KAISER PERMANENTE®

Mental Health Training Program
Northern California

Policy and Procedure Manual

North Valley Neuropsychology Postdoctoral Residency Program

2026-2028

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NORTH VALLEY NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY
POLICY AND PROCEDURE MANUAL

1. Postdoctoral Residency Program Overview

The North Valley Neuropsychology Postdoctoral Residency is funded by Kaiser Permanente Northern California (KPNC) and is compliant with state and national guidelines. The program is organized into rotations at 2 training sites: Kaiser Roseville Medical Center and Kaiser Sacramento Medical Center. Residents train in advanced practice competencies in the specialty of Clinical Neuropsychology based on Houston and Minnesota Conference Guidelines for Postdoctoral Residency training in Clinical Neuropsychology. All residents work toward achieving the same set of core competencies through their training experiences in preparation for work as Clinical Neuropsychologists in a broad range of settings.

Residency positions are full-time (40 hours per week) and are designed to be completed in no less than two years. The program begins in September and residents accrue 4160 hours over the course of the training term. The number of hours is greater than the maximum number of supervised hours required for licensure as a Psychologist in the United States and satisfies the 2-year postdoctoral residency requirement for specialty practice in Clinical Neuropsychology.

This manual provides the policies and procedures that are applicable to residents and training faculty. It is posted on the KPNC Mental Health Training Programs website at https://mentalhealthtraining-ncal.kaiserpermanente.org/, the official "bulletin board" of the training programs. The website contains information such as the history of our programs, descriptions of training sites and rotations, faculty profiles and seminar schedules. Information on the North Valley Neuropsychology Postdoctoral Residency can be found at: https://mentalhealthtraining-ncal.kaiserpermanente.org/neuropsychology-postdoctoral-residency/.

The North Valley Neuropsychology Postdoctoral Residency is not accredited by the American Psychological Association; however it does follow criteria set forth in the policy statement of The Houston Conference on Specialty Education and Training in Clinical Neuropsychology (1998; https://uh.edu/hns/hc.html) and Minnesota Conference Guidelines (https://theaacn.org/wp-content/uploads/2024/11/MNC_Guidelines_Final.pdf). As members of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the program adheres to all APPIC policies and guidelines (http://appic.org).

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1.01 Mission Statement

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

Kaiser Permanente's stated mission is to provide efficient, affordable, high-quality, evidence-based, health care while supporting continuous quality improvement. The organization is dedicated to care innovation, clinical research, health education, and improving community health.

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

2. PROGRAM CURRICULUM

2.01 Training Philosophy and Approach

The North Valley Neuropsychology Postdoctoral Resident Program's training philosophy is based on a scientist-practitioner model. The approach to training is an apprenticeship model with a commitment to training residents to function as independent practitioners by the end of the residency. Training consists of the provision of assessment, treatment, and consultation services to a broad range of outpatients within a larger medical system. Residents are provided ample opportunities for evaluation of neurosurgical cases for preoperative planning (e.g., with KPNC Comprehensive Movement Disorders Program; Epilepsy Program; Brain Tumor), as well as evaluation of patients with a wide array of other neurologic conditions including cerebrovascular disease, movement disorders, multiple sclerosis, traumatic brain injury, and differential diagnosis of dementia. Residents participate in a Huntington's Disease/Genetic Movement Disorders multidisciplinary clinic at our HDSA Center of Excellence partner site (Sacramento, Point West location), gaining experience with brief neuropsychological screening and intervention. In addition, opportunities to observe intraoperative language mapping and Wada are available at the Sacramento Medical Center.

Residents will also gain experience in acute sports concussion management which involves seeing athletes who have sustained an acute concussion (either in sports or somewhere else) and managing their care to help return them to learn and to play in compliance with CA State Law. Athletes will generally be within 1-3 weeks post-concussion when referred to our service. Initial appointments are usually 90-120 minutes with interview, ocular-vestibular assessment, computerized ImPACT testing and treatment planning. Treatment is often interdisciplinary involving neuropsychology, physical therapy, psychology, sports medicine MDs, pediatric neurology, neuro optometry and athletic trainers.

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Demographics served include pediatric (only in Sports Medicine, ages 8-17), adult, and geriatric. The resident receives training in all aspects of neuropsychological evaluation, behavioral consultation, and intervention as part of several multidisciplinary teams. In addition to clinical training, the resident participates in a variety of scholarly activities that may include research, community outreach, professional presentations, training non-psychologist professionals, and participation in regional neuropsychology case conferences.

2.02 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 practice, residents are challenged to broaden awareness to diversity issues to prepare them to provide effective neuropsychological evaluation and culturally responsive intervention services.

The KPNC Mental Health Training Program's Equity, Inclusion and Diversity Committee organizes advanced trainings that promote cultural competency and cultural sensitivity. The trainings are designed to support all residents and provide them with a safe space to reflect on their experiences without judgment. Prior to 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, micro-aggressions, unconscious bias, and gender-affirming care. Neuropsychology residents are welcome at these trainings, but these are not required as part of their didactic curriculum. Didactic training specific to cultural competency in neuropsychological assessment is provided in a separate venue as part of the neuropsychology postdoctoral residency program. Neuropsychology residents are required to participate in a weekly journal club which highlights diversity topics a minimum of twice per month.

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.

2.03 Training Schedule

In creating a schedule for the resident, the training director works closely with the resident and other department staff. At least one-half of the resident's time (approximately 20 hours per week) is spent providing direct services to patients. Services may include but are not limited to neuropsychological evaluation, sports concussion assessment and management, multidisciplinary

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consultation, and patient and caregiver psychoeducation. The remaining hours are spent in activities such as supervision (minimum 4 hours per week), journal club pertaining to clinical topics (1 hour per week), multidisciplinary case conferences, completion of a scholarly program evaluation or research project, local and regional didactic seminars, and grand rounds. Our program partners with the UC Davis Medical Center, Department of Neurology, for monthly neuropsychology didactics, Clinical Pathological Conference and Neurology Grand Rounds which residents are required to attend. This monthly didactic series is offered virtually and when in-person, is at the Ambulatory Care Center, located at 4860 Y St, Sacramento, CA 95817. Neuropsychology residents also have the opportunity to provide vertical supervision to practicum students on assessment cases.

2.04 Neuropsychological Assessment Training

Throughout the 2-year residency, the primary training site is the Roseville Medical Center, Department of Mental Health (1660 East Roseville Parkway, Suite 100, Roseville, CA 95661). Residents will be provided with advanced training in neuropsychological evaluation and providing evidence-based treatment recommendations. Training in neuropsychological assessment will include understanding the role of neuropsychology within an integrated medical system, determining medical necessity, and clarifying referral questions with treating providers in triaging referrals. Residents will become skilled in clinical decision making, integrating information provided from various sources, understanding the psychometric strengths and limitations of available instruments and normative data, diagnostic formulation, and creating a report of findings and recommendations that is useful to the referral source and to the patient. The outcome of this work culminates in skillful provision of feedback to the patient and referring provider in which test results, diagnostic conclusions, and implications for treatment stemming from diagnostic conclusions are reviewed.

Following a Baseline Assessment of competencies completed by Residents in conjunction with the Training Director and Rotation Supervisors when beginning the program, supervisors use a developmental approach to select cases that increase in complexity over time and expand breadth of knowledge. Supervision of neuropsychological evaluation is completed only by Neuropsychologists who have completed training in accordance with the Houston Guidelines and with adherence to the regulations established by the APA Ethical Principles of Psychologists and Code of Conduct, Sections 9.01-9.11 on Assessment.

Residents are provided with training on commonly used neuropsychological and psychological assessment measures, with necessary materials for administration and scoring provided at each site. Each supervisor works alongside the resident in test selection for the case, ensuring accurate test administration and scoring in accordance with demographically appropriate norms. For the Kaiser Roseville Medical Center outpatient clinic, each evaluation assigned will be allotted 15 hours, or two batteries per 40-hour week, with the remaining hours designated for supervision, didactics, and other training activities. The responsible supervisor is onsite and available throughout the evaluation process as needed. Residents are expected to submit a draft of the report to the supervisor within 1 week of the case. Provision of patient feedback will occur within 30 days of completion of testing.

Similarly, when residents are rotating at the Sports Medicine Center in Sacramento (501 J Street

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Sacramento, CA 95814), or Genetic Movement Disorders Clinic *(*1650 Response Rd Sacramento, CA 95815), all materials are supplied, and the responsible supervisor is on site and available throughout the evaluation process.

Each resident is required to obtain written informed consent from the patient for psychological/neuropsychological assessment which states that the postdoctoral resident is in training and working under the license of a staff psychologist supervisor. See KP form code 09605-219 (dated 12-10) for consent to participate in neuropsychological services.

2.05 Seminars and Didactic Training

Neuropsychology residents are required to attend an all-day training seminar on the first Thursday of each month at UC Davis. Training focuses on neuroanatomy and Board Certification preparation. Mentoring on Board Certification, including experience with fact finding, is also incorporated into supervision throughout the two-year residency.

Residents also attend a weekly neuropsychology lecture series offered through Kaiser Permanente Neuropsychology Training Consortium, which includes 1 hour of didactic training followed by a 1 hour case presentation.

Finally, residents are invited to attend didactic trainings/seminars that are organized by the KPNC Mental Health Training Programs. Current seminar schedules and a list of speakers and topics can be found on the KPNC Mental Health Training Programs website. Neuropsychology residents are welcome at these trainings, but not all of them are required as part of their didactic curriculum. All 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.

Attendance at required seminars should be at 85% minimum. After the completion of each seminar/didactic training, 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. The evaluation form (Appendix H) is patterned after the Mandatory Continuing Education Provider evaluation. Residents' feedback guides the program in developing future trainings.

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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 term 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 (e.g., support groups). Other projects have involved staff consultation at county or non-profit agencies (e.g., homeless shelters, community mental health clinics, prisons, etc.).

2.07 Research Training

At the beginning of the 1st 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, with the duration of this research-based activity spanning across Year 1.

<u>Site-Specific Program Evaluation</u>

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

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progress with peers in group supervision sessions.

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

**Quarterly intervals based on 1st Training Year of 2-year term*

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 1 hour 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:

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Calendar Period	Training Program Timeline	EQI Project Quarterly Goals
September to November	1st Quarter	• Learn about current project status • Conduct literature search • Specify role within the project
December to February	2nd Quarter	• Move forward with identified role in the project • Summarize the progress made thus far • Designate next steps
March to May	3rd Quarter	• Continue with identified role in the project • Summarize the progress made thus far • Designate next steps
June to August	4th Quarter	• Finalize conclusions and write-up • Create presentation • Present project to relevant team or conference

**Quarterly intervals based on 1st Training Year of 2-year term*

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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 expectation in the Journal Club is to prepare a cohesive presentation that takes place during the last quarter of the 1st training year. At the beginning of each quarter of the year, the MHTP clinical supervisor facilitating the Journal Club provides brief information sessions regarding presentation requirements and format. Residents will submit progress updates to the MHTP Clinical Supervisor at the end of each quarter, which are designed to build off each other beginning with a thorough article critique in the first quarter and a small-scale literature review in the second quarter. In the third quarter, residents explore the clinical applications of the research findings and are tasked with developing a self-contained didactic tool designed to augment clinical practice. In the final quarter of the 1st training year, residents give a presentation of their didactic tool to the Journal Club. The didactic tools produced by residents in the Journal Club are collected and stored in the MHTP.

Resource Library for ongoing clinical reference. The table below provides quarterly guideposts for progress on MHTP Journal Club presentations throughout the training year:

Calendar Period	Training Program Timeline	Journal Club Quarterly Goals
September to November	1st Quarter	• Evaluation of a selected research article
December to February	2nd Quarter	• Compare selected article to current research in the subfield (literature review)
March to May	3rd Quarter	• Explore clinical applications of research findings • Develop didactic tool designed to augment clinical practice for KP providers
June to August	4th Quarter	• Final presentation

**Quarterly intervals based on 1st Training Year of 2-year term*

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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 and second quarters of the year. During weeks when there is no scheduled Journal Club meeting, residents are allocated the hour to work on their quarterly presentation goals. 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.

2.08 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. The individual departments offer residents the use of translation services, copy machines, telephones, and 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 job requires. Workstation will provide access to the internet, electronic periodicals, KPNC's intranet, as well as a variety of online medical and psychological databases. These online databases include (but are not limited to): 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 CA regional library service includes access to KPNC's inter-library loan service, which is connected to all major university and research institution libraries, internationally.

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 six-hour continuing education course in supervision each licensing cycle (every two years).

3.02 BOP Supervision Agreement Form

The BOP Supervision Agreement form must be completed, signed, and dated by both the primary

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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 Association for Psychology Postdoctoral and Internship Centers (APPIC).

3.03 Supervised Professional Experience Log

It is the responsibility of the resident to keep a weekly supervised professional experience log with hours verified by the supervisor's signature to document program participation. 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 by the end of the two-year training program. The North Valley Neuropsychology Postdoctoral Training Program name must be indicated on the Verification of Experience form and the Supervision Agreement form. Secondarily, the medical center where the actual training took place must also be indicated. To print a copy of this form, go to https://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf.

3.05 Methods of Supervision

All postdoctoral residents receive regularly scheduled, individual and group supervision (minimum of four hours per week of supervision throughout the training term). Each resident receives individual supervision from two or more supervisors, a primary supervisor and delegated supervisor(s), all of whom are licensed neuropsychologists at the resident's work site and responsible for an assigned case. Methods of supervision also include direct observation of clinical work and participation in case conferences pertaining to patient care in which the resident is actively involved, under supervision of a licensed neuropsychologist who may be the training director or primary or delegated supervisor. In accordance with California state law, each postdoctoral resident has access to their primary or delegated supervisor at all times, via phone, in case of an emergency.

The functions of primary and delegated supervisors include monitoring patient welfare, enhancing the resident's clinical skills, promoting professional growth, evaluating the resident's progress, and providing feedback. The primary and delegated supervisors serve as both mentors and to

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monitor/guide the resident's clinical work and professional development during their tenure at KPNC.

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 observation of a neuropsychological evaluation interview or feedback session); or by audio-video streaming, or through audio or video recording. If requested to audiotape, videotape, or otherwise record a patient session, residents should download the Consent and Authorization form to be signed by resident and patient, from the "Resources" section of the following web page: https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit.

3.06 Tele-Supervision

KPNC Postdoctoral Residency Programs allow for supervision to be provided in real time, which is defined as supervision conducted through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health. 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 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.

All postdoctoral 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, initial supervision meeting to discuss training goals, supervision, and training expectations, initial co-testing with supervisor and resident, and quarterly evaluations.

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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 Neuropsychology Resident Program's objectives of supporting residents to operate at an appropriate level of independence in the role of professional psychologist with respect to the nine profession-wide competencies; the postdoctoral 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 postdoctoral 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

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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 Resident Evaluation of Supervisor

Each resident evaluates their supervisors semi-annually at minimum using the Supervisor Evaluation form (Appendix J). Data from this form is reviewed by the site training director and is kept confidential, however ratings of "1" (Does Not Meet My Expectations") or "2" ("Needs Improvement") will be brought to the supervisor's attention. Residents and supervisors should review the Supervisor Evaluation form at the beginning of the training program 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 two-year program, and especially at the time of the resident's quarterly Competencies Evaluations.

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient Rights and Safety

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

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

4.02 Provision of Services by a Postdoctoral Resident and Patient Consent

The title of a postdoctoral resident in clinical neuropsychology is "Neuropsychology Postdoctoral Resident". Each resident must clearly identify their title at the first meeting with any patient or potential patient. The resident must also inform the patient or patient's guardian of the resident's last day of training and name of their supervisor.

The resident must then document in the patient's electronic chart that the patient received the information and gave (or refused to give) consent to be seen by the resident. The "dot phrase" to document consent is ".traineeinformedconsent". This dot phrase signifies that "*The patient was informed that the undersigned (***) is a trainee working under the supervision of *** and other licensed staff members in the Dept. of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned.*"

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 Neuropsychology Postdoctoral Resident" (Appendix F) and

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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 services or request to be seen by a licensed neuropsychologist. 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 California state law, Kaiser Permanente policy, and the ethic's 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. Neuropsychology 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 neuropsychology postdoctoral residents.

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 that the minor may 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 and state 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

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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 *My HR*, 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 breech or potential breech, the resident is expected to inform their primary supervisor and/or training director.. Failure to comply with this expectation may 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 Online Charting in KP HealthConnect

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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.

Each contact the resident has with the patient prior to finishing the report should be documented. The record should be sufficiently detailed and organized in accordance with departmental standards so that a provider who looks at the chart will understand what has been completed, including any findings from the neuropsychological evaluation. A well-maintained patient record allows a staff member, at a later date, to determine the purpose of the neuropsychological evaluation, the findings, and any recommendations that were made. The record should enable another neuropsychologist to understand what they might need to do if the member is referred for retesting at some future date. 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.

4.09 Signing and Closing of Chart Notes 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.

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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 for Neuropsychological Evaluation Documentation

Scoring and interpretation of the neuropsychological evaluation is expected to be done within 24 hours of completion of testing with a rough draft to the supervisor within one week. The supervisor will review the resident's notes/reports within 48 hours of receiving them. Residents are expected to make any requested changes and send the documentation back to their supervisor within 48 hours. Final report should be ready to be put in the chart no later than 10 days after completion of the initial report draft. The full evaluation, including feedback to the patient, should be completed with the final report posted within 30 days of the testing appointment. Supervisors should add all orders to the evaluation encounter and ensure all encounters associated with the evaluation have been closed (e.g. clinical documentation). Chronically late reports are a reason for corrective action procedures to be taken. When seeing acute sports concussions, notes are expected to be completed the day of (and no later than 24 hours) the visit for the supervisor to review and sign off on.

5. EVALUATION OF PROFESSIONAL COMPETENCIES

5.01 Baseline Assessment of Resident Competencies

The objective of our program is that upon completion of the 2-year program, residents are prepared for specialty practice in Clinical Neuropsychology as recognized by the Council of Specialties (CoS), the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association, and the American Board of Professional Psychology. We evaluate resident's performance within competency areas designated by the APA Coalition on Accreditation (CoA) Standards of Accreditation, including Level 3 competencies for specialty training in Clinical Neuropsychology as operationalized by Smith (2019). Resident evaluations occur at the start of training to establish a baseline of current knowledge, abilities, and skills, and at regular intervals throughout the program.

Within the first week of the training term, 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 training and provides the basis for the resident's Individual Training Contract.

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The Competencies Evaluation (Appendix C) is based on the following 10 competency areas:

Level 1
- Integration of Science and Practice
- Ethical and Legal Standards/Policy
- Individual and Cultural Diversity

Level 2
- Community Partnerships

Level 3
- Professional Identity & Relationships/Self-reflective Practice
- Interdisciplinary Systems/ Consultation
- Assessment
- Intervention
- Teaching/Supervision/Mentoring
- Management/Administration

(Based on Smith, G. (2019), Education and training in clinical neuropsychology: Recent developments and documents from the clinical neuropsychology synarchy. *Archives of Clinical Neuropsychology 34:* 418-431.)

5.02 Resident Individual Training Contract

Within the first week of the training program, 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 (Appendix A) 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 training program.

The training contract also identifies the resident's primary and delegated supervisors and lists resident responsibilities and expectations during training. By signing this contract, the resident acknowledges receipt of the Policy and Procedure manual, has reviewed section IV of the Individual Training Contract entitled "Responsibilities and Expectations of Resident" and understanding of the basic requirements of program participation.

5.03 Resident Competencies Evaluation

To ensure that residents meet all of the program's goals and requirements, each resident will be formally evaluated by their primary supervisor once per quarter across each of the two years (and more frequently if a competency concern arises) using the Competencies Evaluation (CE; Appendix C). The CE is the training program's formal instrument for evaluating a resident's progress.

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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 of each training year. Since the program provides increasingly advanced training over the course of two years, a resident who is deemed to have "proficient competence" at the beginning of year two, would be functioning at a higher level than when deemed to "proficient competence" at the beginning of year one. A resident performing at level "4" at the end of the first year has met the minimum competency to advance to the second year of the 2-year training term. A resident performing at level "4" (Advanced Competence) at the end of the second training year has met the competency requirements for entry-level specialty practice in clinical neuropsychology. 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, Level 2, and Level 3 competencies.

If a resident receives a rating below "3" (Proficient Competence) on any competency element, 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.

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 of the 2nd year, 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 Ongoing Evaluation and "Good Standing" Designation

The supervisors provide the resident with feedback regarding their progress during regularly scheduled individual supervision meetings. If a concern arises regarding a resident's behavior or

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performance, the primary supervisor should provide such feedback during these meetings, enabling the resident to focus attention on the specified area(s) of concern.

If at any point in training a resident is demonstrating "Developing Competence" or "Insufficient Competence" on any competency element, the primary supervisor will complete a CE on the resident. The ratings from the CE may prompt the primary supervisor to initiate remedial and/or corrective action.

A resident is in "good standing" if they have ratings of "3" for all competency elements on the CE or if they are in Focused Competency Guidance. A resident is not in good standing when their primary supervisor initiates a Letter of Warning and/or Corrective Action. To be eligible to enter the second year of postdoctoral residency training, residents must have completed the first year in good standing.

5.05 Certificate and Letter of Program Completion

To receive a Certificate of Completion at the end of the two-year training term, the resident must attain a score of "4" ("Advanced Competency") for each competency element on the CE by the fourth quarter (i.e., end of the second training year). The resident must also have accrued at least 4160 hours of supervised experience by the end of the two-year training term.

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 rotations in which the resident trained.

Residents who voluntarily separate from the training program before the end of the two-year training period will be considered to have resigned and will not receive a Certificate or Letter of Completion. Any resident who does not complete the full 4160 hours is still eligible to have their supervisor submit a Verification of Experience form to the BOP at the end of their 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.

5.06 Resident Program Surveys

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

6. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURES

The Neuropsychology Postdoctoral program's due process policy provides a framework to address

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the situation in which a postdoctoral resident is not meeting expected performance standards. It ensures that the training program adheres to fair and unbiased evaluation and remediation procedures, and that the postdoctoral resident is given an opportunity to appeal the 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 time frames and outcomes.

6.01 Rights of Postdoctoral Residents

1. To be informed of the expectations, goals, and objectives of the postdoctoral 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. To be informed in a timely manner if they are not meeting program standards.

6. To engage in ongoing evaluation of the doctoral training program. The training program will conduct formal surveys twice a year.

7. To utilize due process procedures for concerns related to performance standards so that the postdoctoral resident's viewpoint is taken into account, and so that the postdoctoral resident has an opportunity to remediate problems in order to successfully complete the 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 postdoctoral 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 period and can be accessed through the KPNC web site, 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 North Valley Neuropsychology

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Postdoctoral resident program as outlined in this manual; and to adhere to the policies and procedures of the postdoctoral 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 Neuropsychology Postdoctoral Residency Program Responsibilities

1. To provide information regarding laws, standards, and guidelines governing the practice of clinical neuropsychology and to provide forums to discuss the implementation of such standards.

2. To ensure that faculty and staff engage with the postdoctoral 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 postdoctoral residents to offer input into the training program, including their supervisory experiences, through meetings with training directors and semi-annual written evaluations.

6. To communicate program expectations and standards for evaluation, including how postdoctoral residents will be evaluated and by whom.

7. To provide the postdoctoral resident 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 postdoctoral resident competencies and professional functioning, program standards, and interpersonal disputes. To allow postdoctoral residents sufficient time to appeal decisions with which they disagree.

9. To make decisions about postdoctoral resident remediation, probation, suspension, and termination utilizing multiple sources of information. To develop remediation plans for performance deficiencies with time frames, and to clearly communicate to postdoctoral resident the consequences of not correcting the deficiencies.

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10. To make accommodations for special training needs for the postdoctoral residents who qualify under the American with Disabilities Act.

6.04 Definition of Problematic Behavior

A problematic behavior interferes with the postdoctoral resident's 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 postdoctoral resident's behaviors, attitudes or characteristics have become problematic. Problematic Behaviors may include the following features:

a) The postdoctoral 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 postdoctoral 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 postdoctoral 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

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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 of the 1st or 2nd training year (see Section 5.03). Focused Competency Guidance may also be initiated informally at any point in the quarter if

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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 intern 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

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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 demonstrating 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)

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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 noncompliance
    d. The resident's past history of non-compliance
    e. Whether the resident should have known the applicable policies, rules, or regulations

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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

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Suspension of a postdoctoral resident is a decision made by either the Hearing Committee; or in the case of a postdoctoral resident who is not meeting minimum 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 postdoctoral resident may be suspended from all or part of their usual and regular assignments in the training program.

Suspension of a postdoctoral 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 above (see Section 6.09).
2. After the probationary period, the postdoctoral 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 postdoctoral resident has failed to comply with state or federal laws, KPNC and/or doctoral training program policies and procedures and/or professional association guidelines.
4. The removal of the postdoctoral 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 postdoctoral 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

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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 postdoctoral 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 postdoctoral resident. Termination may also be invoked for any other egregious offense on the part of the postdoctoral 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 resident training program policies and procedures or professional association guidelines.
3. Serious violation of the APA Ethical Principles and Code of Conduct.
4. Unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the training program.
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems.
6. The postdoctoral resident is unable to complete the program due to serious physical, mental or emotional illness.
7. Serious or repeated act(s) or omission(s) compromising acceptable standards of patient care.

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Termination involves the permanent withdrawal of all privileges associated with the KPNC North Valley Neuropsychology Postdoctoral Residency. 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 KPNC Director of Mental Health Training. 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 postdoctoral resident will be informed of the decision in a Termination Letter that addresses the following:

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

If the postdoctoral resident does not wish to appeal the termination decision, the postdoctoral resident may choose to resign from the training 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 training program regarding a postdoctoral resident's Competencies Evaluation and Remediation plans, as well as postdoctoral resident's status in the program, can be promptly and fairly reviewed. Postdoctoral 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 postdoctoral resident who is terminated as the result of an HR decision. In those instances, the postdoctoral resident would follow KPNC HR policy.

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

1. Name of postdoctoral resident
2. Current date
3. Date and description of decision under dispute
4. Explanation of postdoctoral resident's disagreement with decision, including supporting information

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5. Description of postdoctoral resident's objective/goal for resolving the dispute

As soon as possible, but no later than fifteen (15) business days after receipt of the postdoctoral resident's written notification, the site director (or their designee) will appoint a Hearing Committee. Every effort will be made to expedite the committee formation and 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 postdoctoral 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 postdoctoral resident has the right to hear all facts related to the concerns, as well as to present supporting materials of their own. The postdoctoral 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 postdoctoral resident and the site training director.

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

The postdoctoral 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 postdoctoral resident
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Explanation of postdoctoral 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 postdoctoral resident's appeal and either accept or reject the committee's recommendations.

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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 postdoctoral resident and the primary supervisor 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 postdoctoral resident and the postdoctoral resident's supervisors/training faculty. The postdoctoral resident may appeal the KPNC Mental Health Training Program director's final decision by contacting an HR consultant and the department manager.

7. DISPUTE RESOLUTION POLICIES

7.01 Postdoctoral Resident Grievance and Appeal Overview

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

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

7.02 Verbal Grievance Communication

If a postdoctoral resident has any disagreement with a supervisor, another staff member, another postdoctoral resident, or a matter of program policy, they will be encouraged to communicate openly with the person involved, if possible, or with their own supervisor first about the issue. At any time before or during this process the postdoctoral resident may discuss their concerns directly with the site training director, a department manager, and/or a Human Resources consultant.

The postdoctoral resident is responsible for communicating openly, specifically describing how they intend to gain satisfactory resolution to the problem. If the postdoctoral resident has chosen to address the issue with their supervisor, the supervisor is responsible for exploring the issue fully with the postdoctoral resident and offering ideas for resolving it. If the postdoctoral resident is dissatisfied with the outcome of the verbal discussion, the postdoctoral resident is directed to follow the procedure for Written Grievance Communication, as outlined below.

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7.03 Written Grievance Communication

If the Verbal Grievance Communication has been utilized and the issue has not been resolved to the postdoctoral resident's satisfaction, the postdoctoral 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 process 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 postdoctoral 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 postdoctoral resident's grievance in writing within ten (10) business days. If the postdoctoral resident is dissatisfied with the outcome of the review of the Written Communication, the postdoctoral 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 postdoctoral resident's satisfaction, the postdoctoral resident may file a written Grievance Appeal with the Northern CA training director and/or department manager(s). The Northern CA training director may choose to appoint/designate the assistant regional training director or a senior service area training director to review the appeal and render a decision.

This appeal shall include the following information:

1. Name of postdoctoral resident and training location
2. Current date
3. Copy of the original written grievance
4. Explanation of postdoctoral 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 Northern CA training director (or designate) and/or department manager(s) should meet with the postdoctoral 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 Northern CA training director (or designate) and/or department manager(s) will, if necessary, conduct an investigation and respond to the postdoctoral resident's appeal in writing within ten (10) business days.

Before responding to the postdoctoral resident, the Northern CA training director (or designate) will meet with the site training director and/or department manager and supervisor to review the dispute and discuss the issues involved. Additionally, before responding, the Northern CA training director (or designee) will review their findings with Human Resources consultant and/or KP legal counsel, as

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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 postdoctoral resident, or wishes to dispute a matter of program policy, they should utilize the process outlined below. Training supervisors will not be subject to reprisal in any form as a result of participating in this 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 training 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 director. The site director is responsible for offering ideas for resolving the issue and for providing the training supervisor with a time frame in which to expect a response if one cannot be provided immediately. The site director will then gather any information needed and respond to the training supervisor verbally or in writing. The response will be given in a timely manner, usually within ten (10) business days after the discussion.

7.07 Supervisor Dispute Resolution Procedure Step 2

If Step 1 has been completed and the issue has not been resolved to the supervisor's satisfaction, the supervisor may contact the department manager and Northern CA director and detail their concerns. The department manager and Northern CA director (or their designate) should follow the procedure outlined in Step 1, including meeting with the supervisor, establishing a time frame 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

- Completion of a Neuropsychology Postdoctoral Residency in line with Houston Guidelines.
- Membership in either International Neuropsychological Society (INS), National Academy of Neuropsychology (NAN), or American Psychological Association (APA) – preferred.
- 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

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- 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 Neuropsychology 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

- Employed a minimum of 32 hours per week and on site at least 4 days per week
- Minimum of five (5) years of experience as a licensed clinical neuropsychologist 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
- Membership in either International Neuropsychological Society (INS), National Academy of Neuropsychology (NAN), or American Psychological Association (APA) preferred
- 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 innovative care
- Demonstrated abilities in teaching and scholarship preferred (i.e., publications, presentations, course instruction, workshops, resident seminars)
- Department managers may advise on site and consortium director appointments; however, the KPNC Mental Health Training Director conducts the interviews for these positions and makes the final selection.

8.03 Training Director Responsibilities

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- Reports to KPNC Director of Mental Health Training (or to Consortium Training Director, if applicable)
- Attends all region wide residency program-related meetings
- Coordinates and directs the training supervisors
- Ensures that KPNC Neuropsychology Programs policies and procedures are followed
- Ensures that support and resources for residents and supervisors are provided
- Ensures that California BOP, APPIC and APA regulations and guidelines are followed
- Organizes interview and selection process for new candidates; coordinates with other site directors in the consortium, if applicable
- 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 Consortium Director, if applicable) to secure quality assurance in training
- Participates with department managers in decision-making on issues concerning resident schedules, placement on teams and the candidate interview process
- Implements modifications to program per feedback from program surveys and CEs, as well as new information from Continuing Education
- Ensures that all termination and exit procedures are conducted at the conclusion of the postdoctoral residency. This includes the return of 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 Director Responsibilities

**Completed by Training Director if Single Site Program*

- 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 program policies and procedures are followed, and a high standard of training is maintained
- Verifies that all CEs and other program surveys are completed in a timely manner
- Implements modifications to the consortium program per feedback from residency program surveys

8.05 Administrative Hours for Training Faculty – KPNC MHTP 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.

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- All delegated 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.
- For each neuropsychological evaluation supervised, additional administrative and supervision time may be allotted.
- All site training directors are allocated 3 ½ hours per week including office hours of administrative time, funded by the clinic, to manage their residency programs
- All consortium directors are allocated five hours of administrative time per week, funded by KPNC Mental Health Training Programs, in addition to the three hours allotted by the clinic to manage their programs.
- Each consortium and/or training site receives administrative staff support, funded by the KPNC Mental Health Training Program

At certain points in the year, including for interviews and on-boarding, training directors may need additional administrative time to effectively manage their programs. Department managers are asked to grant training directors schedule flexibility and to allow the necessary accommodations. 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 Northern California with the KPNC Director of Mental Health Training to discuss new program developments, curriculum changes, APA accreditation, and other residency program administrative matters.

8.07 Maintenance of Resident Training Records

The site training director should establish a training file for each resident and review all documents prior to filing them. Training files must be treated confidentially, retained indefinitely, and stored securely for future reference and credentialing purposes. Files are maintained in either hard copy

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or in e-file format. If/when the training director runs out of storage space for hard copy files, these files are scanned and archived as e-files and stored on a shared computer drive. At the end of each 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
4. Welcome Letter signed by resident
5. Values Statement signed by resident
6. California BOP Supervision Agreement & Supplement to Supervisor Agreement
7. Baseline Assessment of Competencies
8. Individual Training Contract
9. Competencies Evaluation (CE) showing ratings for all 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 or due processes and the conclusions of all such actions
15. Any correspondence pertaining to the resident
16. Redacted neuropsychological assessment(s)
17. Academic Transcript
18. Resident Checkout Checklist

Upon advance request, residents may inspect their local training files in the presence of the site training director or a designated representative. The resident may also request a correction 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.

9. RESIDENT HIRING PROCESS, COMPENSATION AND BENEFITS

9.01 Program Admission Requirements

Academic Degree

Before beginning the 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.

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

Candidate Qualifications
Our program is seeking individuals with strong clinical skills and a solid scientific knowledge base who wish to pursue a career in the field of Clinical Neuropsychology. Individuals should have experience in intellectual, neuropsychological, and psychodiagnostic assessment, graduate coursework in neuropsychology or a closely related field as well as experience with individual psychotherapy. In addition, our program seeks 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 Neuropsychology 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.

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

Applications received by the due date are reviewed by training faculty, and qualified applicants are identified and notified that they have been selected for interview. In scheduling interviews, 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. Interviews take place anytime from December through February for the term beginning in September.

All notes made by interviewers during the selection process must not be kept in the selected candidates training file. These notes must be retained in a separate file. KPNC Human Resources stipulates that all selected and non-selected interviewees' application materials and corresponding interview panel members' interview notes be retained for a period of 4 years following the

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

9.03 Employment Offer, Welcome Letter and Values Statement

KPNC Neuropsychology Postdoctoral Residency Program anticipates making offers to selected applicants in late December-early January timeframe, in advance of the Common Hold Date (neuropsychology exempt). The training director will contact selected candidates to offer positions in the program (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 our recruitment team will make contact with each of the incoming resident's doctoral programs after acceptance to ensure that the resident is progressing towards graduation as expected. A Verification of Completion of All Requirements for Doctoral Degree form (Appendix S) must be submitted to HR prior to the start date.

Welcome Letter

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

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/

9.04 KPNC Employment Statement

The contract term of the residency is two years, with the second year contingent upon successful completion of the first year. There is no expectation that after the postdoctoral residency is completed KPNC will hire a former resident into a staff 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

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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.

An unlicensed resident who is hired into a staff position at the end of the second training year should register with the BOP as Psychological Associate 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.

Training Program 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. Upon successful

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completion of their first year of training, neuropsychology residents are transferred to a Step Two position that allows for a slight increase in financial compensation. Detailed information on 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 each training year which can be used as sick or vacation time. The full 120 hours is front-loaded into a resident's TIME account at the beginning of each training year; it is not accrued throughout the year. Any PTO hours remaining in the resident's account at the end of each training year is either paid out to the resident or is rolled over into their new TIME account, depending on the employment disposition of the resident.

A resident will be paid (8) hours of pay for KPNC-recognized holidays that fall within the training year, based on a five-day/40-hour work week. If a resident has elected to work other than a five-day/40-hour work week and a holiday falls on a day when a resident works more than 8 hours, the resident will be paid 8 hours of holiday pay and the difference will be made up from the resident's 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

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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 4160-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 4160-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, neuropsychology postdoctoral residents are covered for professional liability as long as they act within the course and scope of their supervision and training.

10. KAISER PERMANENTE HUMAN RESOURCE POLICIES

10.01 Finding Policies on MyHR and Contacting HRSC

The following are a sampling of KPNC's HR policies that pertain to postdoctoral residents. Many of these policies are covered during the New Employee Orientation (NEO), which postdoctoral resident's attend at the beginning of the training year

- Bereavement Leave
- Jury Service
- Maternity/Paternity Leave
- Pregnancy Disability Leave
- Family Medical Leave (FMLA)
- Kin Care Leave (CESLA)
- Employee Assistance Program (EAP)
- Harassment-Free Work Environment
- Equal Employment Opportunity (EEO)

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- 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, contact the Human Resources Services Center (HRSC), at 1-877-457-4772.

In addition, postdoctoral 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

The neuropsychology postdoctoral resident program is 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 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

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patients, staff and other visitors to the medical centers and clinics.

- Name Badges must not be altered or covered and kept current and in good repair.
- No attachments or pins are allowed unless they are KP, or healthcare related.
- If you affix your badge to a necklace lanyard, the lanyard must be consistent with Kaiser Permanente's brand (i.e., Thrive, KP HealthConnect, etc.). No other branding is allowed (i.e., professional sports teams, political messages, schools, etc.).

Workplace Professional Attire and Professional Appearance

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

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instructed to change clothing. If a trainee is counseled more than once about professional appearance, the supervisor will inform the site 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 trainees 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. Trainees 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 trainees 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 training 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 trainee 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 training program to determine corrective action, up to and including termination. Greetings on voicemail services and answering machines used for professional purposes should be thoughtfully constructed as directed by supervisors.

10.05 Tuition Reimbursement Policy

KP's National Tuition Reimbursement Administration (NTRA) approves courses that (a) help the employee in their current position or (b) are part of an established career path within Kaiser Permanente 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/

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1. To obtain the TR benefit, the resident 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 trainee'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. The 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 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 when 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/*. Click on the green bar: "View Reimbursement Request Status" after signing onto the Tuition Reimbursement section. Application status will be one of the following, as described below:

   - "Submitted" = No one has approved yet
   - "Manager accepted" = Manager approval received; NTRA still needs to approve

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- "Approved" = Manager & NTRA have approved
- "Denied" = NTRA denied
- "Pending receipts" = NTRA needs receipts
- "Pending grades" = NTRA needs proof of completion
- "Documents missing" = Both the receipt and the proof of completion are missing

9. Once the application is approved by both manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the 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.

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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:
   Neuropsychology 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/

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

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

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

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

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

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

3. For Packages with Exam Study Materials Only (i.e., no workshop included):

   a) The trainee must complete and pass the exam before the end of their training year, then contact Kevin Norton, provide the passing score and request certificate(s) for the study materials to be issued.

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

10.06 HR Job Codes and Titles for Mental Health Trainees

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

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

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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

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KAISER PERMANENTE NORTHERN CALIFORNIA
NORTH VALLEY NEUROPSYCHOLOGY POSTDOCTORAL TRAINING PROGRAM

BASELINE ASSESSMENT OF POSTDOCTORAL RESIDENT

[Revised August 2025]

Residency Years:

Resident's Name:

Supervisors' Names:

Site:

Date of Evaluation:

BASELINE ASSESSMENT INSTRUCTIONS

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

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

Baseline Assessment Rating Scale:

1 = No Experience:	Resident has **no experience** in this competency area: needs focused training
2 = Minimal Experience:	Resident has **minimal experience** in this competency area: needs focused training
3 = Meets Expectations:	Resident's experience **meets expectations** of a person who has completed a 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 performance cannot be measured at this point in the training year

Level 1 – Advanced Competencies

Level 1 – Competency I: INTEGRATION of SCIENCE and PRACTICE	
Competency Elements Measured	**Baseline**

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• Demonstrates the ability to critically evaluate scientific literature to maintain current knowledge and skills in neuropsychology as the literature evolves	
• Integrates knowledge of foundational and current research in neuropsychology 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 neuropsychology and related areas along with the implication of these methodologies for evidenced-based practice (e.g., reliable change; symptom and performance validity; functional implications neuropathology; base rates; use of appropriate normative standards and test limitations). Selects and interprets test data with firm understanding of these methodologies.	
• Demonstrates the ability to interpret neuropsychological test results within the evidence-based context of neuro-medical conditions, psychiatric conditions, and neurologic impairments as they relate to everyday ability level, quality of life, and sociocultural and environmental context	
• Utilizes theoretical and research knowledge to conceptualize sports concussion cases	

Supervisor Comments:

Level 1 – Competency II: ETHICAL and LEGAL STANDARDS	
Competency Elements Measured	**Baseline**
• Is knowledgeable of and acts in accordance with each of the following: o The current version of the APA Ethical Principles of Psychologists and Code of Conduct o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels o Relevant professional standards and guidelines	
• Recognizes ethical dilemmas as they arise and applies ethical decision-making processes, including use of consultation, in order to resolve the dilemmas as they pertain to the practice of clinical neuropsychology across settings, including informed consent, provider roles and relationships with patients/examinees, third party observers, disclosure of neuropsychological test data, and test security	
• Conducts self in an ethical manner in all professional activities	
• Engages in reflective self-assessment regarding skill sets necessary for practice in clinical neuropsychology, as well as understanding limits of one's own competence in particular populations or settings	

Supervisor Comments:

Level 1 – Competency III: INDIVIDUAL and CULTURAL DIVERSITY

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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 clinical neuropsychology including research, training, supervision/consultation, and clinical service	
• Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, clinical 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, including the need to adapt delivery of neuropsychological services to individuals who may not be adequately represented in normative samples, test construction, and interventions	
• Independently conducts neuropsychological evaluations with individuals of diverse backgrounds (e.g., gathers all relevant background data, selects the most appropriate tests, interprets data within a cultural framework, documents limitations of interpretation in reports, frames feedback in a culturally sensitive manner, and makes appropriate treatment recommendations)	

Supervisor Comments:

Level 2 – Program-Specific & Area-of-Focus Competencies

Level 2 – Competency I: 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:

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Level 3 – Specialty-Specific Competencies

Level 3 – Competency I: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS	
Competency Elements Measured	**Baseline**
• Takes action to correct situations that are in conflict with professional values	
• Holds self accountable for own behavior 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 their own personal beliefs and values	
• Regularly engages in a reflective self-assessment of one's own strengths and weaknesses, understanding limits of competency with understanding for the need to seek ongoing consultation, mentorship, and skill development as a professional	
• Takes action to bridge gaps in professional competencies	
• Models effective self-care	
• Demonstrates professional behavior and comportment that reflects the values and attitudes of clinical neuropsychology in all settings	
• Demonstrates understanding of the unique roles of the neuropsychologist across settings with ability to flexibly adapt based on the setting, consultative role, other medical providers' roles, organizational demands, and the consumer	

Supervisor Comments:

Level 3 – 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	
• Communicates clearly through both oral and written means, including preparation of integrated reports that convey neuropsychological evaluation findings and recommendations in a manner best suited to the audience	
• Provides comprehensible and constructive feedback to the patient, explaining the results and recommendations	
• Demonstrates appropriate use of professional language when communicating with clients and other healthcare providers	

Supervisor Comments:

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Level 3 – Competency III: ASSESSMENT	
Competency Elements Measured	**Baseline**
• Independently gathers relevant clinical data, behavioral observations, and neuropsychological testing data, flexibly modifying interview questions, style, and testing battery based on the clinical context and individual patient needs, including cultural and ethnic background	
• Written reports demonstrate synthesis of pertinent information obtained and assessment results, keeping in mind the needs of the referral source, patient and care partner, and legal/ethical standards	
• Demonstrates understanding that all data obtained in the course of an evaluation may be used outside of original purpose (e.g., disability claim; forensic setting)	
• Develops a full differential diagnosis for atypical syndromes and complex patient presentations based on integration of comprehensive information gathered during completion of the neuropsychological evaluation	
• Accurately administers and scores neuropsychological tests and discusses accommodation or modification to testing procedures when needed	
• Applies awareness and competent use of cultural culturally sensitive instruments and norms. In situations where there is limited or no normative data available, determines how to proceed with the assessment and answer the referral question to benefit the patient and do no harm.	

Supervisor Comments:

Level 3 – Competency IV: INTERVENTION	
Competency Elements Measured	**Baseline**
• Effectively evaluates patients for risk and safety issues and makes mandated reports to appropriate agencies when needed, as well as documents and communicates risk assessment findings and recommendations	
• Identifies, incorporates, and uses outcomes research in neuropsychology in guiding assessments and formulating evidence-based recommendations	
• Demonstrates ability to integrate the individual's neurobehavioral symptoms, preferences, and social-cultural context into the treatment plan	
• Tactfully provides psychoeducation to patients, care partners, and medical team on neurobehavioral and cognitive implications of condition, as appropriate	
• Actively participates in group supervision and case conferences	

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Supervisor Comments:

Level 3 – Competency V: CONSULTATION and INTERDISCIPLINARY SYSTEMS	
Competency Elements Measure	**Baseline**
• Communicates effectively with members of an interdisciplinary team	
• Identifies relevant team members to consult with and gathers information necessary from medical record review or direct consultation to answer referral question	
• Incorporates information from related specialties as needed to conceptualize cases and make appropriate referrals based on neuropsychological findings	
• Clearly communicates consultation findings to referring providers, both in the form of a written report and during interdisciplinary meetings when applicable	
• Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines	

Supervisor Comments:

Level 3 – Competency VI: TEACHING / SUPERVISION / MENTORING	
Competency Elements Measured	**Baseline**
• Teaches effectively in didactic presentations, case presentations, or to clinical support groups, with content tailored appropriately to the audience	
• Appropriately seeks and utilizes “supervision of supervision” and mentorship when applicable in order to grow as a teacher and mentor	

Supervisor Comments:

Level 3 – Competency VII: MANAGEMENT / ADMINISTRATION

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Competency Elements Measured	Baseline
• Independently manages a larger and more complex caseload (scheduling, communication with patients, families, referral sources, timely documentation, and follow-up), seeking supervision as needed	
• Increasing involvement in other clinical-administrative activities, such as triaging consults and understanding how to prioritize medical necessity	
• Clinical documentation and feedback to patients are completed in a timely fashion	
• Understands importance of program development and ongoing program/outcome measurement to the practice of clinical neuropsychology	
• Synthesizes relevant research to develop a coherent program development and/or outcome measurement proposal	
• Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual and presents outcome data to colleagues and organizational leaders with recommendations on how the results may be utilized to improve neuropsychology services	

Supervisor Comments:

BASELINE ASSESSMENT
SIGNATURES

Resident Signature: Date:

Supervisor Signature: Date:

Delegated Supervisor Signature: Date:

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Northern California

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NORTH VALLEY NEUROPSYCHOLOGY POSTDOCTORAL TRAINING PROGRAM

POSTDOCTORAL RESIDENT INDIVIDUAL TRAINING CONTRACT

Residency Years:

Resident's Name:

Primary Supervisor's Name:

Site:

Date of Evaluation:

I. TRAINING PLANS FOR MINIMAL EXPERIENCE COMPETENCY AREAS
List plan(s) for addressing all competency area(s) which resident and supervisor have rated as "1" (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 term:

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.

III. TRAINING AGREEMENTS

A. Primary Supervisor: I agree with the plan for Dr. _____ to be my primary supervisor for my postdoctoral residency years. My primary supervisor's role is to oversee my professional development and clinical work.

B. Delegated Supervisor: I agree with the plan for Dr. _____ to be my delegated supervisor for my postdoctoral residency years.

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 be confidential with the exception that it will be reported by my primary supervisor team. Data is collected from Competencies Evaluations and Resident Program Surveys collated by training site for the purpose of program evaluation.

My responsibilities and expectations are to:

- Spend approximately 20 hours per week providing direct services to patients through conducting neuropsychological evaluation or intervention
- Complete 2000 hours of supervised training by the end of each training year
- Meet with primary supervisor on a weekly basis to receive individual supervision and instructive feedback 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
- Consistently make progress on all competency elements throughout the two training years
- Achieve a rating of "4" ("Advanced Competence") by the end of the fourth quarter of the second training year for all competency elements in the Competencies Evaluation in order to complete the training program
- Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
- Present challenging cases as appropriate
- Demonstrate preparedness/receptivity for supervision
- Complete Required Neuropsychological Assessments (minimum of 1-2 per week)
- Complete Required Program Evaluation Project
- Spend a minimum of 32 hours over the course of each training year engaged in community partnership project
- Evaluate the efficacy and quality of their training program by completing Resident Program Survey, twice per each training year
- Participate in community activities and community partnerships
- Attend all regional training seminars, unless supervisor authorizes absence
- Attend required neuropsychology didactics (at 85% minimum participation)
- Complete assigned readings
- Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- 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 two-day window
- Maintain professional and ethical standards, including but not limited to adherence to child, dependent adult and elder abuse reporting laws, confidentiality, and respect for boundaries as outlined by KP, the BOP, APA and the state.

I also understand and agree that:

- Supervisors bear liability in supervision regarding the standard of patient care/client welfare and need to have complete information regarding patients and files.
- In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
- In the event that my own personal process(es) 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 training program, I must achieve a minimum rating of "4" ("Advanced Competency") by the end of the fourth quarter of the second training year for all competency elements in the Competencies Evaluation

Resident acknowledges that, by signing this form, he/she/they understand(s) and agrees to the above Training Agreements, 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 Psychology Postdoctoral Residency Programs. from Falender & Shafranske, Clinical Supervision: A Competency-Based Approach. American Psychological Association, Washington, D.C., 2004, and various models posted on the APPIC Website .

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Mental Health Training Program
Northern California

Neuropsychology Postdoctoral Resident Competencies Evaluation

STANDARDS of ACCREDITATION LEVELS 1 & 2 COMPETENCIES

[Revised September 2025]

Training Year:	Date:
Consortium:	Site:
Resident Name:	Team:
Primary Supervisor:	

Rating		Description & Competency Expectations
N/A	**Not Measured**	Rating Description: 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. Competency Expectations: A rating of "N/A" (Not Measured) indicates that the resident's level of competency cannot be measured at this time. The primary supervisor **must** provide a comment if "N/A" is given.
1	**Insufficient** Competence	Rating Description: The resident is lacking experience, basic knowledge, and/or clinical skills for internship readiness in this competency area (i.e., performing at the practicum level). Competency Expectations: The resident is not meeting 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) complete the Letter of Warning procedure in the Remediation process (*see Appendix E of the Policy and Procedure Manual*) and (2) complete a narrative describing the justification behind this rating.
2	**Developing** Competence	Rating Description: The resident is building upon an established foundation of basic knowledge and clinical skills in this competency area with increasing awareness of opportunities to broaden their experience, which allows for greater range of practice and results in gradual improvements in the management of more diverse and complex cases. Competency Expectations: The resident is not meeting the minimal level of competency at this point in the training program. A rating of "2" (Developing Competence) at the end of the 1st quarter prompts the primary supervisor to (1) initiate Focused Competency Guidance in the Remediation process (*see Appendix D of the Policy and Procedure Manual*) and (2) complete a narrative describing the justification behind this rating. A rating of "2" (Developing Competence) at the end of the 2nd and 3rd quarters prompts the primary supervisor to (1) complete the Letter of Warning procedure in the Remediation process (*see Appendix E of the Policy and Procedure Manual*) and (2) complete a narrative describing the justification behind this rating.
3	**Proficient** Competence	Description: The resident is exhibiting readiness for entry-level practice as defined by (1) the ability to independently function in a broad range of clinical and professional activities; (2) the ability to generalize skills and knowledge to new situations; and (3) the ability to self-assess when to seek additional training, supervision, or consultation. Competency Expectations: The resident is meeting the minimal level of achievement for this competency element at the end of the 1st, 2nd, and 3rd quarters. A rating of "3" (Proficient Competence) at the end of the 2nd and 3rd quarters for a specific competency element serves as an ongoing training goal within supervision *for both the 1st and 2nd training years*.
4	**Advanced** Competence	Description: The resident is exhibiting advanced competence as defined by (1) the ability to generalize skills and knowledge to novel and/or complex situations; (2) the ability to demonstrate expertise in a broad range of clinical and professional activities; and (3) the ability to serve as an expert resource to other professionals.

		Competency Expectations: The resident is meeting the minimal level of achievement for successful completion of the residency program by exhibiting competency indicative of advanced preparation for practice. To receive a Certificate of Completion, the resident must achieve minimum ratings of "4" for **ALL** competency elements by the end of the 4th quarter of the 2nd training year. **Note:* Rating of (*4) is also required at the 4th quarter of 1st year, indicating that the resident is at the appropriate level of competence to advance to the 2nd year of the two-year training term. This is *not* equivalent to a rating of "4" that fits the description of "Advanced Competence" which must be achieved by the end of the 2nd year to receive a Certificate of Completion.

Level 1 – Advanced Competencies

Level 1 – Competency I: INTEGRATION of SCIENCE and PRACTICE								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Demonstrates the ability to critically evaluate scientific literature to maintain current knowledge and skills in neuropsychology as the literature evolves								
• Integrates knowledge of foundational and current research in neuropsychology 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 neuropsychology and related areas along with the implication of these methodologies for evidenced-based practice (e.g., reliable change; symptom and performance validity; functional implications neuropathology; base rates; use of appropriate normative standards and test limitations). Selects and interprets test data with firm understanding of these methodologies.								
• Demonstrates the ability to interpret neuropsychological test results within the evidence-based context of neuro-medical conditions, psychiatric conditions, and neurologic impairments as they relate to everyday ability level, quality of life, and sociocultural and environmental context								
• Utilizes theoretical and research knowledge to conceptualize sports concussion cases								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 1 – Competency II: ETHICAL and LEGAL STANDARDS								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Is knowledgeable of and acts in accordance with each of the following: o The current version of the APA Ethical Principles of Psychologists and Code of Conduct o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels o Relevant professional standards and guidelines								

• Recognizes ethical dilemmas as they arise and applies ethical decision-making processes, including use of consultation, in order to resolve the dilemmas as they pertain to the practice of clinical neuropsychology across settings, including informed consent, provider roles and relationships with patients/examinees, third party observers, disclosure of neuropsychological test data, and test security								
• Conducts self in an ethical manner in all professional activities								
• Engages in reflective self-assessment regarding skill sets necessary for practice in clinical neuropsychology, as well as understanding limits of one's own competence in particular populations or settings								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 1 – Competency III: INDIVIDUAL and CULTURAL DIVERSITY								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• 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 clinical neuropsychology including research, training, supervision/consultation, and clinical service								
• Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, clinical 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, including the need to adapt delivery of neuropsychological services to individuals who may not be adequately represented in normative samples, test construction, and interventions								
• Independently conducts neuropsychological evaluations with individuals of diverse backgrounds (e.g., gathers all relevant background data, selects the most appropriate tests, interprets data within a cultural framework, documents limitations of interpretation in reports, frames feedback in a culturally sensitive manner, and makes appropriate treatment recommendations)								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:

Y2 May:
Y2 Aug:

Level 2 – Program-Specific & Area-of-Focus Competencies

Level 2 – Competency I: COMMUNITY PARTNERSHIPS								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• 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:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 3 – Specialty-Specific Competencies

Level 3 – Competency I: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Takes action to correct situations that are in conflict with professional values								
• Holds self accountable for own behavior 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 their own personal beliefs and values								
• Regularly engages in a reflective self-assessment of one's own strengths and weaknesses, understanding limits of competency with understanding for the need to seek ongoing consultation, mentorship, and skill development as a professional								
• Takes action to bridge gaps in professional competencies								
• Models effective self-care								
• Demonstrates professional behavior and comportment that reflects the values and attitudes of clinical neuropsychology in all settings								
• Demonstrates understanding of the unique roles of the neuropsychologist across settings with ability to flexibly adapt based on the setting, consultative role, other medical providers' roles, organizational demands, and the consumer								

Supervisor Comments:

Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 3 – Competency II: COMMUNICATION and INTERPERSONAL SKILLS								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Maintains respectful and collegial interactions with others								
• Effectively negotiates conflictual, difficult, and/or complex relationships								
• Provides effective feedback to others and receives feedback nondefensively								
• Communicates clearly through both oral and written means, including preparation of integrated reports that convey neuropsychological evaluation findings and recommendations in a manner best suited to the audience								
• Provides comprehensible and constructive feedback to the patient, explaining the results and recommendations								
• Demonstrates appropriate use of professional language when communicating with clients and other healthcare providers								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 3 – Competency III: ASSESSMENT								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Independently gathers relevant clinical data, behavioral observations, and neuropsychological testing data, flexibly modifying interview questions, style, and testing battery based on the clinical context and individual patient needs, including cultural and ethnic background								
• Written reports demonstrate synthesis of pertinent information obtained and assessment results, keeping in mind the needs of the referral source, patient and care partner, and legal/ethical standards								
• Demonstrates understanding that all data obtained in the course of an evaluation may be used outside of original purpose (e.g., disability claim; forensic setting)								
• Develops a full differential diagnosis for atypical syndromes and complex patient presentations based on integration of comprehensive information gathered during completion of the neuropsychological evaluation								
• Accurately administers and scores neuropsychological tests and discusses accommodation or modification to testing procedures when needed								

• Applies awareness and competent use of cultural culturally sensitive instruments and norms. In situations where there is limited or no normative data available, determines how to proceed with the assessment and answer the referral question to benefit the patient and do no harm.								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 3 – Competency IV: INTERVENTION								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Effectively evaluates patients for risk and safety issues and makes mandated reports to appropriate agencies when needed, as well as documents and communicates risk assessment findings and recommendations								
• Identifies, incorporates, and uses outcomes research in neuropsychology in guiding assessments and formulating evidence-based recommendations								
• Demonstrates ability to integrate the individual's neurobehavioral symptoms, preferences, and social-cultural context into the treatment plan								
• Tactfully provides psychoeducation to patients, care partners, and medical team on neurobehavioral and cognitive implications of condition, as appropriate								
• Actively participates in group supervision and case conferences								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 3 – Competency V: CONSULTATION and INTERDISCIPLINARY SYSTEMS								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Communicates effectively with members of an interdisciplinary team								
• Identifies relevant team members to consult with and gathers information necessary from medical record review or direct consultation to answer referral question								
• Incorporates information from related specialties as needed to conceptualize cases and make appropriate referrals based on neuropsychological findings								

• Clearly communicates consultation findings to referring providers, both in the form of a written report and during interdisciplinary meetings when applicable								
• Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 3 – Competency VI: TEACHING / SUPERVISION / MENTORING								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Teaches effectively in didactic presentations, case presentations, or to clinical support groups, with content tailored appropriately to the audience								
• Appropriately seeks and utilizes “supervision of supervision” and mentorship when applicable in order to grow as a teacher and mentor								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

Level 3 – Competency VII: MANAGEMENT / ADMINISTRATION								
Competency Elements Measured	**Year 1**				**Year 2**			
	1:1 Dec	1:2 Mar	1:3 May	1:4 Aug	2:1 Dec	2:2 Mar	2:3 May	2:4 Aug
• Independently manages a larger and more complex caseload (scheduling, communication with patients, families, referral sources, timely documentation, and follow-up), seeking supervision as needed								
• Increasing involvement in other clinical-administrative activities, such as triaging consults and understanding how to prioritize medical necessity								
• Clinical documentation and feedback to patients are completed in a timely fashion								
• Understands importance of program development and ongoing program/outcome measurement to the practice of clinical neuropsychology								
• Synthesizes relevant research to develop a coherent program development and/or outcome measurement proposal								

• Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual and presents outcome data to colleagues and organizational leaders with recommendations on how the results may be utilized to improve neuropsychology services								

Supervisor Comments:
Y1 Dec:
Y1 Mar:
Y1 May:
Y1 Aug:
Y2 Dec:
Y2 Mar:
Y2 May:
Y2 Aug:

SIGNATURES

YEAR 1: Quarter 1 - December

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

YEAR 1: Quarter 2 - March

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

YEAR 1: Quarter 3 - May

☐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:
Delegated Supervisor Signature:	Date:

Delegated Supervisor Signature:	Date:

YEAR 1: Quarter 4 - August

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

YEAR 2: Quarter 1 - December

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

YEAR 2: Quarter 2 - March

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

YEAR 2: Quarter 3 - May

☐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:
Delegated Supervisor Signature:	Date:

Delegated Supervisor Signature:	Date:

YEAR 2: Quarter 4 - August

☐ 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:
Delegated 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-S2

Heffelfinger, A. K., Janecek, J. K., Johnson, A., Miller, L., Nelson, A., & Pulsipher, D. (2020). Competency-based assessment in clinical neuropsychology at the postdoctoral level: Stages, milestones, and benchmarks as proposed by an APPCN work group. *The Clinical Neuropsychologist.* 10.1080/13854046.2020.1829070.

Smith, G. (2019). Education and training in clinical neuropsychology: Recent developments and documents from the Clinical Neuropsychology Synarchy. *The Clinical Neuropsychologist*, 33, 447-465.

KAISER PERMANENTE®

Mental Health Training Program
Northern California

NEUROPSYCHOLOGY POSTDOCTORAL RESIDENT REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN

[Rev JAN 2026]

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 of the 2nd training year.

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

FOCUSED COMPETENCY GUIDANCE PLAN		**Page 2 of 2**
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:

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Northern California

NEUROPSYCHOLOGY POSTDOCTORAL RESIDENT REMEDIATION: PROBATION PLAN

[Rev JAN 2026]

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 an intern 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 an intern 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:	

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

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

Resident Name: _____, PsyD/PhD

Resident Contact #: _____

Residency Completion Date:_____

This resident is working under the supervision of:

Supervisor Name: _____, PsyD/PhD

Supervisor License #: _____

Supervisor Contact #: _____

in addition to other licensed staff members in the Department of _____ and the Permanente Medical Group Inc.

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Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA
NORTH VALLEY NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY

SEMINAR EVALUATION

Title of Seminar: _____

Date: _____

Instructor(s): _____

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

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

1. Was seminar consistent with its objectives and title? _____
2. Was seminar appropriately challenging? _____
3. Did seminar expand your knowledge on 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 Neuropsychology professional activities? _____
7. Was/were instructor(s) well-informed on subject matter? _____
8. Was/were the instructor(s) well prepared? _____
9. Was/were instructor(s) attentive to questions? _____
10. Would you attend another seminar given by this instructor? _____
11. How would you rate the overall value of the program? (circle one):
    Excellent Good Fair Poor
12. Suggestions for future seminar topics?

    _____

    _____

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

    _____

    _____

    _____
14. Additional comments are welcomed. Use reverse side of this sheet if needed.

    _____

    _____

    _____

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Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA
NORTH VALLEY NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY

POSTDOCTORAL RESIDENT PRESENTATION EVALUATION

Topic: _____

Date: _____

Presenter's Name: _____

Please use the following key to answer questions 1-2:

5 – Excellent 4 – Good 3 – Neutral 2 – Somewhat Poor 1 – Very Poor

1. Overall my impression of this presentation was: _____
2. Overall, the presenter's style was: _____

Please use the following key to answer questions 3-5:

5 – Absolutely 4 – Mostly Yes 3 – Uncertain 2 – Probably Not 1 – Absolutely Not

3. The presenter was well prepared for the presentation. _____
4. The material presented was interesting and expanded my knowledge. _____
5. The presenter addressed relevant diversity and ethical issues, and best practices research. _____
6. The aspect of the presentation that I liked the most was:

_____

_____

_____

7. The aspect that I liked the least was:

_____

_____

_____

8. My suggestions for improving the topic or presentation:

_____

_____

_____

9. Additional comments? (use back of page if necessary)

_____

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Northern California

NORTH VALLEY NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY
RESIDENT EVALUATION OF SUPERVISOR

Evaluation Period: Year: _____ 2nd Quarter (Sept-Feb) _____

4th Quarter (Mar-Aug) _____

Supervisor's Name: _____

Supervisor's Status: _____ Primary individual supervisor
_____ Delegated individual supervisor
_____ Case Conference
_____ Program Development/Evaluation Project

Supervisee's/Residents' Name: _____

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

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

Numerical Rating	Level of Satisfaction
1	Does Not Meet My Expectation
2	Needs Improvement
3	Meets 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 diagnostic hypotheses and plan for assessment without imposing the plan
_____ Recognizes my strengths
_____ Conveys an active interest in helping me to grow professionally
_____ Is sensitive to the stresses and demands of the residency
_____ Helps me to feel comfortable to discuss problems

_____ I feel comfortable talking to my supervisor about my reactions to him/her/them and the content of our meetings

Supervisor's Style of Supervision

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

Supervisor Models Professional Behavior

_____ Keeps the supervision appointment and is on time
_____ Is available when resident needs to consult
_____ Makes decisions and takes responsibility when appropriate.
_____ Makes concrete and specific suggestions when needed
_____ Assists resident in integrating science with clinical practice
_____ Addresses countertransference issues/emotional reactions between resident and patient, if applicable
_____ Raises cultural and individual diversity issues

Impact of Supervisor

_____ Provides feedback that generalizes or transcends individual cases to strengthen resident's general skill level
_____ Shows concern for resident's personal development as well as training program performance
_____ Facilitates resident's confidence to accept new challenges

The most positive aspects of this supervision are:

_____
_____
_____

The least helpful or missing aspects of this supervision are:

_____
_____
_____

This supervision experience might improve if:

_____
_____
_____

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.

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Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA
NORTH VALLEY NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY

RESIDENT PROGRAM SURVEY

Residency Year: _____ Check One: Mid-Year ☐

Training Site: _____ End of Year ☐

Date: _____

EVALUATION INSTRUCTIONS

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

1*	Inadequate	Program never meets my expectations*
2*	Needs Improvement	Program sometimes meets my expectations*
3	Meets Expectations	Program consistently meets my expectations
N/A	Not Applicable	I did not train in this area or training in this area was not available at my site

* Please provide an explanation for this/these response(s)

SEMINARS AND SUPERVISORS	Rating
1. How would you rate the quality of the weekly didactic seminars at your training site?	
2. How would you rate the quality of the regional didactic seminars?	
3. How would you rate the quality of your individual primary supervision?	
4. How would you rate the quality of your delegated supervision?	
5. How would you rate the overall training received during your residency this year?	
6. How would you rate the quality of resources available to you, such as the web-based Clinical Library and the Best Practices models, and the availability of senior staff members?	
7. Was your training graduated in complexity during the year?	
8. Did you feel welcomed and treated with respect by the professional staff at your site during year?	

LEVEL ONE COMPETENCIES

COMPETENCY A: INTEGRATION OF SCIENCE AND PRACTICE

Aims	Sub Areas/Objectives	Competency elements	Ratings
SCIENTIFIC FOUNDATIONS OF PSYCHOLOGY AND PROFESSIONAL PRACTICE			
	Independently reads scientific literature and attends seminars, conferences, training sessions to maintain current knowledge and skills in neuropsychology. Dedicates an appropriate amount of these efforts to maintaining and knowledge and skills in neuropsychology as they relate to the service of diverse populations.	I have been given opportunity to gain knowledge of scientific literature and best practices in clinical neuropsychology.	1 2 3
	Independently interprets neuropsychological test results within the evidence-based context of neuromedical conditions, psychiatric conditions, and neurological impairments as they relate to everyday ability level, quality of life, and educational/ working/social/living environments with specific consideration given to cultural and ethnic factors.	I have been offered opportunities to apply scientific knowledge to evidence-based clinical practice	1 2 3

COMPETENCY B: ETHICAL AND LEGAL STANDARDS / POLICY

Aims	Sub Areas/Objectives	Competency elements	Ratings
Ethical and Legal Standards, Policy and Guidelines			
	Independently navigates common ethical dilemmas and legal issues in neuropsychology and engages in appropriate courses of action taking into consideration cultural and ethnic influences and implications.	I have been given opportunity to discuss and participate in decision making surrounding ethical dilemmas in clinical neuropsychology practice.	1 2 3

	Recognizes relevant laws, statutes, regulations, rules, and policies governing the practice of neuropsychology at the organizational, local, state, regional, and federal levels.	The program emphasizes the application of ethical and legal standards to the practice of psychology, including the APA ethics code, APA policies and guidelines, and federal and state laws and regulations.	1 2 3

COMPETENCY C: INDIVIDUAL AND CULTURAL DIVERSITY

Aims	Sub Areas/Objectives	Competency elements	Ratings
Diversity Awareness			
	Discusses the changing ethnic, cultural, and sociodemographic landscape of clinical populations and the need to adapt delivery of neuropsychological services to individuals who may not be adequately represented in normative samples, test construction, and interventions.	I have been encouraged to continuously seek knowledge on how individual differences impact access to care, symptom reporting, performance measures, and response to intervention in my clinical practice.	1 2 3
	Independently conducts neuropsychological evaluations with individuals of diverse backgrounds (e.g., gathers all relevant background data, selects the most appropriate tests, interprets data within a cultural framework, documents limitations of interpretation in reports, frames feedback in a culturally sensitive manner, and makes appropriate treatment recommendations).	I have been encouraged to consider implications of culture and diversity in clinical practice, consultation, and other professional activities and responsibly apply this knowledge.	1 2 3

LEVEL TWO COMPETENCY

COMPETENCY D: COMMUNITY PARTNERSHIPS

Aims	Sub Areas/Objectives	Competency elements	Ratings
Community Partnerships			

	Outreach and education to underserved populations in the community to promote healthy behaviors	I have been encouraged to develop alliances with individuals and/or systems to improve the lives of those served.	1 2 3
	Teaches effectively in the community – e.g., community organizations or clinical support groups.	I have been given the opportunity to provide education and training based on the empirical literature	1 2 3
		I have been given the opportunity to collect, analyze, and present relevant outcome data.	1 2 3

LEVEL THREE COMPETENCIES

COMPETENCY E: PROFESSIONAL IDENTITY & RELATIONSHIPS / SELF-REFLECTIVE PRACTICE

Aims	Sub Areas/Objectives	Competency elements	Ratings
Professionalism			
	Independently and consistently clarifies problematic professional behaviors in self and others and understands legal and ethical considerations concerning such behaviors.	I have been encouraged to take action to correct situations that are in conflict with the values of the profession	1 2 3
	Works effectively with colleagues, staff, and students whose group membership, sociodemographic characteristics, and worldviews conflict with one's own characteristics.	I have been encouraged to conduct myself in a professional manner across all settings and situations	1 2 3
	Independently and consistently demonstrates awareness of the unique roles of the neuropsychologist, and differences from other disciplines, across settings.	I have been supported to continually and independently monitor my professional values and contributions.	1 2 3
	Acts to ensure appropriate measures are taken with	I have been encouraged to keep up with advances in the	1 2 3

	patients' best interests in mind to address any limits of competence (e.g., referral to another provider when necessary; discontinuation of ineffective practices).	profession and integrate science into practice in a professional manner	
	Regularly engages in reflective self-assessment and communication to develop strong routines around self-care and coping and identifies triggers for seeking further support strategies when needed.	I have been given support to practice the ongoing self-assessment of my knowledge and skills, and to practice good self-care	1 2 3

COMPETENCY F: INTERDISCIPLINARY SYSTEMS / CONSULTATION

Aims	Sub Areas/Objectives	Competency elements	Ratings
Role of Consultant and Application of Consultation methods			
	Independently conceptualizes cases using a framework that includes incorporation of data from related specialties as needed and subsequently makes appropriate referrals.	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	1 2 3
		I have been encouraged to develop and maintain effective working relationships with a wide range of colleagues, organizations, and communities	1 2 3
		I have been given opportunities to collaborate with others in a multidisciplinary setting	1 2 3
Interprofessional and Interdisciplinary skills	Clearly and concisely communicates results to referral sources, verbally and in writing, tailoring the communication style of results for the specific referral source.	The program offers opportunities for me to communicate and collaborate effectively with other professionals for the purpose of shared goals.	1 2 3
		I have received constructive feedback on my consultation skills	1 2 3
		I have been given opportunities to develop my own communication style without compromising efficacy	1 2 3

COMPETENCY G: ASSESSMENT

Aims	Sub Areas/Objectives	Competency elements	Ratings
Neuropsychological Evaluation			
	Independently and efficiently gathers comprehensive clinical data, behavioral observation, and neuropsychological test data for rare and/or complex cases using knowledge base to hone interview, test administration, and observations to the specific needs of the patient with consideration of the patient's cultural and ethnic background.	I have been given opportunity to evaluate patients with complex presentations and clinical histories and been trained in how to integrate information from various sources (including skillful gathering of the clinical history, neurologic work-ups, neuro-imaging, labs), flexibly select assessment tools and norms, and formulate diagnostic impressions and recommendations based on all information obtained, grounded on a broad scientific foundation.	1 2 3
	Develops a full differential diagnosis for atypical syndromes and complex patient presentations based on comprehensive information gathered.	My training has exposed me to a variety of patients with neurologic syndromes (both common and rare), also presenting with comorbid medical and/or psychiatric conditions requiring consideration in evaluation and treatment planning.	1 2 3
	Efficiently synthesizes all such information into a concise but comprehensive formulation with integrated treatment recommendations sensitive to cultural and ethnic norms.	I have been given training on how to incorporate limits of assessment instruments and available normative data into case formulation, report writing, and diagnostic decision making.	1 2 3
	Writes well conceptualized, clearly written documentation flexibly tailored for the target audience (e.g., medical report vs parent note)	I have been given the opportunity to effectively communicate assessment findings and recommendations, Including discussion of confounding variables and impact on validity.	1 2 3
	In situations where there is limited or no normative data for the individual, ethically determines how to proceed with the assessment to answer the referral question to benefit the patient and do no harm.	I have had opportunity to evaluate patients requiring modification and/or accommodation of administration procedures and/or for whom there is a paucity of appropriate normative data. and been taught to understand the limitations of conclusions drawn from these.	1 2 3

COMPETENCY H: INTERVENTION

Aims	Sub Areas/Objectives	Competency elements	Ratings
Intervention			
	Employs assessment and provision of feedback for therapeutic benefit across a range of clinical populations and socio-demographic influences.	I have had opportunity to employ clinical skills in difficult feedback sessions for therapeutic benefit of the patient.	1 2 3
	Recommends evidence-based treatment plans that take into account neurobehavioral symptoms, patient preferences, individual differences, and social-cultural context.	I have been given the opportunity to independently conceptualize cases and develop appropriate treatment recommendations that are evidence-based and tailored to the individual.	1 2 3
	Finds different pathways to necessary treatment, care or education in cases where the provision of feedback is insufficient to communicate results and needed treatment, such as when the patient is disbelieving of results for psychiatric or cultural reasons.	I have received training in modifying feedback in certain scenarios (e.g., anosognosia) so the patient and care partners are provided with information on the diagnosis and treatment recommendations provided.	1 2 3

COMPETENCY I: TEACHING / SUPERVISION / MENTORING

Aims	Sub Areas/Objectives	Competency elements	Ratings
Teaching and Supervision			
	Independently prepares teaching materials appropriate to the knowledge level of the audience. .	I have developed and presented didactics on neuropsychology topics and completed formal case presentation to peers and supervisors.	1 2 3
		I have been provided feedback on my professional presentations to incorporate into future presentations.	1 2 3

	(If Applicable) Engages in supervision that is both developmentally appropriate and culturally competent, tailored to the supervisee.	I have been provided opportunity to supervise an earlier stage trainee under supervision of my supervisor.	1 2 3
		I have been trained to understand the ethical and legal aspects of supervision while maintaining a good rapport with the supervisee	1 2 3
		I have been given guidance in applying competency-building skills in my supervision of others, taking into account issues of diversity	1 2 3

COMPETENCY J: MANAGEMENT / ADMINISTRATION

Aims	Sub Areas/Objectives	Competency elements	Ratings
Management and Service Administration			
	Independently manages a case load, seeking supervision as needed. .	My supervisor has given me a challenging caseload with increasing diagnostic complexity	1 2 3
	Increasing involvement in other clinical-administrative activities such as understanding medical necessity, billing and coding, coordination of services, referrals for patients, triaging of consults, etc.	I have been taught how to accurately code and bill for services provided, recognize appropriate referrals, and coordinate with referring provider to clarify referral questions to answer.	1 2 3
Program Development and Evaluation	Scientific approach to knowledge generation	I have been given the opportunity to develop a program evaluation proposal using appropriate research methods	1 2 3
	Program evaluation and research supervision	I have been given the opportunity to implement a program evaluation project, evaluate the outcomes, and present the findings to staff/peers	1 2 3

IF DESIRED, PLEASE INCLUDE ANY ADDITIONAL **COMMENTS** WITH THIS SURVEY

*Objectives based on Benchmarks for End of Postdoctoral Residency Training in Neuropsychology developed by Heffelfinger et al, 2022 (*The Clinical Neuropsychologist*)

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LETTER OF COMPLETION

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

[Date]

Dear [Full name of trainee]:

Congratulations on your successful completion of 4160 hours of supervised training at Kaiser Permanente's North Valley Neuropsychology Postdoctoral Residency in Roseville, CA. This letter is to certify that you have completed all of the requirements of this postdoctoral residency program and that you are considered to be in good standing in the program.

You effectively completed your 2-year postdoctoral training in Neuropsychology, in accordance with Houston and Minnesota Conference Guidelines for Training in Neuropsychology, with major rotations in Sports Concussion and Adulty Neuropsychology.

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]

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WELCOME LETTER

Date_____

Dear_____

We are pleased to welcome you to the 2-Year Postdoctoral Residency Training Program in the Kaiser Permanente North Valley Neuropsychology Postdoctoral Residency at the Roseville Medical Center and Sacramento Sports Medicine Center. We believe that this will be a rewarding training experience in which you will be able to expand professionally.

The location of your residency will primarily be based at the Department of Mental Health, 1660 E. Roseville Parkway, Suite, 100, Roseville, CA 95661, and you will be reporting to _____(*staff member's name*).

Residency Term: September 21, 2026 - September 15, 2028

Total Hours: You will be scheduled to work 40 hours per week. At this rate, but not including the 120 hours of annual paid vacation/holiday that you are eligible for, you will accrue a total of 2080 hours of supervised training by the end of each training year. Your schedule will include some morning and some evening hours. It is expected that you will work all of your hours.

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

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"

You will be contacted by your training director prior to the beginning of the postdoctoral residency to develop your training schedule. You should anticipate a very intense and fast-paced 2-years of training.

Please sign and return this Welcome Letter and accompanying Values Statement to your training director by fax at_____(*fax number*) or email at_____(*email address*).

Resident's Signature: _____Date: _____

Training Director's Signature: _____Date: _____

Appendix P

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VALUES STATEMENT

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

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

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

Over the course of the training year, training faculty will engage in and model self-disclosure and introspection with their trainees as appropriate. This can include discussions around personal experiences, attitudes, beliefs, feelings, opinions or personal histories. All members of the training program are committed to lifelong learning relative to multicultural competence. When deemed appropriate, self-disclosure is done in the service of optimizing patient care and improving professional knowledge, skills and attitudes.

In summary, all members of the Kaiser Permanente Mental Health Training Program are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes and values. Members agree to engage in a mutually supportive process that examines the effects of one's beliefs, attitudes and values on one's work with all clients. Such training processes are consistent with Kaiser Permanente's core values, respect for diversity and for values similar and different from one's own.

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

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

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

Name: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

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

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SUPPLEMENT TO CALIFORNIA BOARD OF PSYCHOLOGY
SUPERVISION AGREEMENT FORM

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 licensed.***

The Trainee performs the following duties under supervision:

- Provide neuropsychological evaluation to adult outpatients in a manner that is grounded in scientific foundations and best practices
- Residents are encouraged to share and discuss peer-reviewed articles that are pertinent to cases they are seeing during regularly scheduled supervision.
- Conduct brief cognitive assessment and focused intervention to adult patients in multi-disciplinary Genetics movement disorders clinic
- Provide acute concussion evaluations with individuals returning to a sport in compliance with CA Law in a manner that is grounded in scientific foundations. This generally includes intake, ImPACT testing, ocular/vestibular evaluation, treatment planning/follow up and recommendations for both return to learn and return to school.
- Engage in scholarly inquiry to inform evidence-based diagnostic formulation and recommendations for intervention
- Present neuropsychological evaluation findings and recommendations at multidisciplinary team conferences
- Engage in multi-disciplinary case consultation, understanding the unique role of Neuropsychology on a care team and exhibiting effective communication with other disciplines
- Consider cultural diversity as well as other individual differences (e.g., SES, religion, gender identity) in case conceptualization and treatment recommendations.
- Sensitively document and discuss confounding variables that impact interpretation of test results with medical providers, the patient, care partner(s), etc.
- Discern ethical and legal issues in the practice of neuropsychology and actively address these as indicated
- Provide crisis and safety assessment if indicated
- Consider differential diagnosis when diagnosing and recommending treatment plans for individuals with cognitive impairments and/or neurological disorders
- Provide psychoeducation on the cognitive and neurobehavioral implications of various neurologic conditions to patients, families, and care partners.
- Participate in an outreach activity that serves the larger community
- Participate in Neuropsychology didactics
- Document and maintain confidential patient files/records and information in a timely manner

- Comply with regional and local policies and procedures
- Comply with APA's Code of Ethics and state laws pertaining to the delivery of mental health and neuropsychological services
- Maintain professional and ethical standards, including but not limited to adherence to reporting laws, confidentiality, and respect for boundaries
- Maintain a log of supervisory hours (individual and group) and treatment team documentation
- Prepare professional presentations on selected topic to teach at didactic seminar
- Demonstrate preparedness/receptivity for supervision
- Complete assigned readings
- Consistently make progress on all competency elements throughout the training program, achieving a rating of "4" (Advanced Competency) by the end of the fourth quarter of the second year of the two year term for all competency elements in the Competencies Evaluation.
- Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- 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 two-day window
- Develop and complete a scholarly program development or program evaluation project of benefit to a clinic the resident is working in, and present findings with recommendations based on the outcome of their project.

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

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

The program has refined didactic seminar offerings based on yearly feedback from the residents. All topics are designed to provide high-quality learning experiences and focus on important clinical issues that residents face in the practice of Neuropsychology. Preparation for professional licensure is also built into the regional seminar schedule with speakers devoted to exam review topics. Residents are encouraged to also enroll in license preparation classes, for which they are eligible to be reimbursed by KPNC. At the regional level, seminars focus on keeping psychologists up to date on pertinent issues such as ethics, outcomes management, evidence-based practice, supervision, etc.

Residents' initial caseloads are significantly lighter than those of staff psychologists. However, the number and difficulty of cases are increased as the resident's competency and ability to work autonomously matures. Initially, caseloads are triaged for less clinical complexity. As residents become increasingly competent and demonstrate their ability to work independently, they are assigned progressively more complex cases, depending on their competence. During the Residency training period, residents are required to present at case conferences and during their didactic seminar to provide them with professional teaching experience. It is also required that a scholarly program development or evaluation project be developed, conducted, and reported on with recommendations based on the outcome of the project that

may benefit clinical service.

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

The goals and objectives of the training program are as follows:

LEVEL ONE COMPETENCIES

Integration of Science and Practice

- Scientific Foundations of Psychology and Professional Practice

Objectives

- Models commitment to stay abreast of current knowledge, skills and abilities pertinent to the practice clinical neuropsychology, through review of peer-reviewed scientific literature, conferences and training seminars, and/or other evidence-based resources.
- Demonstrates ability to utilize foundational knowledge in the areas of neuropsychology of behavior and cognition, cognitive/affective neuroscience, behavioral neurology, neuroanatomy and neural systems, brain development, and lifespan neuropsychology in diagnostic formulation
- Demonstrates ability to incorporate into clinical practice, knowledge of psychometrics and theories of measurement of brain-behavior relationships, cognitive abilities, social-emotional functioning, and performance and symptom validity.
- Selects and interprets test data with firm understanding of the scientific basis of assessment, knowledge of reliability and validity, reliable change, performance and symptom validity, appropriate selection of normative standards, and test limitations.
- Demonstrates ability to recognize functional implications of neurologic, medical, and psychiatric conditions in various aspects of daily life activities.
- Exhibits understanding of brain-behavior relationships as quantified on testing and the patterns of impairment observed in a wide-range of disease processes.
- Demonstrates ability to accurately consume and apply evidence-based practice in all aspects of clinical work, including test selection and interpretation, constructive feedback and intervention, recommendations, consultation, teaching, and program development and evaluation.

Ethical and Legal Standards/Policy

- Ethical and Legal Standards, Policies, and Guidelines

Objectives

- Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
- Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
- Independently and consistently integrates ethical and legal standards into all competencies
- Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
- Understands and adheres to all Kaiser postdoctoral residency policies as delineated in the Policy and Procedure Manual for the North Valley Neuropsychology Postdoctoral Residency Program
- Understands specific ethical and legal issues that are relevant to neuropsychologist's activities across setting, including informed consent, third party assessment, use of

technicians/psychometrists, third party observers, disclosure of neuropsychological test data, test security, and assessment of performance and symptom validity
    - Demonstrates awareness of the roles of clinical neuropsychologists, and how those roles vary across settings (e.g., practice, research, training, etc.) and assessment/intervention contexts.
    - Engages in reflective self-assessment regarding the dynamic knowledge base and skill sets necessary for practice in clinical neuropsychology across practice settings with the goal of improving skill level over time as well as understanding limits of one's own competence in particular populations or settings

Individual and Cultural Diversity

- Awareness of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status
  Objectives
    - Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research, consultation, and supervision
    - Demonstrates competence in building rapport with all patients, taking into account issues of diversity
    - Demonstrates competence in knowing when to seek cultural consultation
    - Applies knowledge, skills, attitudes, and values regarding intersecting and complex dimensions of diversity
    - Integrates knowledge of diversity issues in neuropsychological assessment, research, treatment, and consultation (e.g., health disparities, language differences, educational level, cultural context, literacy, individual differences)
    - Understands and appreciates how cultural, linguistic, disability, and other demographic/socioeconomic factors affect the process and outcomes of neuropsychological assessments and the application of normative data and interpretations in specific populations

LEVEL TWO COMPETENCY

Community Partnerships

- Promotes change at the level of institutions, community, or society
  Objectives
    - Provides education and training based on empirical literature to promote healthy behaviors in underserved populations
    - Provides education and training based in underserved populations on the role and value of neuropsychology in healthcare

LEVEL THREE COMPETENCIES

Professional Identity & Relationships/Self-Reflective Practice

- Professional Values, Attitudes, and Behaviors
  Objectives
    - Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity
    - Independently accepts personal responsibility across settings and contexts

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

- Communication and Interpersonal skills
  Objectives
  - Relates effectively and meaningfully with individuals, groups and/or communities
  - Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers
  - Demonstrates skill in managing difficult communications and resolving conflict
  - Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts

Interdisciplinary Systems/Consultation

- Role of the Consultant and Application of Consultation Methods
  Objectives
  - Demonstrates understanding of the unique contribution of clinical neuropsychology and the roles of related disciplines (e.g., neurology; neurosurgery; psychiatry; neuroradiology; physical medicine and rehabilitation) and allied health professionals (e.g., Physical Therapy; Social Work) within an integrated medical system
  - Demonstrates knowledge and awareness of leadership skills as a consultant and/or neuropsychologist liaison in multidisciplinary teams
  - Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
  - Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations within the scope of neuropsychology on a multidisciplinary care team

- Interprofessional/Interdisciplinary Skills
  Objectives
  - Knowledgeable and respectful of differing worldviews, roles, professional standards, and contributions of other professionals
  - Demonstrates skills that support effective interdisciplinary team functioning
  - Participates in and initiates interdisciplinary collaboration directed toward shared goal

Assessment

- Measurement, Psychometrics, and Diagnosis
  Objectives
  - Demonstrates ability to discern and clarify referral questions, the purpose of the evaluation (e.g., diagnostic clarification; medical-legal; disability), and who is the client or consumer
  - Effectively gathers information from various sources to answer the referral question, including record review, clinical interview, behavioral observations, collateral interview with knowledgeable informant, interdisciplinary consultation, and testing results
  - Understands the strengths and limitations of assessment instruments and

diagnostic approaches and exhibits ability to flexibly select, accurately administer, and score neuropsychological tests appropriately in diverse contexts
    - Utilizes appropriate normative data and measures of symptom and performance validity, describing limitations to interpretation of assessment results when indicated
    - Integrates testing results to produce accurate diagnostic impressions and tailored treatment recommendations
    - Produces concise and organized report of findings that is useful to the referral source
    - Provide comprehensible and constructive feedback to the patient, explaining the results and recommendations

Intervention

- Intervention Planning and Implementation
  Objectives
    - Integrates knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies for treatment recommendations
    - Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
    - Demonstrates increasing competence to conceptualize more complex cases
    - Utilizes knowledge of complex neurobehavioral disorders and sociocultural factors to provide constructive and digestible feedback to the patient and care team and promote adjustment

Teaching/Supervision/Mentoring

- Teaching/Supervision
  Objectives
    - Possess knowledge of teaching and supervision methods and practices relevant to clinical neuropsychology, including ethical issues and state requirements
    - Under supervision provide didactic training and education to trainees at various stages and to peers based on current scientific literature and advanced clinical expertise
    - Exhibit creativity and flexibility in approach to teaching that is sensitive to how the developmental stage of training can impact the acquisition of clinical neuropsychology knowledge and skills

Management/Administration

- Management/Administration
  Objectives
    - Demonstrates emerging ability to participate in administration of service delivery in Neuropsychology
    - Demonstrates responsibility with administrative and business aspects of clinical neuropsychology practice
    - Exhibits understanding of methods and procedures for program development and evaluation, outcome assessment, and research in neuropsychology

- Program Development and Evaluation
  Objectives
    - Understands the importance of program development/evaluation to the practice of Clinical Neuropsychology

- Develops and implements scholarly program evaluation or research project
- Demonstrates consideration of diversity factors when developing program development/evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

Postdoctoral residents are provided with many opportunities, formal and informal, for socialization. They regularly meet with staff from multiple departments (e.g., Sports Medicine; Neurology; Genetics; Mental Health) and take active roles in team meetings, CME's, social gatherings, as well as during supervision, service delivery, and seminars. Residents are expected to attend department staff meetings where they meet with staff neuropsychologists to discuss a variety of administrative and clinical issues.

Mentoring is an integral part of the supervision process, as cases are discussed, and professional issues are explored. For example, at the beginning of each training year, residents observe their supervisors and other staff neuropsychologists conducting evaluations and interacting with other interdisciplinary team members. Residents continue to have opportunities throughout the training year to provide co-assessments or co-treatment with their supervisors.

Residents are encouraged to meet with available non-supervising staff for consultation. This includes professionals, such as physicians, clinical psychologists, physical therapists, social workers, genetic counselors, nurse practitioners, and other members of the medical team as appropriate.

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

Residents exchange information on a variety of topics that are relevant to them including, but not limited to, wellness and work environment, preparing for the EPPP, and career development. Together, they generate new ideas which they communicate to their supervisors and Training Directors.

All residents receive a minimum of two hours per week of individual supervision. Each resident meets individually with his/her/their primary supervisor for at least one hour per week, and with his/her/their delegated supervisor for one hour per week, to discuss cases. Supervisors are also responsible for reviewing, critiquing, and electronically signing all notes and reports that residents have entered into the electronic medical record.

All residents participate in either two additional hours of individual supervision or weekly two-hour supervision groups that focus on how to best provide direct patient care and interpret data from complex cases. When attending group supervision, this also provides a place for the resident to present cases in a formal manner.

All residents attend weekly journal club that focuses on a variety of topics germane to clinical practice. Diversity and cultural competency are woven in to promote awareness and continuous investigation into how these aspects impact clinical practice and all other professional activities.
.

3) Describe how and when the supervisor will provide periodic assessments and feedback to the trainee as to whether or not he/she/they is performing as expected.

In order to ensure that residents meet all of the program's goals and requirements, each resident is formally evaluated by their primary supervisor once per quarter for each year of the two-year term (and more frequently if a competency concern arises) using the Competencies Evaluation (CE). CE learning objectives are noted in #2 above. The primary supervisor rates the resident on all competency elements listed for each of the specific competencies on the CE. For any competency element in which a resident is rated less than a "3" ("Proficient Competence"), the primary supervisor must provide a narrative explanation. In addition, ratings of "1" ("Inadequate") or "2" ("Needs Improvement") on any competency element on the CE will trigger remedial and possibly corrective action. A resident performing at level "4" ("Advanced Competence") at the end of the two year training term has met the competency requirements for entry level of independent practice in the specialty of clinical neuropsychology.

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

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

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VERIFICATION OF COMPLETION OF ALL REQUIREMENTS FOR DOCTORAL DEGREE

To be completed by the Applicant and the Official of the Academic Program
(i.e., Dissertation Chair, Dean of Program, or Registrar)

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 and has completed all requirements for their doctoral degree, including but not limited to: **- Successful defense of dissertation with no revisions** **- Successful completion of 1,500 hours of internship (as required by the California Board of Psychology)**	
Academic Official Signature	
Date:	
Printed Name and Title:	
Email Address and Phone Number:	

Applicant: Please email the completed form **prior to start date** to:
KP Training Director:
Email Address:
Telephone Number:
Fax Number:
For Kaiser Use Only: Document Uploaded to TALEO [ ]

Appendix T

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Mental Health Training Program
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Mental Health Training Program Exit Interview Questions
(optional)

1. Please tell us any areas you see for improvement in the training program	
2. What were your favorite parts of the training experience?	
3. What were some of the biggest challenges you faced during your training year?	
4. What are you most looking forward to in your new role/where you're going next?	
5. Did you feel adequately supported, respected, and recognized in your role as part of the team this year?	
6. 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?	
7. Was your training experience consistent with your expectations from when you interviewed and accepted the offer? If not, what changed?	
8. Would you recommend training at our program to a peer? Why or why not?	