

Policy and Procedure Manual

Postdoctoral Residency Programs

In Clinical Psychology

2026-2027

Issued by Kathryn Wetzler, Psy.D.
Northern California Director, Mental Health Training Programs
Kaiser Permanente Northern California
Department of Mental Health
1761 Broadway Street, Suite 100, Vallejo, CA 94589
Kathryn.Wetzler@kp.org

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POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY
POLICY AND PROCEDURE MANUAL**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 Postdoctoral Residency Programs are comprised of seven consortia encompassing 17 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. All KPNC residency programs start on September 21, 2026, and end September 17, 2027. The positions are full-time only (40 hours per week) and are designed to be completed in no less than one year. For the 2026-2027 training year, the stipend for all KPNC Postdoctoral Residency Programs in Clinical Psychology is \$78,000. Residents who complete the training program successfully will be certified 2080 hours of supervised clinical activity.

This manual provides the policies and procedures that are applicable to residents and training faculty. It is posted on the Kaiser Permanente Northern California Mental Health Training Programs website at <https://mentalhealthtraining-ncal.kaiserpermanente.org/>, the official "bulletin board" of the training programs. The KPNC Mental Health Training Programs' website contains information such as the history of our programs, descriptions of individual training sites and their respective rotations, training faculty profiles, and breakdowns of weekly training schedules.

KPNC's Postdoctoral Residency Programs follow standards, guidelines, and principles set forth by the American Psychological Association's (APA) Commission on Accreditation (CoA). For more information, please contact the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242. Phone: 202-336-5979; TDD-TTY: 202-336-6123. Website address: <http://www.apa.org/>

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: <https://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, healthcare while supporting continuous quality improvement. The organization is dedicated

to care innovation, clinical research, health education, and improving community health.

The KPNC Postdoctoral Residency Program's mission statement declares a commitment "to training postdoctoral residents within an integrated healthcare system in order to prepare them for dynamic roles as practicing psychologists in the healthcare system of the future."

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 other department staff. 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 Services, and other medical specialty services (e.g., chronic pain management, bariatric services, women's health, etc.). Schedule 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 (a minimum of 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 psychoeducation and treatment groups, and psychological assessment. The remaining time is spent in activities such as weekly individual and group supervision, departmental/team meetings, didactic seminars and grand rounds, optional research-based projects/meetings that include scholarly presentations to peers, and a service project in the community. In some training locations, residents will have the opportunity to provide supervision support to psychology graduate student externs. In addition to the direct patient services described above, each resident also has blocks of Indirect Patient Care (IPC) in their schedule for patient charting and administrative duties as well as unpaid meal breaks. The table below provides MHTP recommendations for hourly allotments per week for each schedule category:

# of Hours Scheduled Per Week	
Direct Patient Services ¹	20
IPC	6
Individual Supervision	2
Group Supervision	2
Didactics	2
Research-Based Training Activity	2
Clinical & Professional Enrichment ²	2
Community Partnership Project	1
Meetings & Consultation	3
Unpaid Meal Breaks (lunch) ³	2.5

¹Direct Patient Services includes psychological testing as well as group therapy or other minor clinical rotations

²Clinical & Professional Enrichment includes MHTP sponsored activities such as Equity, Inclusion, & Diversity forums and events, Wellness & Professional Development events, and Specialty Programming

³Unpaid Meal Breaks are not part of the 40-hour paid work schedule

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, telephones, computers, and technical support.

Every resident will be provided with a KP desktop or laptop computer to enable them to work on-site/in the office or remotely as their schedule requires. Residents can access 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 and/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. Each medical center has its own medical library, with librarians available for research assistance. The Northern California 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.

2.03 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 clinical work, residents are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

The KPNC Mental Health Training Program's Equity, Inclusion, and Diversity (EID) Liaisons organize 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 many Mental Health Training Program (MHTP) seminars, 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, microaggressions, unconscious bias, and gender-affirming care.

The EID Liaisons also coordinate 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), a collaborative approach to mental health treatment in which patients and therapists use patient reported information to track treatment progress and the therapeutic alliance. This approach has been found to significantly improve outcomes.

At each visit, patients complete a mental health questionnaire from Lucet, an online behavioral health platform and feedback software tool. 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 treatment progress and determine if adjustment to the treatment plan is indicated. 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.

Residents have the opportunity to co-lead therapy groups with permanent staff members. At the discretion of the site training director, program faculty, department managers, and team leaders, a 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

Didactic trainings/seminars are organized by the KPNC Mental Health Training Programs (MHTP), take place weekly, and are a minimum of 2 hours in duration. MHTP coordinates weekly didactics, and the didactic schedule is divided into several series each organized around a central theme or topic. Resident attendance should be 85% at minimum. Residents are also expected to attend MHTP Speaker Series seminars, which feature expert clinicians providing advanced-level training on a specific topic. The MHTP Speaker Series, which occurs on a monthly basis, takes the place of the regularly scheduled weekly didactic trainings. Current seminar schedules and a list of speakers and topics can be found on the KPNC Mental Health Training Programs website.

All weekly didactic trainings conducted by MHTP instructors are live and hosted online via Microsoft Teams, which is a confidential, HIPAA-complaint software platform. The MHTP Speaker Series seminars are also live and hosted online via Zoom; these seminars are only offered to Kaiser Permanente Northern California mental health trainees and staff. Registration and meeting links are required for entrance into online trainings on both platforms. There are no additional fees for residents participating in online trainings on these two platforms. Importantly, the platform

settings for the MHTP Speaker Series seminars include disabling video for all attendees as most, if not all, of these seminars are recorded. If a seminar is being recorded, all attendees are informed of the recording at the beginning of the seminar. Residents may choose to participate in the online seminar via the platform's chat function, which is a teleconferencing feature that is not captured in the seminar recording. Overall, these steps ensure that residents' privacy is protected throughout the online seminars.

After the completion of each didactic series, or after each MHTP seminar, 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 didactic training and seminars.

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 emphases in such areas as mindfulness, stress reduction, parenting education, anger management, or communication. 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

Psychological assessment, as defined by the American Board of Clinical Psychology (ABPP), is a continuum that ranges from "administration and interpretation of standardized tests to behavioral observations and clinical interviews. Assessment cases may be from any developmental level across the lifespan." (ABPP, 2023). Training in psychological assessment and testing involves understanding referral questions, selecting assessment methods, collecting background information, administering, scoring, and interpreting measures, formulating hypotheses, assigning diagnoses, and recommending interventions.

Residents will only conduct assessments in which they have appropriate training. Specialized assessments, such as neuropsychological testing or health psychology evaluations, will only be performed and interpreted under the supervision of individuals who have the appropriate training and credentials. 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. All assessments, write-ups, and feedback sessions should be completed within a timely and appropriate manner.

Testing materials are available at each site and include standard psychometric and neuropsychological measures. The psychological assessment supervisor is responsible for training the resident in test administration and scoring 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 testing and psychological evaluation (Appendix G) which states that the resident is in training and working under the supervision of a licensed psychologist.

2.08 Research Training

At the beginning of the training year, the site training director will work with each resident to determine which research-based training activity they will engage in over the course of the training year. Residents may choose to collaborate with local department staff to develop a site-specific program evaluation project, collaborate on a program evaluation project with the MHTP Evaluation and Quality Improvement Lab (EQI Lab), or join the MHTP Journal Club. Residents are allocated up to 2 hours per week for the chosen training activity.

Site-Specific Program Evaluation

Residents who choose to complete a site-specific program evaluation project are assigned a program evaluation supervisor from among the residency program's training faculty for guidance and support throughout the training year. The question (or hypothesis) underlying program evaluation projects should be specifically focused, and the project itself should fall within the regular scope of departmental services. Projects may involve collecting and analyzing administrative data to improve operations, or they may be a quality improvement/assurance project whose purpose is to improve or assess Kaiser Permanente programs or procedures (e.g., evaluation of factors associated with treatment outcomes, an empirical needs assessment of a clinical area that would be enriched by psychological services, etc.). If the project is designed as a human subjects' 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, etc.), 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 their program evaluation supervisor and if appropriate, submit a "Not Human Subjects Research Determination" form (available on the KPNC IRB website) to the IRB.

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 keep personally identifiable information (e.g., names, medical record numbers, etc.) about any project participant in a secure location in the office at all times. The resident will meet with their 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.

Towards the end of the training year, the resident may 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 (i.e., introduction, method, results, discussion, and 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. The table below provides guidance for project timelines to ensure timely completion of all program evaluation requirements:

Calendar Period	Training Timeline	Site-Specific Project Schedule
September to November	1 st Quarter	▪ Proposal ideas are discussed and developed ▪ Literature review
December 1st	Start of 2 nd Quarter	▪ Written proposal is submitted
December & January	2 nd Quarter	▪ Written proposal is approved ▪ Planning period for project implementation
January to May	2 nd & 3 rd Quarters	▪ Project implementation ▪ Data collection period
June to July	4 th Quarter	▪ Data analysis ▪ Writing up of the results and discussion ▪ Preparation of project presentation
August	End of 4 th Quarter	▪ Project presentation to team/department ▪ Final manuscript/slide deck submitted to program evaluation supervisor and site training director

Reminder: All research and intellectual property generated during the course of employment at Kaiser Permanente is the property of Kaiser Permanente (5.1.3 of KP's Principles of Responsibility).

MHTP Research Lab

Residents who choose to join the MHTP Evaluation and Quality Improvement (EQI) Lab will collaborate on and contribute to a specific MHTP program evaluation project based on resident interest and MHTP needs. MHTP program evaluation projects are guided by quality improvement goals that extend beyond local, site-specific programs. Projects may focus on outcomes of training program models, the impact of MHTP specialty training, the effectiveness of MHTP-sponsored treatment programs, or the incorporation of outcomes measures into clinic workflows.

The EQI Lab holds weekly, 1-hour meetings throughout the training year to coordinate and monitor progress on MHTP program evaluation projects. During these weekly lab meetings, residents will receive consultation from MHTP clinical supervisors to ensure that their projects are relevant to current clinical work, integrated into clinical care, and appropriate for dissemination. Residents will also have opportunities to receive mentorship from subject matter experts who are invited to join lab meetings on a monthly basis. In addition to the EQI lab meetings, residents are allocated 2 hours per week to work on their assigned project. Residents will submit progress updates to the MHTP Clinical Supervisors at the end of each quarter. The table below provides quarterly guideposts for progress on MHTP program evaluation projects:

Calendar Period	Training Program Timeline	EQI Project Quarterly Goals
September to November	1 st Quarter	▪ Proposal ideas are discussed and developed ▪ Conduct literature review ▪ Written proposal submitted
December to February	2 nd Quarter	▪ Project implementation, data collection, and data organization period
March to May	3 rd Quarter	▪ Data analysis ▪ Create poster presentation ▪ Present at symposium
June to August	4 th Quarter	▪ Write up final manuscript ▪ Submit for publication if possible

Reminder: All research and intellectual property generated during the course of employment at Kaiser Permanente is the property of Kaiser Permanente (5.1.3 of KP's Principles of Responsibility).

MHTP Journal Club

Research training in the MHTP Journal Club consists of reviewing and critically evaluating research within a select subfield of psychology and developing a didactic tool for other clinicians to use to augment their clinical practice during the delivery of services within KP Mental Health.

The primary expectations in the Journal Club are to prepare a cohesive presentation and actively participate in scholarly discussion. At the beginning of the first quarter, the MHTP clinical supervisor facilitating the Journal Club provides brief information sessions regarding presentation requirements and format. During the first quarter, residents will select a seed article, conduct a small-scale literature review, and critique the related research. Residents will also develop a presentation exploring the clinical applications of the research findings and create a self-contained, didactic tool designed to augment clinical practice. Beginning with the second quarter and extending through the end of the training year, residents will be scheduled to deliver their presentation at a Journal Club meeting. For all Journal Club presentations, residents are expected to read each presenter's seed article and generate discussion questions in advance of the meeting.

The didactic tools produced by residents in the Journal Club are collected and stored in the MHTP Resource Library for ongoing clinical reference (*all research and intellectual property generated during the course of employment at Kaiser Permanente is the property of Kaiser Permanente; 5.1.3 of KP's Principles of Responsibility*).

Residents who choose to join the MHTP Journal Club attend 1-hour monthly meetings facilitated by an MHTP clinical supervisor. This meeting may occur with greater frequency during the first quarter of the training year. During weeks when there is no scheduled Journal Club meeting, residents are allocated the hour to work on their presentations or prepare to participate in other presentations by reading articles and generating discussion questions. In addition, residents are able to seek guidance and support from the MHTP clinical supervisor during the allocated hour as this time also serves as informal office hours for the Journal Club.

3. SUPERVISION OF PROFESSIONAL HOURS

3.01 BOP Supervisor Training Requirements

The KPNC Postdoctoral Residency Programs comply with supervision guidelines stipulated by the California Board of Psychology (BOP). The BOP requires that all primary supervisors complete a 6-hour continuing education course in supervision each licensing cycle (every 2 years).

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

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 second page

of the Supervision Agreement form, the appropriate category to check for the KPNC Postdoctoral Residency Programs is the third option, “BPC Section 2911—in a formal internship placement or formal post-doctoral residency program.” The appropriate program category to select under this third option “BPC Section 2911” is either American Psychological Association (APA), Association for Psychology Postdoctoral and Internship Centers (APPIC), or California Psychology Internship Council (CAPIC), depending on the primary accreditation or membership status of the training program.

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 documenting program participation. Residents should download and use the digital form provided by the California Board of Psychology website: https://www.psychology.ca.gov/forms_pubs/weekly_log.pdf

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. Secondly, the medical center where the actual training took place must also be indicated. To print a copy of the BOP Verification of Experience form, go to: https://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf

3.05 Methods of Supervision

All residents receive a minimum of 2 hours of regularly scheduled face-to-face, individual supervision 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 setting. In accordance with California state law, each resident has access to their primary or secondary supervisor at all times, via phone or pager, in case of emergency.

For most training tracks, the functions of both the primary and delegated (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 supervisor serves as both mentor and monitor/guide for the resident's clinical work and professional development during their tenure at KPNC. The secondary supervisor also monitors the resident's caseload and provides feedback and guidance. For certain training tracks with stable clinical rotations, the primary supervisor provides all the individual clinical supervision, which may include an additional hour of individual supervision per week with the resident for a total of 2 hours of individual supervision with the primary supervisor. When individual supervision of clinical work is handled solely by the primary supervisor, the delegated (secondary) supervisor assumes responsibility for psychological assessment training and supervision.

Residents spend 2 hours per week in group supervision facilitated by licensed psychologists who may be the site training director or primary, secondary, or specialty supervisors. Topics include case consultation, supervision training, psychological assessment, 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), 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 Telesupervision

KPNC Postdoctoral Residency Programs allow all 4 hours of supervision to be provided in real time (i.e., 1 hour of individual supervision by the primary supervisor, 1 hour of individual supervision by a delegated supervisor, and 2 hours of group supervision), which is defined as supervision conducted through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health.

All KPNC Postdoctoral Residency Program supervisors are trained and experienced in the delivery of telehealth services as employees of Kaiser Permanente. Program supervisors, like all Kaiser Permanente staff psychologists, are also trained and experienced in the use of multiple HIPAA-compliant digital platforms utilized by the medical center departments where the training programs operate; this technology proficiency includes the primary digital platform within which telesupervision takes place. In addition to telehealth competencies, supervisors are also experienced in emergency management from a remote work location, and any changes to clinic workflows are reviewed with training faculty during supervisor meetings with the site training director.

When the supervisor and resident are both onsite in the clinic, supervision is offered in-person to allow for increased opportunities for professional socialization and observation as well as processing of subtle emotional or affective cues and interactions.

All residents are offered the opportunities for telesupervision at the onset of their training year and during initial discussions with their primary supervisors. No residents are denied access to telesupervision, and it is left to the primary or delegated supervisor to determine when in-person supervision is appropriate. If a resident indicates that they cannot secure a confidential and private location during remote work, supervision must be done in the clinic with their supervisor determining whether in-person or telesupervision is warranted. Kaiser Permanente telework policy also requires that supervisors and residents work in the clinic if their remote work location experiences a loss in internet connectivity or when technology issues interfere with their access to KP platforms essential for clinical work.

Hours provided for telesupervision are determined by the primary supervisor, delegated supervisor, and resident. There will be occasions in which in-person supervision is necessary. Examples of such occasions may include, but are not limited to, the initial supervision meeting to discuss training goals, supervision, and training expectations, initial co-testing with supervisor and resident, and quarterly evaluations.

The inclusion of telesupervision allows for geographical flexibility in supervision, which increases

the diversity of supervision experiences for residents and allows increased access to high-quality training opportunities for residents who have financial and/or transportation limitations. Telesupervision opportunities further permit real-time access for supervisors, such as sharing their screens and reviewing patient medical records with the resident as well as observing resident and patient interactions without disrupting therapy sessions and psychological evaluations all while maintaining patient confidentiality.

Additionally, as residents are placed in different geographic locations, the primary practice of facilitating group supervision virtually reduces the need for travel between training sites, which could disrupt clinical time for the residents. Virtual group supervision is also equitable for residents who may choose to work remotely on the day that this supervision time is scheduled.

Supervisors, whether providing telesupervision or supervision in person, are expected to adhere to the highest standards of supervision practices. This includes maintaining training in current best practices for the delivery of telesupervision. For any supervisors new to telesupervision, KPNC Mental Health Training Programs offer a 2-hour asynchronous recorded training. This training reviews how telesupervision may be similar to or different from face-to-face supervision, identifies best practices in telesupervision, and explores ethical and cultural considerations in telesupervision.

Telesupervision further adheres to the KPNC Postdoctoral Residency Programs' objectives of supporting residents to operate at an appropriate level of independence in the role of professional psychologist with respect to all Level 1 and Level 2 competencies; the residency program does so by providing residents opportunities for a broad range of supervised clinical experiences by having the ability to observe any available supervisor at any location virtually. Supervisors also have opportunities for direct observation of any resident regardless of the resident's and supervisor's physical location.

When supervisors engage in telesupervision from an off-site location, they must have a current Telecommuting Agreement as required by Kaiser Permanente. Supervisors are required to conduct all supervision via VPN-protected intranet. Both supervisor and resident are provided with secure and protected laptops as well as IT resources and online trainings to ensure their understanding of the use of technology and how to continue to secure and maintain confidential information that is compliant with organization standards. All patient-related information reviewed during supervision is maintained through HIPAA-compliant electronic medical records and VPN-protected intranet.

The KPNC Mental Health Training Program routinely reviews resident and supervisor feedback on supervision practices, including satisfaction with telesupervision and in-person supervision experiences. This occurs formally during mid-year and end-of-year evaluations of the residency program as well as informally during weekly supervision with primary and delegated supervisors and during intermittent check-ins with the site training director. This allows ongoing monitoring of the supervisory relationship to address ruptures quickly. The facilitation and maintenance of telesupervision is initiated by the supervisor using virtual invites for supervision via an online platform (i.e., Microsoft Teams), maintaining a supervision log and notes related to supervision, and periodically reviewing electronic communications (e.g., Microsoft Teams chats).

3.07 Postdoctoral Resident Evaluation of Supervisors

Each resident evaluates their supervisors quarterly or semi-annually, at minimum, using the

Evaluation of Supervisor 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 Evaluation of Supervisor 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 to identify training needs, 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, shall be observed at all times. In addition, 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 Postdoctoral Resident and Patient Consent

The title of a postdoctoral resident in clinical psychology is "Psychology Postdoctoral Resident." Each resident will 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 the name of the resident's primary supervisor. The resident must document in the patient's electronic record that the patient received this information and that the patient gave (or refused to give) their consent to be seen by the resident. The electronic medical record "dot phrase" used for documenting patient consent in clinical progress notes is ".traineeinformedconsent." This dot phrase signifies that:

- *"The patient was informed that the undersigned (***) is a (***) working under the supervision of *** and other licensed staff members in the Department of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned."*

Residents are also required to document ongoing patient consent and must add the above dot phrase within all subsequent clinical progress notes.

In addition to the above electronic charting, the resident may complete a "Notice of Provision of Mental Health Treatment Services by a Postdoctoral Resident" (Appendix F) and provide it to the patient and/or guardian for their reference. A hard copy of this provision may be printed for office visits, or a digital copy may be sent electronically through the patient's medical record secure message system.

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.

Any misrepresentation of professional identification (for example, as a licensed practitioner) is a violation of California state law, Kaiser Permanente policy, and the ethics code.

Provision of Mental Health Services in Languages Other than English

Residents who are fluent in languages other than English and opt to provide mental health services in that language are required to establish competency in that language by taking the bilingual assessment through the NCAL Bilingual Employee Program at Kaiser Permanente. Residents are not eligible to receive bilingual pay differential.

Department managers can obtain the Request for Bilingual Assessment form by emailing Elizabeth.F.Lavan@kp.org. Department managers will be able to indicate the trainee status for bilingual assessment on the Request for Bilingual Assessment Form. The Regional Mental Health Administration (RMHA) will assume the cost for bilingual assessment when it is requested for postdoctoral residents and post-master's fellows.

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 site training director.

4.06 Medical Record Confidentiality: CMIA and HIPAA

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 their primary supervisor and/or site training director. Failure to comply with this expectation will result in remedial or corrective action up to and including termination.

4.07 Responsible Use of Artificial Intelligence (AI)

AI-based tools that have been reviewed and explicitly approved by Kaiser Permanente Policies may be used by residents for non-clinical purposes (<https://about.kaiserpermanente.org/expertise-and-impact/public-policy/our-key-issues/artificial-intelligence>). If an AI tool is required as part of the training curriculum, then residents are expected to use it. AI tools that have not been approved for use by KP are strictly prohibited. When using AI tools, residents must promptly report any concerns, errors, or unexpected results to their primary supervisor and/or site training director.

Residents must adhere to all Kaiser Permanente Northern California (KPNC) and HIPAA data privacy policies including, but not limited to, maintaining secure access and reporting any potential breaches. Any use of content generated by AI tools must involve direct oversight by the resident (i.e., “human in the loop”). AI-generated content should never be used to replace clinical judgment and decision-making. Decisions about using AI tools at any point during the training program are based on KP’s principles for responsible use: privacy, reliability, positive outcomes, transparency, equity, designed for both patients and KP staff, and building on trust (<https://about.kaiserpermanente.org/news/ai-in-health-care-7-principles-of-responsible-use>).

4.08 Electronic Charting and Patient Communication in KP HealthConnect

All Kaiser Permanente medical centers use the same electronic medical record database for charting called KP HealthConnect. Through HealthConnect, residents can access hospital records and perform electronic charting as well as facilitate patient care coordination, such as consultation requests from other care providers. Residents are expected, whenever possible, to incorporate Lucet 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. In addition, mental health documentation must include only approved abbreviations and symbols.

The patient’s treatment progress is to be documented at each contact. All patient care documentation should be sufficiently detailed and organized in accordance with departmental standards so that a staff member can provide appropriate and effective care for 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 medical record should enable another clinician to assume care of the patient at any time.

As treatment providers within a patient’s care team, residents may receive electronic communication directly from patients through HealthConnect’s secure messaging system. Residents must read and reply to all patient secure messages within 48 hours of the time during which they are scheduled to work. The resident is expected to create automatic out-of-office message replies in HealthConnect to ensure that patients are appropriately alerted to the

resident's status for when the secure message will be read. If a patient secure message does not require a written reply and/or can be addressed via another form of patient contact (i.e., a telephone call), the resident must "done" the secure message within the timeline above.

Charting Requirements for Group Therapy Documentation

For residents who take part in psychotherapy group facilitation, at least one group note should be completed by the resident to denote their co-facilitation role using the following dot phrase:

- *“*** [trainee name/title, degree], under the supervision of *** [licensed provider name], participated in the facilitation of this group/class.
Electronically signed by @SIGNNR@”*

4.09 Signing and Closing of Chart Documentation by Supervisor

All residents must complete patient documentation and progress notes in HealthConnect and route the encounter documentation to their clinical supervisor the same day of the patient visit. The supervisor will review the resident's documentation, enter the appropriate CPT code, and sign and close the encounter within 48 hours of the patient visit. During this process of documentation review, the supervisor must add the following documentation acknowledging their role as licensed supervisor for the resident providing services:

- *“Note reviewed with *** [trainee name/title, degree]. I agree with the diagnosis, treatment goals, treatment plan and recommendations.
Electronically signed by @SIGNNR@”*

If a resident's documentation requires edits prior to note closure, the resident and supervisor should use the following workflow to ensure appropriate note closure timeliness:

- 1) The supervisor must communicate any documentation changes to the resident within 48 hours of the encounter.
- 2) The resident will complete edits and route the encounter back to the supervisor by the end of the next day that the resident works.
- 3) Should additional edits be warranted, the supervisor should provide feedback to the resident within 48 hours of receiving the revised documentation. The resident must complete the additional edits by the end of the next business day after which they receive additional feedback.
- 4) This documentation revision cycle may be repeated up to 3 times following the stated timeframes of initial note closure above.
- 5) If further edits are needed after the 3rd revision cycle, the supervisor should do what is needed to close the encounter and escalate resident documentation concerns to the training director to determine whether a focused competency plan is needed to support the resident.

Note Closure Requirements for Psychological Assessment Documentation

Residents must complete clinical documentation and close encounters within 48 hours of the patient appointment for every psychological assessment-related encounter, which includes clinical interviews, test administration, and feedback sessions. Assessment supervisors should follow the note closure guidelines above.

Psychological testing reports should be closed with all edits within 30 days from the final testing appointment and all patient paperwork has been received. Supervisors should add all orders to the final psychological testing encounter and ensure all encounters associated with the episode of care for the psychological evaluation have been closed (e.g. clinical documentation).

Attaching to HealthConnect In-Baskets

It is acceptable practice for training faculty to periodically attach themselves to a resident's HealthConnect in-basket for monitoring the resident's progress on patient documentation and patient care communications. Primary supervisors and training directors should attach themselves to residents' in-baskets toward the end of the training year to ensure that all notes have been signed and closed prior to offboarding.

5. EVALUATION OF PROFESSIONAL COMPETENCIES

5.01 Baseline Assessment of Postdoctoral Resident Competencies

Within the first week of the training year, the resident and primary supervisor will complete the Baseline Assessment of Postdoctoral 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 Postdoctoral 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 delegated (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 titled "Responsibilities and Expectations of Resident," and understanding of the basic requirements of residency program participation.

5.03 Postdoctoral Resident Competencies Evaluation

To ensure that residents meet all residency program 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 residency program's formal instrument for evaluating a resident's progress.

The primary supervisor is instructed to rate the resident on all competency elements listed for each of the specific competencies on the CE. A rating of "3" (Proficient Competence) is the minimal level of achievement for all competency elements at the end of the first, second, and third quarters of the training year, and a rating of "4" (Advanced Competence) is the minimal level of achievement for all competency elements at the end of the fourth quarter. The primary supervisor also has the option to note a resident's clinical and professional strengths, as well as their areas of growth, in the quarterly comments section of the CE under each of the Level 1 and Level 2 competencies.

If a resident receives a rating below “3” (Proficient Competence) on any competency element, the primary supervisor must provide a narrative explanation.

At the end of the first quarter, a rating of “2” (Developing Competence) on one or more competency elements usually indicates a minor competency deficit and typically triggers a Focused Competency Guidance (see Section 6.06).

At the end of second and third quarters, a rating of “2” (Developing Competence) on one or more competency elements indicates a major competency deficit and always triggers formal due process procedures with a Formal Notification and Hearing (see Section 6.07).

At any point during the training year, a rating of “1” (Insufficient Competence) on one or more competency elements indicates a major competency deficit and always triggers formal due process procedures with a Formal Notification and Hearing (see Section 6.07).

At the end of the third quarter, if a resident is meeting the minimal level of achievement with minimum ratings of “3” (Proficient Competence) across all competency elements, but shows slow progress on competency development and appears unlikely to reach the minimal level of achievement with ratings of “4” (Advanced Competence) by the end of the fourth quarter, the supervisor may initiate either Focused Competency Guidance or formal due process procedures to allow time for remediation.

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 CE. If the resident wishes to challenge any ratings on the CE, they are directed to follow the Resident Appeal Procedure (see Section 6.12).

5.04 Certificate and Letter of Program Completion

To receive a Certificate of Completion at the end of the training year, the resident must attain a minimum score of “4” (Advanced Competence) for all competency elements on the CE by the end of the fourth quarter. The resident must also have accrued 2,080 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 residency 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 residency 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 2,080 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 resident’s primary supervisor.

5.05 Postdoctoral Resident Program Survey

Each resident evaluates the residency program at mid-year and at the end of the training year.

The Postdoctoral 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 residency 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 residency program procedures.

In order to gather ongoing and long-term residency 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 residency program goals.

6. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURES

The Postdoctoral Residency Program's due process policy provides a framework to address the situation in which a resident is not meeting competency expectations or expected performance standards. It ensures that the residency program adheres to fair and unbiased evaluation and remediation procedures, and that the resident is given an opportunity to appeal the residency program's decisions. For all remedial actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired, including any plans that were implemented, with timeframes and outcomes.

6.01 Rights of Postdoctoral Residents

1. To be informed of the expectations, goals, and objectives of the residency program
2. To be trained by professionals who behave in accordance with APA ethical guidelines
3. To be treated with professional respect in keeping with their advanced level of training
4. To have individual training needs identified and documented in the training contract
5. To receive ongoing evaluation that is specific, respectful, and pertinent; and to be informed in a timely manner if they are not meeting residency program standards
6. To engage in ongoing evaluation of the residency program (the residency program will conduct formal surveys twice a year)
7. To utilize due process procedures for concerns related to performance standards so that the resident's viewpoint is taken into account, and so that the resident has an opportunity to remediate problems in order to successfully complete the residency program
8. To utilize grievance procedures to resolve non-evaluation-related problems and disputes that may arise during the training year
9. To be granted privacy and respect for one's personal life including respect for one's uniqueness and differences

6.02 Responsibilities of Postdoctoral Residents

1. To function within the bounds of all state and federal laws and regulations, as well as APA ethical and professional practice standards (all residents are expected to refer to and abide by the APA's Ethical Principles and Code of Conduct)
2. To adhere to the policies and procedures of KPNC, including KP's Principles of Responsibility (this information is presented during the orientation and onboarding period and can be accessed through the KPNC website, MyHR, located as a link at <http://insidekp.kp.org/ncal/portal/>, and/or by contacting a KPNC Human Resources consultant)

3. To adhere to the policies and procedures of the KPNC Postdoctoral Residency Programs as outlined in this manual; and to adhere to the policies and procedures of the resident's assigned work department or clinic
4. To demonstrate skill proficiency in clinical services and ethical practice as established by the APA's Standards of Accreditation
5. To attend and participate in didactic trainings and seminars, staff meetings, case conferences, and individual and group supervision meetings
6. To maintain professional, collegial interactions in the workplace, including offering constructive feedback and being receptive to feedback

6.03 Postdoctoral Residency Program Responsibilities

1. To provide information regarding laws, standards, and guidelines governing the practice of clinical psychology and to provide forums to discuss the implementation of such standards
2. To ensure that faculty and staff engage with residents and each other in a respectful, professional, and ethical manner
3. To promote diversity and inclusion in the workplace
4. To provide high quality clinical experiences, supervision, and didactic trainings and seminars
5. To provide opportunities for residents to offer input into the residency program, including their supervisory experiences, through meetings with site training directors, and in semi-annual written evaluations
6. To communicate residency program expectations, and standards for evaluation, including how residents will be evaluated and by whom
7. To provide residents with written and verbal feedback in weekly supervision meetings and in quarterly written evaluations so that they may improve their skills and address competency problems in a timely manner
8. To implement due process and grievance procedures for problems related to resident competencies and professional functioning, residency program standards, and interpersonal disputes; and to allow residents sufficient time to appeal decisions with which they disagree
9. To make decisions about resident remediation, probation, suspension, and termination utilizing multiple sources of information; to develop remediation plans for performance deficiencies with timeframes; and to clearly communicate to residents the consequences of not correcting the deficiencies
10. To make accommodations for special training needs for residents who qualify under the American with Disabilities Act

6.04 Definition of Problematic Behavior

A Problematic Behavior interferes with resident professional competence and is defined by:

- a) An inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- b) An inability to and/or unwillingness to acquire professional skills in order to reach an acceptable level of competence; and/or
- c) An inability and/or unwillingness to control personal stress, psychological problems and/or excessive emotional reactions which interfere with professional functioning.

Training faculty should use their professional judgement in determining when a resident's behaviors, attitudes, or characteristics have become problematic. Problematic Behaviors may include the following features:

- a) The resident does not acknowledge, understand, or address the problem when it is identified.
- b) The problem is not merely a reflection of a skill deficit, which can be rectified by clinical or didactic training.
- c) The quality of services delivered by the resident is sufficiently negatively affected.
- d) The problem is not restricted to one area of professional functioning.
- e) A disproportionate amount of attention and time by training faculty is required to address the problem.
- f) The resident's behavior does not change as a function of feedback, remediation efforts, and/or time.
- g) The behavior has potential legal or ethical ramifications if not addressed.
- h) The behavior potentially causes harm to patients.
- i) The behavior negatively impacts the public view of Kaiser Permanente.
- j) The behavior negatively impacts the training cohort or clinic staff.

6.05 Informal Discussion

The first step in the due process procedure is Informal Discussion, which is used to address performance or behavioral concern(s) that do not rise to the level of a Problematic Behavior. The resident's supervisors are responsible for providing the resident with feedback about their progress during regularly scheduled supervision meetings throughout the year. If a concern arises, the supervisors should inform, advise, and/or coach the resident to support them to successfully address the concern. The supervisors may also choose to supplement the Informal Discussion with a Focused Competency Guidance Plan (see Section 6.06) to help organize the actions and behaviors that the resident needs to address for the identified concern(s). The resident should be given a timeframe in which to correct the concern(s), and the resident may be provided with additional support over subsequent supervision meetings as part of the informal remediation plan. Any staff member who observes the resident to be out of compliance with a policy or procedure should inform the resident's supervisors or the site training director. The resident's supervisors and/or site training director will document their discussion(s) with the resident and any informal remediation plans in their supervision notes. These notes will not become part of the resident's official training file.

6.06 Focused Competency Guidance

A Focused Competency Guidance Plan (Appendix D) is a structured support mechanism designed to assist the resident in gaining skills associated with specific areas of competency deficit. Focused Competency Guidance is typically initiated in the following situations:

- 1) As part of informal remediation, supplementing an Informal Discussion that takes place during supervision at any time during the training year (see Section 6.05);
- 2) As part of remediation of unmet competency expectations due to a rating(s) falling below minimal levels of achievement on the Competencies Evaluation (see Section 5.03); or
- 3) As an outcome of formal due process procedures following a Formal Notification and Hearing (see Section 6.07).

Focused Competency Guidance Plans contain an outline of measures to be undertaken to

remediate unmet competency expectations which includes, but is not limited to, additional didactic training, closer mentoring, structured readings, and simulated clinical practice. Focused Competency Guidance Plans may also implement schedule modification, which includes several possible and concurrent courses of action such as: (a) increasing the amount of supervision, either with the same or different supervisor(s); (b) changing the format, emphasis, and/or focus of supervision; (c) recommending personal psychotherapy; (d) reducing the resident's clinical or other workload; and/or (e) requiring specific academic course work.

In the context of quarterly Competencies Evaluations (CE), Focused Competency Guidance is typically triggered when a resident receives one or more ratings of "2" (Developing Competence) for any competency element on the CE at the end of the first quarter. The initiation of Focused Competency Guidance in response to a rating of "2" (Developing Competence) at this timepoint in the training year is intended to address a minor competency deficit(s) that may be easily ameliorated by added training. Minor competency deficits may occur when a resident demonstrates knowledge or skills below the minimal levels of achievement for residency because of a gap in graduate school or internship training (e.g., less rigorous preparation in psychological testing or diagnostics). However, at the end of the second and third quarters of the training year, if a resident receives a rating of "2" (Emerging Competence) for any competency element(s) measured, the primary supervisor initiates formal due process procedures with a Formal Notification and Hearing (see Section 6.07). There may be instances in which Focused Competency Guidance or formal due process procedures are triggered when a resident receives ratings of "3" (Proficient Competence) on one or more competency elements at the end of the third quarter (see Section 5.03). Focused Competency Guidance may also be initiated informally at any point in the quarter if competency concerns have been identified by the primary supervisor or other training faculty and it is determined that structured support should be implemented prior to the quarterly evaluation timepoint (see Section 6.05).

Focused Competency Guidance Plans should 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. When all unmet competency and performance standards have been rectified, the primary supervisor, in consultation with the secondary supervisor and site training director, will remove the resident from Focused Competency Guidance and indicate the date of successful completion on the remediation plan document (Appendix D).

Focused Competency Guidance Plans must be signed and dated by the primary supervisor and resident during the initial and follow-up meetings. When Focused Competency Guidance Plans are part of an Informal Discussion, the primary supervisor will provide the resident with a copy of the plan, and it will not become part of the resident's training file. When Focused Competency Guidance Plans are triggered by ratings below minimal levels of achievement on the CE or as part of formal due process procedures initiated with a Formal Notification and Hearing, the primary supervisor and site training director will provide the resident with a copy of the plan, and a copy of the plan will also be placed in the resident's training file.

6.07 Formal Notification and Hearing

If a resident's professional conduct, professional development, or performance issues persist even after an Informal Discussion; or if the resident is demonstrating major competency deficits associated with not meeting minimal levels of achievement on the Competencies Evaluation (see Section 5.03); or if the resident demonstrates a Problematic Behavior at any point in the training

year, then formal due process procedures will be initiated. When initiated in response to a resident demonstrating major competency deficits associated with not meeting minimal levels of achievement on the Competencies Evaluation, the following due process procedures are considered mandatory:

- 1) The resident's supervisor or other concerned staff member(s) will first consult with the site training director to discuss the issue. The site training director may interview others with relevant information and/or may seek the guidance of HR administrators or the department manager. The site training director will notify the resident in writing that a performance or behavioral concern has been raised to the level of formal review and that a Hearing will be held.
- 2) As soon as possible, but no later than ten (10) business days after the resident receives a Notice of Hearing, the site training director (or their designee) will appoint a Hearing Committee and schedule a Hearing. Every effort will be made to expedite the committee formation and hearing process. The committee will be composed of no fewer than two members, typically the site training director and the primary supervisor. Depending on the scope and seriousness of the issue, the Hearing Committee may also include other members of the training faculty, departmental staff, and/or an HR consultant. The resident may also invite any appropriate licensed KP staff member to attend.
- 3) At the Hearing, committee members will discuss the competency issue(s) fully, openly, and candidly with the resident. The resident has a right to dispute or explain the concern(s) presented and may provide a written statement or supporting materials of their own. Within five (5) business days from the completion of the Hearing, the committee will determine an Outcome, and the site training director and primary supervisor will present the Outcome to the resident. Possible hearing outcomes are as follows:
 - a) The resident was found to be meeting competency expectations and/or expected performance and conduct standards, and no further action is needed.
 - b) The resident has demonstrated competency, performance, and/or conduct concerns, but they were not significant enough to warrant formal remediation. The concerns will be monitored according to the Informal Discussion process (see Section 6.05).
 - c) The resident has demonstrated minor competency deficits during the first quarter of the training year that have resulted in rating(s) of "2" (Developing Competence) on one or more competency elements of the CE. To address these deficits, the resident will be placed on a remediation plan called "Focused Competency Guidance."
 - d) The resident has demonstrated major competency deficits on one or more competency elements of the CE, which has resulted in rating(s) of "1" (Insufficient Competence) at any point in the training year or rating(s) of "2" (Developing Competence) at the end of the second or third quarter. A resident with serious competency, performance, and/or conduct problems may be placed on Probation, which is also a form of remediation.
 - e) The resident has exhibited Problematic Behavior(s), and associated major competency deficits, involving potential harm to a patient, gross misconduct, legal violations, or serious policy or ethical code violations. Any resident exhibiting such behavior may be suspended from the residency program. The site training director and training faculty will follow KPNC HR policies in this situation.

6.08 Outcome of the Hearing

The site training director and primary supervisor will communicate the Outcome of the Hearing to the resident both verbally and in writing. The resident will be presented with an “Acknowledgement of Hearing Notice” for outcomes resulting in; 1) no further action/return to routine supervision, 2) ongoing monitoring as part of an Informal Discussion, or 3) Focused Competency Guidance.

The essential components of an Acknowledgement of Hearing Notice are:

1. Date of the Hearing and names of the participants
2. Description of the resident’s competency deficits and/or performance issues and the date on which the concerns were first brought to the resident’s attention
3. Identification of the targeted competency area(s) and competency element(s)
4. Decision of the Hearing Committee with regard to the competency concerns and whether Focused Competency Guidance was recommended
5. When Focused Competency Guidance is recommended, an outline of measures to be undertaken to remediate unmet competency expectations and performance concerns include, but are not limited to, schedule modification, provision of opportunities for extra supervision, attendance at additional seminars and/or other training activities, and/or recommendations of training resources (see Section 6.06)
6. Criteria and procedures for determining whether the problem has been adequately addressed
7. Consequences for unsuccessful outcome (which may include the initiation of Probation)
8. Timeline for Focused Competency Guidance Plan completion

For an outcome resulting in Probation, the resident will be presented with a “Letter of Warning” (see Section 6.09). For an outcome resulting in Suspension, the resident will be presented with a “Suspension Letter” (see Section 6.10).

The resident, site training director, and department manager (if appropriate) will be required to sign the letter or notice. Copies of the document will be provided to the resident and will be placed in the resident’s training file. If a resident is dissatisfied with the Hearing Committee’s decision, the resident may appeal the decision by following the Appeal Procedure found in Section 6.12.

6.09 Probation

Residents who exhibit major competency deficits or other serious performance or conduct concerns, or who have not corrected identified concerns after a Focused Competency Guidance Plan may be placed on Probation. The decision to place a resident on Probation is made by the Hearing Committee; or, in the case of a resident who is still not meeting minimal levels of achievement at the time of a Focused Competency Guidance Plan review, by the site training director and primary supervisor in consultation with the department manager, other training faculty, and HR administration. Probation will include more closely scrutinized supervision for a specified length of time.

To initiate Probation, the site training director and primary supervisor, with input from other the training faculty, the department manager, and an HR consultant, will compose a “Letter of Warning” to the resident outlining the residency 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 timeframe. Improvement must be evidenced by CE rating(s) of “3” (Proficient Competence) in the targeted areas.

The essential components of a **Letter of Warning** are:

1. Date of the Hearing and names of participants (if applicable)
2. Description of the resident's competency deficits and/or performance issues and the date on which the concerns were first brought to the resident's attention
3. Identification of the targeted competency area(s) and competency element(s)
4. Additional reasons for probation, if applicable (see KP National HR Policy on Corrective/Disciplinary Action, NATL.HR.014):
 - 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 improper behavior or non-compliance
 - d. The resident's past history of non-compliance
 - e. Whether the resident should have known the applicable policies, rules, or regulations
 - f. Whether the violation was intentional or negligent
 - g. Whether the action appeared to be committed for personal gain
5. Notification that this probationary action may impact whether the resident's supervised hours will be found to be satisfactory
6. An outline of measures to be undertaken to remediate competency or performance including any required Schedule Modification
7. Criteria and procedures for determining whether the problem has been adequately addressed
8. Consequences of an unsuccessful outcome (may include denial of certificate and letter of completion, extension of the probationary period, Suspension, and/or Termination/Program Dismissal)
9. Timeline for Probation Plan completion

The site training director and primary supervisor will meet with the resident to review the Letter of Warning to ensure that the resident fully understands the terms of the Probation. The resident may invite any appropriate licensed KP staff member to attend the meeting. The resident will be given an opportunity to respond to the letter and to the group's concerns. The site training director will inform the department manager and the HR consultant of the meeting. The resident will be provided with a copy of the letter, and a copy will be placed in the resident's training file. If a resident is dissatisfied with the Probation decision, the resident may appeal it by following the Appeal Procedure found in Section 6.12.

During the Letter of Warning meeting, the site training director and the primary supervisor will also present a Probation Plan (Appendix E) to the resident that includes a recording of the competency concern(s) and remedial actions recommended by the site training director and training faculty. The plan must be signed and dated by the resident, the primary supervisor, and the site training director. A copy will be provided to the resident, and a copy will be placed in the resident's training file. Within the timeframe outlined in the plan, the resident's primary and secondary supervisors will evaluate the resident's progress, and the primary supervisor will document their findings in the outcomes section of the remediation plan document.

When all unmet performance standards have been rectified, the site training director and primary supervisor, in consultation with other training faculty, the department manager, and the HR consultant, will remove the resident from Probation, and the site training director and primary

supervisor will indicate the date of successful completion on the remediation plan document. If the group determines that insufficient progress has been made by the end of the probationary period, the site training director will submit a written explanation of the group's concerns to the resident. In addition, the site training director and department manager, with input from the resident's supervisors and the HR consultant, may recommend an extension of the Probation or may initiate Suspension. A copy of the written explanation letter will be provided to the resident, and a copy will be placed in the resident's training file.

6.10 Suspension

Suspension of a resident is a decision made by either the Hearing Committee; or, in the case of a resident who is not meeting minimal levels of achievement at the time of the Probation Plan review, by the site training director and department manager, with input from the training faculty, other departmental staff as appropriate, and HR administration. The resident may be suspended from all or part of their usual and regular assignments in the residency program.

Suspension 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, gross misconduct, and/or criminal behavior. Factors to be considered include, but are not limited to, those listed in the Letter of Warning (see Section 6.09).
2. After the probationary period, the resident has not met expectations for improvement in the identified competency domain(s) (i.e., the resident continues to receive CE ratings of "1" – "Insufficient Competence" or "2" – "Developing Competence").
3. The resident has failed to comply with state or federal laws, KPNC and/or Postdoctoral Residency Programs policies and procedures, and/or professional association guidelines.
4. The removal of the resident from the clinical service is in the best interests of the resident, patients, staff, and/or the residency program.

To initiate Suspension, the site training director and department manager, with input from the training faculty, other departmental staff, and HR administration, will compose a **Suspension Letter** to the resident which addresses the following:

1. Date of the Hearing and names of participants (if applicable)
2. Description of the resident's competency deficits and/or performance issues and the dates on which the concerns were first brought to the resident's attention
3. Identification of violation(s), including corresponding competency area(s) and competency element(s); additional factors to be documented include, but are not limited to, those listed in item four (4) of the Letter of Warning (see Section 6.09)
4. Notice of Suspension and expected duration
5. Notice of whether the suspension is paid or unpaid

The site training director, department manager, and primary supervisor will meet with the resident to review the Suspension Letter to ensure that the resident fully understands the terms of the Suspension. The resident may invite any appropriate licensed KP staff member to attend the meeting. The site training director and department manager may either remove the resident temporarily from direct service activities due to concerns for the welfare of patients or may place the resident on an administrative leave of absence. The resident will be given an opportunity to respond to the concerns presented and to the Suspension decision.

The site training director and/or the department manager will inform HR administration of the proceedings of the meeting. The resident and the consortium director will be provided with copies of the Suspension Letter, and a copy will be placed in the resident's training file. If a resident is dissatisfied with the Suspension decision, the resident may appeal it by following the Appeal Procedure found in Section 6.12.

In the case of a suspension from direct service activities only, the site training director and training faculty will develop a remediation plan following the procedures described in Section 6.09 utilizing the Probation Plan document (Appendix E). The resident may continue to participate in non-direct service activities such as individual and group supervision, case conferences, staff meetings, and didactic trainings and seminars as long as the resident's participation is productive for the resident and for the training cohort. The plan must be signed by the site training director, primary supervisor, and resident. A copy will be provided to the resident, and a copy will be placed in the resident's training file.

If all identified concerns are rectified within the agreed upon timeframe, the site training director and department manager, with input from other training faculty, departmental staff, and HR administration, will determine when the resident can resume direct service activities under probationary monitoring until minimal levels of achievement are met. A new Probation Plan should be developed following the procedures described in Section 6.09.

In the case of a very serious violation, the site training director and department manager, in conjunction with HR administration, may choose, with or without warning, to notify the resident that they have been placed on administrative leave from the residency program or to terminate the resident from the residency program.

6.11 Termination and Program Dismissal

Termination of a resident will be initiated if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of patient endangerment, gross 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 to:

1. Violation of federal or state laws, including HIPAA and CMIA, and in which imminent harm to a patient either physically or psychologically is a major factor
2. Serious violation of KPNC policies, including Postdoctoral Residency Programs policies and procedures or professional association guidelines
3. Serious violation of APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the residency 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 residency 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 KPNC Postdoctoral Residency Programs in Clinical Psychology. The decision to dismiss a resident is not made lightly and is made by the site training director, department manager, and HR consultant,

with notice given to the consortium director.

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.

The resident will be informed of the decision in a **Termination Letter** that addresses the following:

1. Description of the resident's competency deficits and/or performance issues
2. Identification of violation(s), including corresponding competency area(s) and competency element(s) (may include details listed in the Suspension Letter)
3. Notice of Termination of Employment
4. Notice that the resident is also dismissed from the residency program and will not receive a certification or letter of completion
5. Expectation that the resident will complete all patient documentation prior to leaving the training site

If the resident does not wish to appeal the termination decision, the resident may choose to resign from the residency program and from Kaiser Permanente.

6.12 Appeal Procedure

The purpose of the Appeal Procedure is to provide a mechanism by which all decisions made by the residency program regarding a resident's Competencies Evaluation and Remediation plans, as well as a resident's status in the residency program, can be promptly and fairly reviewed. Residents will not be subject to reprisal in any form as a result of participating in the Appeal 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 residency program decision, the resident must notify the site training 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 training director (or their designee) will appoint a Hearing Committee. Every effort will be made to expedite the committee formation and hearing process. The Hearing Committee:

1. Will be composed of no fewer than three members
2. Will include individuals from the training faculty, departmental management, and HR administration
3. May include any appropriate licensed KP staff members requested by the resident

4. In no case shall any training faculty 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 concerns, 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 majority vote of the committee members and be submitted to the resident, to the site training director, and to the consortium director.

If a resident is dissatisfied with the Hearing Committee's decision, they may appeal the decision to the KPNC Director of Mental Health Training (or their designee), who will consult with management personnel including those who were not part of the committee.

The resident must submit their written appeal, along with a copy of the original written challenge, to the KPNC Director of Mental Health Training (or their designee) 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
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 the appeal, the KPNC Director of Mental Health Training (or designee) will review the decision along with the resident's appeal and either accept or reject the committee's recommendations.

If the KPNC Director of Mental Health Training (or designee) accepts the Hearing Committee's recommendations, they will inform the site training director who, in turn, will inform the resident, the primary supervisor, and the consortium director of the decision. If the KPNC Director of Mental Health Training (or designee) 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 KPNC Director of Mental Health Training (or designee) will inform the site training director of any rescission. The site training director will in turn inform the resident, the consortium director, and the resident's supervisors/ training faculty. The resident may appeal the KPNC Director of Mental Health Training's final decision by contacting an HR consultant and the department manager.

7. DISPUTE RESOLUTION PROCESSES

7.01 Postdoctoral Resident Grievance and Appeal Overview

It is the goal of the KPNC Postdoctoral Residency 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 resident, or a matter of residency 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 Postdoctoral 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 KPNC Director of Mental Health Training (or designee), a Human Resources consultant, and/or KP legal counsel, as appropriate.

7.05 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 or a postdoctoral resident or wishes to dispute a matter of residency 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 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 residency program, the supervisor is directed to follow KPNC policy and contact their local HR consultant for guidance.

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

7.07 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 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 supervisor, establishing a timeframe for response, conducting any necessary investigation, and responding to the supervisor. The response should be given within twenty (20) business days after the discussion.

8. TRAINING FACULTY ROLES AND RESPONSIBILITIES

8.01 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
- 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 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 residency 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 site training director and departmental management

8.02 Site and Consortium Training Director Qualifications

- Must work a minimum of 32 hours 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) recommended
- 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.)
- Department managers may advise on consortium and site training director appointments; however, the KPNC Director of Mental Health Training conducts the interviews and makes the final selection

8.03 Site Training Director Responsibilities

- Reports to their local Consortium Training Director
- Attends all region-wide, residency program-related meetings
- Coordinates and directs the training supervisors
- Ensures that KPNC Doctoral Residency Programs policies and procedures are followed and a high standard of training is maintained
- 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 training 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 KPNC Director of Mental Health Training 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 the residency program per feedback from residency program surveys and Competencies Evaluations
- Ensures that all termination and exit procedures are conducted at the conclusion of the training year, including returning all KP assets, completion of required exit survey sent by KPNC Mental Health Training Programs, and conducting exit interview (optional -- sample exit interview questions can be found in Appendix T)
- Ensures availability and coverage during the interviewing of prospective candidates, during the onboarding process of incoming residents and at other crucial periods of the training year

8.04 Consortium Training Director Responsibilities

- Reports to the KPNC Director of Mental Health Training
- Provides leadership for the consortium's site training directors and offers feedback on their performance, as necessary
- Attends all region-wide, residency program-related meetings
- Meets with site training directors on a monthly basis to review consortium functioning
- Works with supervisory teams to ensure that Postdoctoral Residency Programs policies and procedures are followed and a high standard of training is maintained
- Verifies that all Competencies Evaluations and other residency program surveys are completed in a timely manner
- Implements modifications to the consortium program per feedback from residency program surveys
- Submits the APA CoA Annual Report Online (ARO) each year
- Contacts the CoA directly to provide any consortium 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 – KPNC Mental Health Training Standards

- All primary supervisors are allocated a minimum of 1 hour per week for each resident they supervise for chart review and note closing. This administrative time is in addition to the 1 hour face-to-face individual supervision time for each resident.

- All secondary supervisors are allocated a minimum of one ½ hour per week of administrative time for each resident they supervise for chart review and note closing. This time is in addition to the 1 hour of face-to-face individual supervision time for each resident.
- All site training directors are allocated three ½ hours per week including office hours of administrative time, funded by the clinic, to manage their residency programs.
- All consortium directors are allocated 5 hours of administrative time per week, funded by KPNC Mental Health Training Programs, in addition to the 3 hours allotted by the clinic to manage their consortium programs.
- Each consortium and/or training site receives administrative staff support, funded by the KPNC Mental Health Training Programs.

At certain points in the year, including for interviews and onboarding, site training directors may need additional administrative time to effectively manage their residency programs. Department managers are asked to grant site training directors schedule flexibility and to allow the necessary accommodations. Site training directors, in turn, are asked to work closely with their department managers to ensure minimal impact on patient care and are expected to engage in their usual clinic duties as much as possible during these times 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 training faculty meetings (minutes are recorded) among site training directors and supervisors to discuss residents' performances and issues related to the overall program as well as develop plans and make decisions related to the administration of the residency program (includes review of due process and grievance procedures at the beginning of each training year)

Semi-Annually

Meetings of all site training directors across the Northern California region with the KPNC Director of Mental Health Training to discuss new residency program developments, curriculum changes, APA accreditation, and other residency program administrative matters

8.07 Maintenance of Postdoctoral 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 site 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 Letter of Completion
13. Copy of completed Certification of Completion
14. Documentation of any grievances, remediation, corrective actions, due processes, or relevant correspondence pertaining to the resident

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 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 Training Director Appointments

If a new site/department would like to develop a residency program or an existing site would like to expand their residency program, a New Program Business Plan application (Appendix N) must be completed and submitted to the KPNC Director of Mental Health Training.

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

9. POSTDOCTORAL RESIDENT HIRING PROCESS, COMPENSATION, AND BENEFITS

9.01 Program Admission Requirements

Academic Degree

Before beginning postdoctoral residency, residents must have completed all requirements for a PhD, PsyD, or EdD in Clinical, Counseling, or School Psychology. All residents must have a projected conferral date for their doctoral degree no later than the December of the calendar year that their residency program begins. In addition, all residents must receive their doctoral degree from a doctoral program accredited by the APA.

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

KPNC Postdoctoral Residency 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, the residency 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 disclose all work history in their APPA-CAS applications, including any previous employment at Kaiser Permanente. If an applicant was previously employed at Kaiser Permanente and is ineligible for rehire, they would also be ineligible to apply for KPNC Postdoctoral Residency Programs.

International candidates seeking to apply for KPNC Postdoctoral Residency Programs must have a school sponsored F 1-OPT (Optional Practical Training) visa. Kaiser Permanente does not provide employer-sponsored visas or student visas. Furthermore, prior to applying for KPNC Postdoctoral Residency Programs, it is the responsibility of the applicant to ensure that the dates of employment authorization of their F 1-OPT visa (i.e., employment eligibility) will align with the 12-month period required for completion of the training program.

KPNC Postdoctoral 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, site training directors work closely with department managers. Prior to the individual interviews, candidates may be invited to attend open houses where they have the opportunity to meet the consortium and site training directors. Individual interviews are typically conducted virtually by a small panel of training faculty. At the interview the site training directors describe the unique features of their sites and answer any questions the candidate may have.

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 4 years following the interviews. Application materials from non-interviewed applicants need not be retained for any period of time.

9.03 Employment Offer and Pre-Employment Requirements

KPNC Postdoctoral Residency Programs anticipate making offers to selected applicants in the December-January timeframe in advance of the Common Hold Date (CHD) in February, and all site training directors contact their selected candidates to offer positions in their residency programs (See Appendix R). 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. A member of the recruitment team will make contact with each of the incoming resident's doctoral programs (graduate schools) 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.

Welcome Letter

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 residency program, and return the letter to the site training director.

Values Statement

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.

Pre-Employment Requirements

Prior to starting the residency program, the resident must comply with additional KPNC Human Resources (HR) requirements for employment. Included among these requirements are drug screening and a background check. More information about pre-employment requirements can be found at: <https://mentalhealthtraining-ncal.kaiserpermanente.org/how-to-apply/>

Prior to starting the residency program, international residents must have all required F 1-OPT paperwork completed and visa issued before the start date of the residency. If an international resident is unable to obtain an F 1-OPT visa prior to the first day of the training year, they will not be able to start the residency, and their position in the residency program will be forfeited. KPNC Postdoctoral Residency Programs are unable to provide delayed start dates for the training year.

9.04 KPNC Employment Statement

The term of the residency is 1 year, and it is expected that the resident will remain in the residency program for the duration of the term. There is no expectation that after the postdoctoral 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 Associates as soon as possible. The processing time of these applications can be lengthy, and by having the Psychological Associate registration in place when their new job begins, residents can facilitate a smooth transition to permanent staff member.

9.05 Flexible Worker Designation and Working Remotely from Home

As part of the process of determining a resident's weekly schedule, the department in which the resident works should also determine whether the resident will be offered a flexible work option. A flexible worker is a KP employee who can perform their job responsibilities on site or remotely from home.

Residents are eligible to receive internet reimbursement if they are flexible workers, and internet reimbursement costs are covered by the department's medical center, as an extension of the provision of computer equipment and internet. Departments that do not wish to cover internet reimbursement for residents have the option to offer onsite positions only, which do not have hybrid/remote work expectations.

Residents designated as flexible workers are typically provided with hybrid weekly work schedules, which will vary by department and training track. Hybrid work schedules consist of a portion of the week being assigned to work on site in the department where they are training with the remaining days being assigned to work remotely from home. The exact ratio of onsite workdays to remote workdays is determined by the site training director, in collaboration with department managers, prior to the beginning of the training year and may be adjusted at any time during the training program depending on changes in office space, changes in training tracks or rotations, or changes in training needs specific to the resident (e.g., remediation plans). When working remotely from home, residents must adhere to KPNC Mental Health Training Program standards of professionalism. These expectations include maintaining appropriate attire (see Section 10.03) and being available on Microsoft Teams during their scheduled work time.

MHTP strongly discourages residents from working when ill, which applies equally to days on which they are scheduled to work on site as it does for days on which they are scheduled to work from home. When residents are sick, they must follow their local medical center sick call policies. If an illness occurs on a scheduled onsite workday and the resident's symptoms prevent them from coming to work, it is expected that the resident will adhere to the medical center sick call procedures rather than request to work from home. This expectation is aligned with MHTP training program values, which prioritizes resident wellness at all times throughout the training year.

9.06 Salary and Benefits Package

Residents are classified as exempt (salaried) employees and are paid every 2 weeks. Paychecks are deposited directly into bank accounts by arrangement with KPNC. The current wage scale for residents is posted on the KPNC 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.

9.07 Paid Time Off and Holiday Pay

Each resident receives 120 hours of paid time off (coded as PTO) for the training year, which can be used for sick or vacation time. The full 120 hours of PTO is front-loaded into residents' TIME accounts at the beginning of the training year (i.e., 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 5-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.

9.08 Time Off for Professional Licensing Examinations

Residents are eligible to receive authorized time off for the entire day when they sit for the EPPP and CPLEE licensing exams. Site training directors will use the TGME schedule code for authorized time off for taking licensing exams. Since TGME is used for licensing exams, this authorized time off is not deducted from the resident's TIME account for paid time off described in Section 9.07. However, requests for time off to attend EPPP or CPLEE preparation/review seminars or informal study time do require the use of paid time off and are subject to the usual time off approval processes used by the resident's training program. For information on tuition reimbursement for professional licensing examination study packages and BOP pre-licensure coursework, see section 10.05 below.

9.09 Time Off for Interviews

Residents are eligible to receive authorized time off to attend interviews with KPNC medical centers. Site training directors will use the TGME schedule code for authorized time off for KPNC interviews. Since TGME is used for interviews with KPNC medical centers, this authorized time off is not deducted from the resident's TIME account for paid time off described in Section 9.07. However, requests for time off to attend interviews with non-KPNC organizations do require the use of paid time off and are subject to the usual time off approval processes used by the resident's training program.

9.10 Extended Leave from the Program

In the unusual event that a resident requires an extended leave from the program (e.g., pregnancy leave, maternity/paternity leave, or lengthy illness), the resident will coordinate with their site training director, and an HR consultant if indicated, to discuss the possible duration of the leave and whether additional plans are needed for successful completion of the residency program.

If the duration of a resident's extended leave does not exceed the amount of PTO they have in their TIME account, there is no interruption in their accrual of hours toward completion of the residency program, and no additional plans are needed for extending the program beyond the contracted end date. However, if the resident's extended leave does exceed the amount of PTO they have in their TIME account, the resident enters an unpaid status and their accrual of hours toward completion of the residency program must be temporarily suspended. In cases involving unpaid leave, the site training director will discuss the resident's options for resuming training with the residency program upon return from extended leave. Residents who incur any amount of unpaid leave may choose to extend the residency program beyond the contracted end date in order to accrue the full 2080-hour training commitment and receive a certificate for successful completion of the residency program. As an alternative, residents who incur any amount of unpaid leave may choose to end the residency program on the contracted end date without any adverse consequences as a result of this decision; however, in these cases, residents will not receive a certificate of successful completion of the residency program since the full 2080-hour training commitment was not satisfied.

9.11 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, 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 is a sampling of KPNC's HR policies that pertain to residents. Many of these policies are covered during KPNC's 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>. To speak to a representative directly about any KPNC policy, residents may contact the Human Resources Services Center (HRSC) at 1-877-457-4772.

In addition, residents are expected to comply with all health and safety employment requirements such as an annual TB test, annual flu vaccination (or declination of vaccination), compliance training, and safety training. Failure to observe these regulatory standards may result in administrative leave without pay until the standards are met.

10.02 Non-Discrimination and Harassment-Free Workplace Policies

KPNC Postdoctoral 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, and 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, practicum 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 Permanente 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 always worn and displayed above the waist 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 trainees affix their 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.
- If a pager is issued to a trainee, the trainee is expected to always carry it when on site or traveling between sites. Pagers are to be returned at the end of the training year.
- Local policies 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.

**Please Note: the above expectations remain in place even when working virtually throughout 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

Members of the training program (both residents and faculty) 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 and faculty should make every effort to minimize material that may be deemed inappropriate for a mental health professional in a training program, including derogatory comments about the employer, inappropriate language, etc. In these mediums, all residents and faculty are expected to abide by professional guidelines (e.g., APA, NASW, etc.) related to ethics and conduct.

To this end, it is recommended that all members of the residency program set their security settings to “private” and consider limiting the amount of personal information posted on these sites. Patients should never be included as part of one’s social network, and any information that might lead to the identification of a patient or compromise patient confidentiality in any way is prohibited. If a resident is reported 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 residency 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 99% of all applications are approved, as long as the employee meets eligibility requirements. Employees should 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-TRA@kp.org

I. GENERAL INFORMATION

The information below is intended to highlight and augment but not to 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 process, 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, residents 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 resident'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 resident's eligibility date is 30 days after their start date.*
2. Any educational event for which the resident seeks reimbursement must begin on or after the resident's "eligibility date" and must end before the resident's last day of training. This means that if an event for which a resident seeks reimbursement begins or ends after the resident's last day at KP, the event is **not** reimbursable.
3. Any resident (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 resident 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 resident 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 resident can make an informed decision as to whether or not to purchase the course(s). A resident 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 resident should talk with their department 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 residents cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed. Their department 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 resident can monitor the status of their application online at <http://www.kpcareerplanning.org/> by clicking 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 the department manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the resident to receive reimbursement, which occurs after the event and after the resident has submitted all their supporting documentation, including invoice/statement of charges, grades, and receipts. Instead of faxing the required supporting materials/documents, the resident 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 resident will have up to 90 days after the end of the course to submit supporting documentation. If the resident 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.

II. 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 examination fees are specifically excluded from reimbursement coverage.***

III. 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 |

AATBS is the only non-academic provider of exam prep courses/workshops/materials that meet the NTRA criteria for reimbursement. AATBS will give 25% 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.

EPPP and CPLEE Prep: <https://behavioral-science.aatbs.com/kp-psych/>

- a) **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.
- i. 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.
 - ii. 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).
- b) **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.
- i. **Workshop Certificates:** obtain following the instruction outlined above.
 - ii. **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.*
- c) For **Packages with Exam Study Materials Only** (i.e., no workshop included):
- i. 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.
 - ii. 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 members are charged co-pays for their treatment.

MHTP Trainee Job Code	MHTP Trainee Job Title	Primary HR Type Code	Primary HR Type "Job Title"
----	Psychology Practicum Extern	DU-Student	Psychologist Trainee
----	Pre-Master's Mental Health Intern	DU-Student	Mental Health Trainee
025420	Psychology Doctoral Intern	BP	Psychologist Trainee
025430	Psychology Postdoctoral Resident	BP	Psychologist Trainee
025471	Neuropsychology Postdoctoral Resident	BP	Psychologist Trainee
025472	Associate Post-Master's MH Fellow [Associate Clinical Social Worker (ASW)]	CI	Psychiatric Social Worker Trainee
025472	Associate Post-Master's MH Fellow [Associate Marriage & Family Therapist (AMFT)]	DG	Marriage & Family Therapist Trainee
025472	Associate Post-Master's MH Fellow [Associate Professional Clinical Counselor (APCC)]	GC	Assoc Prof Clinical Counselor

Appendix A

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

BASELINE ASSESSMENT OF POSTDOCTORAL RESIDENT COMPETENCIES

STANDARDS of ACCREDITATION LEVELS 1 & 2 COMPETENCIES

[Rev SEPT 2024]

Resident Name:	Date:
Consortium:	Training Year:
Primary Supervisor:	Training Site:
Team(s):	

DIRECTIONS:

The Kaiser Permanente Postdoctoral Residency Programs have 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: <u>needs focused training</u> |
| 2 = Minimal Experience: | Resident has minimal experience in this competency area: <u>needs focused training</u> |
| 3 = Meets Expectations: | Resident's experience meets expectations of a person who has completed a 1-year doctoral internship |
| 4 = Exceeds Expectations: | Resident's experience exceeds expectations of a person who has completed a 1-year doctoral internship |
| N/A = Not Measured: | Resident's competency cannot be measured at this point in the training year |

Level 1 – Advanced Competencies (I - III)

Level 1 – Competency I: INTEGRATION of SCIENCE and PRACTICE

Competency Elements Measured	Baseline
• Demonstrates the ability to critically evaluate foundational and current research that is consistent with the program's focus area(s)	
• Integrates knowledge of foundational and current research consistent with the program's focus area(s) in the conduct of professional roles (e.g. research, service, and other professional activities)	
• Demonstrates knowledge of common research methodologies used in the study of the program's focus area(s) and the implications of the use of the methodologies for practice	
• Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works	

Supervisor Comments for Integration of Science and Practice:

Level 1 – Competency II: ETHICAL and LEGAL STANDARDS	
Competency Elements Measured	Baseline
- Is knowledgeable of and acts in accordance with each of the following: - The current version of the APA Ethical Principles of Psychologists and Code of Conduct - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels - Relevant professional standards and guidelines	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area	
Conducts self in an ethical manner in all professional activities	
Supervisor Comments for Ethical and Legal Standards:	

Level 1 – Competency III: INDIVIDUAL and CULTURAL DIVERSITY	
Competency Elements Measured	Baseline
Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service	
Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities); this includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers; also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	

• Demonstrates the ability to independently apply their knowledge, and demonstrates effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s)	
Supervisor Comments for Individual and Cultural Diversity:	

Level 2 – Program-Specific & Area-of-Focus Competencies (I - VI)

<i>Level 2 – Competency I: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS</i>	
Competency Elements Measured	Baseline
• Takes action to correct situations that are in conflict with professional values	
• Holds self-accountable for own behavior and decisions	
• Is receptive to review of quality of services by supervisors and/or administrators	
• Actions convey sensitivity to patients' experiences and needs while retaining professional demeanor and behavior	
• Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values	
• Effectively communicates assessment of own strengths and weaknesses	
• Takes action to bridge gaps in professional competencies	
• Models effective self-care	
Supervisor Comments for Professional Values, Attitudes, and Behaviors:	

Level 2 – Competency II: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	Baseline
• Maintains respectful and collegial interactions with others	
• Effectively negotiates conflictual, difficult and/or complex relationships	
• Provides effective feedback to others and receives feedback nondefensively	
• Communication is understandable and consistent across expressive modalities	
• Demonstrates the use of appropriate professional language when communicating with clients and other health care providers	

Supervisor Comments for Communication and Interpersonal Skills:

Level 2 – Competency III: ASSESSMENT

Competency Elements Measured	Baseline
• Is flexible in selecting assessment tools that address diagnostic questions for specific patient populations	
• Applies awareness and competent use of culturally sensitive instruments and norms	
• Interprets assessment results accurately to identify problem areas and diagnoses	
• Recommends an empirically supported treatment plan based on the assessment	
• Writes comprehensive reports which include discussion of strengths and limitations of measures and identification of any confounding variables	
• Provides timely, understandable, and useful feedback that is responsive to patient needs	

Supervisor Comments for Assessment:

Level 2 – Competency IV: INTERVENTION

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

Supervisor Comments for Intervention:

Level 2 – Competency V: CONSULTATION and INTERDISCIPLINARY SYSTEMS

Competency Elements Measured	Baseline
Recognizes situations in which consultation is appropriate	
Adapts to situations that require a consultation role	
Gathers information necessary to answer referral or consultation question	
Prepares clear, useful written reports and/or verbal feedback/recommendations to all appropriate parties	
Communicates effectively with individuals from other professions	
Utilizes the unique contributions of other professionals in team planning and functioning	
Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines	

Supervisor Comments for Consultation and Interdisciplinary Systems:

Level 2 – Competency VI: COMMUNITY PARTNERSHIPS	
Competency Elements Measured	Baseline
Provides outreach to underserved communities to improve the biopsychosocial health of members of those communities	
Collects, analyzes, and presents relevant demographic and outcome data to partnership stakeholders	
Develops alliances with individuals and/or systems to improve the lives of those served	
Supervisor Comments for Community Partnerships:	

SIGNATURES	
Resident:	Date:
Primary Supervisor:	Date:

Based on 2012 APA Competency Benchmark Revisions; and original adaptation 2010 by Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs from Fouad, N.A., et al (2009). Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels. Training and Education in Professional Psychology 2009, Vol. 3, No. 4(Suppl.), S5-S26.

Appendix B

**KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY
POSTDOCTORAL RESIDENT INDIVIDUAL TRAINING CONTRACT**
[Rev NOV 2025]

Resident Name:	Date:
Consortium:	Training Year:
Primary Supervisor:	Training Site:
Team(s):	

I. TRAINING PLANS FOR “NO EXPERIENCE” & “MINIMAL EXPERIENCE” COMPETENCY AREAS

List plan(s) for addressing all competency area(s) that resident and supervisor have rated as “1” (No Experience) or “2” (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 a minimum of 20 hours per week providing direct services to patients through individual, group, or family therapy and conducting psychological assessments
- Complete required research training determined at the start of the training year
- Spend a minimum of 32 hours over the course of the training year engaged in a community partnership project
- Attend all MHTP Speaker Series seminars, unless supervisor authorizes my absence
- Attend weekly didactics (at minimum 85% 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
- Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner so that they may be closed within the required 2-day window
- Maintain a log of supervisory hours (individual and group), treatment team documentation, and completed assessments
- Consistently make progress on all competency elements throughout the training year
- Demonstrate timeliness 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 of California

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) does 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 residency program, I must achieve a minimum rating of "4" (Advanced Competence) by the end of the fourth quarter for all competency elements in the Competencies Evaluation.

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

The Resident Individual Training Contract has been agreed to on this _____ day of _____ 20__.

Required Signatures:

Resident:	Date:
Primary Supervisor:	Date:
Site Training Director:	Date:

Revised 2010 from original contract created by L. Kittredge, Kaiser Permanente Northern California Doctoral Internship Programs in Clinical Psychology, from Falender & Shafranske, [Clinical Supervision: A Competency-Based Approach](#). American Psychological Association, Washington, D.C., 2004, and various models posted on the APPIC Website

Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT COMPETENCIES EVALUATION

STANDARDS of ACCREDITATION LEVELS 1 & 2 COMPETENCIES

[Rev NOV 2025]

Training Year:	
Resident Name:	
Consortium:	Site:
Primary Supervisor:	Delegated Supervisor
Q1 Rotation:	Dates Observed Q1:
Q2 Rotation:	Dates Observed Q2:
Q3 Rotation:	Dates Observed Q3:
Q4 Rotation:	Dates Observed Q4:

Rating	Rating Description	Supervision Structure	Rating Guideline
(N/A) <u>Not Measured</u>	The resident's performance for this competency element cannot be measured at this point in the training program. This may occur, for example, when a particular training activity takes place later in the training year.		A rating of "N/A" (Not Measured) indicates that the resident's level of competency cannot be measured at this time. The primary supervisor <u>must</u> provide a comment if "N/A" is given. This rating can only be used in the 1 st quarter or if no numerical rating has been assigned in the previous quarter.
(1) <u>Insufficient Competence</u> (Remedial Rating)	The resident is lacking experience, knowledge, and/or clinical skills required for postdoctoral training in this competency area. Significant improvement in developmental functioning and skills acquisition is needed to meet competency expectations. <u>Formal remediation is required.</u>	Augmented supervision, schedule modification, and/or supplemental training activities are required to support the resident.	The resident is <u>NOT MEETING</u> the minimal level of competency at this point in the training program. A rating of "1" (Insufficient Competence) at any point in the training program prompts the primary supervisor to (1) initiate formal due process procedures with a Formal Notification and Hearing (see Section 6.07 of the Policy & Procedure Manual) and (2) complete a narrative describing the justification behind this rating.

continued on next page...

Rating	Rating Description	Supervision Structure	Rating Guideline
(2) <u>Developing</u> Competence (Remedial Rating)	The resident is building upon a foundation of basic knowledge and clinical skills in this competency area, while continuing to expand their awareness of opportunities to engage with a broader range of clinical practice. Formal remediation may be required.	During the first half of the training year, close, structured supervision is required. During the second half of the training year, augmented supervision, schedule modification, and/or supplemental training activities may be indicated to support the resident.	The resident is <u>NOT MEETING</u> the minimal level of competency at this point in the training program. <u>At the end of the 1st quarter</u>, a rating of “2” (Developing Competence) prompts the primary supervisor to (1) initiate Focused Competency Guidance (see <i>Section 6.06 of the Policy & Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating. <u>At the end of the 2nd and 3rd quarters</u>, a rating of “2” (Developing Competence), prompts the primary supervisor to (1) initiate formal due process procedures with a Formal Notification and Hearing (see <i>Section 6.07 of the Policy & Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating.
(3) <u>Proficient</u> Competence (MLA Rating for Q1-Q3)	The resident demonstrates entry-level competence by functioning independently across a broad range of clinical and professional activities, adapting and generalizing skills to new situations, and recognizing when to seek supervision, consultation, or additional training.	At the beginning of the year, routine supervision supports the resident’s adjustment to the clinical demands associated with advanced postdoctoral training. As the training year progresses, supervision advances to further the development of advanced skills and/or specialized training.	The resident is meeting the required <u>MINIMAL LEVEL OF ACHIEVEMENT</u> (MLA) for this competency element at the end of the <u>1st, 2nd, & 3rd quarters</u>. At the end of these quarters, a rating of “3” (Proficient Competence) for a specific competency element serves as an ongoing training goal in supervision. <u>If at the end of the 3rd quarter</u> the resident’s rate of progress suggests that they are at risk of not meeting the expected minimal level of achievement by the end of the 4th quarter, the supervisor may initiate the Focused Competency Guidance (see <i>Section 6.06 of the Policy & Procedure Manual</i>) OR formal due process procedures with a Formal Notification and Hearing to provide additional support and monitoring (see <i>Section 6.07 of the Policy & Procedure Manual</i>).
(4) <u>Advanced</u> Competence (MLA Rating for Q4)	The resident is exhibiting advanced competence as defined by the ability to generalize skills and knowledge to novel and/or complex situations, demonstrate expertise in a broad range of clinical and professional activities, and serve as an expert resource to other professionals.	Supervision for this competency element during the training year resembles professional consultation as advanced and specialized areas become stronger aspects of the resident’s professional identity.	The resident is meeting the required <u>MINIMAL LEVEL OF ACHIEVEMENT</u> (MLA) for successful completion of the residency program by exhibiting advanced preparation for independent practice for this competency element. To receive a Certificate of Completion, the resident must achieve minimum ratings of “4” for <u>ALL</u> competency elements by the end of the 4th quarter.

Level 1 – Advanced Competencies (I - III)

Level 1 – Competency I: INTEGRATION of SCIENCE and PRACTICE

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates the ability to critically evaluate foundational and current research that is consistent with the program's focus area(s)				
• Integrates knowledge of foundational and current research consistent with the program's focus area(s) in the conduct of professional roles (e.g. research, service, and other professional activities)				
• Demonstrates knowledge of common research methodologies used in the study of the program's focus area(s) and the implications of the use of the methodologies for practice				
• Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works				
Supervisor Comments for Integration of Science and Practice:				
Q1:				
Q2:				
Q3:				
Q4:				

Level 1 – Competency II: ETHICAL and LEGAL STANDARDS

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Is knowledgeable of and acts in accordance with each of the following: ▪ The current version of the APA Ethical Principles of Psychologists and Code of Conduct ▪ Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels ▪ Relevant professional standards and guidelines				
• Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area				
• Conducts self in an ethical manner in all professional activities				
Supervisor Comments for Ethical and Legal Standards:				
Q1:				
Q2:				

Q3:
Q4:

Level 1 – Competency III: INDIVIDUAL and CULTURAL DIVERSITY

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves				
• Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service				
• Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities); this includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers; also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own				
• Demonstrates the ability to independently apply their knowledge, and demonstrates effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s)				

Supervisor Comments for Individual and Cultural Diversity:

Q1:
Q2:
Q3:
Q4:

Level 2 – Program-Specific & Area-of-Focus Competencies (I - VI)

Level 2 – Competency I: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Takes action to correct situations that are in conflict with professional values				
• Holds self accountable for own behavior and decisions				

• Is receptive to review of quality of services by supervisors and/or administrators				
• Actions convey sensitivity to patients' experiences and needs while retaining professional demeanor and behavior				
• Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values				
• Effectively communicates assessment of own strengths and weaknesses				
• Takes action to bridge gaps in professional competencies				
• Models effective self-care				

Supervisor Comments for Professional Values, Attitudes, and Behaviors:

Q1:

Q2:

Q3:

Q4:

Level 2 – Competency II: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Maintains respectful and collegial interactions with others				
• Effectively negotiates conflictual, difficult and/or complex relationships				
• Provides effective feedback to others and receives feedback nondefensively				
• Communication is understandable and consistent across expressive modalities				
• Demonstrates the use of appropriate professional language when communicating with clients and other health care providers				

Supervisor Comments for Communication and Interpersonal Skills:

Q1:

Q2:

Q3:

Q4:

Level 2 – Competency III: ASSESSMENT

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

Supervisor Comments for Assessment:

Q1:

Q2:

Q3:

Q4:

Level 2 – Competency IV: INTERVENTION

Competency Elements Measured	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Effectively evaluates patients for risk and safety issues				
• Explains to patients and/or supervisor the rationale for empirically supported intervention strategies				
• Conceptualizes cases during intake evaluations that lead to well thought-out diagnoses and integrative biopsychosocial treatment plans				
• Effectively develops strong therapeutic alliances				
• Carries a progressively larger and more complex caseload				
• Independently and effectively implements a range of evidence-based practices				
• Develops independent skills in facilitating group psychotherapy				

• Assesses treatment effectiveness and efficiency				
• Terminates treatment effectively				
• Actively participates in group supervision and case conferences				
Supervisor Comments for Intervention:				
Q1:				
Q2:				
Q3:				
Q4:				

Level 2 – Competency V: CONSULTATION and INTERDISCIPLINARY SYSTEMS				
Competency Elements Measured	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Recognizes situations in which consultation is appropriate				
• Adapts to situations that require a consultation role				
• Gathers information necessary to answer referral or consultation question				
• Prepares clear, useful written reports and/or verbal feedback/recommendations to all appropriate parties				
• Communicates effectively with individuals from other professions				
• Utilizes the unique contributions of other professionals in team planning and functioning				
• Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines				
Supervisor Comments for Consultation and Interdisciplinary Systems:				
Q1:				
Q2:				
Q3:				
Q4:				

Level 2 – Competency VI: COMMUNITY PARTNERSHIPS

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
Provides outreach to underserved communities to improve the biopsychosocial health of members of those communities				
Collects, analyzes, and presents relevant demographic and outcome data to partnership stakeholders				
Develops alliances with individuals and/or systems to improve the lives of those served				

Supervisor Comments for Community Partnerships:

Q1:

Q2:

Q3:

Q4:

SIGNATURES

Signatures are obtained at each quarterly evaluation using the format below:

☐ 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:
Primary Supervisor Signature:	Date:
Delegated Supervisor Signature:	Date:

Based on 2012 APA Competency Benchmark revisions and original adaptation 2010 by Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs from Fouad, N.A., et al (2009). Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology* 2009, Vol. 3, No. 4(Suppl.), S5-S26.

Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN

[Rev NOV 2025]

To be signed by the PRIMARY SUPERVISOR and POSTDOCTORAL RESIDENT

Policy Statement:

Focused Competency Guidance is *typically* triggered when a resident receives one or more ratings of “2” (Developing Competence) for any competency element(s) on the Competency Evaluation (CE) at the end of the 1st quarter; a rating of “2” (Developing Competence) indicates a minor competency deficit(s) that may be easily ameliorated by added training. Focused Competency Guidance may also be initiated at any point in the quarter if competency concerns have been identified by the primary supervisor or other training faculty and it has been determined that structured support should be implemented prior to the quarterly evaluation timepoint. In some instances, Focused Competency Guidance may be initiated when a resident receives a rating of “3” (Proficient Competence) on one or more competency elements at the end of the 3rd quarter and it has been determined that they are at risk of not meeting the minimal level of achievement of “4” (Advanced Competence) on those competency elements by the end of the 4th quarter.

When initiation of Focused Competency Guidance is triggered by ratings on the CE that fall below minimal levels of achievement or is an outcome of a Hearing in formal due process procedures, the site training director and the primary supervisor will meet with the resident. During this meeting, the site training director and the primary supervisor will present the Focused Competency Guidance Plan below, identifying the competencies to be targeted and the recommended remedial actions. The remediation 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 remediation plan must be signed and dated by both the primary supervisor and resident during the initial and follow-up meetings with a copy provided to the resident. A copy of the remediation plan will also be placed 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.

**Competency Evaluation Quarter and
Training Year and/or Plan Initiation Date:**

Postdoctoral Resident Name (print):

Primary Supervisor Name (print):

Statement of Plan Completion:

On _____ (date), _____ (resident name) successfully completed the Focused Competency Guidance Plan and is now meeting postdoctoral residency program minimum levels of achievement.

Primary Supervisor Name (signature)

Date

A. Competency issues discussed during Informal Discussions or recorded on the CE	B. Recommended remedial actions	C. Reassessment status of actions/competency

Timeline/ Date of Next Assessment	Postdoctoral Resident Signature & Date	Primary Supervisor Signature & Date
Initial Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:

Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT REMEDIATION: PROBATION PLAN

[Rev NOV 2025]

To be signed by the SITE TRAINING DIRECTOR, PRIMARY SUPERVISOR, and POSTDOCTORAL RESIDENT

Policy Statement:

Probation is *typically* triggered as an Outcome of a Hearing in formal due process procedures when a resident receives one or more rating(s) of "1" (Insufficient Competence) for any competency element(s) on the Competencies Evaluation at any evaluation timepoint or one or more rating(s) of "2" (Developing Competence) at the end of the 2nd or 3rd quarters as a result of serious competency, performance, and/or conduct problems; these ratings indicate a major competency deficit requiring formal remediation. In some instances, Probation is triggered as an Outcome of a Hearing upon identification of major competency deficits due to one or more rating(s) of "3" (Proficient Competence) at the end of the 3rd quarter, depending on the competency element or number of elements needing improvement. Probation may also be implemented when a resident fails to achieve timely and/or sustained improvement after initiation of a formal Focused Competency Guidance Plan.

To initiate Probation, the site training director and primary supervisor, with input from other training faculty, the department manager, and an HR consultant, presents the resident with a **Letter of Warning**. The site training director and the primary supervisor will also present the resident with the Probation Plan below which includes a recording of competency concern(s) and the recommended remedial actions. After the remediation plan is signed by all parties, copies will be provided to the resident, and a copy will be placed in the resident's training file.

Within the timeframe outlined in the Probation Plan, the resident's primary and secondary supervisors will evaluate the resident's progress and document their findings in the outcome sections of this form. If insufficient progress has been made at the end of the probationary period, the site training director and the department manager, in consultation with the resident's supervisors and HR administration, may extend the Probation or may Suspend the resident.

The resident acknowledges that by signing this Probation Plan at the initial meeting, they understand that if the Probation 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.

**Competency Evaluation Quarter and
Training Year and Plan Initiation Date:**

Postdoctoral Resident Name (print):

Primary Supervisor Name (print):

Site Training Director Name (print):

Statement of Plan Completion:

On _____ (date), _____ (resident name) successfully completed the Probation Plan and is now meeting postdoctoral residency program minimum levels of achievement.

Training Director Name (signature)

Date

Primary Supervisor Name (signature)

Date

Component of Probation Plan	Outcome
1. Description of resident's competency deficit(s), performance issue(s), and/or conduct concern(s):	
2. Identification of targeted competency area(s)/competency element(s):	

Component of Probation Plan (cont'd)	Outcome
3. Outline of measures to be undertaken to remediate resident's unmet competency expectation(s), performance issue(s), and/or conduct concern(s), 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:	
4. Expectations for successful outcome:	

Component of Probation Plan (cont'd)	Outcome
5. Consequences for unsuccessful outcome (which may include initiation of Suspension):	
6. Timeline for completion:	

Appendix F



The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES BY A PSYCHOLOGY POSTDOCTORAL RESIDENT

[Rev JUL 2020]

IN THE _____ CONSORTIUM RESIDENCY PROGRAM

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



Mental Health Training Program
Northern California

Confidentiality and Consent to Participate in Psychological Testing and Evaluation

Confidentiality

Kaiser Permanente's Mental Health Services are strongly committed to your right to privacy and confidentiality. The results of your psychological evaluation and/or treatment will be written in a report and/or progress notes that will be sent to the provider who referred you for testing and will be filed in your electronic chart as a visible behavioral health record. This will make information from your psychological evaluation/treatment available to *other* Kaiser Permanente providers only on a need-to-know basis and/or when the information is pertinent to your direct clinical care. Because Kaiser psychologists, and psychology postdoctoral residents, doctoral interns, and practicum externs work as members of an integrated system of care, relevant information about your care will be exchanged among Kaiser Permanente providers as necessary. Your permission is not required to coordinate mental health services with providers within Kaiser Permanente. However, ordinarily we will discuss with you any necessary sharing of psychological information. When we share information, we only share that information which, in our professional judgment, we believe is needed for appropriate clinical care by that provider. Information about your psychological evaluation will not be exchanged with individuals or parties outside of the Kaiser Permanente medical system without your written authorization. A valid, HIPPA compliant authorization must specify the nature of the information to be released, identify the receiving party, and indicate when your authorization expires.

Exceptions to Confidentiality Rules

There are times when Federal and/or California law requires or permits the release of certain psychiatric or psychological information. If we become aware of such information during the psychological evaluation, we may be required to report this to police, governmental agencies, or others. Examples of circumstances under which the law requires or permits us to release information without your permission include:

- Medical and psychiatric emergencies in which the information is essential to an individual's safety
- Disclosures of information to warn potential victims of violent acts
- Reports of physical, sexual, emotional abuse and/or neglect of children
- Reports of physical, sexual, emotional, fiduciary (financial) abuse and/or neglect of the elderly, or dependent adults
- Indications of a severe inability to take care of yourself
- Responses to court orders in which a judge has ruled that the information is necessary for the administration of justice (42 USC Section 290dd-2 for Federal laws and 42 CFR Part 2 for Federal regulations)
- Involvement in certain legal actions in which your emotional or mental state is an issue

Risks, Benefits, and Alternatives

Most people who undergo psychological testing benefit from it by learning more about their cognitive and emotional functioning. Furthermore, the evaluation often gives the referring provider information that is helpful in planning a patient's care. Psychological evaluations and/or treatment can provide useful strategies to improve a patient's cognitive, emotional, and other functioning as well. However, there may be certain kinds of risks involved. Assessment may require us to speak with someone (family member, partner, parent/guardian etc.) who knows you well because they may be able to provide important information about your condition or symptoms. Testing itself requires active effort on the part of the person

being evaluated. It is important that the person participate willingly in the evaluation and with full effort. Lack of effort will invalidate the test results. Testing takes several hours and may require additional testing sessions to complete, which can be fatiguing for some patients. In addition, the test results may be somewhat disturbing in some cases because the results may include information about intellectual ability, intellectual disabilities, and/or psychiatric disorders. Treatment may also require active change in behavior which can be difficult. Sometimes talking about and working on psychological difficulties can bring out painful feelings. In addition, if you choose not to participate in the psychological testing, you will be referred back to the provider who requested these services and he or she may proceed without the potential benefits of the psychological evaluation.

Termination

You may decide to terminate your participation in the psychological evaluation and/or treatment at any time. Discontinuation of the evaluation before completion, however, may not allow for a full assessment of your condition and may limit the recommendations that the psychologist, and/or psychology postdoctoral resident, doctoral intern, or practicum extern is able to provide. A final session is recommended when discontinuing treatment to answer any final questions you may have and to provide better closure.

Acknowledgement

By signing your name below, you are acknowledging that you have talked to your clinician and read and understood the information provided in the Confidentiality and Consent to Participate in Psychological Testing and Evaluation document. You are also indicating that you voluntarily agree to participate in this procedure and understand the risks, benefits, and alternatives as well as what will happen if you say no to participating.

If the person receiving care is a minor, a parent or legal guardian acknowledges having read and understood this information and voluntarily agrees to the minor's participation. If the person receiving care is an adult who is not competent to give informed consent, a legally authorized representative or court-appointed conservator acknowledges having read and understood this information and agrees to the adult's participation in psychological testing services.

Kaiser Permanente's medical centers and clinics are teaching facilities. As such, this evaluation may be conducted by an unlicensed postdoctoral resident, doctoral intern, or practicum extern in clinical psychology who will be supervised by _____ (PSY_____), a licensed clinical psychologist. If you have any questions, you may contact the above supervisor or resident, intern, or extern for more information. With regard to timeline, it may take up to ____ weeks to receive the results of the evaluation, feedback, and/or a final copy of the report.

Signature of Patient:		Date:
Medical Record Number:		
Signature of Responsible Party:		Date:
Relationship to Patient (Parent, Guardian, Conservator):		
Name of Evaluator:	Training Program Completion Date:	

Adapted Aug 2020 from Confidentiality and Consent to Participate in Neuropsychological Services 09605-219 (12-10)

Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

_____ 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 objective 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 the subject matter?	
8. Was/were instructor(s) well prepared?	
9. Was/were instructor(s) attentive to questions?	
10. Would you attend another seminar given by this/these instructor(s)?	

11. How would you rate the overall value of the program (select one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor	
12. Please list two insights you have gained from this seminar:	
13. Do you have any suggestions for future seminar topics?	
14. Additional comments are welcome:	

Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT PRESENTATION EVALUATION

[Rev JUL 2023]

_____ 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 – 5 Somewhat – 4 Uncertain – 3 Probably Not – 2 Absolutely Not – 1

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:

Appendix J

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT EVALUATION OF SUPERVISOR

[Rev SEPT 2024]

Consortium:		Date Completed:				
Resident Name:		Team:				
Evaluation Period:	☐ 1 st Qtr	☐ 2 nd Qtr	☐ 3 rd Qtr	☐ 4 th Qtr	☐ Mid-Year	☐ End-of-Year
Supervisor Name:		Supervisor's Status:	☐ Primary ☐ Delegated ☐ Group			
If Group Supervisor, please indicate group:	☐ Case Conference ☐ Assessment ☐ Program Evaluation/Research ☐ Supervision					

Please evaluate your supervisors using the criteria and rating scale below. The purpose of this evaluation is to inform the training program of your 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 relationship, and the criteria below can be used to guide discussion throughout the training year. Both supervisors and supervisee should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improvement.

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

Rating	Level of Satisfaction
1	Does Not Meet My Expectations
2	Needs Improvement
3	Meets My Expectations
4	Exceeds My Expectations

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 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; sensitive to my style and needs

Encourages me to question, challenge, or doubt my 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 whenever I need to consult
Makes decisions and takes responsibility when appropriate
Makes concrete and specific suggestions when needed
Assists me in integrating different techniques
Addresses transference/countertransference/emotional reactions between me and patient
Raises cultural and individual diversity issues in supervisory conversation

Impact of Supervisor

Provides feedback that generalizes or transcends individual cases to strengthen my general skill level
Shows concern for my personal development as well as my performance
Facilitates my 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:

Adapted 2008 by L. Kittredge & K. Lenhardt & modified 2014 by R. Gelbard, Kaiser Permanente Northern California Postdoctoral Residency Program, from Supervisor Feedback Form by S. Hall-Marley (2001), in Falender & Shafranske. *Clinical Supervision: A Competency-Based Approach*. APA, 2004, pp 273-275.

Appendix K

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT PROGRAM SURVEY

[Rev SEPT 2024]

Residency Year:	Check One:	☐ Mid-Year
Training Site:		☐ End-of-Year
Consortium:	Date:	

EVALUATION INSTRUCTIONS:

This form is designed to allow the resident to evaluate the program over a range of professional domains using the rating 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
4	Exceeds Expectations	Program consistently exceeds my expectations
N/A	Not Applicable	This competency is not able to be rated at this point in the training year

*Please provide explanation for these ratings

SEMINARS AND SUPERVISION		Ratings
1.	How would you rate the quality of the weekly didactics?	
2.	How would you rate the quality of the MHTP Speaker Series 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 delegated (secondary) supervision?	
5.	How would you rate the quality of your group supervision (case conference only)?	
6.	How would you rate the quality of the overall training you have received during your residency year?	
7.	How would you rate the quality of the resources available to you, such as the web-based Clinical Library, Best Practices models, and availability of senior staff members?	
8.	Was your training graduated in complexity during the training year?	
9.	Did you feel welcomed and treated with respect by the professional staff at your training site during the training year?	

Level 1 – Advanced Competencies (I - III)

Level 1 – Competency I: INTEGRATION of SCIENCE and PRACTICE	
Competency Elements Measured	Ratings
I have been given opportunities to critically evaluate foundational and current research that is consistent with the program's focus area(s)	

• I have been given opportunities to integrate knowledge of foundational and current research consistent with the program's focus area(s) in the conduct of professional roles (e.g. research, service, and other professional activities)	
• I have been given opportunities to demonstrate knowledge of common research methodologies used in the study of the program's focus area(s) and the implications of the use of the methodologies for practice	
• I have been given opportunities to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which I work	

Level 1 – Competency II: ETHICAL and LEGAL STANDARDS

Competency Elements Measured	Ratings
• The program emphasizes the application of ethical and legal standards to the practice of psychology, including the current version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and relevant professional standards and guidelines	
• I have been encouraged to recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas	
• The program emphasizes ethical conduct in all professional activities	

Level 1 – Competency III: INDIVIDUAL and CULTURAL DIVERSITY

Competency Elements Measured	Ratings
• I have been encouraged to apply my understanding of how my own personal/cultural history, attitudes, and biases may affect how I understand and interact with people different from myself	
• I have been encouraged to apply my knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service	
• I have been encouraged to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities); this includes applying a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of my career; also included is my ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with my own	
• I have been encouraged to independently apply my knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s)	

Level 2 – Program-Specific & Area-of-Focus Competencies (I - VI)

Level 2 – Competency I: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competency Elements Measured	Ratings
• I have been supported to continually and independently monitor my professional values	
• I have been encouraged to take action to correct situations that are in conflict with the values of the profession	
• I have been encouraged to conduct myself in a professional manner across all settings and situations	
• 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	
• I have been given support to practice ongoing self-assessment of my knowledge and skills and to practice good self-care	

Level 2 – Competency II: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	Ratings
• I have been encouraged to maintain respectful and collegial interactions with others	
• I have been encouraged to effectively negotiate conflictual, difficult and/or complex relationships	
• I have been given the opportunity to provide effective feedback to other and to receive feedback non-defensively	

Level 2 – Competency III: ASSESSMENT

Competency Elements Measured	Ratings
• I have been given the opportunity to collaboratively select multiple methods and means of evaluation for specific patient populations	
• I have been given the opportunity to effectively administer assessment instruments	
• I have been given training on how to screen out confounding variables	
• I have been given the opportunity to effectively interpret assessment instruments	
• I have been given the opportunity to effectively communicate assessment findings and recommendations, including confounding variables	
• I would rate the quality of my assessment group supervision as follows:	

Level 2 – Competency IV: INTERVENTION

Competency Elements Measured	Ratings
• I have been given the opportunity to develop my diagnostic skills	
• I have been given the opportunity to enhance my abilities to evaluate and respond to risk and safety issues	
• I have been given the opportunity to conceptualize cases and independently plan appropriate interventions	
• I have been given the opportunity to demonstrate clinical skills with a wide variety of patients	
• I have been given the opportunity to apply empirical models in planning interventions	
• I have been given the opportunity to independently evaluate treatment progress and modify planning as needed	

Level 2 – Competency V: CONSULTATION and INTERDISCIPLINARY SYSTEMS

Competency Elements Measured	Ratings
• 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	
• I have received constructive feedback on my consultation skills	
• I have been encouraged to develop and maintain effective working relationships with a wide range of colleagues, organizations, and communities	

• The program offers opportunities for me to communicate and collaborate effectively with other professionals for the purpose of shared goals	
---	--

Level 2 – Competency VI: COMMUNITY PARTNERSHIPS	
Competency Elements Measured	Ratings
• I have been encouraged to develop alliances with individuals and/or systems to improve the lives of those served	
• I have been given the opportunity to provide education and training based on the empirical literature	
• I have been given the opportunity to collect, analyze, and present relevant outcome data	

PLEASE INCLUDE ANY ADDITIONAL **COMMENTS** BELOW –THANK YOU

Appendix L

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POST-RESIDENCY EXPERIENCE SURVEY

[Rev AUG 2026]

The "Post-Residency Experience Survey" is a questionnaire that the Northern California Kaiser Permanente Psychology Postdoctoral Residency Programs in Clinical Psychology send out each year to past program participants. The survey is designed to provide our programs 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 a postdoctoral residency program accredited by the American Psychological Association, we are required to gather this data.

The following survey lists the program's aims and their corresponding competency elements and asks you to rate the elements 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 PARTICIPANT INFORMATION

1. Resident name:

2. Date:

3. Current address:

4. Phone number:

5. Email address:

6. Year of doctoral degree:

7. Training year:

8. KPNC training site:

9. Initial post-doctoral residency employment setting (check one):

- | | |
|--|---|
| 1. ☐ Community Mental Health Center | 11. ☐ Community college/other teaching setting |
| 2. ☐ Federally qualified health center | 12. ☐ Independent research institution |
| 3. ☐ Independent primary care facility/clinic | 13. ☐ Correctional facility |
| 4. ☐ University counseling center | 14. ☐ School district/system |
| 5. ☐ Veterans Affairs medical center | 15. ☐ Independent practice setting |
| 6. ☐ Military health center | 16. ☐ Not currently employed |
| 7. ☐ Academic health center | 17. ☐ Changed to another field |
| 8. ☐ Other medical center of hospital | 18. ☐ Other (please specify): |
| 9. ☐ Psychiatric hospital | |
| 10. ☐ Academic university/department | |

10. Initial job title and employer:

11. Current employment setting (check one):

- | | |
|--|---|
| 1. ☐ Community Mental Health Center | 11. ☐ Community college/other teaching setting |
| 2. ☐ Federally qualified health center | 12. ☐ Independent research institution |
| 3. ☐ Independent primary care facility/clinic | 13. ☐ Correctional facility |
| 4. ☐ University counseling center | 14. ☐ School district/system |
| 5. ☐ Veterans Affairs medical center | 15. ☐ Independent practice setting |
| 6. ☐ Military health center | 16. ☐ Not currently employed |
| 7. ☐ Academic health center | 17. ☐ Changed to another field |
| 8. ☐ Other medical center of hospital | 18. ☐ Other (please specify): |
| 9. ☐ Psychiatric hospital | |
| 10. ☐ Academic university/department | |

12. Current job title and employer:

13. If you are currently employed in more than one setting, please provide the name(s) and locations of additional employer(s):

14. Other current job title(s):

15. Licensure:

16. Licensed in state(s)/province(s):

17. Primary licensure in state/province:

18. 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. ☐ Internship in Professional Scientific Psychology | |
| 4. ☐ American Board of Professional Psychology (ABPP): | |
| 4a. ☐ ABPP Child and Adolescent | 4h. ☐ ABPP Forensic |
| 4b. ☐ ABPP Cognitive and Behavioral | 4i. ☐ ABPP Group |
| 4c. ☐ ABPP Couple and Family | 4j. ☐ ABPP Organization & Business |
| 4d. ☐ ABPP Clinical Health | 4k. ☐ ABPP Psychoanalysis |
| 4e. ☐ ABPP Clinical Neuropsychology | 4l. ☐ ABPP Rehabilitation |
| 4f. ☐ ABPP Counseling | 4m. ☐ ABPP School |
| 4g. ☐ ABPP Clinical | |
| 5. ☐ American Board of Psychological Hypnosis (ABPH): | |
| 5a. ☐ ABPH Clinical Hypnosis | 5b. ☐ ABPH Experimental Hypnosis |
| 6. ☐ None of the above | |

19. Other professional achievements (e.g., diplomate, publications, presentations, research, etc.):

20. Additional Activities:

--

21. 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 aims for you. The following survey lists the program's aims and their corresponding competency elements and asks you to rate the elements in terms of your experience. Please feel free to make any additional comments in the space provided.

Please preface each competency element 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	Somewhat Prepared
3	Adequately Prepared
4	Very Prepared

Level 1 – Advanced Competencies (I - III)

Level 1 – Competency I: INTEGRATION of SCIENCE and PRACTICE

Competency Elements Measured	Ratings
• I incorporate evidence-based treatments in my practice	
• I apply a biopsychosocial approach in my practice	
• I use appropriate research methods when engaged in program development	
• I develop program evaluations to evaluate clinically relevant outcomes	

Level 1 – Competency II: ETHICAL and LEGAL STANDARDS

Competency Elements Measured	Ratings
• I apply ethical and legal standards to the practice of psychology, including the current version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and relevant professional standards and guidelines	
• I apply ethical decision-making processes to resolve dilemmas	
• I conduct myself in an ethical manner in all professional activities	

Level 1 – Competency III: INDIVIDUAL and CULTURAL DIVERSITY

Competency Elements Measured	Ratings
• I apply my understanding of how my own personal/cultural history, attitudes, and biases may affect how I understand and interact with people different from myself	

• I apply my knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service	
• I integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities); this includes applying a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of my career; also included is my ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with my own	
• I independently apply my knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered in my practice	

Level 2 – Program-Specific & Area-of-Focus Competencies (I - VI)

Level 2 – Competency I: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competency Elements Measured	Ratings
• I continually monitor my professional values	
• I monitor and resolve clinical and/or personal situations that are in conflict with the values of the profession	
• I conduct myself in a professional manner across all settings and situations	
• I keep up with advances in the profession and integrate science into practice in a professional manner	
• I practice ongoing self-assessment of my knowledge and skills, and good self-care	

Level 2 – Competency II: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	Ratings
• I maintain respectful and collegial interaction with others	
• I provide effective feedback to others and receive feedback nondefensively	

Level 2 – Competency III: ASSESSMENT

Competency Elements Measured	Ratings
• I select multiple methods and means of evaluation for specific patient populations	
• I effectively administer assessment instruments	
• I screen out confounding variables	
• I effectively interpret assessment instruments	
• I effectively communicate assessment findings and recommendations, including confounding variables	

Level 2 – Competency IV: INTERVENTION

Competency Elements Measured	Ratings
• I continue to enhance my diagnostic skills	
• I continue to enhance my abilities to evaluate and respond to risk and safety issues	
• I continue to conceptualize cases and independently plan appropriate interventions	
• I work with a wide variety of patients	
• I continue to apply empirical models in planning interventions	
• I evaluate treatment progress and modify the plan as needed	

Level 2 – Competency V: CONSULTATION and INTERDISCIPLINARY SYSTEMS

Competency Elements Measured	Ratings
• I provide consultation in a manner that utilizes my professional skills to evaluate and make recommendations	

• I continue to develop and maintain effective working relationships with a wide range of colleagues, organizations, and communities	
• I communicate and collaborate effectively with other professionals for the purpose of shared goals	

Level 2 – Competency VI: COMMUNITY PARTNERSHIPS

Competency Elements Measured	Ratings
• I develop alliances with individuals and/or systems to improve the lives of those served	
• I provide education and training based on the empirical literature	
• I collect, analyze, and present relevant outcome data to partnership stakeholders	

ADDITIONAL INFORMATION/COMMENTS:

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

Kathryn Wetzler, PsyD, KPNC Director of Mental Health Training
707-645-2306
Kathryn.Wetzler@kp.org

Jennifer Thom, PhD, Assistant KPNC Director of Mental Health Training
707-415-9351
Jennifer.C.Thom@kp.org

Supria Gill, PhD, Assistant KPNC Director of Mental Health Training
707-624-2794
Supria.K.Gill@kp.org

Debbie Ortiz, Operations Specialist
Debbie.L.Ortiz@kp.org

Appendix M

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

GENERIC LETTER OF COMPLETION

[Rev AUG 2026]

{to be printed on Letterhead of KP department/medical center that includes address}

_____ [date]

Dear _____ [full name of resident]:

Congratulations on your successful completion of 2080 hours of supervised training at Kaiser Permanente _____ [program name] at _____, California [location]. 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 _____ Team, which included general clinic duties pertaining to that team. For your community partnership project, you completed _____ hours engaged in _____ [project description, including name and location of agency(cies) they worked with].

{OR}

In addition to completing general clinic duties on the _____ 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 _____ 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



Mental Health Training Program
Northern California

POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

BUSINESS PLAN APPLICATION FOR CREATING A NEW OR EXPANDING AN EXISTING MENTAL HEALTH TRAINING PROGRAM: PSYCHOLOGY POSTDOCTORAL RESIDENCY

[Rev APR 2024]

Email completed application to: Kathryn.Wetzler@kp.org

Requestor Information	
Requestor Name:	
Requestor Email Address:	
Requestor Phone:	
Department and Location of new/existing Training Program:	
Address of Training Location:	

Program Recruitment and Retention of Residents	
Please provide a description of your recruitment strategy for hiring and retention of diverse residents:	

Timeline for Recruitment			
Posting of Positions	Application Deadline	Interview Period	First Date for Hiring
APPA CAS application	Determined by site	September-June	September-June (per CHD guidelines)

Individual and Group Supervision of Residents		
Individual Supervision: each resident must have one primary and one delegated supervisor assigned to them, for a total of 2 hours per week		
Supervisor Name and Credentials	Supervisor Skills, Knowledge, and Attitudes	How Supervisor Plans to Remain Current with Changes in the Field
Back-Up Supervision Policy: Please provide an outline of your backup supervision policy, to be initiated when a primary and/or delegated supervisor is not available		
Group Supervision: each resident must have 2 hours of group supervision each week		
Please provide an outline of the structure and content of group supervision		

Program Curriculum
Community Partnership Projects (32 hours per year): Please attach an outline of proposed community partnership projects that each resident will be participating in for a mandatory 32 hours over the course of the training year.

Program Administration	
Please provide a description of how your management plans to support the training program:	
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 Mental Health Training Program website:	
Acknowledgement that program will submit a list to the KPNC Director of Mental Health Training of candidates to be interviewed for the Training Director position:	(Signature of Requestor)
Acknowledgment that Training Director (for existing programs that are expanding) will commit to attending region-wide meetings:	(Signature of Requestor)

Additional Information Provided by Requestor (Optional)

APPENDIX O

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY _____ CONSORTIUM

GENERIC WELCOME LETTER

[Rev AUG 2026]

Dear _____,

We are pleased to welcome you to the Postdoctoral Residency Training Program in the Department of Mental Health at Kaiser Permanente, _____. We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ and reporting to _____
(Training Director) and _____ (Department Manager).

Residency Term: _____

Total Hours: You will be scheduled to work 40 hours per week. Upon successful completion of the residency program, you will be certified 2080 hours of supervised training. 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

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 Board of Psychology (BOP) website: https://www.psychology.ca.gov/forms_pubs/weekly_log.pdf. Because our residency program is a member of APPIC, you will **not** need to be a registered Psychological Associate 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 the accompanying Values Statement to your training director by fax at _____ or email at _____.

Resident 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, Principal 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



Mental Health Training Program
Northern California

POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY
SUPERVISION PLAN for SUPERVISED PROFESSIONAL EXPERIENCE (SPE)
accompanying the
BOARD OF PSYCHOLOGY SUPERVISION AGREEMENT FORM
[REV SEPT 2026]

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

Postdoctoral residents training at Kaiser Permanente Northern California Mental Health Training Program (MHTP) Postdoctoral Residency in Clinical Psychology perform the following psychological duties under supervision:

- Complete orientation and onboarding training in preparation for direct patient care
 - Includes orientation to large integrative healthcare systems and specialty departments
 - Includes web-based, self-guided training as a pre-requisite to patient care activities
 - Includes live training and support for Kaiser Permanente's electronic medical record
- Conduct psychotherapy with adults, children/adolescents, families, and/or couples
 - Includes provision of mental health services using brief psychotherapy models
 - Includes implementation of evidence-based treatments and practices
 - Includes ongoing treatment planning guided by feedback informed care
- Provide psychiatric case management services with adults, children/adolescents, and/or families
 - Includes monitoring of treatment progress, risk assessment, and crisis stabilization
 - Includes managing transitions to lower levels of care within the outpatient clinic
 - May include submission and coordination of patient referrals to higher levels of care
 - May include connecting patient with community-based resources
- Participate in facilitation of psychotherapy groups and/or psychoeducation classes
 - Includes provision of group treatment and/or evidence-based curriculum in group format
 - Includes managing patient participation and engagement in group or class
 - Includes facilitator preparation time for coordinating curriculum
 - May include facilitator meetings to discuss patient engagement
- Conduct intake assessments and diagnostic screenings
 - May include initial appointments with patients seeking mental health services
 - May include one-time urgent appointments for crisis intervention
 - May include diagnostic screenings for specialty care (e.g., adult ADHD)
 - May include triage of mental health service requests
- Provide psychological assessment services for adults, children/adolescents, and/or families
 - Includes comprehensive chart review and semi-structured clinical interviews
 - Includes administration, scoring, and interpretation of psychological tests
 - May include integration of assessment results into formal reports
 - Includes communication of assessment results and/or formal feedback appointments

- Attend didactic training and seminars
 - Includes weekly attendance at and participation in didactic training series
 - Includes attendance at region-wide seminars featuring expert clinicians on select topics
 - Includes any assigned recorded trainings from the continuing education seminar library
 - May include specialty didactic training in an evidence-based treatment
- Participate in case conferences, consultation groups, and/or clinic meetings
 - May include case conference groups emphasizing feedback informed care
 - May include consultation groups focused on specialty training
 - May include consultation groups focused on professional development topics
 - May include departmental meetings and/or specific service line meetings
- Complete patient progress notes and patient care coordination
 - Includes documentation and note writing for all patient care provisions of service
 - Includes patient follow-up care that occurs outside of scheduled appointments
 - Includes patient care coordination for augmenting treatment plans and/or referrals
 - May include interdisciplinary communication and consultation
 - May include follow-up with patients enrolled in psychotherapy groups or classes
- Participate in research training activities and/or integration of research and clinical practice
 - May include research activities for a program development project
 - May include research activities contributing to implementation science projects
 - May include journal club meetings and developing presentations on select research
 - May include activities supporting the integration of research and clinical practice
 - May include researching treatment and diagnoses for specific clinical presentations
 - May include developing curriculum for psychoeducation classes
- Complete a mental health community partnership project
 - Includes partnering on a project with a community-focused organization or service
 - Includes any preparation and development for the community partnership project
 - May include mental health presentations for community audiences
 - May include mentoring projects emphasizing careers in mental health
 - May include projects with non-profit agencies with mental health initiatives
- Prepare for licensure
 - Includes informal study time in preparation for licensing examinations
 - Includes completion of practice tests in preparation for licensing examinations
 - Includes completion of licensure preparation workshops

The residency program provides a sequential, cumulative training experience that is graded in complexity. The sequential features of the program are planned and organized throughout all aspects of training, including onboarding, supervision, evaluation, didactic training, and the provision of direct patient care. The resident receives a multi-tiered orientation and onboarding over the course of the first three weeks of the training year to prepare them for clinical work in integrative healthcare settings. In addition, at the beginning of the training year, the resident meets with their primary supervisor to determine strengths, areas of growth, and clinical interests by completing a Baseline Assessment of profession-wide competencies, which is a prerequisite for individualizing the resident's training goals for the year. Expectations for competency development increase over the course of the year, with quarterly evaluation time points serving as opportunities for feedback on resident progress. Moreover, the structure of supervision is designed to evolve from more routine supervision support at the beginning of the year to more closely resemble professional consultation by the end of the year. Similarly, didactic training is structured with foundational topics tailored to integrative healthcare settings at the beginning of the year and then shifts to more focused, in-depth training on evidence-based treatments as the year progresses. For the provision of direct patient care, the resident begins the year observing their supervisors and other licensed staff in the delivery of mental health services followed by direct

observation of their own clinical work before building their clinical caseloads. Importantly, throughout the entire training year, the resident's caseload is significantly lighter than that of staff psychologists. The resident is scheduled for a minimum of 20 hours of direct patient care activities per week, whereas full-time staff psychologists are expected to devote 30-32 clinical hours of their schedule to direct patient care.

There are several training activities that address the integration of current and evolving psychological knowledge, principles, and theories for the professional delivery of psychological services. The residency program provides opportunities for research training emphasizing advances in mental health treatment and within the broader field of psychology. Research training often involves self-directed learning as well as time dedicated to presentation or project development. The residency program's didactic training and seminars also provide opportunities for integration of evolving psychological theories and practices. Attendance and participation in these educational components of the training program are required.

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

The aims of the KPNC Mental Health Training Program Postdoctoral Residency in Clinical Psychology are to provide high-quality training, informed by science, to postdoctoral residents to prepare them for dynamic roles as practicing psychologists in multidisciplinary, integrative healthcare settings. The program goals and specific objectives of the residency program are aligned with the structure of APA's Level 1 Advanced Competencies and Level 2 Program-Specific & Area-of-Focus Competencies. As such, these goals include rigorous training in (1-I) Integration of Science and Practice, (1-II) Ethical and Legal Standards, (1-III) Individual and Cultural Diversity, (2-I) Professional Values, Attitudes, and Behaviors, (2-II) Communication and Interpersonal Skills, (2-III) Assessment, (2-IV) Intervention, (2-V) Consultation and Interdisciplinary Skills, and (2-VI) Community Partnerships. Each of these broad training competencies contains specific objectives utilizing behaviorally anchored language to guide resident development.

Approximately half of the resident's schedule is dedicated to training activities that promote socialization into the profession. With four hours of supervision per week, the resident has ample opportunity to utilize their allocated supervision for professional development with in-depth conversations about ethical considerations, communication practices, and role expectations in integrative healthcare settings. Another significant contributor to the resident's socialization into the profession includes the mentoring and role modeling provided by their supervisors and other licensed clinical staff. At the beginning of the training year, and for each rotation, the resident will have opportunities to observe their supervisors and other staff psychologists performing their various roles in the delivery of mental health services, which may include intake evaluations, therapy sessions, and group treatment facilitation. Over the course of the training year, the resident may also have opportunities to co-facilitate group programs and psychoeducation classes.

Socialization into the profession also takes place in the shared collegial spaces of an integrative healthcare setting, within which the resident will have regular opportunities to interact with licensed staff clinicians during service team meetings and department staff meetings. This exposure to collegial spaces within the medical center provides opportunities for the resident to develop their professional voice as they participate in these meetings. The resident is also encouraged to utilize consultation opportunities with non-supervising staff. These consultative interactions often take place with other members of the interdisciplinary patient care team, which may include psychologists other than their supervisors, psychiatrists, psychiatric nurses, social workers, and licensed master's level therapists.

Lastly, the resident's socialization into the profession is augmented with their exposure to research activities and didactic trainings and seminars. The resident takes part in research training that ensures they will be engaged in recent advancements in the field of psychology. This ongoing contact with

research supports the practitioner-scholar model of clinical practice emphasized by the residency program. In addition, the resident attends weekly didactic trainings as well as monthly seminars. At the beginning of the year, the didactic series focuses on preparation for clinical work in integrative healthcare settings, while later didactics provide more in-depth training in evidence-based treatments. The residency program's monthly seminars feature national experts and keynote speakers on a variety of specialty topics in mental health treatment. Importantly, diversity issues are always integrated in both the weekly didactics and monthly seminars.

3) *Describe how and when the supervisor will provide periodic assessments and feedback to the trainee as to whether or not they are performing as expected.*

To ensure that the postdoctoral resident meets all the program's goals and requirements, they are formally evaluated by their primary supervisor at least once per quarter (and more frequently if a competency concern arises) using the MHTP Competencies Evaluation (CE). The CE is the residency program's formal tool for evaluating resident progress in achieving the goals and objectives of the training program. The CE is comprised of several competency elements organized under the APA's Level 1 Advanced Competencies and the Level 2 Program-Specific Competencies.

At each evaluation timepoint, the primary supervisor rates the resident on all competency elements measured, which are listed under each of the Level 1 and Level 2 competencies on the CE. For any competency element in which the resident is rated less than a "3" (Proficient Competence), the primary supervisor must provide a narrative explanation. In addition, ratings of "1" (Insufficient Competence) or "2" (Developing Competence) on any competency element on the CE will trigger remedial and possibly corrective action. If the resident achieves a rating of "4" (Advanced Competence) across all competency elements at the end of the training year, then they have met the residency's competency requirements for program completion and have achieved advanced preparation for clinical practice.

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

Appendix R

KAISER PERMANENTE NORTHERN CALIFORNIA POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

TIMELINE & GUIDELINES FOR COMMON HOLD DATE (CHD) FOR POSTDOCTORAL TRAINING DIRECTORS

[Rev APR 2024]

I. STANDARDS FOR PROGRAMS PRIOR TO CHD

Programs can make offers to their top-ranked applicant upon completing interviews and ranking all applicants for a position (see [Recommendations](#) for guidance and [FAQs](#)).

1. Programs can only extend as many offers as they have available positions.
2. Offers, Declines, or Holds prior to CHD, email Debbie.L.Ortiz@kp.org
 - ✓ Candidate's full name
 - ✓ Training site
 - ✓ Training track
 - ✓ Holds (date and time; cleared by 7:30am PST)
 - ✓ Declines KP (include organization accepted)

II. CHD GROUND RULES

1. A TEAMS meeting will begin at 6:30am PST:
 - Offers made prior to CHD must be accepted or declined by 7:00am PST (**holds can be extended**).
 - If applicant does not communicate their acceptance or declination by 7:00am PST, the program can rescind the offer.
 - If an applicant declines a program's offer prior to 7:00am PST on the CHD, the program may immediately extend the offer for that position to its next ranked applicant, prior to 6:59am PST (before ranking reset).
2. Ranking Reset Period: 7:00am PST – 7:30am PST (**no offers can be extended during this time**).
3. CHD start time is **7:30am PST**
4. CHD Grid with all positions will be updated 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

III. 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 KPNC Mental Health Training Program's CHD team with the:
 - ✓ Candidate's name
 - ✓ Training site
 - ✓ Training track
3. During your telephone conversation with the candidate inform them that:
 - HR/Talent Acquisition will:
 - Contact them regarding the new-hire process (formal offer letter, background, drug screen & onboarding).

- Send and collect the "Verification of Completion for the Doctoral Degree "prior to start date (Appendix S).
 - Require an official transcript with degree conferral.
 - Training Director will send a Welcome Letter (Appendix O) and Values Statement (Appendix P), to be signed and returned to the local Training Director's team.
 - Applicant will need to complete a candidate profile and apply to the job requisition number pertaining for the job in which they were hired for www.kaiserpermanentejobs.org.
4. Information to send HR-Talent Acquisition
- ✓ Candidate Tracking Spreadsheet
 - ✓ 3 Letters of Recommendations

IV. WHEN CANDIDATE PUTS OFFER "ON HOLD"

1. Send a TEAMS chat message to the KPNC Mental Health Training Program's CHD team with the:
 - ✓ Candidate's name
 - ✓ Training site
 - ✓ Training track
 - ✓ HOLD (time)
2. If applicants receive an offer on the CHD and offer is not from their top-ranked program, the applicant can hold the offer for **two hours** (one hold at a time).
3. If you learn a candidate has more than one offer on hold, please pass candidate name and contact information to:
 - Kathryn Wetzler (Kathryn.Wetzler@kp.org, 707-312-4469) the KPNC Director of Mental Health Training, ***immediately***.
 - The KPNC Director of Mental Health Training will contact the candidate and will also be monitoring for other multiple holds.
4. If a candidate tells you they are placing your program on hold, ask them the name of the training site (KP or non-KP) they are waiting to hear from and suggest they contact that training director to learn if they are under consideration.

V. WHEN CANDIDATE DECLINES KP OFFER

1. Send a TEAMS chat message to the KPNC Mental Health Training Program's CHD team with the name of the candidate and the non-KP training site they accepted.

VI. CHD TRACKING REPORT

1. Report of all applicant activity after the CHD, can be found on TEAMS to include all hires, declines, and holds:
 - KPNC Mental Health Training Program
 - Postdoctoral Resident Channel
 - Files
 - Common Hold Date (CHD) spreadsheet

VI. PROBLEMS/CONCERNS?

Please contact:

- Kathryn Wetzler, KPNC Director of Mental Health Training (Kathryn.Wetzler@kp.org or 707-312-4469)
- Debbie Ortiz, Operations Specialist III, KPNC Mental Health Training Program (Debbie.L.Ortiz@kp.org)

Appendix S



Mental Health Training Program
Northern California

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)

[Rev OCT 2024]

Applicant Signed Consent
Applicant Name:
Doctoral Program and School:
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.
Applicant Signature:
Date:

Verification by Academic Program
To Academic Official:
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, has completed <u>all</u> requirements for their doctoral degree, and has a projected conferral date for their doctoral degree no later than December of the current calendar year. Degree requirements include, but are not limited to:
• Successful defense of dissertation <u>with no revisions</u> • 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

For Kaiser Use Only: Document Uploaded to TALEO ☐

Appendix T



Mental Health Training Program
Northern California

Mental Health Training Program Exit Interview Questions (optional)

Trainee Name: _____ Site/Affiliated Medical Center: _____

Please take a few moments to provide your valuable feedback to any or all the questions listed below:

What were your favorite parts of the training experience?

What were some of the biggest challenges you faced during your training year?

What are you most looking forward to in your new role/where you're going next?

Did you feel adequately supported, respected, and recognized in your role as part of the team this year?

Did you feel like you had the tools, resources, and working conditions necessary to be successful in your job? If not, what could be improved?

Was your training experience consistent with your expectations from when you interviewed and accepted the offer? If not, what changed?

Would you recommend training at our program to a peer? Why or why not?

Please tell us any areas you see for improvement in the training program: