page of the Supervision Agreement form, the second question asks for the location of services. This question should be answered with the name and address of the consortium, (i.e., where the consortium director is located). The actual training site should be identified secondarily.

3.03 Supervised Professional Experience Log
It is the responsibility of the resident to keep a weekly supervised professional experience log with hours verified by the supervisor’s signature to document program participation. Paper log templates are available for download on the California Psychology Internship Council’s (CAPIC) website: [https://capic.net/resources/all-forms/#Postdoc%20Docs](https://capic.net/resources/all-forms/#Postdoc%20Docs)

The word "Internship" at the top of the form should be crossed out and replaced with the word "Residency". The California Board of Psychology requires 1500 hours of supervised professional experience at the postdoctoral level to qualify for licensure, while other states may require more hours.

3.04 BOP Verification of Experience Form
The California BOP Verification of Experience form, along with the Supervision Agreement form, is submitted to the BOP by the resident at the end of the training year. The APPIC member title (i.e., consortium name) must be indicated on the Verification of Experience form and the Supervision Agreement form. Secondarily, the medical center where the actual training took place must also be indicated. To print a copy of this form, go to [https://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf](https://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf)

3.05 Methods of Supervision
All postdoctoral residents receive regularly scheduled, individual supervision for two hours per week throughout the training year. Each resident receives individual supervision from two training supervisors, a primary supervisor and a delegated (secondary) supervisor, both of whom are licensed psychologists at the resident’s work site.

The functions of both the primary and secondary supervisors include monitoring patient welfare, enhancing the resident’s clinical skills, promoting professional growth, evaluating the resident’s progress and providing feedback. The primary and secondary supervisors serve as both mentor and monitors/guides for the resident’s clinical work and professional development during their tenure at KPNC. The delegated (secondary) supervisor also monitors the resident’s caseload and provides feedback and guidance. In accordance with California state law, each postdoctoral resident has access to their primary or delegated (secondary) supervisor at all times, via phone or pager, in case of emergency.

Residents spend two hours per week in group supervision facilitated by licensed psychologists who may be the training director or primary, secondary or specialty supervisors. Topics include
case consultation, supervision training, psychological assessment, program evaluation, professional development, interdisciplinary communication and systems issues, and multicultural competence and diversity awareness.

Evaluation of resident professional competencies must be based on direct observation at least once each quarter. Direct observation by the supervisor may be completed live and in-person (e.g., in-room co-therapy with patient, co-led group therapy, in-room observation of an intake evaluation, one-way mirror observation) or by audio-video streaming, or through audio or video recording. If requested to audiotape, videotape or otherwise record a patient session, residents should download the Consent and Authorization form to be signed by resident and patient, from the “Resources” section of the following web page: https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit

3.06 Resident Evaluation of Supervisor
Each resident evaluates their supervisors semi-annually, at minimum, using the Supervisor Evaluation form (Appendix J). Data from this form is reviewed by the site training director and is kept confidential; however, ratings of "1" (Does Not Meet My Expectations") or "2" ("Needs Improvement") will be brought to the supervisor's attention. Residents and supervisors should review the Supervisor Evaluation form at the beginning of the training year to ensure a common understanding of the supervisory standards of the program. They are then encouraged to use the criteria on this form as a guide for discussion throughout the training year, and especially at the time of the resident's quarterly Competencies Evaluations.

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient rights and safety
A patient’s rights and responsibilities as outlined in the KPNC local facility policies and procedures manual will be observed at all times. Residents and program faculty should review the California Board of Psychology's Patient Bill of Rights by going to: http://www.psychology.ca.gov/forms_pubs/consumer_guide.pdf

A patient’s safety should be of utmost concern to all residents and staff. For more information, go to: http://kpnet.kp.org:81/california/qmrs/ps/

4.02 Provision of Services by a Resident and Patient Consent
The title of a postdoctoral resident in clinical psychology is “Psychology Postdoctoral Resident”. Each resident must clearly identify their title at the first meeting with any patient or potential patient. The resident must also inform the patient or patient’s guardian of the resident’s last day of training and name of supervisor.

The resident must then document in the patient’s electronic chart that the patient received the information and gave (or refused to give) consent to be seen by the resident. The “dot phrase” to be used to note this is “.traineeinformedconsent”. This dot phrase signifies that “The patient was informed that the undersigned (*** is a trainee working under the supervision of *** and other licensed staff members in the Dept. of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned.”
In addition to the above electronic charting, the resident may complete a “Notice of Provision of Mental Health Treatment Services by a Psychology Postdoctoral Resident” (Appendix F) and provide it to the patient and/or guardian for their reference.

Patients may refuse therapy or request to be seen by a licensed staff member. In such cases, the resident must document the patient’s refusal in the electronic chart, noting that treatment was explained, alternative treatment options were offered and that the consequences of declining treatment were discussed.

4.03 Notification to Supervisor Regarding Treatment of a Minor
Pursuant to California AB 1808, as an unlicensed provider, a postdoctoral resident is required to notify their supervisor before or after any visit in which the resident treats a minor aged 12-17 years old, individually or in a group session, regardless of whether the minor is accompanied by a parent or guardian. This notification must occur within 24 hours, in writing, unless the resident believes the minor to be a danger to self or others. If a danger is present, the resident must notify their supervisor verbally during the session or immediately after the session. Management will determine an appropriate workflow to ensure that this requirement is met, and the resident is expected to adhere to department guidelines.

4.04 Signing Legal Documents as Witnesses for Patients
Residents may not sign wills, power of attorney forms or other legal documents as witnesses for patients or their family members. A request to act as witness to a document should be courteously but firmly refused. In addition, residents may not sign forms, such as state disability forms, which require the signature of a licensed psychologist or psychiatrist.

4.05 Responding to Legal Documents
Receipt of a subpoena, a summons from a court, a request to examine a patient’s medical record or otherwise obtain information from it, or a letter from a lawyer concerning a patient, should be reported immediately to the site training director and the resident’s supervisor. Residents are not to respond to any requests for documents without explicit instructions from the supervisor(s) and/or training director.

4.06 Medical Record Confidentiality: CMIA and HIPPA
All residents must abide by standards set forth by the California Confidentiality of Medical Information Act (CMIA) and by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See Obligations Regarding Confidentiality CA 1.09, located under HR Policies in MyHR, for more information.

Patient information is confidential and protected by law. Accessing the medical records of patients other than those treated by the resident is strictly prohibited and grounds for termination. Medical record confidentiality laws also prohibit the resident from accessing the chart(s) of their own family member(s).

Patient or chart information cannot be released to anyone without the consent of the patient or as authorized by law. The resident should not discuss patient care matters with investigators or attorneys without notice to, and in the presence of, attorneys representing Kaiser Permanente. The KP Medical-Legal Department is available for consultation.
In the event of a privacy breach or potential breach, the resident is expected to inform the supervisor and/or training director. Failure to comply with this expectation will result in remedial or corrective action up to and including termination.

4.07 Online Charting in KP HealthConnect
All medical centers use the same database for online charting called KP HealthConnect. Through HealthConnect, residents can access hospital records and perform online charting, as well as respond to consultation requests electronically. Residents are expected, whenever possible, to incorporate Tridiuum behavioral health outcomes data, gathered electronically at each patient visit, into treatment planning. Residents are responsible for receiving training in the use of these databases. Entries into the mental health record, for example, must include only approved abbreviations and symbols.

The patient’s treatment progress is to be documented at each contact. The record should be sufficiently detailed and organized in accordance with departmental standards so that a staff member can provide appropriate and effective care to the patient. A well-maintained patient record allows a staff member, at a later date, to determine the patient’s condition, as well as to review the diagnostic and therapeutic interventions that were implemented. Any changes in the condition of the patient and/or in the results of treatment must be documented. The record should enable another clinician to assume care of the patient at any time.

4.08 Signing and Closing of Chart Notes by Supervisor
All residents should enter intake and progress notes into HealthConnect immediately after each patient contact session and forward the notes to their supervisor. The supervisor will review the resident’s notes and may make recommendations to the resident. If necessary, the resident will modify the notes. After approving the notes, the supervisor will enter the CPT code and co-sign and close the notes no later than two business days from the date of patient contact.

5. EVALUATION OF PROFESSIONAL COMPETENCIES
5.01 Baseline Assessment of Resident Competencies
Within the first week of the training year, the resident and primary supervisor will complete the Baseline Assessment of Resident Competencies (Appendix A). This baseline assessment identifies the resident’s entry level of experience in all competency areas set forth in the Competencies Evaluation (CE). It also identifies competency areas on which the resident will focus during the year and provides the basis for the resident’s Individual Training Contract.

5.02 Resident Individual Training Contract
Within the first week of the training year, each resident collaborates with their primary supervisor in developing an Individual Training Contract (Appendix B). This contract builds upon information obtained from the Baseline Assessment and allows the resident and supervisor to develop a training plan to address any competency areas identified by the Baseline Assessment as requiring additional training focus. This collaborative process is flexible, and goals can be revised at quarterly intervals. In addition, the resident uses the contract to list any competency areas in which they wish to obtain extra supervision during the year.

The training contract also identifies the resident’s primary and secondary supervisors and lists resident responsibilities and expectations for the training year. By signing this contract, the resident acknowledges receipt of the Policy and Procedure manual, review of section IV of the
Individual Training Contract entitled “Responsibilities and Expectations of Resident” and understanding of the basic requirements of program participation.

5.03 Resident Competencies Evaluation
In order to ensure that residents meet all of the program’s aims and requirements, each resident will be formally evaluated by their primary supervisor at least once per quarter (and more frequently if a competency concern arises) using the Competencies Evaluation (CE) (Appendix C). The CE is the training program’s formal instrument for evaluating a resident’s progress.

The primary supervisor is instructed to rate the resident on all behavioral anchors listed for each of the specific competencies on the CE. For any behavioral anchor in which a resident is rated less than a "3" ("Meets Expectations"), the primary supervisor must provide a narrative explanation. In addition, ratings of “1” ("Inadequate") or “2” ("Needs Improvement") on any behavioral anchor on the CE will trigger remedial and possibly corrective action.

Since the program provides increasingly complex training over the course of the year, a resident who is deemed to "meet expectations" at the beginning of the year, would be functioning at a higher level than when deemed to "meet expectations" at the end of the year. A resident performing at level "3" at the end of the year has met the competency requirements for an early career, license-eligible practitioner.

At each quarterly interval, the primary supervisor meets with the resident to review the completed CE. The resident may respond in writing to supervisor feedback on the evaluation. If the resident wishes to challenge any rating on the CE, they are directed to follow the Resident Due Process procedure.

5.04 Ongoing Evaluation and "Good Standing" Designation
The supervisors provide the resident with information regarding their progress during regularly scheduled individual supervision meetings. If a concern arises regarding a resident’s behavior or performance, the primary supervisor should provide such feedback during these meetings, enabling the resident to focus attention on the specified area(s) of concern.

If at any point in the training year a resident noticeably “Needs Improvement” or is “Inadequate” on any behavioral anchor, the primary supervisor will complete a CE on the resident. The ratings from the CE may prompt the primary supervisor to initiate remedial and/or corrective action.

A resident is in “good standing” if they have ratings of “3” for all behavioral anchors on the CE or if they are in Focused Competency Guidance. A resident is not in good standing when their primary supervisor initiates a Letter of Warning and/or Corrective Action.

5.05 Certificate and Letter of Program Completion
To receive a Certificate of Completion at the end of the training year, the resident must attain a score of “3” (“Consistently Meets Expectations”) for each behavioral anchor on the CE by the fourth quarter. The resident must also have accrued 2,000 hours of supervised training by the end of the training year.

In addition to a Certificate of Completion, each eligible resident also receives a Letter of Completion (Appendix M). This letter acknowledges the resident’s successful completion of their supervised hours and certifies that all program requirements have been met and that the resident
is in good standing in the program. The letter also describes the general duties that the resident performed and the team(s)/rotations in which the resident trained.

Residents who voluntarily separate from the training program before the end of the training year will be considered to have resigned and will not receive a Certificate or Letter of Completion. Any resident who does not complete the full 2,000 hours is still eligible to have their supervisor submit a Verification of Experience form to the BOP at the end of training. This form will reflect the hours that the resident completed at or above a satisfactory level of performance according to the supervisor.

5.06 Resident Program Surveys
Each resident evaluates the training program at mid-year and at the end of the training year. The Resident Program Survey (Appendix K), which is accessed by a confidential link to the online SurveyMonkey service for anonymity, allows the resident to assess their own experience of the program by the same parameters that are used in the CE. The data from this survey, along with CE ratings, provide valuable feedback to the training faculty and is used to make modifications to program procedures.

In order to gather ongoing and long-term program outcomes data, a Post-Residency Experience Survey (Appendix L) is emailed once a year to all past program participants to gather data on licensure, career development and professional competencies related to training program goals.

6. REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

6.01 Remediation and Corrective Action Overview
There are several levels and types of remedial and corrective action that can be taken if a significant concern arises regarding a resident’s professional conduct, professional development or performance. The primary supervisor will consult with the site training director to determine the severity of the concern(s) and the appropriate level and type of action. The actions need not be sequential and may be taken concurrently. Additionally, the primary supervisor may refer to KPNC’s Human Resources’ policies for guidance.

For all remedial and corrective actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired during the process, including any plans that were implemented, with timelines and outcomes. In response to the initiation of any such actions, the resident may choose to file an appeal by following the Resident Due Process procedure.

6.02 Types of Remedial Action
The primary purpose of Remediation is to provide the resident with additional training and supervision for any competencies in which their performance has been identified as sub-standard. The two components of Remediation - Focused Competency Guidance and Letter of Warning - are conceptualized as responses to varying degrees of concern on the part of training faculty regarding a resident’s performance but not related to behaviors such as patient endangerment, professional misconduct or criminal behavior. See Corrective Action below, for the program’s response to these behaviors.

When a specific concern about a resident’s performance arises at any point during the training year, including but not limited to the quarterly evaluation intervals, the supervisor will utilize the
Competencies Evaluation (CE). A resident’s performance deficits may be due to insufficient skill or knowledge or problematic behaviors that significantly impact their professional functioning. The CE ratings will determine the appropriate course to assist the resident in improving their performance in the targeted competency area(s).

Schedule modification is a time-limited, closely supervised period of training that is triggered by the initiation of either Focused Competency Guidance or a written Letter of Warning. Several possible and concurrent courses of action may be included in modifying a schedule, such as: (a) increasing the amount of supervision, either with the same or different supervisors; (b) changing the format, emphasis and/or focus of supervision; (c) recommending personal therapy; (d) reducing the resident’s clinical or other workload; and (e) requiring specific academic course work. The site training director will determine the length and nature of any period of schedule modification.

6.03 Focused Competency Guidance
Focused Competency Guidance is typically triggered when a resident receives one or more ratings of “2” (“Needs Improvement”) on the Competencies Evaluation (CE) for any behavioral anchor(s). A rating of “2” typically indicates minor competency deficit(s) that may be easily ameliorated by added training. However, during the third or fourth quarters of the training year, if a resident receives a “2” for any behavioral anchor, the supervisor may choose to initiate either a Letter of Warning or Corrective Action.

After determining the need to initiate Focused Competency Guidance and recording concerns in narrative form on the resident’s CE, the primary supervisor is responsible for meeting with the resident. During this meeting, the supervisor should discuss the competency issue(s) fully, openly and candidly with the resident and complete the Focused Competency Guidance Plan (Appendix D). The supervisor will identify the competencies to be targeted and recommend actions to be taken in the targeted competency area(s). The guidance plan will also include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. In the next sequential quarterly CE, further improvements should be noted. This plan must be signed and dated by both parties during the initial and follow-up meetings. The primary supervisor will provide the resident and the site training director with copies of this plan and a copy will be kept in the resident’s training file.

6.04 Letter of Warning
A Letter of Warning (Appendix E) is typically triggered when a resident fails to achieve timely and/or sustained improvement after completing a Focused Competency Guidance Plan and/or receives one or more ratings of “1” for any behavioral anchor(s) on the Competencies Evaluation. A rating of “1” (“Inadequate”) indicates major competency deficit(s). If a resident receives a “1” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate Corrective Action.

The following components are included on a Letter of Warning form:

1. Description of resident’s unsatisfactory performance
2. Identification of the targeted competency area(s) and behavioral anchors
3. Outline of measures to be undertaken to remediate resident performance, including but not limited to: schedule modification, provision of opportunities for the resident to receive extra
supervision and/or to attend additional seminars and/or other training activities, and/or recommendations of training resources

4. Expectations for successful outcome

5. Consequences for unsuccessful outcome (which may include the initiation of Probation)

6. Notification that the resident is no longer in “Good Standing” in the program

7. Notification that the Letter of Warning may impact whether the resident’s supervised hours will be found to be satisfactory

8. Timeline for completion

After completing the Letter of Warning, the primary supervisor meets with the resident to review the information outlined in the component sections of the form and obtains the necessary signatures. The primary supervisor must provide the resident and the site director with copies of the Letter, which will also be placed in the resident's training file. Within the time frame outlined in the Letter, the supervisor will re-evaluate the resident using the Competencies Evaluation and record their findings in the outcomes section of the Letter. If the primary supervisor and site director determine that insufficient progress has been made and that further action is needed, they may submit a written explanation of their concerns to the resident. In addition, they may place the resident on probation.

6.05 Types of Corrective Action

The three types of corrective action (Probation, Suspension and Termination) are conceptualized as responses to varying degrees of concern on the part of training faculty and departmental management about a resident’s performance and/or behavior. The training faculty, in conjunction with departmental management, is directed to initiate any of these processes as their first response. The severity of the concern will determine the starting point. In the event that the resident is dismissed from the program, and does not wish to appeal, the resident may choose to resign. Residents who are dismissed from the program will not receive a certificate or letter of completion.

6.06 Probation Policy

Residents who are in jeopardy of not successfully completing the requirements of the program due to serious competency-related concerns, or who have not corrected these concerns after a Focused Competency Guidance Plan or a Letter of Warning, may be placed on probation by the site training director and department manager with notice given to the consortium director. The probationary period will include more closely scrutinized supervision conducted by the primary and secondary supervisors in consultation with the site training director. The site training director will monitor for a specified length of time the resident’s progress in changing or improving the behavior(s) of concern.

The site training director, in conjunction with the primary supervisor and department manager, will compose a letter to the resident outlining the program’s concerns. This letter will also describe the consequence(s) of the resident’s failure to show immediate and substantial improvement in the identified competency areas within the planned time frame. Improvement must be evidenced by CE rating(s) of “3” ("Meets Expectations") in targeted areas. The site training director and primary supervisor will then meet with the resident to review the notice and ensure that the resident fully understands the terms of the probation. The resident and primary supervisor will be provided with copies of the notice, and a copy will be placed in the resident's training file.
When drafting the probationary notice, the site director should take the following into consideration:

1. Description of the reasons for probation to include the following, if applicable:
   a. Severity of the violation
   b. Number of violations and the dates that the violations occurred
   c. Whether the violation was part of a pattern or practice of inappropriate behavior
   d. Resident’s history of non-compliance
   e. Whether the resident should have known the rules
   f. Whether the violation was intentional or negligent
   g. Whether the action was committed for personal gain
2. Identification of the targeted competency area(s) and behavioral anchors
3. Notification that the resident is no longer considered in “Good Standing” in the program
4. Notification that this probationary action may impact whether the resident’s supervised hours will be found to be satisfactory
5. Any required schedule modification
6. Criteria for determining whether the problem has been adequately addressed
7. Consequences of an unsuccessful outcome (may include denial of certificate and letter of completion, extension of the probationary period, suspension and/or termination)
8. Timeline for completion

6.07 Suspension Policy
Suspension of a resident is a decision made between the site training director, department manager and HR liaison, with notice given to the consortium training director. As a result of this decision the resident may be suspended from all or part of their usual and regular assignments in the training program. A suspension may be paid or unpaid.

Suspension, up to and including termination, of a resident may be initiated as a result of the following:

1. The competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, professional misconduct and/or criminal behavior
2. After the probationary period, the resident has not met expectations for improvement in the identified competency domains
3. The resident has failed to comply with state or federal law, KPNC and/or the training program policies, or professional association guidelines
4. Removal of the resident from the clinical service is in the best interests of the resident, patients, staff and/or the training program

The site training director’s implementation of the suspension policy may but need not be prompted by CE rating(s) of “1” (Inadequate) for anchor(s) related to these behaviors. Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal.

The site training director and primary supervisor will submit a written letter to the resident which addresses the following:

1. Description of resident’s unsatisfactory performance
2. Identification of violation(s), including corresponding competency area(s) and behavioral anchors
3. Notification that the resident is no longer in "Good Standing" in the program.
4. Notice of Suspension and expected duration

Examples of factors to be considered when documenting patient endangerment, professional misconduct or criminal behavior on the part of the resident include, but are not limited to, those listed in item (1) of the written Probationary Notice, above.

The site training director, department manager and primary supervisor will meet with the resident to review the letter, voicing their concerns fully, openly and candidly. The resident will be asked to respond to the letter and to the group’s concerns. The site training director will take notes during the meeting, documenting a clear record of the interaction.

Depending on the severity of the violation, the training faculty and departmental management may choose at this point, with or without warning, to notify the resident that they have been suspended from the training program or to terminate the resident from the program. The group will inform the consortium training director and the HR liaison of the proceedings of the meeting. A copy of the suspension letter will be placed in the resident's training file.

6.08 Termination Policy
Termination of a resident can be initiated immediately if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of patient endangerment, professional misconduct and/or criminal behavior on the part of the resident. Termination may also be invoked for any other egregious offense on the part of the resident, including but not limited:

1. Violation of federal or state laws, including HIPAA and CMIA, and in which the imminent harm to a patient either physically or psychologically is a major factor
2. Serious violation of KPNC policies, including training program policies and procedures or professional association guidelines
3. Serious violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The resident is unable to complete the program due to serious physical, mental or emotional illness
7. Serious or repeated act(s) or omission (s) compromising acceptable standards of patient care.

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Postdoctoral Residency Program in Clinical Psychology. The decision to dismiss a resident from the training program is not made lightly and is made by the site training director and department manager, in consultation with the HR liaison. The resident will be informed of the decision in a letter that addresses the following:

1. Description of the resident’s unsatisfactory performance
2. Identification of violation(s), including corresponding competency area(s) and behavioral anchors, which may include details listed in the suspension letter
3. Notice of Termination

In addition, a resident, as an employee of KPNC, may have their employment terminated at any
time, with or without cause, by the site training director in conjunction with departmental
management and HR administration. Termination of a resident's employment will result in
dismissal of the resident from the training program.

6.09 Due Process Policy
The primary purpose of due process is to provide a mechanism by which all decisions made by
the training faculty regarding a resident’s Competencies Evaluation, remedial or corrective action,
as well as a resident’s status in the program, can be promptly and fairly reviewed. Residents will
not be subject to reprisal in any form as a result of participating in the due process procedure.
Note: This policy does not apply to, nor can it be utilized by, a resident who is terminated as the
result of an HR decision. In those instances, the resident would follow KPNC HR policy.

In order to challenge a training program decision, the resident must notify the site director in writing
as soon as possible after receipt of the decision. This written notification shall include the following
information:

1. Name of resident
2. Current date
3. Date and description of decision under dispute
4. Explanation of resident’s disagreement with decision, including supporting information
5. Description of resident’s objective/goal for resolving the dispute

As soon as possible, but no later than fifteen (15) business days after receipt of the resident’s
written notification, the site director (or their designee) will appoint a Hearing Committee. Every
effort will be made to expedite the committee formation and the hearing process.

The Hearing Committee:
1. Will be composed of no fewer than three members
2. Will include individuals from the consortium training faculty, departmental
   management and HR consultant
3. May include any appropriate licensed staff member requested by the resident
4. Will not include the consortium training director
5. In no case shall any staff member who has participated in the decision in question
   up to this point be a member of the committee.

Once the Hearing Committee members have been appointed, a hearing shall be conducted within
fifteen (15) business days. The resident has the right to hear all facts related to the concern, as
well as to present supporting materials of their own. The resident also has the right to dispute or
explain the concerns presented.

Within ten (10) business days from completion of the hearing, the Hearing Committee will make
a final decision. Decisions will be made by a majority vote of the committee members and will be
submitted to the resident and to the site training director.
If the resident is dissatisfied with the Hearing Committee’s decision, they may appeal the decision to the consortium training director (or their designee), who will consult with management personnel, including those who were not part of the committee.

The resident must submit the written appeal, along with a copy of the original written challenge, to the consortium training director within ten (10) business days from the date of the Hearing Committee’s decision. This written appeal shall include the following information:

1. Name of resident and training location
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Explanation of resident’s disagreement and basis for appeal
5. Resolution sought

Within ten (10) business days after receipt of appeal, the consortium training director (or their designee) will review the decision along with the resident’s appeal and either accept or reject the committee’s recommendations.

If the consortium training director accepts the Hearing Committee’s recommendations, they will inform the site training director who, in turn, will inform the resident and primary supervisor of the decision. If the consortium training director rejects the Hearing Committee’s recommendations, they may either refer the matter back to the Hearing Committee for further consideration (such as to gather more information) or make a final decision at that time.

The consortium training director will inform the site training director of any rescission who, in turn, will inform the resident and the supervisors. The resident may appeal the consortium training director’s final decision by contacting a Human Resources consultant and the department manager.

7.0 DISPUTE RESOLUTION PROCESSES

7.01 Resident Grievance Overview
It is the goal of the Psychology Postdoctoral Training Programs to provide a learning environment that fosters congenial professional interactions among training faculty and residents based on mutual respect. However, it is possible that situations will arise that cause residents to file grievances. This policy is intended to facilitate the prompt resolution of a problem identified by a resident as requiring attention. Residents will not be subject to reprisal in any form as a result of utilizing this grievance procedure,

The Grievance and Appeal procedures are not intended to be used by a resident to challenge the results of a Competencies Evaluation or any remedial or corrective action. To appeal any of these program decisions, the resident is directed to follow the Resident Due Process procedure.

7.02 Verbal Grievance Communication
If a resident has any disagreement with a supervisor, another staff member, a fellow resident or a matter of program policy, they will be encouraged to communicate openly with the person involved, if possible, or with their own supervisor first about the issue. At any time before or during this process, the resident may discuss their concerns directly with the site training director, department manager and/or a Human Resources consultant.
The resident is responsible for communicating openly, specifically describing how they intend to
 gain satisfactory resolution to the problem. If the resident has chosen to address the issue with
 their supervisor, the supervisor is responsible for exploring the issue fully with the resident and
 offering ideas for resolving it. If the resident is dissatisfied with the outcome of the verbal
 discussion, they are directed to follow the procedure for Written Grievance Communication as
 outlined below.

7.03 Written Grievance Communication
If the Verbal Grievance Communication has been utilized and the issue has not been resolved to
the resident’s satisfaction, the resident may submit a written document to the site training director
and/or department manager (or designee), describing the grievance in detail. However, in no
case shall any staff member who has participated in the Verbal Grievance Communication also
participate in the review of the Written Grievance Communication.

As soon as possible, but no later than ten (10) business days from receipt of the written grievance,
the site training director and/or department manager(s) should meet with the resident (and
supervisor, if appropriate) to discuss the issue. After this discussion, the site training director
and/or department manager(s) (or designee) will, if necessary, conduct an investigation and
respond to the resident’s grievance in writing within ten (10) business days. If the resident is
dissatisfied with the outcome of the review of the Written Grievance Communication, the resident
is directed to follow the procedure for Grievance Appeal as outlined below.

7.04 Resident Grievance Appeal
If the Verbal and Written Grievance Communication procedures have been utilized and the issue
has not been resolved to the resident’s satisfaction, the resident may file a written Grievance
Appeal with the consortium training director and/or department manager(s). This appeal shall
include the following information:

1. Name of resident and training location
2. Current date
3. Copy of the original written grievance
4. Explanation of resident’s disagreement with the decision and basis for appeal
5. Resolution sought

As soon as possible, but no later than ten (10) business days from receipt of the grievance appeal,
the consortium training director and/or department manager(s) should meet with the resident to
discuss the issue. In no case shall any staff member who has participated in the grievance
processes up to this point also participate in the review of the appeal. After the discussion, the
consortium training director and/or department manager(s) will, if necessary, conduct an
investigation and respond to the resident’s appeal in writing within ten (10) business days.

Before responding to the resident, the consortium director will meet with the site training director
and/or the department manager and supervisor to review the dispute and discuss the issues
involved. Additionally, before responding, the consortium director will review their findings with
the regional training director and a Human Resources consultant and/or KP legal counsel, as
appropriate.
Training Supervisor Dispute Resolution Overview
KPNC provides processes to secure impartial and prompt resolutions of disputes among staff members. If a training supervisor has a disagreement with another training supervisor, a postdoctoral resident or wishes to dispute a matter of program policy, they should utilize the process outlined below. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

At any time, the training supervisor may discuss their concerns about the issue directly with a Human Resources consultant. If the issue pertains to the department but not to the training program, the supervisor is directed to follow KPNC policy and to contact their local HR consultant for guidance.

Supervisor Dispute Resolution Procedure - Step 1
The training supervisor should first discuss the problem with the person with whom the problem is identified, if possible. The training supervisor is responsible for specifically describing how they intend to gain satisfactory resolution in the area identified.

If the initial discussion proves unsatisfactory to the supervisor, they should address the issue fully with the site director. The site director is responsible for offering ideas for resolving the issue and for providing the training supervisor with a time estimate in which to expect a response if one cannot be provided immediately. The site director will then gather any information needed and respond to the training supervisor verbally or in writing. The response will be given in a timely manner, usually within ten (10) business days after the discussion.

Supervisor Dispute Resolution Procedure - Step 2
If Step 1 has been completed and the issue has not been resolved to the training supervisor’s satisfaction, the training supervisor may contact the department manager and the consortium director and detail their concerns. The department manager and consortium director should follow the procedure outlined in Step 1, including meeting with the site supervisor, establishing a time frame for response, conducting any necessary investigation and responding to the training supervisor. The response should be given within twenty (20) business days after the discussion.

TRAINING FACULTY ROLES AND RESPONSIBILITIES

Supervisor Qualifications and Responsibilities
- Minimum of two (2) years of experience as a licensed psychologist preferred
- Minimum of one (1) year of employment at the training site preferred
- Member of the American Psychological Association (APA)
- Relates to residents, clinic colleagues and department managers in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among residents, including cultural or individual diversity issues
- Models ethical, professional behavior, including recognition of and respect for differences among patients and colleagues
- Models’ commitment to the mission of Kaiser Permanente
- Models’ commitment to the mission and training model of the Psychology Postdoctoral Residency programs
- Maintains agreed-upon times for supervision and consultation
• Clearly communicates expectations of residents and gives appropriate and timely feedback regarding their progress
• Consults regularly with other professional staff who may have contact with the residents and provides knowledge about their competencies and general performance
• Contacts the site training director when questions or concerns arise regarding residents’ program requirements
• Attends all program-related meetings and keeps abreast of any changes in the program that may impact the residents and communicates these in a direct and timely fashion to reduce any inconvenience to the residents
• Follows all outlined grievance policies and due processes if problems arise concerning residents
• Supervisors must be in good standing within their department and must be approved by both the Training Director and departmental management

8.02 Site and Consortium Training Director Qualifications

• Must work a minimum of 32 hours per week and be on site at least 4 days per week
• Minimum of five (5) years of experience as a licensed psychologist preferred
• Minimum of two (2) years of experience as a primary supervisor preferred
• For Consortium Director only: Minimum one (1) year of experience as a site training director preferred
• Member of the American Psychological Association (APA)
• American Board of Professional Psychology (ABPP) certification preferred
• Evidence of effective, collaborative working relationships with residents, training faculty, clinic management teams and KPNC local and regional administration
• Demonstrated abilities in leadership
• Commitment to ongoing learning and innovation in mental health treatment
• Demonstrated abilities in teaching and scholarship preferred (i.e., publications, presentations, course instruction, workshops, resident seminars, etc.)

8.03. Site Training Director Responsibilities

• Reports to their local Consortium Training Director
• Attends all training program-related meetings, including in-person regional meetings in Oakland as well as teleconferenced regional meetings
• Coordinates and directs the training supervisors
• Ensures that program policies and procedures are followed
• Ensures that support and resources for residents and supervisors are provided
• Ensures that California BOP, APPIC and APA regulations and guidelines are followed
• Organizes the interview and selection process for new candidates and coordinates with other site directors in the consortium
• Ensures timely evaluations of residents utilizing the Competencies Evaluation
• Ensures timely evaluations of program and supervisors utilizing the Resident Program Survey and Resident Evaluation of Supervisor
• Provides opportunities for residents to work with the Regional Training Director and the Consortium Training Director to secure quality assurance in training
• Participates with department managers in decision-making on issues concerning resident schedules, placement on teams and the candidate interview process
• Implements modifications to program per feedback from program surveys and CEs
8.04 Consortium Training Director Responsibilities
- Reports to the Northern California Regional Training Director
- Provides leadership for the consortium’s site training directors and offers feedback on their performance, as necessary
- Attends all training program meetings, including in-person regional meetings in Oakland, as well as teleconferenced regional meetings
- Meets with site training directors on a monthly basis to review consortium functioning
- Works with supervisory teams to ensure that program policies and procedures are followed, and a high standard of training is maintained
- Verifies that all CEs and other program surveys are completed in a timely manner
- Oversees consortium didactic trainings to ensure that curriculum is informed by science and includes a focus on diversity issues
- Implements modifications to program per feedback from program surveys
- Submits the APA CoA Annual Report Online (ARO) each year
- Contacts the CoA directly to provide any program updates that could potentially impact the program’s functioning, such as a change in directorship or training rotations or multiple personnel changes

8.05 Administrative Hours for Training Faculty – Regional Standards
- All primary supervisors are allocated a minimum of one hour per week for each resident they supervise for chart review and note closing. This administrative time is in addition to the one hour face-to-face individual supervision time for each resident.
- All secondary supervisors are allocated a minimum of one-half hour per week of administrative time for each resident they supervise for chart review and note closing. This time is in addition to the one hour of face-to-face individual supervision time for each resident.
- All site training directors are allocated three hours per week of administrative time to manage their programs.
- All consortium directors are allocated five hours of administrative time per week, funded by the Region, in addition to the three hours allotted by the clinic to manage their programs.
- Each consortium and/or training site receives administrative staff support, funded by the Region

8.05.01 Training Director Time for Interviews and Onboarding – Regional Standards
As outlined above, Training Directors are allocated 3 hours per week for program administration, funded by the clinic and coded as “AD.” However, we recognize that at certain points in the year, including for interviews and on-boarding, additional time may be required in order to successfully run these programs. During these unique instances, departmental management is asked to provide reasonable flexibility and accommodation to allow Training Directors to effectively manage their programs. Conversely, Training Directors are asked to work closely with their departmental management to ensure minimal impact on patient care and are expected to continue engaging in their usual clinic duties as much as possible during these portions of the year.

8.06 Training Program Administrative Meetings
The following training staff meetings occur regularly throughout the training year:
- **Weekly**
  - Informal meetings among site training directors and supervisors.
• **Monthly**

  Formal Supervisor meetings (minutes are recorded) among site training directors and supervisors to discuss the progress of the residents, the curriculum and to develop plans and make decisions related to the administration of the program.

  Formal consortium meetings (minutes are recorded) among site training directors and consortium directors to make decisions about curriculum and seminars, program planning, upcoming candidate interviews, APA accreditation and other program matters. Supervisors may be invited to attend. Residents may also attend on occasion and participate as full contributing members.

  **Semi-Annually**

  Regional meetings of all site training directors across northern California with the Regional Mental Health Training Director to discuss new program developments, curriculum changes, APA accreditation and other program administrative matters.

8.07 **Maintenance of Resident Training Records**

The site training director should establish a training file for each resident and review all documents prior to filing them. Training files must be treated confidentially, retained indefinitely and stored securely for future reference and credentialing purposes. Files are maintained in either hard copy or in e-file format. If/when the training director runs out of storage space for hard copy files, these files are scanned and archived as e-files and stored on a shared computer drive. At the end of the training year, a copy of each resident’s 4th Quarter Competencies Evaluation, now identified by the resident’s employee number, is faxed to the HRSC for inclusion in their KPNC personnel file.

A resident’s training file should include the following documents:

1. Letter of Intent
2. Resume
3. Letters of Recommendation (3)
4. Welcome Letter signed by resident
5. Values Statement signed by resident
6. California BOP Supervision Agreement and Supplement to Supervision Agreement
7. Baseline Assessment of Competencies
8. Individual Training Contract
9. Competencies Evaluation (CE) showing ratings for all four quarters
10. California BOP Verification of Experience form
11. Copies of all completed and signed Supervised Professional Experience logs
12. Copy of completed and signed Letter of Completion
13. Copy of completed and signed Certification of Completion
14. Documentation of any grievances, remediation, corrective actions or due processes filed by or on behalf of the resident and the conclusions of all such actions
15. Any correspondence pertaining to the resident
16. Redacted psychological assessment(s) (this requirement varies by consortium)
17. Academic transcript (this requirement varies by consortium)
18. Resident Checkout Checklist
Upon advance request, residents may inspect their local training files in the presence of the site training director or a designated representative. The resident may also request a correction or deletion of information in a record by submitting a request to the site training director who, in consultation with HR, will notify the resident whether the request has been granted or denied. The site training director will work with the HR consultant and follow the consultant’s recommendations if the resident expresses any dissatisfaction with their record.

8.08 Establishment of New Training Sites and Director Appointments
If a new site/department would like to develop a training program, or an existing site would like to expand their program, a New Program Business Plan application (Appendix N) must be completed and submitted to the Regional Training Director.

Department managers may advise on site training director and consortium director appointments; however, the Regional Mental Health Training Director conducts the interviews for these positions and makes the final selection.

9. RESIDENT HIRING PROCESS, COMPENSATION AND BENEFITS

9.01 Program Admission Requirements

Academic Degree
All residents must have earned their doctoral degree in a program accredited by the APA. Before beginning the postdoctoral residency, residents must have completed all requirements for a PhD, PsyD or EdD in Clinical, Counseling or School Psychology.

Prior Clinical Training:
All residents must have completed 1,500 to 2,000 hours in an APA-accredited or APPIC-member doctoral internship.

Candidate Qualifications
Our programs seek candidates who have demonstrated competencies in individual and group psychotherapy, models of brief therapy, evidence-based treatments and integrated psychological assessment. Candidates should also have experience working with diverse patient populations. In addition, our programs seek candidates who have demonstrated scholarship and leadership abilities in achieving their academic program goals.

9.02 Application and Interview Process
Interested candidates must file an application through the APPIC Psychology Postdoctoral Application – Centralized Application Services (APPA CAS) system. Applicants must be authorized to work in the United States without an employer-sponsored visa or student visa.

The residency programs encourage applications from individuals who indicate that they come from diverse, underserved or disadvantaged backgrounds. Site training directors ensure that all candidates who meet the general criteria for the program are included in the selection pool.

Applications received by the due date are reviewed by training faculty, and qualified applicants are identified and notified that they have been selected for interview. In scheduling interviews, training directors work closely with department managers.
Prior to the individual interviews, candidates may be invited to attend group interviews or open houses where they have the opportunity to meet the consortium and site training directors. At the group interview the training directors describe the unique features of their sites and answer questions. Candidates are later interviewed individually by the program faculty at the training sites to which they have applied. The individual interviews take place in February for the term beginning in September.

All notes made by interviewers during the selection process must not be kept in the selected candidates training file. These notes must be retained in a separate file. KPNC Human Resources stipulates that all selected and non-selected interviewees’ application materials and corresponding interview panel members’ interview notes be retained for a period of four years following the interviews. Application materials from non-interviewed applicants need not be retained for any period of time.

9.03 Employment Offer, Welcome Letter and Values Statement
On the Uniform Notification Date (UND) which occurs in mid-Winter, all KPNC training directors contact their selected candidates to offer positions in the program (See Appendix R). The same UND is observed by non-Kaiser postdoctoral residency programs in California. Upon acceptance of the offer, KPNC Human Resources (HR) Recruitment sends a "Contingent Offer Letter" to the selected candidate. This letter contains employment contingencies, pay rate and benefits enrollment information. The site training director will make contact with each of the incoming resident's doctoral programs after acceptance to ensure that the resident is progressing towards graduation as expected. A Verification of Completion of All Requirements for Doctoral Degree form (Appendix S) must be submitted to HR prior to the start date.

A “Welcome Letter” (Appendix O) is sent to the resident by the site training director, usually within a few days after the resident has accepted the offer of employment. Each resident must sign and date the Welcome Letter, indicating their acceptance of the parameters of the training program, and return the letter to the training director.

A "Values Statement" (Appendix P) is sent out at the same time as the Welcome Letter. The resident must sign, date and return the Values Statement, indicating that they are willing to work with any patient who presents for treatment, except in cases where the resident's physical safety is actively threatened or where the clinical competence of both the resident and the supervisor would compromise patient care.

9.04 KPNC Employment Statement
The term of the residency is one year, and it is expected that the resident will remain in the program for the duration of the term. There is no expectation that after the residency is completed KPNC will hire a former resident into a staff psychologist position. Residents will be expected to apply and compete for open positions like any other qualified candidate.

Both the resident and KPNC enter into the employment relationship voluntarily. Either party may, at any time, conclude the employment relationship. Termination of a resident’s employment by KPNC may be based on but not limited to ethics violations, significant and consistent competency concerns, and/or failure to meet labor standards. Residents who choose to resign before the end of the training year are expected to give a thirty (30) calendar day written notice to the site training director prior to the effective date of resignation.
Unlicensed residents who are hired into staff psychologist positions at the end of the training year should register with the BOP as Psychological Assistants as soon as possible. The processing time of these applications can be lengthy, and by having the Psychological Assistant registration in place when their new job begins, residents can facilitate a smooth transition to permanent staff member.

9.05 Salary and Benefits Package
Residents are classified as exempt (salaried) employees and are paid every two weeks. Paychecks are deposited directly into bank accounts by arrangement with KPNC. The current wage scale for residents is posted on the Regional Mental Health Training Programs website. Detailed information on resident benefits, including medical and dental insurance coverage, can be found on the MyHR homepage under the tab Benefits & Wellness.

9.06 Paid Time off and Holiday Pay
Each resident receives 80 hours of paid time off (coded as PTO) for the training year which can be used as sick or vacation time. The full 80 hours is front-loaded into a resident’s TIME account at the beginning of the training year; it is not accrued throughout the year. Any PTO hours remaining in the resident’s account at the end of the training year is either paid out to the resident or is rolled over into their new TIME account, depending on the employment disposition of the resident.

A resident will be paid (8) hours of pay for KPNC-recognized holidays that fall within the training year, based on a five-day/40-hour work week. If a resident has elected to work other than a five-day/40-hour work week and a holiday falls on a day when a resident works more than 8 hours, the resident will be paid 8 hours of holiday pay and the difference will be made up from the residents’ Paid Time Off (PTO) bank. For example, if a holiday falls on a day when a resident works 10 hours, the resident will be paid 8 hours of holiday pay and 2 hours of PTO to account for the 10-hour workday.

9.07 Time Off for Professional Licensing Examinations
Each resident is eligible to receive time off (coded as RES or equivalent) for the entire day when they sit for the EPPP and/or CPLEE licensing exams. The resident is also granted up to two days of time off (coded as RES) to attend an EPPP preparation/review seminar and one day of time off (coded as RES) to attend a CPLEE preparation/review seminar. For information on tuition reimbursement for professional licensing examination study packages, and BOP pre-licensure coursework, see section 10.05 below.

9.08 Professional Liability Insurance
All KPNC employees are covered for professional liability as long as they act within the course and scope of their training and license. As unlicensed KPNC employees who are supervised by licensed providers in an officially designated training program, psychology postdoctoral residents are covered for professional liability as long as they act within the course and scope of their supervision and training.

10. KAISER PERMANENTE HUMAN RESOURCES POLICIES

10.01 Finding Policies on MyHR and Contacting HRSC
The following are a sampling of KPNC’s HR policies that pertain to residents. Many of these
policies, including KP’s Principles of Responsibility, are covered during the New Employee Orientation (NEO), which residents attend at the beginning of the training year.

- Bereavement Leave
- Jury Service
- Maternity/Paternity Leave
- Family Medical Leave (FMLA)
- Kin Care Leave (CESLA)
- Pregnancy Disability Leave
- Employee Assistance Program (EAP)
- Harassment-Free Work Environment
- Equal Employment Opportunity (EEO)
- Accommodation for Disabilities (ADA)
- Drug-Free Workplace
- Social Media Policy

A link to HR policies can be found at [https://vine.kp.org/wps/portal/kpvineportal/workspace](https://vine.kp.org/wps/portal/kpvineportal/workspace). To speak to a representative directly about any KPNC policy, contact the Human Resources Services Center (HRSC) at 1-877-457-4772.

### 10.02 Non-Discrimination and Harassment-Free Workplace Policies

The postdoctoral psychology residency programs are based on merit, qualification and competence. Training practices are not unlawfully influenced or affected by a person’s ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran’s status, medical condition, marital status, age, gender or sexual identity. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge and all other terms and conditions of the residency. Additionally, it is the policy of KPNC to provide a work environment free of sexual and other forms of unlawful harassment. This policy applies to employees, applicants for employment, or independent contractors, and includes managers, supervisors, physicians, co-workers and non-employees.

### 10.03 Professional Appearance Policy

All mental health postdoctoral residents, doctoral interns, post-master’s fellows, externs and pre-master’s interns (herein after referred to as “trainees” or “trainee”) who work in clinical and non-clinical areas are expected to follow the Professional Appearance policy and project a well-groomed, professional image in order to:

- Allow for identification by patients, visitors and other staff at your medical centers.
- Provide safe patient care.
- Protect staff from personal injury.
- Demonstrate respect for Kaiser members and colleagues.
- Represent Kaiser Permanente in a professional and business-like manner while recognizing we are a diverse community.
- Enhance security within the medical centers and clinics.
- Exceptions to dress standards must be approved by senior leadership at each medical center and/or clinic.
Name Badges:
- Name Badges must be worn and displayed above the waist at all times and must be easily visible to patients, staff and other visitors to the medical centers and clinics.
- Name Badges must not be altered or covered and kept current and in good repair. No attachments or pins are allowed, unless they are KP or healthcare related.
- If you affix your badge to a necklace lanyard, the lanyard must be consistent with Kaiser Permanente’s brand (i.e., Thrive, KP HealthConnect, etc.). No other branding is allowed (i.e., professional sports teams, political messages, schools, etc.).

Workplace Professional Attire and Professional Appearance:
- The general dress code for all services is “Workplace Professional.” Informal clothing such as tee-shirts, tank tops, shorts, sweatshirts, sweatpants, jogging clothes and hats are not permitted. Dress should be conservative and should not have the intentional or unintentional effect of distracting the patient from the task of therapy and assessment.
- Earrings and jewelry that pose a possible risk of injury and excessive piercing (including facial piercings) are not permitted.
- Jeans (denim) of any kind or color or not permitted.
- Hospital-provided scrubs are acceptable only for direct patient care roles where required by job description.
- Strong fragrances are prohibited.
- Shoes which are inappropriate to the extent that they put an individual at risk for needle sticks, heavy objects falling on their feet or expose them to blood and body fluids, shall not be worn. Any individual involved in direct patient care may not wear shoes that expose their toes and/or heels.
- All staff must keep their hair clean and neat. Rainbow colored hair (i.e., blue, green, purple or any combination of colors) is not permitted. Facial hair is to be clean, neat and well-groomed.
- If a laboratory coat is issued to a trainee, the trainee should wear the coat when in the hospital, Emergency Department or other inpatient setting. Lab coats are to be returned at the end of the training year.
- Local polices at each medical center or clinic may include demands on dress that exceed the above. Trainees are expected to follow the professional appearance code requirement in their respective medical center or clinic.
- If a pager is issued to a trainee, the trainee is expected to carry it at all times when on site or traveling between sites. Pagers are to be returned at the end of the training year.

Workplace Attire in Specialty Clinics
While working in certain departments (such as Behavioral Medicine), trainees who are placed in these departments are to be provided with the same attire as other mental health clinicians who work in these departments. For example, in departments where mental health staff typically wear white coats, trainees are asked to be provided with the same attire and apparel as their supervisory staff.

A trainee who does not meet the standards of Professional Appearance will be counseled and may be instructed to change clothing. If a trainee is counseled more than once about professional appearance, the supervisor will inform the consortium training director, who will begin remediation. Failure to follow the remediation plan may result in dismissal. Exceptions to this standard will be made for bona fide religious activities on a case-by-case basis.
10.04 Social Media Policy
Residents who use social media (e.g., Instagram, Snapchat, Facebook, Twitter, etc.) and other forms of electronic communication should be mindful of how these communications may be perceived by patients, colleagues, training faculty and others. Residents should make every effort to minimize material that may be deemed inappropriate for a mental health professional in a training program. To this end, it is recommended that all residents set their security settings to “private” and consider limiting the amount of personal information posted on these sites. Residents should never include patients as part of their social network or include any information that might lead to the identification of a patient or compromise patient confidentiality in any way.

If a resident reports doing or is depicted on a social media site or in an email as doing, something unethical or illegal, that information may be used by the training program to determine corrective action, up to and including termination. Greetings on voicemail services and answering machines used for professional purposes should be thoughtfully constructed as directed by supervisors.

10.05 Tuition Reimbursement Policy
KP’s National Tuition Reimbursement Administration (NTRA) approves courses that a) help the employee in their current position or b) are part of an established career path within Kaiser Permanente. Ninety-nine percent of all applications are approved as long as the employee meets eligibility requirements. Follow NTRA guidelines closely for submission of applications for reimbursement.

NTRA phones are answered Monday through Friday, from 7:00 am to 4:00 pm, Pacific Time. Be sure to identify yourself as a Northern California Mental Health trainee, when calling.

Phone: 1-866-480-4480
Fax: 1-877-201-0081
E-mail: National-TRA2@kpntra@org.

A. GENERAL INFORMATION
The information below is intended to highlight and augment but not replace the information located on MyHR and in Kaiser Permanente (KP) Tuition Reimbursement (TR) policy, NCAL.HR.6.03. For complete information about tuition reimbursement policy and processes, go to the National Tuition Reimbursement Administration (NTRA) and the KP Career Planning web site at http://www.kpcareerplanning.org/

1. To obtain the TR benefit, mental health (MH) trainees must be actively employed by KPNC for at least 90* contiguous days prior to attending any event or making any purchase for which they have applied for reimbursement. For example, if a trainee’s start date is September 4th, their “eligibility date” for obtaining TR benefits will be on or after December 4th of the same year. *An exception will be made for license-prep courses, workshops or materials; in which case the trainee’s eligibility date is 30 days after their start date.

2. Any educational event for which the trainee seeks reimbursement must begin on or after the trainee’s “eligibility date” and must end before the trainee’s last day of training. This means that if an event for which a trainee seeks reimbursement begins or ends after the trainee’s last day at KP, the event is not reimbursable.
3. Any MH trainee (as well as any regular employee) who is scheduled to work 20 or more hours per week is eligible to receive a maximum of $3000 in tuition reimbursement, per calendar year. Up to $750 of this total may be spent on travel to educational events (see section 5.3.3.2 of the KPNC national policy, copied below).

4. A MH trainee must submit their TR application and obtain approval for reimbursement WELL BEFORE the course starts and before they plan to pay for it. It is recommended that the trainee submit their application to the National Tuition Reimbursement Administration (NTRA) a minimum of 8 weeks (2 months) before the course registration deadline. By knowing in advance if they will be reimbursed for the course(s), the trainee can make an informed decision as to whether or not to purchase the course(s). A trainee can also submit their application before their eligibility date, as long as the event they wish to be reimbursed for occurs after their eligibility date.

5. The MH trainee should talk with their manager about which approved courses/tools they are interested in taking/purchasing. Courses/classes/workshops that pertain to the fields of mental and behavioral health, psychology and social work, that award credits, units or hours are reimbursable. Although trainees cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed. Their manager will need to approve any TR application before it is submitted to the NTRA.

6. The TR application is accessed and completed online at http://www.kpcareerplanning.org/

7. The average TR application processing time is 2 to 4 pay periods (4 to 8 weeks).

8. The MH trainee can monitor the status of their application online at http://www.kpcareerplanning.org/. Click on the green bar: “View Reimbursement Request Status” after signing onto the Tuition Reimbursement section. Application status will be one of the following, as described below:

   - “Submitted” = No one has approved yet
   - “Manager accepted” = Manager approval received; NTRA still needs to approve
   - “Approved” = Manager & NTRA have approved
   - “Denied” = NTRA denied
   - “Pending receipts” = NTRA needs receipts
   - “Pending grades” = NTRA needs proof of completion
   - “Documents missing” = Both the receipt and the proof of completion are missing

9. Once the application is approved by both manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the trainee to receive reimbursement, which occurs after the event and after the trainee has submitted all of their supporting documentation, including invoice/statement of charges, grades and receipts.

Instead of faxing the required supporting materials/documents, the trainee is advised to upload these documents (such as invoices and receipts of completion) and only in a non-editable e-file format, e.g., PDF (as opposed to MSWord).

10. The trainee will have up to 90 days after the end of the course to submit supporting documentation. If the trainee is no longer employed by KP at the time that they receive
their documentation pertaining to an approved reimbursement, they should contact the NTRA office to arrange to send their documents and obtain reimbursement.

B. All KP Employees: What is Reimbursable?

1. The following policy sections have been excerpted from KPNC TR Policy NCAL.HR.6.03, and pertain to all KP employees, including paid trainees. The complete policy is available on My HR.

5.1.2.1 Eligible courses are those offered through an educational institution which has been accredited by the Western Association of Schools and Colleges (WASC) or a regional/local equivalent. Courses offered through the KP School of Allied Health Sciences are also considered eligible courses. Course(s) are to be taken for academic credit (units). A course must be completed with a grade of “C” or better, or “Pass” in cases of “Pass-Fail” or for “Credit” in cases of “Credit/No Credit.”

5.1.2.3 Also eligible for reimbursement are courses, certificate programs, workshops, seminars, professional conferences, educational meetings, and special events taken/attended for continuing education (i.e., CEU, PDU, CME, Contact Hours) in order to advance skills and obtain or maintain position-required licensure, degrees, or certification, provided they are taken at an accredited institution, professional society, or governmental agency or authorized by these organizations to deliver credentials on their behalf.

5.3.3.2 Travel, room/lodging expenses up to $750 per calendar year, which is limited to expenses for courses identified in section 5.1.2.3. [NOTE: The $750 is included in the $3,000 reimbursement maximum and is not available for college undergraduate or graduate degree programs. Only certain travel expenses are reimbursable. See additional information on MyHR, under Education Assistance, including how to submit a travel application and supporting documents.]

Please note that, in order for the MH trainee to apply for travel reimbursement, they must first access the Continuing Education (CE) section of the online TR application.

2. Covered expenses are limited to:
   ▪ Tuition
   ▪ Books
   ▪ Laboratory fees
   ▪ Course registration fees
   ▪ Eligible travel (see 5.3.3.2, shown above)

3. Licensing exam fees are specifically excluded from reimbursement coverage.

C. Mental Health Trainees: What is Reimbursable?

1. School Tuition: Psychology Doctoral Interns, who are currently enrolled in academic programs, can apply to have their tuition reimbursed.

2. Pre-Licensure Coursework: ACSWs, AMFTs, APCCs and Postdoctoral Residents are required by the California Board of Behavioral Sciences or Board of Psychology to complete certain pre-licensure coursework. These courses are reimbursable through TR,
provided that the courses award credits, units or hours. Please consult the relevant licensing board websites for a list of requisite coursework.

3. **Exam Prep:**
The information listed below pertains to prep resources for the following exams:

| ACSWs: | - LCSW-SWLE (Law & Ethics Exam)  
- LCSW-SWCE (Clinical Exam) |
| AMFTs: | - MFT-LE (Law & Ethics Exam)  
- MFT-CE (Clinical Exam) |
| APCCs: | - LPCC Law & Ethics Exam  
- NCMHCE (Clinical Exam) |
| Psych Residents: | - EPPP  
- CPLEE |

D. **AATBS is the only non-academic provider of exam prep courses/workshops/materials that meet the NTRA criteria for reimbursement.** AATBS will give 20% off NTRA qualified materials. To take advantage of this offer, trainees are directed to complete the following steps: 1) Send email to Kevin Norton at knorton@aatbs.com to set up an appointment to ask questions, review packages or complete your order via credit card. (No checks accepted.); 2) **Call Kevin Norton at 805-665-5105 to place your order.** Leave a message and your call will be returned within 24 hours (M-F). **NOTE:** Orders placed via AATBS website will delay the delivery of your certification of completion for reimbursement purposes

1. **Workshops** that prepare participants for licensing examinations must award credits, units or hours to be reimbursable. The trainee must upload their certificate of completion showing credits earned for the workshop to NTRA as part of their supporting materials.

   a) The automated certificate for the **EPPP 4-Day workshop** is issued the following week after completion of the event. For all other workshops, please contact Kevin Norton after completion of the event. Once attendance is verified, a certificate of completion will be emailed to the participant.

   b) The certificate of completion for the **online self-paced workshop** is issued 30 days* after it is purchased. Contact Kevin Norton and request a certificate for the workshop (*no sooner than 30 days: no later than the end of the training year).

2. **Packages that Include Workshop and Study Materials:** In order to be reimbursed for a package that includes a workshop and study materials, you must upload documentation for **each package item** into your existing TR application as part of your supporting materials. Documentation must attest to the completion of credits, units or hours for each item.

   a) **Workshop Certificates:** obtain following the instruction outlined above.

   b) **Study Material Certificates:** The certificate of completion for the study materials is issued 30 days* after they are purchased (*no sooner than 30 days;
no later than the end of the training year). The trainee is responsible for contacting Kevin Norton and requesting certificates for all study materials included in the package.

3. For **Packages with Exam Study Materials Only** (i.e., no workshop included):
   a) The trainee must complete and pass the exam before the end of their training year, then contact Kevin Norton, provide the passing score and request certificate(s) for the study materials to be issued.

   b) After the trainee has received the certificate awarded by AATBS showing credits earned for each item purchased, the trainee should upload the certificate(s) into their existing TR application as supporting documentation.

### 10.06 HR Job Codes and Titles for Mental Health Trainees

The following chart shows the Primary HR Types for KPNC Mental Health Trainees. It is important that trainees are coded correctly, as the codes determine whether KP patients are charged co-pays for their treatment.

<table>
<thead>
<tr>
<th>MHTP Trainee Job Code</th>
<th>MHTP Trainee Job Title [brackets show old titles]</th>
<th>Primary HR Type Code</th>
<th>Primary HR Type “Job Title”</th>
</tr>
</thead>
<tbody>
<tr>
<td>----</td>
<td>Psychology Practicum Extern</td>
<td>DU - Student</td>
<td>Psychologist Trainee</td>
</tr>
<tr>
<td>----</td>
<td>Pre-Master’s Mental Health Intern</td>
<td>DU - Student</td>
<td>Mental Health Trainee</td>
</tr>
<tr>
<td>025420</td>
<td>Psychology Doctoral Intern</td>
<td>BP</td>
<td>Psychologist Trainee</td>
</tr>
<tr>
<td>025430</td>
<td>Psychology Postdoctoral Resident</td>
<td>BP</td>
<td>Psychologist Trainee</td>
</tr>
<tr>
<td>025471</td>
<td>Neuropsychology Postdoctoral Resident</td>
<td>BP</td>
<td>Psychologist Trainee</td>
</tr>
<tr>
<td>025472</td>
<td>Associate Post Masters MH Fellow [Associate Clinical Social Worker (ASW)]</td>
<td>CI</td>
<td>Psychiatric Social Worker Trainee</td>
</tr>
<tr>
<td>025472</td>
<td>Associate Post Masters MH Fellow [Associate Marriage and Family Therapist (AMFT)]</td>
<td>DG</td>
<td>Marriage &amp; Family Therapist Trainee</td>
</tr>
<tr>
<td>025472</td>
<td>Associate Post Masters MH Fellow [Associate Professional Clinical Counselor (APCC)]</td>
<td>DG</td>
<td>Professional Clinical Counselor Trainee</td>
</tr>
</tbody>
</table>

**Appendix A**
KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

BASELINE ASSESSMENT OF POSTDOCTORAL RESIDENT
STANDARDS of ACCREDITATION LEVELS 1 & 2 COMPETENCIES WITH BEHAVIORAL ANCHORS
(Rev. 7/2020)

Training Year: _______________________________ Date: ______________________
Consortium: __________________________________ Site: _________________
Resident Name: _______________________________ Team: __________________
Primary Supervisor Name: _______________________

DIRECTIONS:
The KP Postdoctoral Training Program has specific training goals and competencies, which are listed on this form. Working collaboratively at the beginning of the training year, the resident and supervisor rate the resident on all competencies listed below. Together, they identify areas of focused training and supervision for the year to ensure that the resident meets minimum levels for all professional competencies upon completion of the postdoctoral residency program. The baseline ratings are then used as a communication tool for the resident and supervisor to aid them in developing the Individual Training Contract, tailoring the year’s training emphases to the specific needs of the resident.

Using the following scale, the resident and supervisor rate the resident's experiences in all competency areas. Residents are encouraged to utilize the full range of the rating scale in order to maximize training opportunities and to clarify training focus.

Baseline Assessment Rating Scale:
1 = No Experience: Resident has no experience in this competency area: needs focused training
2 = Minimal Experience: Resident has minimal experience in this competency area: needs focused training
3 = Meets Expectations: Resident's experience meets expectations of a person who has completed a one-year doctoral internship.

Level One Competency A: INTEGRATION OF SCIENCE AND PRACTICE

1) Scientific Foundations of Psychology and Professional Practice

Objectives:
- Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
- Models a commitment to educational and scholarly endeavors to keep current with research
- Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors

Behavioral Anchors:  
- Readily applies evidence-based practice to work with patients
- Utilizes available databases, professional literature, seminars, consultation sessions, and other resources as appropriate
- Applies scientific knowledge and a biopsychosocial approach to the solution of problems

Baseline
1 2 3
1 2 3
1 2 3

2) Program Development/Evaluation

Objectives:
- Understands the importance of program/development evaluation to the practice of Health Service Psychology
- Develops and implements a program development/evaluation project
- Demonstrates consideration of diversity factors when developing program development/evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

Behavioral Anchors:  
- Able to synthesize relevant literature and create a coherent proposal
- Uses methods appropriate to the program development/evaluation question, setting and/or community, in developing and implementing project
- Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure Manual
- Effectively presents results to staff/peers
- Identifies and communicates how outcome data can be applied to improve functioning of local program(s)

Baseline
1 2 3
1 2 3
1 2 3
1 2 3
1 2 3
Supervisor Comments for Integration of Science and Practice:

Level One Competency B: INDIVIDUAL AND CULTURAL DIVERSITY

1) Awareness of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status

Objectives:
- Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research, consultation, and supervision
- Demonstrates competence in building rapport with all patients taking into account issues of diversity
- Demonstrates competence in knowing when to seek cultural consultation
- Applies knowledge, skills and attitudes and values regarding intersecting and complex dimensions of diversity

Behavioral Anchors:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulates how one’s own cultural/ethnic identity may impact relationships with patients and colleagues</td>
<td></td>
</tr>
<tr>
<td>Initiates consultation and/or supervision about diversity issues in a reflective manner</td>
<td></td>
</tr>
<tr>
<td>Integrates multicultural awareness in assessment and treatment by practicing culturally sensitive care and adapting treatment accordingly</td>
<td></td>
</tr>
<tr>
<td>Demonstrates competence in working with individuals whose group membership, demographic characteristics or worldviews may be counter to one’s own</td>
<td></td>
</tr>
<tr>
<td>Able to adapt treatment plan to reflect these characteristics when necessary</td>
<td></td>
</tr>
</tbody>
</table>

Supervisor Comments for Individual and Cultural Diversity:

Level One Competency C: ETHICAL AND LEGAL STANDARDS

1) Ethical and Legal Standards, Policies, and Guidelines

Objectives:
- Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
- Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
- Independently and consistently integrates ethical and legal standards into all competencies
- Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
- Understands and adheres to all Kaiser psychology postdoctoral residency policies as delineated in the Policy and Procedure Manual for the Postdoctoral Residency Programs in Clinical Psychology

Behavioral Anchors:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies complex ethical and legal issues</td>
<td></td>
</tr>
<tr>
<td>Seeks consultation and/or supervision on complex ethical and legal matters</td>
<td></td>
</tr>
</tbody>
</table>

Baseline
- Applies ethical principles and standards in professional writings and presentations, treatment, and teaching
- Adheres to company and departmental policies (including meeting attendance)
- Demonstrates awareness of the postdoctoral residents’ Policy and Procedure manual as an essential program resource

**Supervisor Comments for Ethical and Legal Standards:**

<table>
<thead>
<tr>
<th>Level Two Competency D: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Professionalism</td>
</tr>
<tr>
<td><strong>Objectives:</strong></td>
</tr>
<tr>
<td>■ Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity</td>
</tr>
<tr>
<td>■ Independently accepts personal responsibility across settings and contexts</td>
</tr>
<tr>
<td>■ Independently acts to safeguard the welfare of others, patients as well as colleagues</td>
</tr>
<tr>
<td>■ Demonstrates self-reflection in the context of professional practice</td>
</tr>
<tr>
<td>■ Accurately assesses self in all competency domains</td>
</tr>
<tr>
<td>■ Actively self-monitors issues related to self-care</td>
</tr>
<tr>
<td><strong>Behavioral Anchors:</strong></td>
</tr>
<tr>
<td>■ Takes action to correct situations that are in conflict with professional values</td>
</tr>
<tr>
<td>■ Holds self accountable for own behavior and decisions</td>
</tr>
<tr>
<td>■ Receptive to review of quality of services by supervisors and/or administrators</td>
</tr>
<tr>
<td>■ Actions convey sensitivity to patients’ experiences and needs while retaining professional demeanor and Behavior</td>
</tr>
<tr>
<td>■ Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values</td>
</tr>
<tr>
<td>■ Effectively communicates assessment of own strengths and weaknesses</td>
</tr>
<tr>
<td>■ Takes action to bridge gaps in professional competencies</td>
</tr>
<tr>
<td>■ Models effective self-care</td>
</tr>
<tr>
<td><strong>Supervisor Comments for Professional Values, Attitudes, and Behaviors:</strong></td>
</tr>
</tbody>
</table>

**Level Two Competency E: COMMUNICATION AND INTERPERSONAL SKILLS**

1) Relates effectively and meaningfully with individuals, groups and/or communities

**Objectives:**

<table>
<thead>
<tr>
<th>Behavioral Anchors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Takes action to correct situations that are in conflict with professional values</td>
</tr>
<tr>
<td>■ Holds self accountable for own behavior and decisions</td>
</tr>
<tr>
<td>■ Receptive to review of quality of services by supervisors and/or administrators</td>
</tr>
<tr>
<td>■ Actions convey sensitivity to patients’ experiences and needs while retaining professional demeanor and Behavior</td>
</tr>
<tr>
<td>■ Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values</td>
</tr>
<tr>
<td>■ Effectively communicates assessment of own strengths and weaknesses</td>
</tr>
<tr>
<td>■ Takes action to bridge gaps in professional competencies</td>
</tr>
<tr>
<td>■ Models effective self-care</td>
</tr>
</tbody>
</table>
Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers

Demonstrates skill in managing difficult communications and resolving conflict.

Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts.

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Maintains respectful and collegial interactions with others</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Effectively negotiates conflictual, difficult and/or complex relationships</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Provides effective feedback to others and receives feedback nondefensively</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Communication is understandable and consistent across expressive modalities</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Demonstrates the use of appropriate professional language when communicating with clients and other health care providers</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Supervisor Comments for Communication and Interpersonal Skills:

---

**Level Two Competency F: ASSESSMENT**

1) Measurement, Psychometrics, and Diagnosis

**Objectives:**

- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
- Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups
- Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
- Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
- Conducts a comprehensible and constructive feedback interview with the patient, explaining results and recommendations

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Is flexible in selecting assessment tools that address diagnostic questions for specific patient Populations</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Applies awareness and competent use of culturally sensitive instruments and norms</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Interprets assessment results accurately to identify problem areas and diagnoses</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Recommends an empirically supported treatment plan based on the assessment</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Writes comprehensive reports which include discussion of strengths and limitations of measures and identification of any confounding variables</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Provides timely, understandable and useful feedback that is responsive to patient needs</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Supervisor Comments for Assessment:

---

**Level Two Competency G: INTERVENTION**
### 1) Intervention Planning and Implementation

**Objectives:**

- Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
- Plans interventions, including case conceptualizations that are specific to context and patient preferences
- Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
- Demonstrates increasing competence to conceptualize more complex cases
- Uses evidence-based treatment modalities with flexibility to adapt to patient needs
- Demonstrates competence in the constructive use of own emotional reactions to patients
- Seeks consultation for complex cases, such as those with chronic or acute medical conditions
- Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively evaluates patients for risk and safety issues</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Explains to patients and/or supervisor the rationale for empirically supported intervention strategies</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Conceptualizes cases during intake evaluations that lead to well thought-out diagnoses and integrative biopsychosocial treatment plans</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Effectively develops strong therapeutic alliances</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Carries a progressively larger and more complex caseload</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Independently and effectively implements a range of evidence-based practices</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Develops independent skills in facilitating group psychotherapy</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Assesses treatment effectiveness and efficiency</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Terminates treatment effectively</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Actively participates in group supervision and case conferences</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Intervention:**

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### Level Two Competency H: CONSULTATION and INTERDISCIPLINARY SYSTEMS

#### 1) Role of the Consultant and Application of Consultation Methods

**Objectives:**

- Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in interdisciplinary teams
- Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
- Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes situations in which consultation is appropriate</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Adapts to situations that require a consultation role</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Gathers information necessary to answer referral or consultation question</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Prepares clear, useful written reports and/or verbal feedback/recommendations to all appropriate parties</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

#### 2) Interprofessional/Interdisciplinary Skills

- Knowledgeable and respectful of the differing worldviews, roles, professional standards, and contributions of other professionals
- Demonstrates skills that support effective interdisciplinary team functioning
- Participates in and initiates interdisciplinary collaboration directed toward shared goals

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively with individuals from other professions</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizes the unique contributions of other professionals in team planning and functioning</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Consultation and Interdisciplinary Systems:**

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# Level Two Competency I: COMMUNITY PARTNERSHIPS

**Objective:**
- Provides education and training based on the empirical literature to promote healthy behaviors in underserved populations
- Provides education and training based in underserved populations

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Provides outreach to underserved communities to improve the biopsychosocial health of members of those communities</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Collects, analyzes, and presents relevant demographic and outcome data to partnership stakeholders</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Develops alliances with individuals and/or systems to improve the lives of those served</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Community Partnerships:**

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**SIGNATURES**

Resident Signature: ___________________________ Date: ________________

Supervisor Signature: ___________________________ Date: ________________


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**Appendix B**
KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY
POSTDOCTORAL RESIDENT INDIVIDUAL TRAINING CONTRACT (rev. 7/2020)

Training Year: _______________________________ Date: ____________________
Consortium: _______________________________ Site: _______________________
Resident: _______________________________ Team: _______________________
Primary Supervisor Name: _______________________________

I. TRAINING PLANS FOR MINIMAL EXPERIENCE COMPETENCY AREAS
List plan(s) for addressing all competency area(s) which resident and supervisor have rated as “1” (Minimal Experience) on the Baseline Assessment of Resident Competencies form:

II. COMPETENCY AREAS WHICH RESIDENT HAS IDENTIFIED FOR ADDED FOCUS
List all competency areas on which resident wishes to focus during the training year:

Note: Although psychology licensure is not a requirement for successful completion of the program, residents are encouraged to develop a plan and timeline to sit for the EPPP and CPLEE during their training year.

III. TRAINING AGREEMENTS
A. Primary Supervisor: I agree with the plan for Dr. _______________________________ to be my primary supervisor for my postdoctoral residency year. My primary supervisor's role is to oversee my professional development and clinical work.
B. Secondary Supervisor: I agree with the plan for Dr. _______________________________ to be my secondary supervisor for my postdoctoral residency year.

IV. RESPONSIBILITIES AND EXPECTATIONS OF RESIDENT
I understand the basic requirements and expected competencies of this postdoctoral program, and I have the Policy and Procedure Manual that details other expectations and responsibilities of the program. My progress with these responsibilities and expectations will be evaluated at quarterly intervals. This information will remain confidential except to be reported by my primary supervisor to the supervisory team. Data is collected from second and fourth quarter Competencies Evaluations and Resident Program Surveys and collated by training site and by the consortium for the purpose of program evaluation.

My responsibilities and expectations are to:

• Spend approximately 20 hours per week providing direct services to patients through individual, group or family therapy and conducting psychological assessments (minimum one assessment per quarter)
• Complete Required Program Development/Evaluation Project
• Spend a minimum of 32 hours over the course of the training year engaged in a community partnership project
• Attend all regional training seminars, unless supervisor authorizes my absence
• Attend local didactics (at minimum 90% attendance)
• Complete assigned readings
• Review the Evaluation of Supervisor form to understand the supervisory standards of the program and use it as a guide for discussion with my supervisors to identify my supervision and training needs
• Meet with primary supervisor on a weekly basis to receive individual supervision and instructive feedback
• Demonstrate preparedness/receptivity for supervision
• Present challenging cases as appropriate
• Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
• Consistently make progress on all behavioral anchors throughout the training year
• Demonstrate proficiency in record keeping, report writing, meetings, supervision, patient care etc.
• Maintain professional and ethical standards, including but not limited to adherence to child, dependent adult and elder abuse reporting laws, confidentiality, and respect for boundaries as outlined by KP, the BOP, APA and the state.

I also understand and agree that:

• Supervisors bear liability in supervision regarding the standard of patient care/client welfare and need to have complete information regarding patients and files.
• In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
• In the event that my own personal process(es) do disrupt patient care, the supervisory team and/or site training director may suggest that I seek my own personal therapy.
• My primary supervisor will present me with formal written feedback on my performance using the Competencies Evaluation, at least once per quarter and more frequently if necessary, if a concern arises in any competency area
• If any competency area is unsatisfactory, the supervisory team and site training director will specify strategies to help me meet these competencies, including implementing a formal remediation or corrective action plan if necessary
• In order to complete the training program, I must achieve a minimum rating of “3” (“Meets Expectations”) by the end of the fourth quarter for all behavioral anchors in the Competencies Evaluation

Resident acknowledges that, by signing this form, he/she understands and agrees to the above Training Agreements, and Responsibilities and Expectations.

The Resident Individual Training Contract has been agreed to on this _______ of __________________, 20___

Required Signatures:
Resident: __________________________________________ Date: ____________________

Primary Supervisor: __________________________________________ Date: ____________________

Site training director:________________________________________ Date: ____________________


Appendix C
KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

COMPETENCIES EVALUATION

STANDARDS of ACCREDITATION LEVELS 1 & 2 COMPETENCIES WITH BEHAVIORAL ANCHORS

(REV. 7/2020)

Training Year: __________________________________________ Date: __________________________
Consortium: __________________________________________ Site: __________________________
Resident Name: ________________________________________ Team: __________________________
Primary Supervisor Name: __________________________________________

<table>
<thead>
<tr>
<th>Rating</th>
<th>Measurement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Inadequate</td>
<td>At this point in the training program, Resident’s performance is inadequate.</td>
<td>A rating of “1” (Inadequate) prompts the supervisor to: 1) Complete the Letter of Warning procedure in the Remediation process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.</td>
</tr>
<tr>
<td>2 = Needs Improvement /Area of Focused Guidance</td>
<td>At this point in the training program, Resident’s performance needs improvement or continues to be an area of focused guidance.</td>
<td>A rating of “2” (Needs Improvement) prompts the supervisor to: 1) Initiate or continue the Focused Competency Guidance in the Remediation process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.</td>
</tr>
<tr>
<td>3 = Meets Expectations</td>
<td>At this point in the training program, Resident’s performance meets expectations.</td>
<td>A rating of “3” (Meets Expectations) indicates that the Resident’s performance meets or exceeds the competency requirements for postdoctoral residents at the current stage of training. Supervisor completes a narrative describing when a resident exceeds expectations.</td>
</tr>
</tbody>
</table>

To receive a Certificate of Completion, Resident must achieve ratings of 3 for ALL behavioral anchors by end of 4th quarter.

**Level One Competency: A - INTEGRATION OF SCIENCE AND PRACTICE**

1) Scientific Foundations of Psychology and Professional Practice

Objectives:
- Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
- Models a commitment to educational and scholarly endeavors to keep current with research
- Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors

Behavioral Anchors:
- Readily applies evidence-based practice to work with patients
- Utilizes available databases, professional literature, seminars, consultation sessions, and other resources as appropriate
- Applies scientific knowledge and a biopsychosocial approach to the solution of problems

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readily applies evidence-based practice to work with patients</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizes available databases, professional literature, seminars, consultation sessions, and other resources as appropriate</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Applies scientific knowledge and a biopsychosocial approach to the solution of problems</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

2) Program Development and Evaluation

Objectives:
- Understands the importance of program development/evaluation to the practice of Health Service Psychology
- Develops and implements a program development/evaluation project
- Demonstrates consideration of diversity factors when developing program development/evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

Behavioral Anchors:
- Able to synthesize relevant literature and create a coherent proposal
- Uses methods appropriate to the program development/evaluation question, setting and/or community, in developing and implementing project

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to synthesize relevant literature and create a coherent proposal</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Uses methods appropriate to the program development/evaluation question, setting and/or community, in developing and implementing project</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
• Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual

• Effectively presents results to staff/peers

• Identifies and communicates how outcome data can be applied to improve functioning of local program(s)

**Supervisor Comments for Integration of Science and Practice:**

---

**Level One Competency: B - INDIVIDUAL AND CULTURAL DIVERSITY**

1) Awareness of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status

**Objectives:**

- Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research, consultation, and supervision
- Demonstrates competence in building rapport with all patients taking into account issues of diversity
- Demonstrates competence in knowing when to seek cultural consultation
- Applies knowledge, skills and attitudes and values regarding intersecting and complex dimensions of diversity

**Behavioral Anchors:**

- Articulates how one’s own cultural/ethnic identity may impact relationships with patients and colleagues
- Initiates consultation and/or supervision about diversity issues in a reflective manner
- Integrates multicultural awareness in assessment and treatment by practicing culturally sensitive care and adapting treatment accordingly
- Demonstrates competence in working with individuals whose group membership, demographic characteristics or worldviews may be counter to one’s own
- Able to adapt treatment plan to reflect these characteristics when necessary

**Supervisor Comments for Individual and Cultural Diversity:**

---
### Level One Competency: C - ETHICAL AND LEGAL STANDARDS

**1) Ethical and Legal Standards, Policies, and Guidelines**

**Objectives:**
- Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
- Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
- Independently and consistently integrates ethical and legal standards into all competencies
- Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
- Understands and adheres to all Kaiser Permanente Psychology Postdoctoral Residency policies as delineated in the Policy and Procedure Manual for the Postdoctoral Residency Programs in Clinical Psychology

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies complex ethical and legal issues</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Seeks consultation and/or supervision on complex ethical and legal matters</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Applies ethical principles and standards in professional writings and presentations, treatment, and teaching</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Adheres to company and departmental policies (including meeting attendance)</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Demonstrates awareness of the postdoctoral residents’ Policy and Procedure manual as an essential program resource</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tbody>
</table>

**Supervisor Comments for Ethical and Legal Standards:**

### Level Two Competency: D - PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

**1) Professionalism**

**Objectives:**
- Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating
professional values and integrity

- Independently accepts personal responsibility across settings and contexts
- Independently acts to safeguard the welfare of others, patients as well as colleagues
- Demonstrates self-reflection in the context of professional practice
- Accurately assesses self in all competency domains
- Actively self-monitors issues related to self-care

<table>
<thead>
<tr>
<th>Behavioral Anchors:</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes action to correct situations that are in conflict with professional values</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Holds self accountable for own behavior and decisions</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Receptive to review of quality of services by supervisors and/or administrators</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Actions convey sensitivity to patients’ experiences and needs while retaining professional demeanor and behavior</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<td>1 2 3</td>
</tr>
<tr>
<td>Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Effectively communicates assessment of own strengths and weaknesses</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Takes action to bridge gaps in professional competencies</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Models effective self-care</td>
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</tr>
</tbody>
</table>

Supervisor Comments for Professional Values, Attitudes, and Behaviors:

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**Level Two Competency: E - COMMUNICATION AND INTERPERSONAL SKILLS**

1) Relates effectively and meaningfully with individuals, groups and/or communities

Objectives:
- Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers
- Demonstrates skill in managing difficult communications and resolving conflict.
- Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts

<table>
<thead>
<tr>
<th>Behavioral Anchors:</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains respectful and collegial interactions with others</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Effectively negotiates conflictual, difficult and/or complex relationships</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Provides effective feedback to others and receives feedback nondefensively</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Communication is understandable and consistent across expressive modalities</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Demonstrates the use of appropriate professional language when communicating with clients and other health care providers</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tbody>
</table>

Supervisor Comments for Communication and Interpersonal Skills:
**Level Two Competency: F - ASSESSMENT**

1) Measurement, Psychometrics, and Diagnosis

**Objectives:**
- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
- Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups
- Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
- Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
- Conducts a comprehensible and constructive feedback interview with the patient, explaining results and recommendations

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th></th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is flexible in selecting assessment tools that address diagnostic questions for specific patient populations</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Applies awareness and competent use of culturally sensitive instruments and norms</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Interprets assessment results accurately to identify problem areas and diagnoses</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Recommends an empirically supported treatment plan based on the assessment</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Writes comprehensive reports which include discussion of strengths and limitations of measures and identification of any confounding variables</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<td>1 2 3</td>
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<tr>
<td>Provides timely, understandable and useful feedback that is responsive to patient needs</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tbody>
</table>

**Supervisor Comments for Assessment:**

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52
### Level Two Competency: G - INTERVENTION

#### 1) Intervention Planning and Implementation

**Objectives:**
- Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
- Plans interventions, including case conceptualizations that are specific to context and patient preferences
- Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
- Demonstrates increasing competence to conceptualize more complex cases
- Uses evidence-based treatment modalities with flexibility to adapt to patient needs
- Demonstrates competence in the constructive use of own emotional reactions to patients
- Seeks consultation for complex cases, such as those with chronic or acute medical conditions
- Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Effectively evaluates patients for risk and safety issues</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>● Explains to patients and/or supervisor the rationale for empirically-supported intervention strategies</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<td>1 2 3</td>
</tr>
<tr>
<td>● Conceptualizes cases during intake evaluations that lead to well thought-out diagnoses and integrative biopsychosocial treatment plans</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<tr>
<td>● Effectively develops strong therapeutic alliances</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<tr>
<td>● Carries a progressively larger and more complex caseload</td>
<td>1 2 3</td>
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<tr>
<td>● Independently and effectively implements a range of evidence-based practices</td>
<td>1 2 3</td>
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<tr>
<td>● Develops independent skills in facilitating group psychotherapy</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<tr>
<td>● Assesses treatment effectiveness and efficiency</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>● Terminates treatment effectively</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>● Actively participates in group supervision and case conferences</td>
<td>1 2 3</td>
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</tbody>
</table>

**Supervisor Comments for Intervention:**

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### Level Two Competency: H - CONSULTATION and INTERDISCIPLINARY SYSTEMS

#### 1) Role of the Consultant and Application of Consultation Methods

**Objectives:**
- Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in interdisciplinary teams
- Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
- Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Recognizes situations in which consultation is appropriate</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>● Adapts to situations that require a consultation role</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>● Gathers information necessary to answer referral or consultation question</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Prepares clear, useful written reports and/or verbal feedback/recommendations</td>
<td>1 2 3</td>
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</tbody>
</table>
### 2) Interprofessional/Interdisciplinary Skills
- Knowledgeable and respectful of the differing worldviews, roles, professional standards, and contributions of other professionals
- Demonstrates skills that support effective interdisciplinary team functioning
- Participates in and initiates interdisciplinary collaboration directed toward shared goals

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th></th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively with individuals from other professions</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizes the unique contributions of other professionals in team planning and functioning</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines</td>
<td>1 2 3</td>
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</tr>
</tbody>
</table>

**Supervisor Comments for Consultation and Interdisciplinary Systems:**

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### Level Two Competency: I - COMMUNITY PARTNERSHIPS

**Objective:**
- Provides education and training based on the empirical literature to promote healthy behaviors in underserved populations
- Provides education and training based in underserved populations

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th></th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides outreach to underserved communities to improve the biopsychosocial health of members of those communities</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>Collects, analyzes, and presents relevant demographic and outcome data to partnership stakeholders</td>
<td></td>
<td></td>
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<td>1 2 3</td>
</tr>
<tr>
<td>Develops alliances with individuals and/or systems to improve the lives of those served</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tbody>
</table>

**Supervisor Comments for Community Partnerships:**

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KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY
COMPETENCIES EVALUATION

SIGNATURES

First Quarter
[ ] This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the resident.
Resident Signature: ____________________________ Date: _________________________
Supervisor Signature: ____________________________ Date: _________________________
Delegated Supervisor Signature: ____________________________ Date: _________________________

Second Quarter
[ ] This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the resident.
Resident Signature: ____________________________ Date: _________________________
Supervisor Signature: ____________________________ Date: _________________________
Delegated Supervisor Signature: ____________________________ Date: _________________________

Third Quarter
[ ] This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the resident.
Resident Signature: ____________________________ Date: _________________________
Supervisor Signature: ____________________________ Date: _________________________
Delegated Supervisor Signature: ____________________________ Date: _________________________

Fourth Quarter
[ ] This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the resident.
Resident Signature: ____________________________ Date: _________________________
Supervisor Signature: ____________________________ Date: _________________________
Delegated Supervisor Signature: ____________________________ Date: _________________________


Appendix D
Policy Statement:

Focused Competency Guidance is typically triggered when a resident receives one or more ratings of “2” (“Needs Improvement”) for any behavioral anchor(s) on the Competency Evaluation (CE). A rating of “2” typically indicates minor competency deficit(s) that may be easily ameliorated by added training. However, during the third or fourth quarters of the training year, if an intern receives a “2” for any behavioral anchor, the supervisor may choose to initiate either the Letter of Warning or a Corrective Action.

After determining the need to initiate Focused Competency Guidance and recording concerns in narrative form on the resident’s CE, the primary supervisor meets with the resident. During this meeting, the supervisor discusses the competency issue(s) fully, openly and candidly with the resident and completes the Focused Competency Guidance Plan below. The supervisor will identify the competencies to be targeted and recommend actions to be taken. The guidance plan will include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. This plan must be signed and dated by both parties during the initial and follow-up meetings with copies provided to the resident and to the site director to be kept in the resident’s training file.

The resident acknowledges that by signing this Focused Competency Guidance plan at the initial meeting, they understand that if Focused Competency Guidance is not successfully completed, some or all of the resident’s supervised hours may not be counted (i.e., will be found to be unsatisfactory) from the date of the commencement of this plan.

<table>
<thead>
<tr>
<th>Competency Evaluation Quarter and Training Year, and/or Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Doctoral Resident Name (print):</td>
<td></td>
</tr>
<tr>
<td>Primary Supervisor Name (print):</td>
<td></td>
</tr>
<tr>
<td>A. Competency Issues discussed at meeting, rated as “2” on CE:</td>
<td>B. Recommended Actions</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Competency/Issue:</td>
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<td>Competency/Issue:</td>
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<td>Competency/Issue:</td>
<td></td>
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<tr>
<td>Competency/Issue:</td>
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</tbody>
</table>
### A. Competency Issues discussed at meeting, rated as “2” on CE:

<table>
<thead>
<tr>
<th>Competency/Issue:</th>
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</table>

<table>
<thead>
<tr>
<th>Competency/Issue:</th>
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### B. Recommended Actions (cont’d)

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### C. Reassessment Status of Actions/Competency

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</table>

### Timeline / Date of Next Assessment

<table>
<thead>
<tr>
<th>Timeline / Date of Next Assessment</th>
<th>Post-Doctoral Resident Signature &amp; Date</th>
<th>Primary Supervisor Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Meeting</td>
<td></td>
<td></td>
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<tr>
<td>Reassessment Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassessment Meeting</td>
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</tbody>
</table>
Appendix E
KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

POST-DOCTORAL RESIDENT REMEDIATION:
LETTER OF WARNING (rev. 7/2020)
To be completed by the PRIMARY SUPERVISOR and signed by the PRIMARY SUPERVISOR and POST-DOCTORAL RESIDENT

Policy Statement:

A **Letter of Warning** is typically triggered when a resident fails to achieve timely and/or sustained improvement after completing a Focused Competency Guidance Plan and/or receives one or more rating(s) of “1” for any behavioral anchor(s) on the Competencies Evaluation. A rating of “1” (“Inadequate”) indicates major competency deficit(s). If a resident receives a “1” for any of these anchors during the third or fourth quarters of the training year, the supervisor may initiate Corrective Action.

To initiate the Letter of Warning, the supervisor completes All sections of this form. The supervisor then meets with the resident to review the information outlined in the component sections and obtains the necessary signatures. **The primary supervisor must provide copies to the resident and the site director of the initialed and signed Letter, which will also be placed in the resident’s training file.**

Within the time frame outlined in the Letter, the primary supervisor will re-evaluate the resident using the Competencies Evaluation and record their findings in the outcomes sections of this form. If the primary supervisor and site director determine that insufficient progress has been made and that further action is needed, they may submit a written explanation of their concerns to the resident. In addition, they may place the resident on probation.

<table>
<thead>
<tr>
<th>Competency Evaluation Quarter and Training Year and/or Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Doctoral Resident Name (print):</td>
<td></td>
</tr>
<tr>
<td>Primary Supervisor Name (print):</td>
<td></td>
</tr>
</tbody>
</table>

1. Notification that, with this Letter of Warning action, the resident is no longer considered to be in “good standing” within the training program:

<table>
<thead>
<tr>
<th>Resident’s Initials:</th>
<th>Supervisor’s Initials:</th>
</tr>
</thead>
</table>

2. Notification that this Letter of Warning action may impact whether the resident's supervised hours will be found to be satisfactory:

<table>
<thead>
<tr>
<th>Resident’s Initials:</th>
<th>Supervisor’s Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component of Letter of Warning</td>
<td>Outcome</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>3. Description of resident’s unsatisfactory performance</td>
<td></td>
</tr>
<tr>
<td>4. Identification of targeted competency area(s)/behavioral anchors</td>
<td></td>
</tr>
<tr>
<td>Component of Letter of Warning (cont’d)</td>
<td>Outcome</td>
</tr>
<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td>5. Outline of measures to be undertaken to remediate resident's performance, including but not limited to: schedule modification; provision of opportunities for the resident to receive additional supervision and/or to attend additional seminars and/or other training activities; and/or recommendation of training resources</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component of Letter of Warning (cont’d)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Expectations for successful outcome</td>
<td></td>
</tr>
</tbody>
</table>
7. Consequences for unsuccessful outcome (which may include initiation of Probation)

8. Timeline for completion

<table>
<thead>
<tr>
<th>Date</th>
<th>Resident</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Meeting: Signature</td>
<td></td>
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</table>
NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES BY A PSYCHOLOGY POSTDOCTORAL RESIDENT

IN THE _____________________ CONSORTIUM RESIDENCY PROGRAM  (REV. 7/2020)

This is to inform you that the mental health treatment services you are receiving are provided by an unlicensed Psychology Postdoctoral Resident.

Resident Name: ________________________________, PsyD/PhD/EdD
Resident Contact #: ____________________________
Residency Completion Date: ____________________________

This resident is working under the supervision of:

Supervisor Name: ________________________________, PsyD/PhD/EdD
Supervisor License #: ____________________________
Supervisor Contact #: ____________________________

in addition to other licensed staff members in the Department of Mental Health, Kaiser Permanente Medical Group, Inc.
Appendix G

Kaiser Permanente Northern California

PSYCHOLOGICAL EVALUATION CONSENT FOR SERVICES (rev. 7/2020)

The undersigned patient or responsible party consents to and authorizes mental health services by the Department of Psychiatry at Kaiser Permanente, _____________________. These services primarily include psychological testing, neuropsychological evaluations, and/or crisis interventions as necessary.

The undersigned understands that he/she has the right to:

1) Be informed of the services that can or will be provided;
2) Be informed of the intended use of the evaluation;
3) Receive feedback and recommendations based upon any assessments conducted; and
4) May withdraw from services at any time as participation in psychological evaluation is completely voluntary

The undersigned is aware that a provider in the Department of Psychiatry has referred him or her to obtain a comprehensive psychological evaluation. The purposes of this evaluation may be to clarify diagnoses, obtain collateral and objective information regarding his or her psychological functioning, etc.

The undersigned is also aware that the Department of Psychiatry at Kaiser Permanente, ______________ is a teaching facility. As such, assessments may be conducted by an unlicensed postdoctoral resident in clinical psychology who will be supervised by ______________ (PSY ______), who is a licensed clinical psychologist.

The undersigned also acknowledges that the psychologist or postdoctoral resident conducting the evaluation will be providing feedback to the referring provider and a copy of the assessment results will be placed in his/her Kaiser Permanente medical chart. All medical records are confidential and will not be released without the patient’s permission.

With regard to timeline, the undersigned agrees that it can take up to five weeks to receive the results of the psychological evaluation, feedback, and/or a copy of report. If there are any questions, the undersigned can contact the above supervisor(s) or the unlicensed postdoctoral resident for information.

The undersigned is aware that the psychological evaluator, like all clinical staff in the Psychiatry Department, is legally mandated to breach confidentiality and take appropriate action in cases involving potential abuse to a child, elder, or dependent adult or in cases where a patient poses an imminent danger to himself/herself or to others.

By signing below, the undersigned acknowledges that he/she has read, understood, and agreed to the terms and policies outlined above.

________________________________________  _________________  __________________
Signature of Patient                         Medical Record Number          Date

________________________________________  __________________
Signature of Responsible Party
(Parent, Guardian, Conservator)          Relationship to Patient          Date
Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

__________________________ Consortium Seminar Evaluation

Title of Seminar: __________________________________________________
Date: _____________________________________________________________
Instructor(s): _____________________________________________________

Please use the following key to answer questions 1-10:

Absolutely--5  Somewhat--4  Uncertain--3  Probably Not--2  Absolutely Not--1

1. Was seminar consistent with its objectives and title? __________
2. Was seminar appropriately challenging? __________
3. Did seminar expand your knowledge in this topic? __________
4. Was the seminar taught at the promised level? __________
5. Were cultural and diversity issues integrated into the presentation? __________
6. Was material relevant to Mental Health professional activities? __________
7. Was/were instructor(s) well-informed on subject matter? __________
8. Was/were the instructor(s) well prepared? __________
9. Was/were instructor(s) attentive to questions? __________
10. Would you attend another seminar given by this instructor? __________
11. How would you rate the overall value of the program? (circle one):

    Excellent  Good  Fair  Poor

12. Suggestions for future seminar topics? ________________________________
    ________________________________________________________________
    ________________________________________________________________

13. Please list two insights that you have gained from this seminar.
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

14. Additional comments are welcomed. Use reverse side of this sheet if needed.
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

RESIDENT PRESENTATION EVALUATION (REV 7/2020)
_______________________ Consortium

Topic: ____________________________________________
Date: ____________________________________________
Presenter’s Name: __________________________________

What is your current professional status?
_____ Postdoctoral Resident  Other (specify) ______________________

Please use the following key to answer questions 1-2:
Excellent—5  Good—4  Neutral—3  Somewhat Poor—2  Very Poor—1

1. On the basis of my overall impression, I would evaluate this presentation as: _________

2. The method of presentation was: _________

Please use the following key to answer questions 3-5:
Absolutely--1  Somewhat--2  Uncertain--3  Probably Not--4  Absolutely Not--5

3. The presenter was well-prepared for the presentation. _________

4. The material was interesting and expanded my knowledge. _________

5. The presenter addressed relevant culture/diversity and ethical issues, best practices research, etc. _________

6. The aspect of the presentation that I liked the most was:
___________________________________________________________________

7. The aspect that I liked the least was:____________________________________
___________________________________________________________________

8. My suggestions for improving the topic or presentation:
___________________________________________________________________
___________________________________________________________________

9. Additional comments? (Use back of page if necessary)
___________________________________________________________________
___________________________________________________________________
Appendix J
KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

RESIDENT EVALUATION OF SUPERVISOR (rev. 7/2020)

Consortium: ______________________ Date: ______________________

Evaluation Period: Year: _________________ 2nd Quarter (Sept-Feb) ________
4th Quarter (Mar-Aug) ________

Supervisor’s Name: ______________________

Supervisor’s Status: _____ Primary individual supervisor
_____ Delegated (secondary) individual supervisor
_____ Group supervisor - indicate which group:
   _____ Case Conference
   _____ Psychological Assessment
   _____ Program Development/Evaluation Project
   _____ Supervision Training

Supervisee’s/Residents’ Name: ______________________

Please evaluate your supervisors using the criteria and rating scale below. The purpose of this evaluation is to inform the Training Program of the supervisors’ strengths and weaknesses, and to help the supervisors improve in the practice of supervision. This evaluation process is optimally an ongoing part of the supervisory relationships and the criteria below can be used to guide discussion throughout the training year. Both supervisors and supervisees should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improving.

Please indicate the degree to which the behaviors listed below are characteristic of your supervisor, using the following rating scale:

<table>
<thead>
<tr>
<th>Numerical Rating</th>
<th>Level of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does Not Meet My Expectations</td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>3</td>
<td>Meets My Expectations</td>
</tr>
</tbody>
</table>

**Supervisor Provides Atmosphere for Professional Growth**

_____ Demonstrates a sense of support and acceptance
_____ Establishes clear and reasonable expectations for my performance.
_____ Establishes clear boundaries (i.e. not parental, peer or therapeutic).
_____ Makes an effort to understand me and my perspective.
_____ Encourages me to formulate strategies and goals without imposing his/her /their own agenda.
_____ Recognizes my strengths
Conveys an active interest in helping me to grow professionally
Is sensitive to the stresses and demands of the residency
Helps me to feel comfortable to discuss problems
I feel comfortable talking to my supervisor about my reactions to him/her/them and the content of our meetings

Supervisor’s Style of Supervision
Makes supervision a collaborative process
Balances instruction with exploration; is sensitive to therapist's style and needs
Encourages therapist to question, challenge, or doubt supervisor’s opinion
Admits errors or limitations without undue defensiveness
Openly discusses and is respectful of differences in culture, ethnicity, or other individual diversity
Enables the relationship to evolve over the year from advisory to consultative to collegial

Supervisor Models Professional Behavior
Keeps the supervision appointment and is on time
Is available when therapist needs to consult
Makes decisions and takes responsibility when appropriate.
Makes concrete and specific suggestions when needed
Assists therapist in integrating different techniques
Addresses countertransference issues/emotional reactions between therapist and patient
Raises cultural and individual diversity issues

Impact of Supervisor
Provides feedback that generalizes or transcends individual cases to strengthen therapist’s general skill level
Shows concern for therapist’s personal development as well as training program performance
Facilitates therapist’s confidence to accept new challenges

The most positive aspects of this supervision are:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The least helpful or missing aspects of this supervision are:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This supervision experience might improve if:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Appendix K

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

RESIDENT PROGRAM SURVEY

Residency Year: _______________________________  Check One:  Mid-Year _____

Consortium: _______________________________  End of Year _____

Training SITE: _______________________________  Date: ______________

EVALUATION INSTRUCTIONS
This form is designed to allow the resident to evaluate the program over a range of professional domains, using the Likert scale, below.

1* Inadequate  Program never meets my expectations*
2* Needs Improvement  Program sometimes meets my expectations*
3  Meets Expectations  Program consistently meets my expectations
N/A  Not Applicable  I did not train in this area or training in this area was not available at my site (may apply to competencies F and G, below)
* Please provide explanation for these ratings

SEMINARS AND SUPERVISORS

1. How would you rate the quality of the weekly seminars at your consortium?  Ratings from 1-3

2. How would you rate the quality of the regional seminars? (Do not include your ratings of the Diversity Forums in your response. They are rated after each Forum presentation.)

3. How would you rate the quality of your individual primary supervision?

4. How would you rate the quality of your secondary supervision?

5. How would you rate the quality of your group supervision (case conference only)?

6. How would you rate the overall training received during your residency year?

7. How would you rate the quality of resources available to you, such as the web-based Clinical Library and the Best Practices models, and the availability of senior staff members?

8. Was your training graduated in complexity during the year?

9. Did you feel welcomed and treated with respect by the professional staff at your site during year?
## LEVEL ONE COMPETENCIES

### COMPETENCY A: INTEGRATION OF SCIENCE AND PRACTICE

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SCIENTIFIC FOUNDATIONS OF PSYCHOLOGY AND PROFESSIONAL PRACTICE</td>
<td>Evidence-based practice</td>
<td>I have been given the opportunity to practice evidence-based treatments</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been offered opportunities to apply a biopsychosocial approach</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2. PROGRAM DEVELOPMENT AND EVALUATION</td>
<td>Scientific approach to knowledge generation</td>
<td>I have been given the opportunity to develop a program evaluation proposal using appropriate research methods</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to implement a program evaluation project, evaluate the outcomes and present the findings to staff/peers</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Program evaluation and research group supervision</td>
<td>I would rate the quality of my program evaluation group supervision as follows:</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

### COMPETENCY B: INDIVIDUAL AND CULTURAL DIVERSITY

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DIVERSITY AWARENESS</td>
<td>Awareness of self and others and their interaction as shaped by individual and cultural diversity and context (e.g., role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status)</td>
<td>I have been encouraged to independently apply knowledge, skills and attitudes with regard to dimensions of diversity in my professional work (e.g., use of culturally relevant best practices)</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Appropriate applications based on individual and cultural context</td>
<td>I have been encouraged to independently monitor and apply knowledge of diversity in my interactions with others in the areas of assessment, treatment, research, and consultation</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
### COMPETENCY C: ETHICAL AND LEGAL STANDARDS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ETHICAL AND LEGAL STANDARDS, POLICIES AND GUIDELINES</td>
<td>Knowledge of ethical and legal standards, policies, and guidelines</td>
<td>The program emphasizes the application of ethical and legal standards to the practice of psychology, including the APA ethics code, APA policies and guidelines, and federal and state laws and regulations.</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

### LEVEL TWO COMPETENCIES

### COMPETENCY D: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PROFESSIONALISM</td>
<td>Integrity and values</td>
<td>I have been supported to continually and independently monitor my professional values</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Professional identity and conduct</td>
<td>I have been encouraged to conduct myself in a professional manner across all settings and situations</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Reflective practice, self-assessment, and self-care</td>
<td>I have been encouraged to respect the beliefs and values of patients and colleagues, even when those are inconsistent with my personal beliefs and values</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

### COMPETENCY E: COMMUNICATION AND INTERPERSONAL SKILLS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RELATES EFFECTIVELY AND MEANINGFULLY WITH INDIVIDUALS, GROUPS AND/OR COMMUNITIES</td>
<td>Difficult communication and conflict resolution</td>
<td>I have been encouraged to maintain respectful and collegial interactions with others</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Written and oral communication</td>
<td>I have been encouraged to effectively negotiate conflictual, difficult and/or complex relationships</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Feedback</td>
<td>I have been given the opportunity to provide effective feedback to others and to receive feedback non-defensively</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
## COMPETENCY F: ASSESSMENT

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MEASUREMENT, PSYCHOMETRICS, AND DIAGNOSIS</td>
<td>Selection and interpretation of measures and knowledge of psychometrics</td>
<td>I have been given the opportunity to collaboratively select multiple methods and means of evaluation for specific patient populations</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to effectively administer assessment instruments</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given training on how to screen out confounding variables</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to effectively interpret assessment instruments</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Communication of findings: Case conceptualization and recommendations</td>
<td>I have been given the opportunity to effectively communicate assessment findings and recommendations, including confounding variables</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Assessment Group Supervision</td>
<td>I would rate the quality of my assessment group supervision as follows:</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

## COMPETENCY G: INTERVENTION

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVENTION PLANNING AND IMPLEMENTATION</td>
<td>Psychodiagnostic and psychotherapeutic skills</td>
<td>I have been given the opportunity to develop my diagnostic skills</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to enhance my abilities to evaluate and respond to risk and safety issues</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to conceptualize cases and independently plan appropriate interventions</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to demonstrate clinical skills with a wide variety of patients</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to apply empirical models in planning interventions</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to independently evaluate treatment progress and modify planning as needed</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
### COMPETENCY H. CONSULTATION AND INTERDISCIPLINARY SYSTEMS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. ROLE OF CONSULTANT AND APPLICATION OF CONSULTATION METHODS</strong></td>
<td>Role of Consultant</td>
<td>I have been given the opportunity to provide expert guidance and assistance in a manner that utilizes my professional skills to evaluate and make recommendations</td>
<td>1 2 3 N/A</td>
</tr>
<tr>
<td></td>
<td>Feedback on consultation training</td>
<td>I have received constructive feedback on my consultation skills</td>
<td>1 2 3 N/A</td>
</tr>
</tbody>
</table>

|                                                                     | Knowledge of the shared and distinctive contributions of other professionals | I have been encouraged to develop and maintain effective working relationships with a wide range of colleagues, organizations and communities | 1 2 3 |
|                                                                     |                                                                                | The program offers opportunities for me to communicate and collaborate effectively with other professionals for the purpose of shared goals | 1 2 3 |

### COMPETENCY I: COMMUNITY PARTNERSHIPS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. COMMUNITY PARTNERSHIPS</strong></td>
<td>Outreach and education to underserved populations in the community to promote healthy behaviors</td>
<td>I have been encouraged to develop alliances with individuals and/or systems to improve the lives of those served</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to provide education and training based on the empirical literature</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to collect, analyze and present relevant outcome data</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

IF DESIRED, PLEASE INCLUDE ANY ADDITIONAL COMMENTS WITH THIS SURVEY –THANK YOU
POST-RESIDENCY EXPERIENCE SURVEY

"Post-Residency Experience" is a questionnaire that the Northern California Kaiser Permanente Psychology Postdoctoral Residency Programs in Clinical Psychology sends annually to past program participants. The survey is designed to provide us with information on participants’ experiences after they have finished the program and feedback as to how well the program met its aims in preparing residents for their careers.

Your information is important to us as it provides us with valuable outcome data by which to gauge the efficacy of the program, and it provides you with the opportunity to communicate with us about your career.

In addition, as postdoctoral residency programs either accredited by the American Psychological Association we are required to gather this data.

The following survey lists the program's aims and their corresponding behavioral anchors and asks you to rate the anchors in terms of your experience. Please feel free to make any additional comments in the space provided at the end of this survey.

The minimum completion time for the questionnaire is approximately 15 minutes. We greatly appreciate your time and attention to this task!

I. PAST POSTDOCTORAL RESIDENT

1. Date

2. Name

3. Current Address

4. Phone Number

5. Email Address

6. Year of Doctoral Degree

7. Training Year

8. KP Training Site

9. Initial Post-Residency Employment Setting (Circle one):
   1. Community Mental Health Center
   2. Health Maintenance Organization
   3. Medical Center
   4. Military Medical Center
5. Private General Hospital
6. General Hospital
7. Veterans Affairs Medical Center
8. Private Psychiatric Hospital
9. State/County Hospital
10. Correctional Facility
11. School District/System
12. University Counseling Center
13. Academic Teaching Position
   13a. doctoral program
   13b. master's program
   13c. 4-year college
   13d. community/2-year college
   13e. adjunct professor
14. Independent Practice
15. Academic Non-Teaching Position
16. Medical School
17. Other (e.g., consulting), please specify below
18. Student
19. Not currently employed

Other: ____________________________________________________________

11. Initial Job Title: ____________________________________________________________________

12. Name and Location of Initial Employer: ________________________________________________

13. Current Employment Setting (Circle one):
   1. Community Mental Health Center
   2. Health Maintenance Organization
   3. Medical Center
   4. Military Medical Center
   5. Private General Hospital
   6. General Hospital
   7. Veterans Affairs Medical Center
   8. Private Psychiatric Hospital
   9. State/County Hospital
   10. Correctional Facility
   11. School District/System
   12. University Counseling Center
   13. Academic Teaching Position
      13a. doctoral program
      13b. master’s program
      13c. 4-year college
      13d. community/2-year college
      13e. adjunct professor
14. Independent Practice
15. Academic Non-Teaching Position
16. Medical School
17. Other (e.g., consulting), please specify below
18. Student
19. Not currently employed

Other: ____________________________________________

13. Current Job Title: ____________________________________________

14. If you are currently employed in more than one setting, please provide additional job titles here: ____________________________________________

15. Name and Location of Current Employer: ____________________________________________

16. If you are currently employed in more than one setting, please provide names and locations of additional employers here: ____________________________________________

17. Licensure:
   Yes
   No

18. Licensed in State(s)/Province(s): ____________________________________________

19. Primary licensure in State/Province: ____________________________________________

20. Check all that apply to your specialty/professional status:
   1. Currently Listed in National Register of Health Service Providers in Psychology
   2. Currently Listed in Canadian Register of Health Service Providers in Psychology
   3. Fellowship in Professional Scientific Psychology
   4. American Board of Professional Psychology (ABPP):
      4a. ABPP Child and Adolescent
      4b. ABPP Cognitive and Behavioral
      4c. ABPP Couple and Family
      4d. ABPP Clinical Health
      4e. ABPP Clinical Neuropsychology
      4f. ABPP Counseling
      4g. ABPP Clinical
      4h. ABPP Forensic
      4i. ABPP Group
      4j. ABPP Organization & Business
      4k. ABPP Psychoanalysis
      4l. ABPP Rehabilitation
      4m. ABPP School
   5. American Board of Psychological Hypnosis (ABPH):
      5a. ABPH Clinical Hypnosis
      5b. ABPH Experimental Hypnosis
   6. None of the above

21. Other professional achievements (e.g., fellow status, diplomate, publications, presentations, research, etc.):
22. Additional Activities:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

23. Current Resume: Please feel free to email your current resume to the address(es) shown on
page 6 of this survey.

II. PROGRAM AIMS/OUTCOMES INFORMATION

We are interested in knowing how well your postdoctoral residency year prepared you for your
professional career, and how well the program met its goals for you. The following survey lists the
program’s goals and their corresponding behavioral anchors and asks you to rate the anchors in terms of
your experience. Please feel free to make any additional comments in the space provided, on page 6.

Please preface each behavioral anchor with the phrase, “As a result my postdoctoral residency year, my
level of preparedness in the following skills is indicated, below:”

Rating Scale:

1  Not at All Prepared
2  Moderately Prepared
3  Very Prepared
N/A  Does Not Pertain to My Present Position

LEVEL ONE COMPETENCIES

COMPETENCY A: INTEGRATION OF SCIENCE AND PRACTICE

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SCIENTIFIC FOUNDATIONS OF PSYCHOLOGY AND PROFESSIONAL PRACTICE</td>
<td>Evidence-based practice</td>
<td>I incorporate evidence-based treatments in my practice</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I apply a biopsychosocial approach in my practice</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td>2. PROGRAM DEVELOPMENT AND EVALUATION</td>
<td>Scientific approach to knowledge generation</td>
<td>I develop program evaluations using appropriate research methods</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I implement program evaluations, evaluate the</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>
### COMPETENCY B: INDIVIDUAL AND CULTURAL DIVERSITY

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Awareness of self and others and their interaction as shaped by individual and cultural diversity and context (e.g., role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status)</td>
<td>I continue to apply knowledge, skills and attitudes regarding dimensions of diversity to my professional work (e.g., use of culturally relevant best practices)</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td>Appropriate applications based on individual and cultural context</td>
<td>I continue to monitor and apply knowledge of diversity in my interactions with others in the areas of assessment, treatment, and consultation</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>

### COMPETENCY C: ETHICAL AND LEGAL STANDARDS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge of ethical and legal standards, policies, and guidelines</td>
<td>I apply ethical, legal and professional standards in the practice of psychology, including the APA ethics code, APA policies, and federal and state laws and regulations.</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>

### LEVEL TWO COMPETENCIES

### COMPETENCY D: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Integrity and values</td>
<td>I continually monitor my professional values</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td>Professional identity and conduct</td>
<td>I monitor and resolve clinical and/or personal situations that are in conflict with the values of the profession</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I conduct myself in a professional manner across all settings and situations</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I keep up with advances in the profession and integrate science into practice in a professional manner</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>
Reflective practice, self-assessment, and self-care

<table>
<thead>
<tr>
<th>I practice ongoing self-assessment of my knowledge and skills, and good self-care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**COMPETENCY E: COMMUNICATION AND INTERPERSONAL SKILLS**

1. RELATES EFFECTIVELY WITH INDIVIDUALS, GROUPS AND/OR COMMUNITIES

<table>
<thead>
<tr>
<th>Difficult communication and conflict resolution</th>
<th>I maintain respectful and collegial interaction with others</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Written and oral communication</th>
<th>I provide effective feedback to others and receive feedback nondefensively</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**COMPETENCY F: ASSESSMENT**

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MEASUREMENT, PSYCHOMETRICS AND DIAGNOSIS</td>
<td>Selection and interpretation of measures and knowledge of psychometrics</td>
<td>I select multiple methods and means of evaluation for specific patient populations</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I effectively administer assessment instruments</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I screen out confounding variables</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I effectively interpret assessment instruments</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Communication of findings: Case conceptualization and recommendations</td>
<td>I effectively communicate assessment findings and recommendations, including confounding variables</td>
<td>1</td>
</tr>
</tbody>
</table>

**COMPETENCY G: INTERVENTION**

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVENTION PLANNING AND IMPLEMENTATION</td>
<td>Psychodiagnostic and psychotherapeutic skills</td>
<td>I continue to enhance my diagnostic skills</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I continue to enhance my abilities to evaluate and respond to risk and safety issues</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I continue to conceptualize cases and independently plan appropriate interventions</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I work with a wide variety of patients</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I continue to apply empirical models in planning interventions</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I evaluate treatment progress and modify the plan as needed</td>
<td>1</td>
</tr>
</tbody>
</table>

**COMPETENCY H. CONSULTATION AND INTERDISCIPLINARY SYSTEMS**
### Aims

<table>
<thead>
<tr>
<th>Role of Consultant</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>I provide consultation in a manner that utilizes my professional skills to evaluate and make recommendations</td>
<td>1 2 3 n/a</td>
<td></td>
</tr>
</tbody>
</table>

### 2. INTERPROFESSIONAL AND INTERDISCIPLINARY SKILLS

<table>
<thead>
<tr>
<th>Knowledge of the shared and distinctive contributions of other professionals</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>I continue to develop and maintain effective working relationships with a wide range of colleagues, organizations and communities</td>
<td>1 2 3 n/a</td>
<td></td>
</tr>
<tr>
<td>I communicate and collaborate effectively with other professionals for the purpose of shared goals</td>
<td>1 2 3 n/a</td>
<td></td>
</tr>
</tbody>
</table>

### COMPETENCY I: COMMUNITY PARTNERSHIPS

| Outreach to underserved populations in the community to promote healthy behaviors | Behavioral Anchors | Ratings |
| Education and training based in underserved populations | I develop alliances with individuals and/or systems to improve the lives of those served | 1 2 3 n/a |
| I provide education and training based on the empirical literature | 1 2 3 n/a |
| I collect, analyze, and present relevant outcome data to partnership stakeholders | 1 2 3 n/a |

### ADDITIONAL INFORMATION/COMMENTS:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Should you wish to contact the training program directly, please feel free to call or email the following:

Julie Runkle, Regional Programs Coordinator  
Kaiser Permanente Northern California Mental Health Training Programs  
707-645-2313  
Julie.Runkle@kp.org
Appendix M

GENERIC LETTER OF COMPLETION

[To be printed on Letterhead of KP department/medical center that includes address]

[Date]

Dear [Full name of trainee]:

Congratulations on your successful completion of [XXXX] hours of supervised training at Kaiser Permanente [Program Name] at [Location, CA]. This letter is to certify that you have completed all of the requirements of the training program and that you are considered to be in good standing in the program.

{Choose and modify one of the following two sentences, which you can then place as the last sentence of the above paragraph}

You effectively completed your training on the [Xxxxxx] Team, which included general clinic duties pertaining to that team.

OR

In addition to completing [e.g., “general clinic duties”] on the [Xxxxxx] Team, you also completed (a) rotation(s) in [Intensive Outpatient Program; Emergency Department; Behavioral Medicine; Addiction Medicine Recovery Services; Eating Disorders; etc]. For your community partnership project, you completed XX hours engaged in [project description, including name and location of agency(cies) they worked with].

It has been a sincere pleasure having you in our program. We wish you all the best in your future endeavors.

Sincerely,

[Signature of Training Director]

[Name of Training Director]

[Title of Training Director (e.g., Director of Training)]

[Name and Location of Training Program]
# APPENDIX N

![Kaiser Permanente Logo](image)

**KAISER PERMANENTE NORTHERN CALIFORNIA**
**MENTAL HEALTH TRAINING PROGRAMS**

**BUSINESS PLAN APPLICATION**
**FOR CREATING A NEW or EXPANDING AN EXISTING MENTAL HEALTH TRAINING PROGRAM:**
**PSYCHOLOGY POSTDOCTORAL RESIDENCIES**

To be completed by the Requestor and emailed to Kathryn.Wetzler@kp.org

## REQUESTOR INFORMATION

<table>
<thead>
<tr>
<th>Requestor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Requestor Email Address:</td>
<td></td>
</tr>
<tr>
<td>Requestor Office Phone:</td>
<td></td>
</tr>
<tr>
<td>Department and Location of new/existing training program:</td>
<td></td>
</tr>
<tr>
<td>Address of Location:</td>
<td></td>
</tr>
</tbody>
</table>

## PROGRAM RECRUITMENT AND RETENTION OF RESIDENTS

<table>
<thead>
<tr>
<th>Please provide a description of your recruitment strategy for hiring and retention of Residents:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please identify the School(s) from which your Residents will be recruited:</td>
<td></td>
</tr>
</tbody>
</table>

## TIMELINE FOR RECRUITMENT

<table>
<thead>
<tr>
<th>Posting of Positions</th>
<th>Application Deadline</th>
<th>Interview Period</th>
<th>First Date for Hiring</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL AND GROUP SUPERVISION OF PSYCHOLOGY POSTDOCTORAL RESIDENTS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDIVIDUAL SUPERVISION:</strong> Each Resident must have one primary and one secondary supervisor assigned to them, for a total of two hours per week.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Name and Credentials:</th>
<th>Supervisor Skills, Knowledge and Attitudes:</th>
<th>How Supervisor plans to remain current with changes in the field:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Back-up Supervision Policy:**
Please provide an outline of your backup supervision policy, to be initiated when a primary and/or secondary supervisor is not at the clinic.

**GROUP SUPERVISION:** Each Resident must have two hours of group supervision each week.

Please provide an outline of the structure and content of Group Supervision:

---

**PROGRAM CURRICULUM**

**Didactics (2 hours per week):** Please attach a list of the didactics schedule for the training year.
**Community Partnership Projects (32 hours per year):** Please attach an outline of Community Partnership projects, in which each Resident will be participating for 32 hours over the course of the training year.

---

**BUSINESS PLAN APPLICATION, PSYCHOLOGY POSTDOCTORAL RESIDENCIES, PAGE 3 of 3**

<table>
<thead>
<tr>
<th>PROGRAM ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide a description of how your management plans to support the program:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Please provide a description of how you will ensure that all training faculty have read and are aware of the Policy and Procedure Manual and are familiar with the web site:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Acknowledgment that program will submit a list, to the Regional Director, of candidates to be interviewed for Training Director position, when appropriate:</strong></td>
</tr>
<tr>
<td>(signature of Requestor)</td>
</tr>
<tr>
<td><strong>Acknowledgment that Training Director commits to attending two regional meetings per training year, held in Oakland:</strong></td>
</tr>
<tr>
<td>(signature of Requestor)</td>
</tr>
</tbody>
</table>

---

**ADDITIONAL INFORMATION PROVIDED BY REQUESTOR (OPTIONAL)**
**APPENDIX O**

**KAISER PERMANENTE NORTHERN CALIFORNIA**  
_____XXXXXXXXX CONSORTIUM  
**POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY**

**GENERIC WELCOME LETTER**

Date ____________________________  

Dear ____________________________

We are pleased to welcome you to the Postdoctoral Residency Training Program in the Department of Mental Health at Kaiser Permanente, ________________________________ (name of medical center training site). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at ________________________________ (full street address), and reporting to ________________________________ (staff member’s name).

**Residency Term:** September X, 20XX - August XX, 20XX

**Total Hours:** You will be scheduled to work 40 hours per week. At this rate, but not including the 80 hours of paid vacation/holiday that you are eligible for, you will accrue a total of 2000 hours of supervised training by the end of the training year. Your schedule will include some morning and some evening hours. It is expected that you will work all of your hours.

**Contingent Offer Letter:** You will be receiving a Contingent Offer Letter from our Human Resources Recruitment Department which will outline employment contingencies and pay.

**California Board of Psychology Requirements:** On the first day of your residency, you and your primary supervisor must complete, sign and date a Supervision Agreement. *Failure to do so will result in the loss of any supervised hours completed before the form was filled out and, consequently, a reduction of the total number of hours that can be verified by the BOP.* You can find the Supervision Agreement on the California Board of Psychology website at [http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf](http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf)

Throughout the training year, you must keep a record of your Supervised Professional Experience (SPE). You can find a form to keep a record of your SPE on the California Psychology Internship Council’s (CAPIC) website at [https://capic.net/resources/all-forms/#Postdoc%20Docs](https://capic.net/resources/all-forms/#Postdoc%20Docs). Because our residency program is a member of APPIC, you will not need to be a registered Psychological Assistant to your primary supervisor.

You will be contacted by your training director prior to the beginning of the training year to develop your training schedule. You should anticipate a very intense and fast-paced year of training.

Please sign and return this Welcome Letter and accompanying Values Statement to your training director by fax at _________ ___________ (fax number) or email at ________________ (email address).

Resident’s Signature: ____________________________ Date: ______________

Training Director’s Signature: ____________________________ Date: ______________
Appendix P

Kaiser Permanente Mental Health Training Program

Values Statement

Respect for diversity and values different from one’s own is a core tenet of the Mental Health Training Program at Kaiser Permanente (KP). This value is also consistent with the guidelines set forth by the American Psychological Association’s Ethical Principles and Code of Conduct (2002) and reflected in the Standards of Accreditation set forth by the APA (APA, 2016). Mental Health trainees within Kaiser Permanente provide services to a diverse patient population, often consisting of members of social groups different from their own. As such, we strive to ethically and effectively treat a wide range of patients from varying social backgrounds.

The Kaiser Permanente Mental Health Training Program (which includes postdoctoral residencies, doctoral internships, post-master’s fellowships and practicums) exists within multicultural communities that contain people of diverse ethnic, racial and socioeconomic backgrounds; national origins; religious, spiritual and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, physical appearance and more. At KP, we believe that training programs are enriched by our collective openness to learning about others who are different from ourselves, as well as striving for acceptance of others. Mental health training faculty as well as trainees agree to work together to create training environments characterized by respect, trust and safety. Additionally, training faculty and trainees are expected to be supportive and respectful of all individuals, including patients, staff and peers, regardless of differences in background or worldviews.

The Kaiser Permanente Mental Health Training Program recognizes that no individual is free from all forms of prejudice or bias. Along these lines, we anticipate that each training environment will evidence a wide range of beliefs, behaviors and attitudes. All members of the training programs (staff and trainees alike) are expected to be committed to the values of respect, equity and inclusion. Furthermore, they are asked to demonstrate critical thinking and self-examination so that biases may be evaluated in light of scientific data and standards of the profession. Therefore, faculty and trainees alike are expected to exhibit a genuine desire to examine their own assumptions, attitudes, values and behaviors and to work effectively with “cultural, individual and role differences including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status” (APA Ethics Code, 2002, Principle E, p. 1063). In short, all members of the training program are expected to be willing to examine their own values and to gain knowledge and skills regardless of their beliefs, attitudes and values.

Over the course of the training year, training faculty will engage in and model self-disclosure and introspection with their trainees as appropriate. This can include discussions around personal experiences, attitudes, beliefs, feelings, opinions or personal histories. All members of the training program are committed to lifelong learning relative to multicultural competence. When deemed appropriate, self-disclosure is done in the service of optimizing patient care and improving professional knowledge, skills and attitudes.
In summary, all members of the Kaiser Permanente Mental Health Training Program are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes and values. Members agree to engage in a mutually supportive process that examines the effects of one’s beliefs, attitudes and values on one’s work with all clients. Such training processes are consistent with Kaiser Permanente’s core values, respect for diversity and for values similar and different from one’s own.

As an incoming mental health trainee at Kaiser Permanente, it is the expectation that you:

- Show willingness to work with a wide range of patient populations and presentations often different from yourself
- Demonstrate respect for differing worldviews and value systems, even when they are in conflict with your own
- Work effectively and with respect with colleagues whose views may be different and/or in conflict with your own
- Within reason, you are expected to be willing to work with any patient who presents for treatment, except in cases where your personal physical safety is actively threatened or where the clinical competence of both the trainee and the supervisor would compromise patient care.
- Seek out supervision, consultation and training when issues around competency emerge pertaining to a particular population and/or presenting problem

I have read and agree to abide by Kaiser Permanente’s Mental Health Training Program Values Statement.

Name: ___________________________

Signature: ________________________

Date: ____________________________

(Adapted from the Counseling Psychology Model Training Values Statement Addressing Diversity, Council of Counseling Psychology Training Programs)
Appendix Q

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

Supplement to California Board of Psychology Supervision Agreement Form
(Rev. 8/12/2020)

1) *Describe the specific duties the supervisee will perform as they engage in psychological activities that directly serve to prepare the supervisee for the independent practice of psychology once licensed.*

Supervisees at KPNC perform the following duties under supervision:

- Provide assessment and psychotherapy to adults, adolescents, children and/or families in a brief therapy model
- Conduct intake evaluations
- Co-facilitate psychoeducational groups
- Conduct program development/evaluation project
- Provide phone triage, hospital consultation, crisis intervention and urgent services as needed
- Administer and interpret psychological tests, and write reports
- Participate in regional and departmental training seminars
- Participate in departmental administrative and educational meetings
- Comply with Kaiser Permanente regional and local policies and procedures
- Comply with APA’s Code of Ethics and state and federal laws pertaining to the delivery of mental health services
- Maintain professional and ethical standards, including but not limited to adherence to child, dependent adult, and elder abuse reporting laws, confidentiality of protected health information, and respect for interpersonal boundaries
- Demonstrate preparedness/receptivity for supervision and present patient cases
- Model professional behavior by timeliness of record keeping, charting patient therapy sessions, report writing, meetings, supervision, patient appointments, etc.
- Attend to diversity issues, and one’s own values, belief systems and biases as they may impact patient care

The post-doctoral residency program is sequential, cumulative, and graduated in complexity. These sequential aspects are achieved through supervision, evaluation, didactic seminars, case conferences, and provision of direct care.

At the beginning of the training year, each resident meets with their supervisors to determine strengths, challenges, and interests by completing a Baseline Assessment of clinical competencies, which is a prerequisite for individualizing the resident’s training goals for the year. This assessment is modeled after the Competencies Evaluation, the program’s formal tool for assessing residents’ progress in achieving the program’s aims and objectives (see #2 below).

The program has refined its seminar offerings based on yearly feedback from residents. All topics are designed to provide high-quality learning experiences and focus on important clinical issues that residents face in their practice. Local didactic seminars increase in complexity; general
overview seminars are offered in the beginning of the year, while more specialized trainings are offered at the end of the year. Toward the end of the year, seminars are also focused on clinical practice choices. Preparation for professional licensure is built into the regional seminar schedule, with speakers devoted to exam review topics. Residents are encouraged to enroll in license preparation classes, for which they are eligible to be reimbursed by KPNC. At the regional level, seminars focus on keeping psychologists up to date on important issues such as ethics, outcomes management, evidence-based practice, supervision, the adaptation of neuroscience to psychotherapy etc.

Residents’ initial caseloads are significantly lighter than those of staff psychologists. Residents are scheduled for 20 clinical hours per week whereas full-time staff psychologists are expected to devote 30-32 clinical hours to direct patient care. Initially, residents’ caseloads are triaged for less clinical complexity. As residents become increasingly competent and demonstrate their ability to work autonomously, they are assigned progressively more difficult cases. By mid-year, if proficient, residents are assigned cases that are generally indistinguishable from those assigned to staff psychologists. Residents undertake a program development/evaluation project during their training year and are encouraged to present the results and/or their doctoral dissertation findings at clinic meetings or departmental Continuing Medical Education (CME) events to gain teaching experience.

1) **Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.**

POST-DOCTORAL RESIDENCY LEVEL ONE PROGRAM COMPETENCIES

**A. Integration of Science and Practice**

1) **Scientific Foundations of Psychology and Professional Practice**
   - **Objectives:** Resident...
     - Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
     - Models a commitment to educational and scholarly endeavors to keep current with research
     - Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors

2) **Program Development/Evaluation**
   - **Objectives:** Resident...
     - Understands the importance of program development/evaluation to the practice of Health Service Psychology
     - Develops and implements program development/evaluation projects
     - Demonstrates consideration of diversity factors when developing program evaluation project
     - Demonstrates competence in evaluating outcomes
     - Provides outcomes to colleagues and organizational leaders to improve program

**B. Individual and Cultural Diversity**

1) **Awareness of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status**
   - **Objectives:** Resident...
     - Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research, consultation and supervision
     - Demonstrates competence in building rapport with all patients, taking into account issues of diversity
     - Demonstrates competence in knowing when to seek cultural consultation
     - Applies knowledge, skills, attitudes and values regarding intersecting and complex dimensions of diversity

**C. Ethical and Legal Standards**

1) **Ethical and Legal Standards, Policies, and Guidelines**
Objectives: Resident…
▪ Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
▪ Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
▪ Independently and consistently integrates ethical and legal standards into all competencies
▪ Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
▪ Understands and adheres to all Kaiser Permanente postdoctoral residency policies as delineated in the Policy and Procedure Manual for Postdoctoral Residency Programs in Clinical Psychology

POST-DOCTORAL RESIDENCY LEVEL TWO COMPETENCIES

D. Professional Values, Attitudes, and Behaviors
1) Professionalism
   Objectives: Resident…
   ▪ Monitors and independently resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity
   ▪ Independently accepts personal responsibility across settings and contexts
   ▪ Independently acts to safeguard the welfare of others, patients as well as colleagues
   ▪ Demonstrates self-reflection in the context of professional practice
   ▪ Accurately assesses self in all competency domains
   ▪ Actively self-monitors issues related to self-care

E. Communication and Interpersonal Skills
1) Relates effectively and meaningfully with individuals, groups and/or communities
   Objectives: Resident…
   a. Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and managers
   b. Demonstrates skill in managing difficult communications and resolving conflict
   c. Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts

F. Assessment
1) Measurement, Psychometrics, and Diagnosis
   Objectives: Resident…
   ▪ Understands the strengths and limitations of assessment instruments and diagnostic approaches
   ▪ Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
   ▪ Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups
   ▪ Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
   ▪ Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
   ▪ Conducts a comprehensible and constructive feedback interview with the patient, explaining results and recommendations

G. Intervention
1) Intervention Planning and Implementation
   Objectives: Resident…
   ▪ Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
   ▪ Plans interventions, including case conceptualizations that are specific to context and patient preferences
   ▪ Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
   ▪ Demonstrates increasing competence to conceptualize more complex cases
   ▪ Uses evidence-based treatment modalities with flexibility to adapt to patient needs
   ▪ Demonstrates competence in the constructive use of own emotional reactions to patients
   ▪ Seeks consultation for complex cases, such as those with chronic medical conditions
   ▪ Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate
H. Consultation and Interdisciplinary Systems

1) Role of the Consultant and Application of Consultation Methods*
   Objectives: Resident...
   ▪ Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in multidisciplinary teams
   ▪ Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
   ▪ Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

2) Interprofessional/Interdisciplinary Skills
   Objectives: Resident...
   ▪ Knowledgeable and respectful of differing worldviews, roles, professional standards, and contributions of other professionals
   ▪ Demonstrates skills that support effective interdisciplinary team functioning
   ▪ Participates in and initiates interdisciplinary collaboration directed toward shared goals

I. Community Partnerships

Objective: Resident...
   ▪ Provides education and training based on empirical literature to promote healthy behaviors in underserved populations
   ▪ Provides education and training based in underserved populations

Psychology residents are provided with many opportunities, formal and informal, for socialization. They regularly meet with various mental health staff and take active roles in team meetings, department staff meetings, CME’s, social gatherings, as well as during supervision, service delivery, and seminars.

Residents are encouraged to meet with available non-supervising staff for consultation. This includes department professionals, such as psychologists, psychiatrists, and psychiatric nurses, staff social workers and MFTs as well as the residents’ individual supervisors. At the training site, residents interact with their cohort informally on a daily basis and more formally at the weekly training seminars.

Mentoring is an integral part of the supervision process, as cases are discussed and professional issues are explored. For example, at the beginning of each training year, residents observe their supervisors and other staff psychologists conducting intake evaluations, therapy sessions, and group treatment programs. Residents continue to have opportunities throughout the training year to provide co-therapy with their supervisors, other staff psychologists, and with members of their training cohort.

The program’s residents may meet with the other residents in their Northern California regional cohort, at least four times per year for the regional training seminars. Residents may stay after local trainings or arrive early to regional trainings in order to have lunch and socialize with their peers. During these gatherings, residents update each other on projects and compare notes regarding training experiences. Residents also have opportunities to meet with the psychologists who are presenters or attendees of the seminars. Frequently, seminar leaders invite residents to email or call them with further questions, thus broadening residents’ access to professional networking in the Northern California Region.

Residents exchange information on a variety of topics that are relevant to them, including, but not limited to, wellness and work environment, preparing for the EPPP, and career development. Together, they generate new ideas which they communicate to their supervisors and site director.
Each resident receives a minimum of two hours per week of individual supervision. The resident meets individually with his/her primary supervisor for at least one hour per week, and with his/her delegated supervisor for one hour per week, to discuss cases. Supervisors are also responsible for reviewing, critiquing, and electronically signing all patient session notes that residents have entered into the electronic medical record.

All residents participate weekly in two-hour group supervision, whose focus is how best to provide direct patient care within the context of an HMO setting. The group supervision sessions also provide a place for the resident to present cases in a formal manner. Residents may also periodically present Best Practices literature reviews.

Group supervision sessions include provision of guidance throughout the year on the program evaluation project. The program evaluation seminar supervisor is available to any resident for additional questions or support outside of the regular meeting time. Furthermore, all residents receive supervision on psychological testing cases. They are required to complete a minimum of one testing battery per quarter during their training year and some choose to complete more.

All residents attend didactic trainings for two hours per week, which focus on aspects of clinical practice that the residents may not regularly encounter. It is important to note that diversity issues are always integrated into didactic seminars because without continual attention to these issues, the danger to over-pathologize and mistreat healthy cultural expressions of psychological distress can occur.

3) **Describe the structure and sequence of feedback as provided to the resident by the program.**

In order to ensure that residents meet all of the program’s goals and requirements, each resident is formally evaluated by their primary supervisor at least once per quarter (and more frequently if a competency concern arises) using the Competencies Evaluation. CE learning objectives are noted in #2 above. The primary supervisor rates the resident on all behavioral anchors listed for each of the specific competencies on the CE. For any behavioral anchor in which a resident is rated less than a "3" ("Meets Expectations"), the primary supervisor must provide a narrative explanation. In addition, ratings of “1” (“Inadequate”) or “2” (“Needs Improvement”) on any behavioral anchor on the CE will trigger remedial and possibly corrective action. A resident performing at level "3" at the end of the year has met the competency requirements for entry level of independent practice in the profession.

Apart from the formal quarterly review meetings, the primary and delegated supervisors provide the resident with information regarding their progress during regularly scheduled individual supervision meetings. If a concern arises regarding a resident’s behavior or performance, the primary supervisor will provide such feedback during these meetings, enabling the resident to focus attention on the specified area(s) of concern.

Each resident evaluates the training program at mid-year and at the end of the training year via a confidential online survey. This survey allows the resident to assess their own experience of the program by the same parameters that are used in the CE. The data from this survey, along with the CE ratings, provides valuable feedback to the Training Program and is used to make modifications to program procedures.
Appendix R

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

TIMELINE & GUIDELINES FOR UNIFORM NOTIFICATION DATE (UND)
FOR POSTDOCTORAL TRAINING DIRECTORS

I. UND GROUND RULES

1. A TEAMS meeting will begin at 6:45 a.m.; Job offers begin at 7:00 a.m. PST

2. Do not leave any job offers on candidate’s voice mail. Simply ask that your call be returned.

3. Throughout the day, the Regional Mental Health UND team will be continually updating the positions/locations list with:
   - Names of candidates who have accepted a KP offer
   - Names of candidates who have placed KP offers “on hold”
   - Names of candidates who have declined KP offers

4. Send the Candidate Tracking Spreadsheet to HR-Talent Acquisition. The sheet should include all candidates interviewed, names of panel members, and dates of interviews.

5. Send the names of any non-selected candidates whom you would recommend for hire to the Regional Coordinator, Julie Runkle (Julie.Runkle@kp.org)

II. WHEN CANDIDATE ACCEPTS OFFER

1. Confirm program start and end dates with the candidate. See the Mental Health Training Program's website for the current dates.

2. Send a TEAMS chat message to the Regional Mental Health Training UND team with the:
   a) Candidate’s Name
   b) Training site
   c) Training track

3. During your telephone conversation with the candidate inform him/her that:
   a) HR/Talent Acquisition will contact him/her regarding the new-hire process, which includes HR sending out a formal offer letter and initiating the on-boarding process.

   b) HR/Talent Acquisition will send out and collect back the “Verification of Completion of All Requirements for the Doctoral Degree” (Appendix S). This document must be completed and received by HR prior to the resident’s start date.

   c) His/her graduate school should send to HR/Talent Acquisition an official, sealed transcript noting doctoral degree conferral date by December 31st of the training year. If the candidate will not be able to provide proof of degree conferral by December 31st, the Regional Mental Health Training Director must be notified to determine possible employment termination.
d) He/she will be receiving a Welcome Letter (Appendix O) and Values Statement (Appendix P) which should be signed and returned to the local Training Director's office.

e) He/she should complete a candidate profile and apply to the job requisition number pertaining for the job in which they were hired for www.kaiserpermanentejobs.org.

III. WHEN CANDIDATE PUTS OFFER “ON HOLD”

1. Send a TEAMS chat message to the Regional Mental Health Training UND team with the:
   a) Candidate’s Name
   b) Training site
   c) Training track
   d) Whether the hold is a 30-minute hold (for another KP location only) or a two-hour hold (non-KP location only).

2. Inform the candidate that he/she must contact you/training director if he/she accepts another offer ASAP.

3. Inform the candidate that he/she can put only one offer on hold at a time. If you learn that a candidate has more than one offer on hold, please pass the candidate’s name and contact information to the Regional Mental Health Training Director Kathryn Wetzler (Kathryn.Wetzler@kp.org, 707-645-2306) immediately. The Regional Director will contact the candidate, and will also be monitoring for other multiple holds.

4. If a candidate tells you he/she is placing your program on hold, ask him/her for the name of the training site (KP or non-KP) he/she is waiting to hear from and suggest that he/she contact that training director to learn if he/she is under consideration.

IV. WHEN CANDIDATE DECLINES KP OFFER: Send a TEAMS chat message to the Regional Mental Health Training UND team with the name of the candidate and the Non-KP training site he/she accepted.

V. EARLY OFFER PROTOCOL FOR CANDIDATES CONSIDERING NON-KP TRAINING PROGRAM

1. A candidate who has received an offer from a non-KP program, but considers KP their first choice and needs to make a decision prior to UND may contact the TD from their first choice KP site and indicate: a) the name of the program that made the pre-UND offer; b) the name and telephone number of the person who contacted them; c) the time frame within which they are allowed to hold the Non-KP offer.

2. The KP TD should call the non-KP program contact to verify the offer.

3. If the KP TD chooses to make a reciprocal offer, the candidate must accept or decline immediately. The candidate's decision is binding. If the KP TD declines to make a reciprocal offer, the candidate may contact another KP Site/TD and indicate that this training site is now their first choice.

V. PROBLEMS/CONCERNS?

Please contact:

Kathryn Wetzler by email or phone (see contact information above)

Ramona Boyd, Practice Specialist, Regional Mental Health Training Programs, Ramona.J.Boyd@kp.org
### Appendix S

**Postdoctoral Residency Programs in Clinical Psychology**

**VERIFICATION of COMPLETION of ALL REQUIREMENTS for DOCTORAL DEGREE**

To be completed by the **APPLICANT** and an **OFFICIAL OF THE ACADEMIC PROGRAM**

(such as **DISSERTATION CHAIR, DEAN OF PROGRAM OR REGISTRAR**)

<table>
<thead>
<tr>
<th>Applicant Signed Consent</th>
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<tbody>
<tr>
<td>Applicant Name:</td>
</tr>
<tr>
<td>Doctoral Program and School:</td>
</tr>
</tbody>
</table>

I hereby authorize an official of the academic program listed above to disclose to Kaiser Permanente information regarding my completion of all academic requirements for my doctoral degree.

<table>
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<table>
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<tr>
<th>Verification by Academic Program</th>
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<td><strong>To Academic Official:</strong></td>
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Kaiser Permanente Northern California Postdoctoral Residency Programs in Clinical Psychology and Neuropsychology require that an applicant complete all requirements for the doctorate in Clinical, Counseling, Health or School Psychology or in Education before starting the postdoctoral training program.

Your signature below verifies that the prospective postdoctoral resident listed above is in good standing with your institution and has completed all requirements for their doctoral degree, including but not limited to:

- Successful defense of dissertation with no revisions
- Successful completion of 1,500 hours of internship (as required by the California Board of Psychology)

| Academic Official Signature: |
| Date:                        |
| Printed Name and Title:      |
| Email Address or Phone Number: |

**Applicant: Please email or fax the completed form prior to training start date to:**

| KP Training Director: |
| Email Address: |
| Telephone Number: |
| Fax Number: |

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