



Mental Health Training Program
Northern California

Policy and Procedure Manual

Postdoctoral Residency Programs In Clinical Neuropsychology

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POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL
NEUROPSYCHOLOGY
POLICY AND PROCEDURE MANUAL

1. Postdoctoral Residency Program Overview

The Postdoctoral Residency Programs in Clinical Neuropsychology are funded by Kaiser Permanente Northern California (KPNC) and are compliant with state and national guidelines. The programs are organized into one consortium encompassing three training sites: Kaiser Foundation Rehabilitation Center in Vallejo, Kaiser Vacaville Medical Center, and Kaiser Redwood City Medical Center. Residents train in advanced practice competencies in clinical psychology and clinical neuropsychology in preparation for work as professional neuropsychologists in a broad range of settings. All residents work toward achieving the same set of core competencies through their training experiences.

Residency positions are full-time only (40 hours per week) and are designed to be completed in no less than two years. The program begins in September and residents accrue 4000 hours over the course of the training term. The number of hours is greater than the maximum number required for licensure in the United States (2000 hours), and the minimum number required for subspecialty training in neuropsychology (3600 hours).

This manual provides the policies and procedures that are applicable to residents and training faculty. It is posted on the Regional Mental Health Training Programs website at <https://mentalhealthtraining-ncal.kaiserpermanente.org/>, the official "bulletin board" of the training programs. 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 Northern California Neuropsychology Residency Consortium can be found at: <https://mentalhealthtraining-ncal.kaiserpermanente.org/neuropsychology-postdoctoral-residency/>.

KPNC's Neuropsychology Residency Programs are not currently accredited by the American Psychological Association, however they do 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>). As members of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the programs adhere to all APPIC policies and guidelines (<http://appic.org>).

1.01 Mission Statement

Kaiser Permanente is an integrated managed care consortium, based in Oakland, California, founded in 1945 by industrialist Henry J. Kaiser and physician Sidney Garfield. Kaiser Permanente operates in eight states and the District of Columbia and is the largest managed care organization

in the United States, serving over 12 million members nationally, including 4.5 million members in northern California. Care for members and patients is focused on total health and is guided by personal physicians, specialists, and teams of caregivers.

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

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

2. PROGRAM CURRICULUM

2.01 Training Philosophy and Approach

The programs' training philosophy is a scientist-practitioner model of clinical neuropsychology and neurorehabilitation. 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 inpatients and outpatients within a larger medical system. Diagnoses include traumatic brain injury, cerebral vascular disorder, brain tumor, spinal cord injury, sports concussion, and other neurological and neurodegenerative conditions.

Populations served include adult, geriatric, and adolescent (age 14 and older). The resident receives training in all aspects of neuropsychological evaluation, behavioral consultation, psychological evaluation, and individual psychotherapy as part of an interdisciplinary team. In addition, 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 therapeutic work, residents are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

The Regional Mental Health Training Program's Equity, Inclusion and Diversity Committee organizes advanced trainings that promote cultural competency and cultural sensitivity. The trainings are designed to support all residents and provide them with a safe space to reflect on their experiences without judgment. Prior to each Oakland regional seminar, an optional diversity

forum is held with expert speakers from the community and from within Kaiser Permanente on topics impacting residents' clinical work and professional development. Forum topics have included immigration, micro-aggressions, unconscious bias, and gender-affirming care.

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

2.03 Training Schedule

In creating a schedule for the resident, the site training director works closely with the resident and the department managers. Requirements vary between departments and may include some evening and/or weekend work hours. At least one-half of the resident's time (approximately 20 hours per week) is spent providing direct services to patients. Services may include but are not limited to intake evaluations, patient psychotherapy, neuropsychological/psychological assessment, transdisciplinary consultation, and patient and caregiver psychoeducation. The remaining hours are spent in activities such as weekly individual and group supervision, departmental/team meetings, a program development/evaluation project, local and regional seminars and grand rounds, scholarly presentations to peers and a service project in the community. In some training locations, residents will have the opportunity to supervise one or two advanced neuropsychology practicum students.

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

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

2.04 Neuropsychological and Psychological Assessment Training

Training in neuropsychological and psychological assessment involves understanding referral questions, selecting assessment methods, collecting background information, administering, scoring, and interpreting measures, formulating hypotheses, assigning diagnoses, recommending interventions, and providing feedback to patients.

Postdoctoral residents will only conduct assessments in which they have appropriate training.

Specialized assessments such as neuropsychological testing for diagnostic purposes will only be performed and interpreted under the supervision of individuals who are privileged as neuropsychologists at the local medical center. Assessment supervisors are to abide by the regulations established by the APA Ethical Principles of Psychologists and Code of Conduct, Sections 9.01-9.11 on Assessment.

Testing materials are available at each site and include standard psychometric and neuropsychological measures as well as computer programs to aid in the scoring of tests. In addition, residents have access to commonly used paper and pencil measures. The assessment supervisor is responsible for training the resident in testing procedures and determining the appropriate measures to be used in each case. The assessment requirement during the training rotation at Kaiser Redwood City Medical Center will be the equivalent to one battery per 15 hours of clinical work, or at least two batteries per 40-hour week. The battery will be created in conjunction with the supervisor as it pertains to the referral question. Provision of patient feedback at the Redwood City Medical Center will occur within 30 days of the final testing appointment.

The assessment requirement during the training rotation at Kaiser Foundation Rehabilitation Center in Vallejo will be the equivalent of one outpatient testing battery per month and two inpatient testing batteries per month. The battery will be created in conjunction with the supervisor and will answer the referral question. The provision of feedback at the Vallejo Rehabilitation Center will occur within two weeks (outpatient evaluations) or one week (inpatient evaluations) of the final testing appointment.

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

The neuropsychology residency lecture series is an integral part of the learning experience and weekly attendance is mandatory. Participation in the lecture rotation is also part of the requirement, with at least two neuropsychology power point presentations, per training year (see Appendix I for the Resident Presentation Evaluation form).

Neuropsychology residents are also 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.

Finally, residents are strongly encouraged to attend regional training seminars held virtually and/or in Oakland. The current seminar schedule with a list of speakers and topics can be found on the Regional Mental Health Training Programs website.

Attendance at all seminars should be at 90% minimum. After the completion of each

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

2.06 Community Partnership Project

Reflecting Kaiser Permanente's core commitment to mental health and wellness in our communities, each resident is required to spend at least 32 hours during their training 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, with emphasis in such areas as sports concussion management and mild traumatic brain injuries. Other projects have involved staff consultation at county or non-profit agencies (e.g., homeless shelters, community mental health clinics, prisons, etc.).

2.07 Program Development/Evaluation Project

Each resident is required to undertake a program development/evaluation project over the course of the training term. The project will be selected based upon the resident's interests and skill set, departmental need, and the availability of any ongoing projects. Residents are allocated the equivalent of one hour per week for this requirement. The time can be scheduled on a weekly basis or can be combined into less frequent blocks of time, e.g., two hours every other week, four hours per month, etc.

The question (or hypothesis) underlying the project should be specifically focused and the project itself should fall within the regular scope of departmental services. It may involve collecting and analyzing administrative data to improve operations, or it may be a quality improvement/assurance project whose purpose is to improve or assess Kaiser Permanente programs or procedures. If the project is designed as a human subject's research investigation to develop or contribute to generalizable knowledge (i.e., new information that has relevance beyond the population or program from which it was collected) or is intended to be disseminated in a public forum outside of Kaiser Permanente (e.g., conference presentation, published article), then the project will require consultation with the medical center's Local Research Chair and a formal IRB review. If the resident is uncertain as to whether the project meets criteria for human subjects' research, the resident should consult with the program evaluation supervisor and, if appropriate, submit a "Not Human Subjects Research Determination" form (available on the KPNC IRB website) to the IRB.

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

- Development and evaluation of a treatment group, intake procedure, or other new programming.
- Evaluation of factors associated with treatment outcomes
- Collaboration with regional or departmental projects such as Outcomes Monitoring or ongoing Division of Research studies
- Reminder: All research and intellectual property generated in the course of employment at Kaiser Permanente is the property of Kaiser Permanente (5.1.3 of KP's Principles of Responsibility).

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

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

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

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

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

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

2.08 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. Administrative support staff can be utilized to help schedule patient appointments, respond to phone messages, track patient paperwork, and provide assistance with other tasks as needed. The individual departments offer residents the use of translation services, copy machines, telephones, 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.

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

3. SUPERVISION OF PROFESSIONAL HOURS

3.01 BOP Supervisor Training Requirements

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

3.02 BOP Supervision Agreement Form

The BOP Supervision Agreement form must be completed, signed, and dated by both the primary supervisor and the resident no later than the first day of the residency program. To print a copy of the BOP Supervision Agreement form, go to: http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf

The completed BOP Supervision Agreement form must be accompanied by KPNC's "Supplement to BOP Supervision Agreement" (Appendix Q) when applying for licensure.

On the first page of the Supervision Agreement form, the appropriate category to check for the postdoctoral residency program is the third option, "BPC Section 2911." This indicates that the program training program at KPNC takes place in a program with APA accreditation or APPIC membership. In addition, the word "intern" should be crossed out and replaced with "resident"; and the word "internship" replaced with "residency". On the second page of the Supervision Agreement form, the second question asks for the location of services. This question should be answered with the name and address of where the consortium director is located (Kaiser Foundation Rehabilitation Center, 975 Sereno Drive, 3rd Floor, Vallejo, CA 94589; tel. 707-651-4142). The actual training site should be identified secondarily.

Within 30 days after any change or addition of a primary supervisor or in the location where services are being rendered by a psychological associate, the psychological associate shall notify the Board of Psychology in writing, indicating the effective date of the change or addition AND obtain approval prior to the Psych Associate rendering psychological services under the supervision of a new supervisor.

Upon a change or addition of primary supervisor, a new supervision agreement is required to be completed with the primary supervisor to accrue hours for supervised professional experience toward licensure.

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. The California Board of Psychology requires 1500 hours of supervised professional experience at the postdoctoral level to qualify for licensure.

Paper log templates are available for download on the California Psychology Internship Council's (CAPIC) website: <https://capic.net/resources/all-forms/#Postdoc%20Docs>. The word "Internship" at the top of the form should be crossed out and replaced with the word "Residency". Electronic logs (i.e., "Time2Track") and programs are available but at the resident's expense. Hours can be verified and/or corrected at intervals designated by the supervisor/training director. Copies of completed logs must be archived by the program in the resident's individual training file.

3.04 BOP Verification of Experience Form

The California BOP Verification of Experience form, along with the Supervision Agreement form, is submitted to the BOP by the resident at the end of the first training year (if training will be at both Redwood City and Vallejo) or the two-year training term (if training is only at Vallejo and Vacaville). The consortium name must be indicated on the Verification of Experience form and the Supervision Agreement form. Secondly, the medical center where the actual training took place must also be indicated.

To print a copy of 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 supervision for two hours per week throughout the training term. Each resident receives individual supervision from two training supervisors, a primary supervisor and a delegated (secondary) supervisor, both of whom are licensed psychologists at the resident's work site.

The functions of both the primary and secondary supervisors include monitoring patient welfare, enhancing the resident's clinical skills, promoting professional growth, evaluating the resident's progress, and providing feedback. The primary and secondary supervisors serve as both mentor and monitor/guide for the resident's clinical work and professional development during their tenure at KPNC. Residents also spend two hours per week in group supervision facilitated by licensed psychologists who may be the training director or primary, secondary or specialty supervisors. In

accordance with California state law, each postdoctoral resident has access to their primary or delegated (secondary) supervisor at all times, via phone or pager, in case of an emergency.

Residents are also given the opportunity to participate in monthly group supervision seminars that are facilitated by a non-evaluating staff neuropsychologist. This seminar enables Residents to discuss professional development goals and/or concerns. Even though supervision is confidential, non-evaluating staff members can consult with primary and delegated supervisors in the event that a patient's safety and/or welfare are being compromised or threatened.

Evaluation of resident professional competencies must be based on direct observation at least once each quarter. Direct observation by the supervisor may be completed live and in-person (e.g., in-room co-therapy with patient, co-led group therapy, in-room observation of an intake evaluation); or by audio-video streaming, or through audio or video recording. If requested to audiotape, videotape, or otherwise record a patient session, residents should download the Consent and Authorization form to be signed by resident and patient, from the "Resources" section of the following web page:

<https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit>.

3.06 Resident Evaluation of Supervisor

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

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient Rights and Safety

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

http://www.psychology.ca.gov/forms_pubs/consumer_guide.pdf.

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

4.02 Provision of Services by a Resident and Patient Consent

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

and name of 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."*

In addition to the above electronic charting, the resident may complete a "Notice of Provision of Mental Health Treatment Services by a Psychology Postdoctoral Resident" (Appendix F) and provide it to the patient and/or guardian for their reference.

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

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.

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 reported immediately to the site training director and the resident's supervisor. Residents are not to respond to any requests for documents without explicit instructions from the supervisor(s) and/or training director.

4.06 Medical Record Confidentiality: CMIA and 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 breach or potential breach, the resident is expected to inform the supervisor, training director and/or privacy officer immediately. Failure to comply with this expectation may result in remedial or corrective action up to and including termination.

4.07 Online Charting in KP HealthConnect

All medical centers use the same database for online charting called KP HealthConnect. Through HealthConnect, residents can access hospital records and perform online charting, as well as respond to consultation requests electronically.

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

4.08 Signing and Closing of Chart Notes by Supervisor

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

5. EVALUATION OF PROFESSIONAL COMPETENCIES

5.01 Baseline Assessment of Resident Competencies

Within the first week of the training year, the resident and primary supervisor will complete the Baseline Assessment of Resident Competencies (Appendix A). This baseline assessment identifies the resident's entry level of experience in all competency areas set forth in the Competencies Evaluation (Appendix C). It also identifies competency areas on which the resident will focus and provides the basis for the resident's Individual Training Contract (Appendix B). A complete list of the program's competency expectations appears below:

LEVEL ONE COMPETENCIES

Integration of Science and Practice

1) Scientific Foundations of Neuropsychology, Psychology and Professional Practice

Resident Objectives:

- Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
- Models a commitment to educational and scholarly endeavors to keep current with the most recent research
- Understands the biopsychosocial etiology of psychological and neuropsychological disorders

2) Research and Program Evaluation

Resident Objectives:

- Understands the importance of program evaluation to the practice of Health Service Psychology
- Develops and implements program evaluation and/or research project
- Demonstrates knowledge of the wide array of factors that mediate and modulate behavior and their implications for neuropsychological and related research

9) 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

Resident 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

9) Ethical and Legal Standards Ethical and Legal Standards, Policies, and Guidelines

Resident 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
- 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, and test security
- 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 Neuropsychology Postdoctoral Residency Program
- 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; understands limits of competence in particular populations or settings and seeks to lessen their impact through continuing education, peer supervision/consultation, or additional training as needed.

LEVEL TWO COMPETENCIES

9) Professional Values, Attitudes, and Behaviors Professionalism

Resident 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 professional identify as a clinical neuropsychologist; understand the unique contributions of neuropsychology to different educational, healthcare, and forensic/legal contexts
- Demonstrates consideration of diversity factors when developing program evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

- 9) Communication and Interpersonal Skills Relates effectively and meaningfully with individuals, groups and/or communities Resident Objectives:
- Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers
 - Demonstrates skill in managing difficult communications and resolving conflict
 - Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts
 - Demonstrates knowledge of key issues and concepts in related disciplines (e.g., neurology, psychiatry, and neuroradiology, rehabilitation, education) the ability to communicate and interact knowledgeably with professionals across these disciplines.
 - Understands the roles of other professionals with regard to patient care and integrates the perspectives of related disciplines into their case conceptualizations.
 - Is able to work as a member of interprofessional teams and collaborate with other professionals as part of treatment planning.

9) Interviews and Assessment Clinical

Interview/Intake Assessment

Resident Objectives:

- Conducts a comprehensive biopsychosocial intake assessment that informs treatment planning and appropriateness of testing
- Develops a treatment battery and/or plan based on history obtained and record review
- Identifies any key variables that could impact current presentation, participation (in treatment or testing), and/or risk assessment

9) Test Administration, Interpretation and Diagnosis

Resident Objectives:

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

9) Consultation and Interdisciplinary Systems Role of the Consultant and Application of Consultation Methods

Resident Objectives:

- Seeks consultation for complex cases, such as those with chronic medical conditions
- Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

LEVEL THREE COMPETENCIES

Integration of Science and Practice

1) Scientific Foundations of Neuropsychology, Psychology, and Professional Practice

Resident Objectives:

- Understands the biopsychosocial etiology of neuropsychological disorders, including psychological and psychoneuroimmunological factors
- Demonstrates knowledge of the clinical and cognitive neurosciences including neurology, neuroanatomy, neurobiology, neuropathology, brain development, and neurophysiology
- Understands key signs and symptoms of disease processes relevant to practice and how patient characteristics (e.g., demographic factors, comorbidities) affect their expression
- Understands age-related changes in brain functioning and behavior across the lifespan
- Understands the patterns of incidents, prevalence (i.e., base-rate), and natural course of conditions of interest in neuropsychology
- Knows the scientific basis for diagnostic conclusions across a range of neuropsychological disorders
- Incorporates and uses outcome research in neuropsychology to guide assessments and formulate interventions, integrating patient and contextual factors.

9) Neuropsychological Assessments Neuropsychological Assessments

Resident Objectives:

- Understands neuropsychology of behavior, including information on processing theories, cognitive/affective neuroscience, social neuroscience, cultural neuroscience, and behavioral neurology
- Identifies patterns of behavior, cognitive, and emotional impairments associated with neurological and related diseases and conditions that affect brain structure and functioning
- Understands the effect of common systemic medical illnesses on brain functioning and behavior
- Identifies patterns of behavior, cognitive and emotional impairments associated with psychiatric disorders
- Recognizes potential influences of motivation factors and assessment context on test performance
- Has knowledge of medications used for common medical diseases and psychiatric disorders and their effect on brain functioning and behavior
- Acknowledges potential functional implications of neurological/medical conditions and neuropsychological impairments as they relate to everyday ability level, quality of life, and education/working/social/living environments

9) Teaching and Supervision Supervision (KFRC only)

Resident Objectives:

- Knowledge of supervision theories, methods, and practices in professional psychology and clinical neuropsychology
- Knowledge of developmental stages in training that may impact the acquisition of clinical neuropsychology knowledge and skills

9) Intervention (KFRC only) Intervention Planning and Implementation

Resident Objectives:

- Knowledge of theoretical and procedural bases of intervention methods appropriate to address disorders of language, attention, learning, and memory, executive skills, problem solving, perceptual processing, sensorimotor functioning, and psychological/emotional adjustment
- Knowledge of how complex neurobehavioral disorders (e.g., aphasia, anosognosia, neuropsychiatric illness) and sociocultural factors can affect the applicability of interventions
- Knowledge of how to promote cognitive health and participation through activities such as physical and cognitive exercise, stress management, and sleep hygiene

9) Behavior Management

Resident Objectives:

- Identify root cause of problematic behaviors and devise appropriate management strategies
- Communicate, review, and revise treatment plan and recommendations with case familiarity and recovery

(Development of competencies is 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 year, each resident collaborates with their primary supervisor in developing an Individual Training Contract (Appendix B). This contract builds upon information obtained from the Baseline Assessment (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 year.

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

5.03 Resident Competencies Evaluation

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

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

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

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

5.04 Ongoing Evaluation and "Good Standing" Designation

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

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

A resident is in "good standing" if they have ratings of "3" for all behavioral anchors on the CE or if they are in Focused Competency Guidance. A resident is not in good standing when their primary supervisor initiates a Letter of Warning and/or Corrective Action. To be eligible to enter the second (advanced) year of postdoctoral residency training, residents must have completed the first year in good standing within the Northern California Neuropsychology Training Consortium or program equivalent.

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 "3" ("Consistently Meets Expectations") for each behavioral anchor on the CE by the fourth quarter of each training year. The resident must also have accrued at least 3600 hours of supervised experience by the end of the 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 program. The letter also describes the general duties that the resident performed and the team(s)/rotations in which the resident trained.

Residents who voluntarily separate from the training program before the end of the 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 3600 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 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 Residency program's due process policy provides a framework to address the situation in which a 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 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 timeframes and outcomes.

6.01 Rights of Postdoctoral Residents

1. To be informed of the expectations, goals, and objectives of the Postdoctoral Residency program.
2. To be trained by professionals who behave in accordance with APA ethical guidelines.
3. To be treated with professional respect in keeping with their advanced level of training.
4. To have individual training needs identified and documented in the training contract.
5. To receive ongoing evaluation that is specific, respectful, and pertinent. To be informed in a timely manner if they are not meeting program standards.
6. To engage in ongoing evaluation of the residency 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 resident's viewpoint is taken into account and the 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 by referring to, and abiding by, the AP'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 website, MyHR, located as a link at <http://insidekp.kp.org/ncal/portal/>, and/or by contacting a KPNC Human Resources consultant.
3. To adhere to the policies and procedures of the KPNC Neuropsychology Postdoctoral Residency Programs as outlined in this manual; and to adhere to the policies and procedures of the resident's assigned work department or clinic.
4. To demonstrate skill proficiency in clinical services and ethical practice as established by the APA's Standards of Accreditation.
5. To attend and participate in didactic trainings and seminars, staff meetings, case conferences and individual and group supervision meetings.
6. To maintain professional, collegial interactions in the workplace, including offering constructive feedback and being receptive to feedback.

6.03 Postdoctoral Residency Program Responsibilities

1. To provide information regarding laws, standards, and guidelines governing the practice of clinical psychology and clinical neuropsychology and to provide forums to discuss the implementation of such standards.
2. To ensure that faculty and staff engage with residents and each other in a respectful, professional, and ethical manner.
3. To promote diversity and inclusion in the workplace.
4. To provide high quality clinical experiences, supervision, didactic trainings, and seminars.
5. To provide opportunities for 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 residents will be evaluated and by whom.
7. To provide residents with written and verbal feedback in weekly supervision meetings and in quarterly written evaluations so that they may improve their skills and address competency problems in a timely manner.
8. To implement due process and grievance procedures for problems related to resident

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

9. To make decisions about resident remediation, probation, suspension, and termination utilizing multiple sources of information. To develop remediation plans for performance deficiencies with timeframes, and to clearly communicate to residents the consequences of not correcting the deficiencies.
10. To make accommodations for special training needs for residents who qualify under the Americans with Disabilities Act.

6.04 Definition of Problematic Behavior

A Problematic Behavior interferes with a 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; and/or.
- b) An inability to and/or unwillingness to acquire professional skills in order to reach an acceptable level of competence; and/or
- c) An inability and/or unwillingness to control personal stress, psychological problems and/or excessive emotional reactions which interfere with professional functioning.

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

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

6.05 Informal Discussion

The first step in the due process procedure is Informal Discussion which is used to address performance or behavioral concern(s) that do not rise to the level of a Problematic Behavior. The resident's supervisors are responsible for providing the resident with feedback about their progress during regularly scheduled supervision meetings throughout the year. If a concern arises, the supervisors should inform, advise, and/or coach the resident to enable them to successfully address the concern. The resident should be given a timeframe in which to correct the concern and may be provided with

additional support over subsequent supervision meetings. 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 in their supervision notes. These notes will *not* become part of the resident's official training file.

6.06 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 not meeting minimum levels of achievement (i.e., is receiving ratings of less than 3 on any element of the Competencies Evaluation); or if the resident demonstrates a Problematic Behavior at any point in the training year, then formal due process procedures will be initiated as follows:

- 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 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 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 Hearing Committee will be comprised of no fewer than two members, typically the site training director and the primary supervisor. Depending on the scope and seriousness of the issue, the Hearing Committee may also include other members of the training faculty, departmental staff, and/or an HR consultant. The resident may also invite any appropriate licensed KP staff member to attend.
- 3) At the hearing, committee members will discuss the competency issue(s) fully, openly, and candidly with the resident. The resident has a right to dispute or explain the concern(s) presented and may provide a written statement or supporting materials of their own. Within five (5) business days from the completion of the hearing, the committee will determine an outcome and the site 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 expected performance and conduct standards; and no further action is needed.
 - b) The resident has demonstrated performance or conduct concerns, but they were not significant enough to warrant formal remediation. The concerns will be monitored according to the Informal Discussion process described above.
 - c) The resident has demonstrated minor competency deficits that have resulted in rating(s) no lower than 2-- "Needs Improvement"-- on one or more elements of the CE. To address these deficits, the resident will be placed on a remediation plan called "Focused Competency Guidance." Focused Competency Guidance may also be implemented when a resident is found to be below the minimum levels of achievement in their

knowledge or skill because of a gap in graduate school training (for example, insufficient preparation in diagnostics).

- d) The resident has demonstrated major competency deficits that have resulted in rating(s) of 1 – “Inadequate – on one or more elements of the CE. A resident with serious performance or conduct problems may be placed on probation, which is also a form of remediation.
- 9) The resident has demonstrated major competency deficits involving potential harm to a patient, gross misconduct, legal violations, or serious policy or ethical code violations. Any resident demonstrating such behaviors may be suspended from the training program. The site training director and training faculty will follow KPNC HR policies in this situation.

6.07 Outcome of the Hearing

The 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 or 2) 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 unsatisfactory performance and date in 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 regarding the competency concerns and whether a remediation plan was recommended.
5. A Focused Competency Guidance, if recommended, will outline measures to be undertaken to remediate performance, including, but not limited to, schedule modification, provision of opportunities for extra supervision and/or attendance at additional seminars and/or other training activities, and/or recommendations of training resources.
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 remediation 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. A copy 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.

6.08 Focused Competency Guidance

Focused Competency Guidance is typically triggered when a resident receives one or more ratings of "2" ("Needs Improvement") for any competency element on the Competencies Evaluation (CE) during quarters one and two. The "2" rating indicates minor competency deficit(s) that may be easily ameliorated by added training. However, during the third or fourth quarters of the training year, if a resident receives a "2" for any competency elements measured, the supervisor may initiate probation depending on the element or number of elements needing improvement. . A focused competency guidance can also be initiated mid-quarter if competency issues have been identified by the training team

During the hearing outcome meeting, the primary supervisor and the site training director will present a Focused Competency Guidance plan (Appendix D) to the resident which also includes a recording of the concern(s) in narrative form on a CE. The primary supervisor will review the competencies to be targeted and the remedial actions recommended by the Hearing Committee (for example, didactic trainings, closer mentoring, structured readings, simulated clinical practice).

The Hearing Committee may also recommend 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 therapy; (d) reducing the resident's clinical or other workload; and (e) requiring specific academic coursework.

The guidance plan 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 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 guidance plan document.

The Focused Competency Guidance plan must be signed and dated by the primary supervisor and resident during the initial and follow-up meetings. The primary supervisor and site director will provide the resident a copy of the plan. A copy will also be placed in the resident's training file.

6.09 Probation

Residents who have serious competency-related 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 minimum 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 HR consultant, will compose a "Letter of Warning" to the resident outlining the program's concerns. This letter will also describe the consequence(s) of the resident's failure to show immediate and substantial improvement in the identified competency areas within the planned timeframe. Improvement must be evidenced by CE rating(s) of "3" ("Consistently Meets Expectations") 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 unsatisfactory performance and date in which the concerns were first brought to the resident's attention
3. Identification of the targeted competency area(s) and competency element(s)
4. Additional reasons for probation, if applicable (see KP National HR Policy on Corrective/Disciplinary Action, NATL.HR.014):
 - a. Severity of the violation
 - b. Number of violations and the dates that the violations occurred
 - c. Whether the violation was part of a pattern or practice of improper behavior or non-compliance
 - d. The resident's past history of non-compliance
 - e. Whether the resident should have known the applicable policies, rules, or regulations
 - f. Whether the violation was intentional or negligent
 - g. Whether the action appeared to be committed for personal gain
5. Notification that this probationary action may impact whether the resident's supervised hours will be considered satisfactory
6. An outline of measures to be undertaken to remediate 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 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 plan.

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

6.10 Suspension

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

Suspension of a resident may be initiated as a result of the following:

1. The competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, gross misconduct and/or criminal behavior. Factors to be considered include but are not limited to those listed in the Letter of Warning above.
2. After the probationary period, the resident has not met expectations for improvement in the identified competency domain(s) (i.e., the resident continues to receive CE ratings of 1, "inadequate").
3. The resident has failed to comply with state or federal laws, KPNC and/or postdoctoral training program policies and procedures and/or professional association guidelines.
4. The removal of the resident from the clinical service is in the best interest of the resident, patients, staff and/or the training program.

To initiate suspension, the site training director and department manager, with input from the training faculty, other departmental staff, and HR administration, will compose a Suspension Letter to the

resident which includes the following:

1. Date of the hearing and names of participants (if applicable).
2. Description of the resident's unsatisfactory performance and dates in 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 above.
4. Notice of suspension and expected duration.
5. Notice of whether the suspension is paid or unpaid.

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

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

In the case of a suspension from direct service activities only, the site training director and training faculty will develop a remediation plan following the procedures described in section 6.08 and utilizing the Probation Plan document found in 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 minimum levels of achievement are met. A new Probation Plan should be developed following the procedures described in section 6.08 above.

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 training program or to terminate the resident from the training

program

6.11 Termination and Program Dismissal

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

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

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Postdoctoral Residency Programs in Clinical Neuropsychology. The decision to dismiss a resident is not made lightly and is made by the site director, department manager, and HR consultant with notice given to the consortium director.

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

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

1. Description of the resident's 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 resident is also dismissed from the postdoctoral residency training program and will not receive a certification or letter of completion.
5. Expectation that the resident will complete all patient documentation prior to leaving the training site.

If the resident does not wish to appeal the termination decision, the resident may choose to resign

from the 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 resident's Competencies Evaluation and remediation plans, as well as a resident's status in the program, can be promptly and fairly reviewed. Residents will not be subject to reprisal in any form as a result of participating in the Appeal Procedure.

Note: This policy does not apply to nor can it be utilized by a resident who is terminated as the result of an HR decision. In those instances, the resident would follow KPNC HR policy.

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

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

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

1. Will be composed of no fewer than three members
2. Will include individuals from the training faculty, departmental management, and HR administration
3. May include any appropriate licensed KP staff members requested by the resident
4. Will never include any training faculty who have participated in the decision in question up to this point

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

Within ten (10) business days from completion of the hearing, the Hearing Committee will make a final decision. Decisions will be made by majority vote of the committee members and be submitted to the resident, to the site training director, and to the consortium director.

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

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

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

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

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

The regional training director will inform the site training director of any rescission. The site training director will in turn inform the resident, the consortium director, and the resident's supervisors/training faculty. The resident may appeal the regional training director's final decision by contacting an HR consultant and the department manager.

7 DISPUTE RESOLUTION PROCESSES

7.01 Resident Grievance Overview

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

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

7.02 Verbal Grievance Communication

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

department manager, and/or a Human Resources consultant.

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

7.03 Written Grievance Communication

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

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

7.04 Resident Grievance Appeal

If the Verbal and Written Grievance Communication procedures have been utilized and the issue has not been resolved to the resident's satisfaction, the resident may file a written Grievance Appeal with the consortium training director and/or department manager(s).

This appeal shall include the following information:

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

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

Before responding to the resident, the consortium director will meet with the site training director

and/or the department manager and supervisor to review the dispute and discuss the issues involved. Additionally, before responding, the consortium director will review their findings with the regional training director and a Human Resources consultant and/or KP legal counsel, as appropriate.

7.05 Training Supervisor Dispute Resolution Overview

KPNC provides processes to secure impartial and prompt resolution of disputes among staff members. If a training supervisor has a disagreement with another training supervisor, a postdoctoral resident, or wishes to dispute a matter of program policy, they should utilize the process outlined below. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

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

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 estimate in which to expect a response if one cannot be provided immediately. The site director will then gather any information needed and respond to the training supervisor verbally or in writing. The response will be given in a timely manner, usually within ten (10) business days after the discussion.

7.07 Supervisor Dispute Resolution Procedure - Step 2

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

8. TRAINING FACULTY ROLES AND RESPONSIBILITIES

8.01 Supervisor Qualifications and Responsibilities

- Minimum of two (2) years of experience as a licensed psychologist preferred
- Minimum of one (1) year of employment at the training site preferred
- Member of the American Psychological Association (APA) preferred

- Relates to residents, clinic colleagues and department managers in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among residents, including cultural or individual diversity issues
- Models ethical, professional behavior, including recognition of and respect for differences among patients and colleagues
- Models commitment to the mission of Kaiser Permanente
- Models commitment to the mission and training model of the 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 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

8.02 Site and Consortium Training Director Qualifications

- Must work a minimum of 32 hours per week and be on site at least 4 days per week
- Minimum of five (5) years of experience as a licensed 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
- Member of the 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 innovation in mental health treatment
- 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 Regional Mental Health Training Director conducts the interviews for these positions and makes the final selection.

8.03 Site Training Director Responsibilities

- Reports to their local Consortium Training Director

- Attends all training program-related meetings, including in-person regional meetings in Oakland as well as teleconferenced regional meetings
- Coordinates and directs the training supervisors
- Ensures that program policies and procedures are followed
- Ensures that support and resources for residents and supervisors are provided
- Ensures that California BOP, APPIC and APA regulations and guidelines are followed
- Organizes the interview and selection process for new candidates and coordinates with other site directors in the consortium
- Ensures timely evaluations of residents utilizing the Competencies Evaluation
- Ensures timely evaluations of program and supervisors utilizing the Resident Program Survey and Resident Evaluation of Supervisor
- Provides opportunities for residents to work with the Regional Training Director and the Consortium Training Director to secure quality assurance in training
- Participates with department managers in decision-making on issues concerning resident schedules, placement on teams and the candidate interview process
- Implements modifications to program per feedback from program surveys and CEs
- Ensure that all termination and exit procedures are conducted at the conclusion of the training year, including returning all KP assets, completion of required exit survey sent by region, and conducting exit interview (optio–l -- sample exit interview questions can be found in Appendix T).
- Ensures availability and coverage during the interviewing of prospective candidates, during the on-boarding process of incoming trainees, and at other crucial periods of the training year.

8.04 Consortium Training Director Responsibilities

- Reports to the Northern California Regional Training Director
- Provides leadership for the consortium’s site training directors and offers feedback on their performance, as necessary
- Attends all training program meetings, including in-person regional meetings in Oakland, as well as teleconferenced regional meetings
- Meets with site training directors on a monthly basis to review consortium functioning
- Works with supervisory teams to ensure that program policies and procedures are followed, and a high standard of training is maintained
- Verifies that all CEs and other program surveys are completed in a timely manner
- Oversees consortium didactic trainings to ensure that curriculum is informed by science and includes a focus on diversity issues
- Implements modifications to program per feedback from program surveys
- Submits the APA CoA Annual Report Online (ARO) each year
- Contacts the CoA directly to provide any program updates that could potentially impact the program’s functioning, such as a change in directorship or training rotations or multiple personnel changes

8.05 Administrative Hours for Training Faculty – Regional Standards

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

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.

Quarterly

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

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

Semi-Annually

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

8.07 Maintenance of Resident Training Records

The site training director should establish a training file for each resident and review all documents prior to filing them. Training files must be treated confidentially, retained indefinitely, and stored securely for future reference and credentialing purposes. Files are maintained in either hard copy or in e-file format. If/when the training director runs out of storage space for hard copy files, these files are scanned and archived as e-files and stored on a shared computer drive. At the end of 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
7. Baseline Assessment of Competencies
8. Individual Training Contract
9. Competencies Evaluation (CE) showing ratings for all four quarters
10. California BOP Verification of Experience form
11. Copies of all completed and signed Supervised Professional Experience logs
12. Copy of completed Letter of Completion
13. Copy of completed Certification of Completion
14. Documentation of any grievances, remediation, corrective actions or due processes and the conclusions of all such actions or relevant correspondence pertaining to the resident.
15. Redacted neuropsychological assessment(s)

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

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

Prior Clinical Training:

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

Candidate Qualifications

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

9.02 Application and Interview Process

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

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

Applications received by the due date are reviewed by training faculty and qualified applicants are identified and invited to an individual interview with a selection panel at the site to which they have applied. The objective of the interview is to ensure that candidates are a good match for the program's training model, its goals, and its objectives. In scheduling interviews, training directors work closely with department managers. Interviews take place in January and February for the term beginning in September.

During the interview (if not sooner), candidates will identify their preference for one of three possible training rotations, if they are available:

- Full two years at KFRC Vallejo (inpatient neurorehabilitation and outpatient mild traumatic brain injury) with up to 40% participation at the Vacaville Sports Concussion Clinic during the resident's second year of training
- First year at Redwood City Kaiser (outpatient neuropsychology and neurosurgery consultations); second year at KFRC Vallejo (inpatient neurorehabilitation and outpatient mild traumatic brain injury)
- First year at KFRC Vallejo (inpatient neurorehabilitation and outpatient mild traumatic brain injury); second year at Redwood City Kaiser (outpatient neuropsychology and neurosurgery)

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

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

9.03 Employment Offer, Welcome Letter and Values Statement

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

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

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

9.04 KPNC Employment Statement

The contract term of the residency is two years, and it is expected that the resident will remain in the program for the duration of the term, and will not remain in the program beyond the term of the contract. There is no expectation that after the residency is completed KPNC will hire a former resident into a staff neuropsychologist position. Residents will be expected to apply and compete for open positions like any other qualified candidate.

Both the resident and KPNC enter into the employment relationship voluntarily. Either party may, at any time, conclude the employment relationship. Termination of a resident's employment by KPNC may be based on but not limited to ethics violations, significant and consistent competency concerns, and/or failure to meet labor standards. Residents who choose to resign before the end of the training year are expected to give a thirty (30) calendar day written notice to the site training director prior to the effective date of resignation.

Unlicensed residents who are hired into staff psychologist positions at the end of the second training year should register with the BOP as Psychological Assistants as soon as possible. The processing time of these applications can be lengthy, and by having the Psychological Assistant registration in place when their new job begins, residents can facilitate a smooth transition to

permanent staff member.

9.05 Salary and Benefits Package

Residents employed by KFH and are paid every two weeks. Paychecks are deposited directly into bank accounts by arrangement with KPNC. The current wage scale for residents, who are exempt (salaried) employees, is posted on the Regional Mental Health Training Programs website. Upon successful 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.

9.06 Paid Time Off and Holiday Pay

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

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

9.07 Time Off for Professional Licensing Examinations

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

9.08 Professional Liability Insurance

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

10. KAISER PERMANENTE HUMAN RESOURCES POLICIES

10.01 Finding Policies on MyHR and Contacting HRSC

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

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

A link to HR policies can be found on the MyHR home page under the Work@KP tab. To speak to a representative directly about any KPNC policy, contact the Human Resources Services Center (HRSC) at 1-877-457-4772.

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

10.02 Non-Discrimination and Harassment-Free Workplace Policies

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

10.03 Professional Appearance Policy

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

- Allow for identification by patients, visitors, and other staff at your medical centers.
- Provide safe patient care.
- Protect staff from personal injury.
- Demonstrate respect for Kaiser members and colleagues.
- Represent Kaiser Permanente in a professional and business-like manner while recognizing we are a diverse community.
- Enhance security within the medical centers and clinics.
- Exceptions to dress standards must be approved by senior leadership at each medical center and/or clinic.

Name Badges:

- Name Badges must be always worn and displayed above the waist and must be easily visible to patients, staff and other visitors to the medical centers and clinics.
- Name Badges must not be altered or covered and kept current and in good repair. No attachments or pins are allowed, unless they are KP, or healthcare related.
- If 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, the trainee should wear the coat when in the hospital, Emergency Department, or other inpatient setting. Lab coats are to be returned at the end of the training year.
- Local policies at each medical center or clinic may include demands on dress that exceed the above. Trainees are expected to follow the professional appearance code requirement in their respective medical center or clinic.
- If a pager is issued to a trainee, the trainee is expected to carry it at all times when on site or traveling between sites. Pagers are to be returned at the end of the training year.

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

A trainee who does not meet the standards of Professional Appearance will be counseled and may be instructed to change clothing. If a trainee is counseled more than once about professional appearance, the supervisor will inform the consortium training director, who will begin remediation. Failure to follow the remediation plan may result in dismissal. Exceptions to this standard will be made for bona fide religious activities on a case-by-case basis.

10.04 Social Media Policy

Members of the training program (both 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. Ninety-nine percent of all applications are approved as long as the employee meets eligibility requirements. Follow NTRA guidelines closely for submission of applications for reimbursement.

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

Phone: 1-866-480-4480

Fax: 1-877-201-0081

E-mail: National-TRA2@kpntra@org.

A. GENERAL INFORMATION

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

1. To obtain the TR benefit, MH trainees must be actively employed by KPNC for at least 90* contiguous days prior to attending any event or making any purchase for which they have applied for reimbursement. For example, if a trainee's start date is September 4th, their "eligibility date" for obtaining TR benefits will be on or after December 4th of the same year. **An exception will be made for license-prep courses, workshops, or materials; in which case the trainee's eligibility date is 30 days after their start date.*
2. Any educational event for which the trainee seeks reimbursement must begin on or after the trainee's "eligibility date" and must end before the trainee's last day of training. This means that if an event for which a trainee seeks reimbursement begins or ends after the trainee's last day at KP, the event is not reimbursable.
3. Any MH trainee (as well as any regular employee) who is scheduled to work 20 or more hours per week is eligible to receive a maximum of \$3000 in tuition reimbursement, per calendar year. Up to \$750 of this total may be spent on travel to educational events (see section 5.3.3.2 of the KPNC national policy, copied below).
4. A MH trainee must submit their TR application and obtain approval for reimbursement WELL BEFORE the course starts and before they plan to pay for it. It is recommended that the trainee submit their application to the National Tuition Reimbursement Administration (NTRA) a minimum of 8 weeks (2 months) before the course registration deadline. By knowing in advance if they will be reimbursed for the course(s), the trainee can make an informed decision as to whether or not to purchase the course(s). A trainee can also submit their application before their eligibility date, as long as the event they wish to be reimbursed for occurs after their eligibility date.

5. The MH trainee should talk with their manager about which approved courses/tools they are interested in taking/purchasing. Courses/classes/workshops that pertain to the fields of mental and behavioral health, psychology, and social work, that award credits, units or hours are reimbursable. Although trainees cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed. Their manager will need to approve any TR application before it is submitted to the NTRA.
6. The TR application is accessed and completed online at <http://www.kpcareerplanning.org/>
7. The average TR application processing time is 2 to 4 pay periods (4 to 8 weeks).
8. The MH trainee can monitor the status of their application online at <http://www.kpcareerplanning.org/>. Click on the green bar: "View Reimbursement Request Status" after signing onto the Tuition Reimbursement section. Application status will be one of the following, as described below:
 - "Submitted" = No one has approved yet
 - "Manager accepted" = Manager approval received; NTRA still needs to approve
 - "Approved" = Manager & NTRA have approved
 - "Denied" = NTRA denied
 - "Pending receipts" = NTRA needs receipts
 - "Pending grades" = NTRA needs proof of completion
 - "Documents missing" = Both the receipt and the proof of completion are missing
9. Once the application is approved by both manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the trainee to receive reimbursement, which occurs after the event and after the trainee has submitted all of their supporting documentation, including invoice/statement of charges, grades, and receipts.

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

10. The trainee will have up to 90 days after the end of the course to submit supporting documentation. If the trainee is no longer employed by KP at the time that they receive their documentation pertaining to an approved reimbursement, they should contact the NTRA office to arrange to send their documents and obtain reimbursement.
- B. All KP Employees: What is Reimbursable?
1. The following policy sections have been excerpted from KPNC TR Policy NCAL.HR.6.03, and pertain to all KP employees, including paid trainees. The complete policy is available on My HR.

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

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

5.3.3.2 Travel, room/lodging expenses up to \$750 per calendar year, which is limited to expenses for courses identified in section 5.1.2.3. [NOTE: The \$750 is included in the \$3,000 reimbursement maximum and is not available for college undergraduate or graduate degree programs. Only certain travel expenses are reimbursable. See additional information on MyHR, under Education Assistance, including how to submit a travel application and supporting documents. *Please note that, in order for the MH trainee to apply for travel reimbursement, they must first access the Continuing Education (CE) section of the online TR application*

2. Covered expenses are limited to:

- Tuition
- Books
- Laboratory fees
- Course registration fees
- Eligible travel (see 5.3.3.2, shown above)

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

C. Mental Health Trainees: What is Reimbursable?

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

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

3. Exam Prep:

Psychology Residents: EPPP, CPLEE

- D. AATBS is the only non-academic provider of exam prep courses/workshops/materials that meets 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/>

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

- a) The automated certificate for the EPPP 4-Day workshop is issued the following week after completion of the event. For all other workshops, please contact Kevin Norton after completion of the event. Once attendance is verified, a certificate of completion will be emailed to the participant.
- b) The certificate of completion for the online self-paced workshop is issued 30 days* after it is purchased. Contact Kevin Norton and request a certificate for the workshop (*no sooner than 30 days: no later than the end of the training year).

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.*

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 Psychology Trainees

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

Trainee Job Code	Trainee Job Title	Primary HR Type Code	Primary HR Type "Job Title"
----	Psychology Extern	BP	Psychologist Trainee
025471	Neuropsychology Postdoctoral Resident	BP	Psychologist Trainee

Appendix A



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

BASELINE ASSESSMENT OF POSTDOCTORAL RESIDENT Neuropsychology, Kaiser Foundation Rehabilitation Center, Vallejo Neuropsychology, Kaiser Redwood City

Residency Year:

Resident's Name:

Supervisors' Names:

Site:

Date of Evaluation:

BASELINE ASSESSMENT INSTRUCTIONS

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

3 = Meets Expectations: Resident's experience meets expectations of a person who has completed a one-year doctoral internship

2 = Minimal Experience: Resident has minimal experience in this competency area; needs focused training

1 = No Experience: Resident has no experience in this competency area; needs focused training

Level One Competency: INTEGRATION OF SCIENCE AND PRACTICE

1) Scientific Foundations of Neuropsychology, Psychology and Professional Practice

Objectives:

- Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
- Models a commitment to educational and scholarly endeavors to keep current with research
- Appreciates decision-making strategies and their applications in differential diagnosis

Behavioral Anchors:

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

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2) Research and Program Evaluation

Objectives:

- Understands the importance of program evaluation to the practice of Health Service Psychology
- Develops and implements a program evaluation and/or research project
- Knowledge of the wide array of factors that mediate and modulate behavior and their implications for neuropsychological and related research
- Demonstrates consideration of diversity factors when developing program evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

Behavioral Anchors:

- Able to synthesize relevant literature and create a coherent proposal
- Uses methods appropriate to the program evaluation/research question, setting and/or community, in developing and implementing project
- Performs research activities, monitors progress, and evaluates outcomes accurate and effectively
- Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual
- Effectively presents results to staff/peers
- Identifies and communicates how outcome data can be applied to improve functioning of local program(s)

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Supervisor Comments for Integration of Science and Practice:

Level Three Competency: INTEGRATION OF SCIENCE AND PRACTICE

1) Scientific Foundations of Neuropsychology, Psychology and Professional Practice

Objectives:

- Understands the biopsychosocial etiology of neuropsychological disorders, including psychological and psychoneuroimmunological factors
- Demonstrates knowledge of the clinical and cognitive neurosciences, including neurology, neuroanatomy, neurobiology, neuropathology, brain development, and neurophysiology

- Understands key signs and symptoms of disease processes relevant to practice and how patient characteristics (e.g., demographic factors, comorbidities) affect their expression
- Understand age-related changes in brain functioning and behavior across the lifespan
- Understands the patterns of incidents, prevalence, (i.e., base-rate), and natural course of conditions of interest in neuropsychology
- Knows the scientific basis for diagnostic conclusions across a range of neuropsychological disorders
- Incorporates and uses outcome research in neuropsychology in guiding assessments and formulating interventions, integrating patient and contextual factors

Behavioral Anchors:

- Initial assessments include differential diagnoses based on rates of frequency given multiple demographic factors (i.e., age, gender, ethnicity)
- Provides interventions and psychoeducation on conditions that includes prognosis and potential changes given age, disease progression, and/or physical development

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Supervisor Comments for Integration of Science and Practice:

Level One Competency: INDIVIDUAL AND CULTURAL DIVERSITY

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

Objectives:

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

Behavioral Anchors:

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

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Supervisor Comments for Individual and Cultural Diversity:

Level One Competency: ETHICAL AND LEGAL STANDARDS

1) Ethical and Legal Standards, Policies, and Guidelines

Objectives:

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

Behavioral Anchors:

- Identifies complex ethical and legal issues
- Seeks consultation and/or supervision on complex ethical and legal matters
- Applies ethical principles and standards in professional writings and presentations, treatment, and teaching
- Adheres to company and departmental policies (including compliance and safety training programs)
- Demonstrates awareness of the postdoctoral residents' Policy and Procedure manual as an essential program resource

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Supervisor Comments for Ethical and Legal Standards:

Level Two Competency: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

1) Professionalism

Objectives:

- Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity
- Independently accepts personal responsibility across settings and contexts
- Independently acts to safeguard the welfare of others including patients and colleagues
- Demonstrates professional identify as a clinical neuropsychologist; understand the unique contributions of neuropsychology to different educational, healthcare, and forensic/legal contexts
- 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; understands limits of competence in particular populations or settings and seeks to lessen their impact through continuing education, peer supervision/consultation, or additional training as needed.

Behavioral Anchors:

- Takes action to correct situations that are in conflict with professional values
- Holds self accountable for own behavior and decisions
- Receptive to review of quality of services by supervisors and/or administrators

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<ul style="list-style-type: none"> • Actions convey sensitivity to patients' experiences and needs while retaining professional demeanor and behavior • Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values • Assesses, defines, establishes, and enforces appropriate boundaries with patients, colleagues, supervisees, and supervisors • Effectively communicates assessment of own strengths and weaknesses • Takes action to bridge gaps in professional competencies • Models effective self-care 	1	2	3
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Supervisor Comments for Professional Values, Attitudes, and Behaviors:			

Level Two Competency: COMMUNICATION AND INTERPERSONAL SKILLS			
1) Relates effectively and meaningfully with individuals, groups, and/or communities			
Objectives:			
<ul style="list-style-type: none"> • 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 • Demonstrates knowledge of key issues and concepts in related disciplines (e.g., neurology, psychiatry, and neuroradiology, rehabilitation, education) the ability to communicate and interact knowledgeably with professionals across these disciplines. • Understand the roles of other professionals with regard to patient care and integrates the perspectives of related disciplines into their case conceptualizations. • Is able to work as a member of interprofessional teams and collaborate with other professionals as part of treatment planning. 			
Behavioral Anchors:			
<ul style="list-style-type: none"> • Maintains respectful and collegial interactions with others • Effectively negotiates conflictual, difficult, and/or complex relationships • Provides effective feedback to others and receives feedback nondefensively • Communication is understandable and consistent across expressive modalities • Demonstrates the use of appropriate professional language when communicating with clients and other health care providers 	1	2	3
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Supervisor Comments for Communication and Interpersonal Skills:			

Level Two Competency: INTERVIEWS AND ASSESSMENTS			
1) Clinical Interview/Intake Assessment			
Objectives:			
<ul style="list-style-type: none"> • Conduct a comprehensive biopsychosocial intake assessment that informs treatment planning and appropriateness of testing • Develop a treatment battery and/or plan based on history obtained and record review • Identify any key variables that could impact current presentation, participation (in treatment or testing), and/or risk 			

Behavioral Anchors:

- Reviews all medical, psychiatric, and psychosocial history as it relates to the presenting condition
- Identifies gross emotional and cognitive status/abilities with an emphasis on insight, awareness, and motivation to participate in therapy/treatment
- Identifies, evaluates, and appropriately responds to potential threats against the safety of patients, children, dependent adults, elderly, and any identified persons in clear or imminent danger

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2) Test Administration, Interpretation, and Diagnosis

Objectives:

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

Behavioral Anchors:

- Is flexible in selecting assessment tools that address diagnostic questions for specific patient populations
- Applies awareness and competent use of culturally sensitive instruments and norms
- Interprets assessment results accurately to identify problem areas and diagnoses with consideration given to premorbid functioning
- Draws broad impressions by synthesizing test results across domains using multiple data points including observations made by the examiner and other treatment providers
- Makes specific, relevant, and functional recommendations that are appropriate, unique, and meaningful for the patient
- Writes comprehensive reports which include discussion of strengths and limitations of measures and identification of any confounding variables
- Provides timely, understandable, and useful feedback that is responsive to patient and provider needs while also being realistic by considering potential limitations

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Supervisor Comments for Interviews and Assessments:

Level Three Competency: NEUROPSYCHOLOGICAL ASSESSMENTS

1) Neuropsychological Assessments

Objectives:

- Understand neuropsychology of behavior, including information on processing theories, cognitive/affective neuroscience, social neuroscience, cultural neuroscience, and behavioral neurology

- Identify patterns of behavioral, cognitive, and emotional impairments associated with neurological and related diseases and conditions that affect brain structure and functioning
- Understand the effect of common systemic medical illnesses on brain functioning and behavior
- Identify patterns of behavior, cognitive, and emotional impairments associated with psychiatric disorders
- Recognize potential influences of motivation factors and assessment context on test performance
- Knowledge of medications used for common medical diseases and psychiatric disorders and their effect on brain functioning and behavior
- Acknowledge potential functional implications of neuromedical conditions and neuropsychological impairments as they relate to everyday ability level, quality of life, and education/working/social/living environments

Behavioral Anchors:

- Analyzes and clarifies referral questions based on the context, professional roles, and the patient/examinee presentation.
- Appropriately selects tests, measure, and other information sources consistent with best evidence and specific context of assessment, including assessment of performance and symptom validity, if relevant
- Appropriately administer s and scores tests and measures
- Interprets assessment results with formation of an integrated conceptualization that draws from all relevant information sources
- Provides recommendations for management that are appropriate to the assessment context and consistent with evidence-based practices.
- Demonstrates written communication skills in the production of integrated neuropsychological assessment reports
- Provide s feedback, as relevant to the assessment context, to patients, families, or caregivers in a sensitive manner adapting to the needs of the specific audience
- Address issues related to specific populations (e.g., cultural, or linguistic differences, physical or mental disability, use of interpreters, education level) appropriately by referring to other provider with specialized competence, obtaining consultation, and describing limitations in assessment interpretation

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Supervisor Comments for Interviews and Assessments:

Level Two Competency: INTERVENTION (KFRC only)

1) Intervention Planning and Implementation

Objectives:

- Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
- Plans interventions, including case conceptualizations that are specific to context and patient preferences
- Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
- Demonstrates increasing competence to conceptualize more complex cases
- Uses evidence-based treatment modalities with flexibility to adapt to patient needs

- Demonstrates competence in the construction use of own emotional reactions to patients
- Seeks consultation for complex cases, such as those with chronic or acute medical conditions
- Evaluates treatment progress and modifies planning, utilizing established outcome measure when appropriate

Behavioral Anchors:

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

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Supervisor Comments for Intervention:

Level Three Competency: INTERVENTION (KFRC only)

1) Intervention Planning and Implementation

Objectives:

- Knowledge of theoretical and procedural bases of intervention methods appropriate to address disorders of language, attention, learning and memory, executive skills, problem solving, perceptual processing, sensorimotor functioning, and psychological/emotional adjustment
- Knowledge of how complex neurobehavioral disorders (e.g., aphasia, anosognosia, neuropsychiatric illness) and sociocultural factors can affect the applicability of interventions
- Knowledge of how to promote cognitive health and participation through activities such as physical and cognitive exercise, stress management, and sleep hygiene

Behavioral Anchors:

- Identifies targets of interventions and specifies intervention needs
- Identifies potential barriers to intervention and adapt interventions to minimize such barriers
- Develops and implements treatment plans that address neuropsychological deficits while accounting for patient preferences, individual differences, and social cultural context
- Implements evidence-based intervention sin neuropsychological disorders
- Independently evaluates the effectiveness of interventions employing appropriate assessment and outcome measurement strategies
- Demonstrates an awareness of ethical and legal ramifications of neuropsychological intervention strategies

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2) Behavior Management

Objectives:

- Identify root cause of problematic behaviors and devise appropriate management strategies

- Communicate, review, and revise treatment plan and recommendations with case familiarity and recovery

Behavioral Anchors:

- Initiate and track behavior log
- Devise individualized treatment plans that address specific behavioral concerns as noted by the patient, staff, caregivers, and family

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Supervisor Comments for Intervention:

Level Two Competency: CONSULTATION AND INTERDISCIPLINARY SYSTEMS

1) Role of the Consultant and Application of Consultation Methods

Objectives:

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

Behavioral Anchors:

- Recognizes situations in which consultation is appropriate
- Adapts to situations that require a consultation role
- Gathers information necessary to answer referral or consultation questions
- Prepares clear, useful written reports and/or verbal feedback/recommendations to all appropriate parties

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2) Interprofessional/Interdisciplinary Skills

Objectives:

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

Behavioral Anchors

- Communicates effectively with individuals from other professions
- Utilizes the unique contributions of other professionals in team planning and functioning
- Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines

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3) Supervision and Mentorship

Objectives:

- Provide direct supervision to advanced practicum students by using a developmental approach
- Establish and maintain good boundaries with supervisees

Behavioral Anchors

- Provides constructive feedback that highlights a student's strengths as well as areas of improvement
- Offer constructive alternatives (e.g., intervention strategies, viewpoints used for conceptualization) when appropriate

1	2	3
1	2	3

<ul style="list-style-type: none"> Maintain professional and healthy boundaries with students Provide the student with opportunities to share their impressions of supervision including areas of improvement 	1	2	3
	1	2	3
Supervisor Comments for Consultation and Interdisciplinary Systems:			

Level Two Competency: COMMUNITY PARTNERSHIPS			
1) Outreach Programming			
Objectives:			
<ul style="list-style-type: none"> Provides education and training based on the empirical literature to promote healthy behaviors in underserved populations Provides education and training based on the empirical literature to update and advance provider knowledge and expertise 			
Behavioral Anchors:			
<ul style="list-style-type: none"> 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 	1	2	3
	1	2	3
	1	2	3
2) Professional Advancement			
Objectives:			
<ul style="list-style-type: none"> Provides education and training based on the empirical literature to update and advance provider knowledge and expertise Prepare and present an area of professional interest to peers and colleagues 			
Behavioral Anchors			
<ul style="list-style-type: none"> Identify an area of need and interest for the professional community Conduct literature review of the most current information, interventions, and theories Deliver a comprehensive presentation that is appropriate for the audience given their level of interest and expertise 	1	2	3
	1	2	3
	1	2	3
Supervisor Comments Community Partnerships:			

Level Three Competency: TEACHING AND SUPERVISION			
1) Supervision			
Objectives:			
<ul style="list-style-type: none"> Knowledge of supervision theories, methods, and practices in professional psychology and clinical neuropsychology Knowledge and of developmental stages in training that may impact the acquisition of clinical neuropsychology knowledge and skills Ethical issues and state requirements relevant to teaching and supervision 			
Behavioral Anchors:			
<ul style="list-style-type: none"> Provides effective teaching activities, presenting materials in an organized manner that is appropriate to the needs of the audience 	1	2	3
	1	2	3
	1	2	3

- Provides effective training to psychology trainees in the foundations of assessment, psychometric theory, and the administration and scoring procedures for tests and measure employed in clinical neuropsychology practice
- Provides effective training in developing and asserting professional identify and role as a clinical neuropsychologist
- Provides effective training in neuropsychological interviewing, test interpretation, case conceptualization and the development of recommendations
- Provides effective training in treatment planning and the provision of feedback
- Demonstrates sensitivity to individual and cultural differences in supervisory contexts

1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Supervisor Comments for Teaching and Supervision:

BASELINE ASSESSMENT
SIGNATURES

Resident Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Delegated Supervisor Signature: _____

Date: _____

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 second and fourth quarter Competencies Evaluations and Resident Program Surveys collated by training site and by the consortium for the purpose of program evaluation.

My responsibilities and expectations are to:

- Spend approximately 20 hours per week providing direct services to patients through psychotherapy, consultation, or conducting neuropsychological or psychological assessments
- Meet with primary supervisor on a weekly basis to receive individual supervision and instructive feedback
- Achieve a rating of "3" ("Meets Expectations") by the end of the fourth quarter (of both first and second year) for all behavioral anchors in the Competencies Evaluation in order to complete the training program
- Complete 2000 hours of supervised training at the end of each training year
- 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), treatment team documentation and completed assessments
- Present challenging cases as appropriate
- Demonstrate preparedness/receptivity for supervision
- Complete Required Neuropsychological/Psychological Assessments (minimum of one per month)
- 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 year
- Participate in community activities and community partnerships
- Attend all regional training seminars, unless supervisor authorizes absence
- Attend local didactics (at 90% 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

I also understand and agree that:

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

Resident acknowledges that, by signing this form, he/she/they understand(s) and agree 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: _____

Appendix C



Mental Health Training Program
Northern California

**KAISER PERMANENTE NORTHERN CALIFORNIA
NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM**

**RESIDENT COMPETENCIES EVALUATION
Neuropsychology, Kaiser Foundation Rehabilitation Center, Vallejo
Neuropsychology, Kaiser Redwood City**

Residency Year:

Resident's Name:

Supervisors' Names:

Site:

Date of Evaluation:

EVALUATION INSTRUCTIONS

This form is designed to allow the supervisor to evaluate the resident's performance in a range of professional domains. Each of the relevant areas should be discussed with the resident giving suggestions for improving his/her performance. Using the performance of a typical post-doctoral resident at this level of experience as a base, evaluate the relevant items using the following ratings:

Rating	Measurement	Description
1 = Inadequate	At this point in the training program, Resident's performance <u>is inadequate.</u>	A rating of "1" (Inadequate) prompts the supervisor to: 1) Complete the Letter of Warning procedure in the Remediation process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.
2 = Needs Improvement/Area of Focused Guidance	At this point in the training program, Resident's performance <u>needs improvement or continues to be an area of focused guidance.</u>	A rating of "2" (Needs Improvement) prompts the supervisor to: 1) Initiate or continue the Focused Competency Guidance in the Remediation process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.

3 = Meets Expectations	At this point in the training program, Resident's performance <u>meets expectations</u> .	A rating of "3" (Meets Expectations) indicates that the Resident's performance meets or exceeds the competency requirements for postdoctoral residents at the current stage of training. Supervisor completes a narrative describing when a resident exceeds expectations. Defined as including, but not limited to, the ability to generalize skills and knowledge to novel and/or complex situations, demonstrate expertise in a broad range of clinical and professional activities, and demonstrate the ability to serve as an expert resource to other professionals
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Level One Competency: INTEGRATION OF SCIENCE AND PRACTICE				
1) Scientific Foundations of Neuropsychology, Psychology and Professional Practice				
Objectives:				
<ul style="list-style-type: none"> • Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals • Models a commitment to educational and scholarly endeavors to keep current with research • Appreciates decision-making strategies and their applications in differential diagnosis 				
Behavioral Anchors:				
<ul style="list-style-type: none"> • Readily applies evidence-based practice to work with patients • Utilizes available databases, professional literature, seminars, consultation sessions, and other resources as appropriate • Applies scientific knowledge and a biopsychosocial approach to the solution of problems 	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.	
2) Research and Program Evaluation				
Objectives:				
<ul style="list-style-type: none"> • Understands the importance of program evaluation to the practice of Health Service Psychology • Develops and implements a program evaluation and/or research project • Knowledge of the wide array of factors that mediate and modulate behavior and their implications for neuropsychological and related research • Demonstrates consideration of diversity factors when developing program evaluation project • Demonstrates competence in evaluating outcomes • Provides outcomes to colleagues and organizational leaders to improve program 				
Behavioral Anchors:				
<ul style="list-style-type: none"> • Able to synthesize relevant literature and create a coherent proposal • Uses methods appropriate to the program evaluation/research question, setting and/or community, in developing and implementing project • Performs research activities, monitors progress, and evaluates outcomes accurate and effectively • Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual • Effectively presents results to staff/peers • Identifies and communicates how outcome data can be applied to improve functioning of local program(s) 	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Supervisor Comments for Integration of Science and Practice:

Level One Competency: INDIVIDUAL AND CULTURAL DIVERSITY

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

Objectives:

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

Behavioral Anchors:

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

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
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Supervisor Comments for Individual and Cultural Diversity:

Level One Competency: ETHICAL AND LEGAL STANDARDS

1) Ethical and Legal Standards, Policies, and Guidelines

Objectives:

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

Behavioral Anchors:

- Identifies complex ethical and legal issues

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.

- Seeks consultation and/or supervision on complex ethical and legal matters
- Applies ethical principles and standards in professional writings and presentations, treatment, and teaching
- Adheres to company and departmental policies (including compliance and safety training programs)
- Demonstrates awareness of the postdoctoral residents' Policy and Procedure manual as an essential program resource

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Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Supervisor Comments for Ethical and Legal Standards:

Level Two Competency: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

1) Professionalism

Objectives:

- Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity
- Independently accepts personal responsibility across settings and contexts
- Independently acts to safeguard the welfare of others including patients and colleagues
- Demonstrates professional identify as a clinical neuropsychologist; understand the unique contributions of neuropsychology to different educational, healthcare, and forensic/legal contexts
- 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; understands limits of competence in particular populations or settings and seeks to lessen their impact through continuing education, peer supervision/consultation, or additional training as needed.

Behavioral Anchors:

- Takes action to correct situations that are in conflict with professional values
- Holds self accountable for own behavior and decisions
- Receptive to review of quality of services by supervisors and/or administrators
- Actions convey sensitivity to patients' experiences and needs while retaining professional demeanor and behavior
- Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values
- Assesses, defines, establishes, and enforces appropriate boundaries with patients, colleagues, supervisees, and supervisors
- Effectively communicates assessment of own strengths and weaknesses
- Takes action to bridge gaps in professional competencies
- Models effective self-care

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
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Supervisor Comments for Professional Values, Attitudes, and Behaviors:

Level Two Competency: COMMUNICATION AND INTERPERSONAL SKILLS

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

Objectives:

- Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers
- Demonstrates skill in managing difficult communications and resolving conflict
- Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts
- Demonstrates knowledge of key issues and concepts in related disciplines (e.g., neurology, psychiatry, and neuroradiology, rehabilitation, education) the ability to communicate and interact knowledgeably with professionals across these disciplines.
- Understand the roles of other professionals with regard to patient care and integrates the perspectives of related disciplines into their case conceptualizations.
- Is able to work as a member of interprofessional teams and collaborate with other professionals as part of treatment planning.

Behavioral Anchors:

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

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Supervisor Comments for Communication and Interpersonal Skills:

Level Two Competency: INTERVIEWS AND ASSESSMENTS

1) Clinical Interview/Intake Assessment

Objectives:

- Conduct a comprehensive biopsychosocial intake assessment that informs treatment planning and appropriateness of testing
- Develop a treatment battery and/or plan based on history obtained and record review
- Identify any key variables that could impact current presentation, participation (in treatment or testing), and/or risk

Behavioral Anchors:

- Reviews all medical, psychiatric, and psychosocial history as it relates to the presenting condition
- Identifies gross emotional and cognitive status/abilities with an emphasis on insight, awareness, and motivation to participate in therapy/treatment
- Identifies, evaluates, and appropriately responds to potential threats against the safety of patients, children, dependent adults, elderly, and any identified persons in clear or imminent danger

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
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2) Test Administration, Interpretation, and Diagnosis

Objectives:

- Understands the strengths and limitations of assessment instruments and diagnostic approaches

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

Behavioral Anchors:

- Is flexible in selecting assessment tools that address diagnostic questions for specific patient populations
- Applies awareness and competent use of culturally sensitive instruments and norms
- Interprets assessment results accurately to identify problem areas and diagnoses with consideration given to premorbid functioning
- Draws broad impressions by synthesizing test results across domains using multiple data points including observations made by the examiner and other treatment providers
- Makes specific, relevant, and functional recommendations that are appropriate, unique, and meaningful for the patient
- Writes comprehensive reports which include discussion of strengths and limitations of measures and identification of any confounding variables
- Provides timely, understandable, and useful feedback that is responsive to patient and provider needs while also being realistic by considering potential limitations

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Supervisor Comments for Interviews and Assessments:

Level Two Competency: CONSULTATION AND INTERDISCIPLINARY SYSTEMS

1) Role of the Consultant and Application of Consultation Methods

Objectives:

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

Behavioral Anchors:

- Recognizes situations in which consultation is appropriate
- Adapts to situations that require a consultation role
- Gathers information necessary to answer referral or consultation questions
- Prepares clear, useful written reports and/or verbal feedback/recommendations to all appropriate parties

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.

2) Interprofessional/Interdisciplinary Skills

Objectives:

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

Behavioral Anchors

- Communicates effectively with individuals from other professions
- Utilizes the unique contributions of other professionals in team planning and functioning
- Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.

3) Supervision and Mentorship

Objectives:

- Provide direct supervision to advanced practicum students by using a developmental approach
- Establish and maintain good boundaries with supervisees

Behavioral Anchors

- Provides constructive feedback that highlights a student's strengths as well as areas of improvement
- Offer constructive alternatives (e.g., intervention strategies, viewpoints used for conceptualization) when appropriate
- Maintain professional and healthy boundaries with students
- Provide the student with opportunities to share their impressions of supervision including areas of improvement

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
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Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supervisor Comments for Consultation and Interdisciplinary Systems:

Level Two Competency: COMMUNITY PARTNERSHIPS

1) Outreach Programming

Objectives:

- Provides education and training based on the empirical literature to promote healthy behaviors in underserved populations
- Provides education and training based on the empirical literature to update and advance provider knowledge and expertise

Behavioral Anchors:

- 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

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.

2) Professional Advancement

Objectives:

- Provides education and training based on the empirical literature to update and advance provider knowledge and expertise
- Prepare and present an area of professional interest to peers and colleagues

Behavioral Anchors

- Identify an area of need and interest for the professional community
- Conduct literature review of the most current information, interventions, and theories
- Deliver a comprehensive presentation that is appropriate for the audience given their level of interest and expertise

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supervisor Comments Community Partnerships:

Level Two Competency: INTERVENTION (KFRC only)

1) Intervention Planning and Implementation

Objectives:

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

Behavioral Anchors:

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

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Supervisor Comments for Intervention:

Level Three Competency: INTEGRATION OF SCIENCE AND PRACTICE

1) Scientific Foundations of Neuropsychology, Psychology and Professional Practice

Objectives:

- Understands the biopsychosocial etiology of neuropsychological disorders, including psychological and psychoneuroimmunological factors
- Demonstrates knowledge of the clinical and cognitive neurosciences, including neurology, neuroanatomy, neurobiology, neuropathology, brain development, and neurophysiology
- Understands key signs and symptoms of disease processes relevant to practice and how patient characteristics (e.g., demographic factors, comorbidities) affect their expression
- Understand age-related changes in brain functioning and behavior across the lifespan
- Understands the patterns of incidents, prevalence, (i.e., base-rate), and natural course of conditions of interest in neuropsychology
- Knows the scientific basis for diagnostic conclusions across a range of neuropsychological disorders
- Incorporates and uses outcome research in neuropsychology in guiding assessments and formulating interventions, integrating patient and contextual factors

Behavioral Anchors:

- Initial assessments include differential diagnoses based on rates of frequency given multiple demographic factors (i.e., age, gender, ethnicity)
- Provides interventions and psychoeducation on conditions that includes prognosis and potential changes given age, disease progression, and/or physical development

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supervisor Comments for Integration of Science and Practice:

Level Three Competency; NEUROPSYCHOLOGICAL ASSESSMENTS

1) Neuropsychological Assessments

Objectives:

- Understand neuropsychology of behavior, including information on processing theories, cognitive/affective neuroscience, social neuroscience, cultural neuroscience, and behavioral neurology
- Identify patterns of behavioral, cognitive, and emotional impairments associated with neurological and related diseases and conditions that affect brain structure and functioning
- Understand the effect of common systemic medical illnesses on brain functioning and behavior
- Identify patterns of behavior, cognitive, and emotional impairments associated with psychiatric disorders
- Recognize potential influences of motivation factors and assessment context on test performance
- Knowledge of medications used for common medical diseases and psychiatric disorders and their effect on brain functioning and behavior
- Acknowledge potential functional implications of neurological/medical conditions and neuropsychological impairments as they relate to everyday ability level, quality of life, and education/working/social/living environments

Behavioral Anchors:

- Analyzes and clarifies referral questions based on the context, professional roles, and the patient/examinee presentation.
- Appropriately selects tests, measure, and other information sources consistent with best evidence and specific context of assessment, including assessment of performance and symptom validity, if relevant
- Appropriately administer s and scores tests and measures
- Interprets assessment results with formation of an integrated conceptualization that draws from all relevant information sources

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.

- Provides recommendations for management that are appropriate to the assessment context and consistent with evidence-based practices.
- Demonstrates written communication skills in the production of integrated neuropsychological assessment reports
- Provide s feedback, as relevant to the assessment context, to patients, families, or caregivers in a sensitive manner adapting to the needs of the specific audience
- Address issues related to specific populations (e.g., cultural or linguistic differences, physical or mental disability, use of interpreters, education level) appropriately by referring to other provider with specialized competence, obtaining consultation, and describing limitations in assessment interpretation

Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supervisor Comments for Interviews and Assessments:

Level Three Competency: TEACHING AND SUPERVISION

1) Supervision

Objectives:

- Knowledge of supervision theories, methods, and practices in professional psychology and clinical neuropsychology
- Knowledge and of developmental stages in training that may impact the acquisition of clinical neuropsychology knowledge and skills
- Ethical issues and state requirements relevant to teaching and supervision

Behavioral Anchors:

- Provides effective teaching activities, presenting materials in an organized manner that is appropriate to the needs of the audience
- Provides effective training to psychology trainees in the foundations of assessment, psychometric theory, and the administration and scoring procedures for tests and measure employed in clinical neuropsychology practice
- Provides effective training in developing and asserting professional identify and role as a clinical neuropsychologist
- Provides effective training in neuropsychological interviewing, test interpretation, case conceptualization and the development of recommendations
- Provides effective training in treatment planning and the provision of feedback
- Demonstrates sensitivity to individual and cultural differences in supervisory contexts

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supervisor Comments for Teaching and Supervision:

Level Three Competency: INTERVENTION (KFRC only)

1) Intervention Planning and Implementation

Objectives:

- Knowledge of theoretical and procedural bases of intervention methods appropriate to address disorders of language, attention, learning and memory, executive skills, problem solving, perceptual processing, sensorimotor functioning, and psychological/emotional adjustment
- Knowledge of how complex neurobehavioral disorders (e.g., aphasia, anosognosia, neuropsychiatric illness) and sociocultural factors can affect the applicability of interventions
- Knowledge of how to promote cognitive health and participation through activities such as physical and cognitive exercise, stress management, and sleep hygiene

Behavioral Anchors:

- Identifies targets of interventions and specifies intervention needs
- Identifies potential barriers to intervention and adapt interventions to minimize such barriers
- Develops and implements treatment plans that address neuropsychological deficits while accounting for patient preferences, individual differences, and social cultural context
- Implements evidence-based intervention sin neuropsychological disorders
- Independently evaluates the effectiveness of interventions employing appropriate assessment and outcome measurement strategies
- Demonstrates an awareness of ethical and legal ramifications of neuropsychological intervention strategies

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.

2) Behavior Management

Objectives:

- Identify root cause of problematic behaviors and devise appropriate management strategies
- Communicate, review, and revise treatment plan and recommendations with case familiarity and recovery

Behavioral Anchors:

- Initiate and track behavior log
- Devise individualized treatment plans that address specific behavioral concerns as noted by the patient, staff, caregivers, and family

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supervisor Comments for Intervention:

COMPETENCIES EVALUATION
SIGNATURES

First Quarter

Resident Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Delegated Supervisor Signature: _____

Date: _____

Second Quarter

Resident Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Delegated Supervisor Signature: _____

Date: _____

Third Quarter

Resident Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Delegated Supervisor Signature: _____

Date: _____

Fourth Quarter

Resident Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Delegated Supervisor Signature: _____

Date: _____

Appendix D



Mental Health Training Program
Northern California

NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

POSTDOCTORAL RESIDENT REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN (rev. 7/2023)

To be completed by the PRIMARY SUPERVISOR and signed by the PRIMARY SUPERVISOR
and the POSTDOCTORAL RESIDENT

Policy Statement:

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

After determining the need to initiate Focused Competency Guidance and recording concerns in narrative form on the resident's CE, 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 recommend actions. The guidance plan will include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. This plan must be signed and dated by both the primary supervisor and intern during the initial and follow-up meetings with a copy provided to the resident. A copy 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 Date Initiation Date:	
Post-Doctoral 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) and Date

A. Competency Issues discussed at meeting, rated as "2" on CE:	B. Recommended Actions	C. Reassessment Status of Actions/Competency
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		

A. Competency Issues discussed at meeting, rated as "2" on CE:	B. Recommended Actions (cont'd)	C. Reassessment Status of Actions/Competency
Competency/Issue:		
Competency/Issue:		
Timeline / Date of Next Assessment	Post-Doctoral Resident Signature & Date	Primary Supervisor Signature & Date
Initial Meeting		
Reassessment Meeting		
Reassessment Meeting		

Appendix E



Mental Health Training Program
Northern California

NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

POSTDOCTORAL RESIDENT REMEDIATION:

Probation Plan (rev. 7/2023)

To be completed by the PRIMARY SUPERVISOR and signed by the PRIMARY SUPERVISOR and POSTDOCTORAL RESIDENT

Policy Statement:

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

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 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 time frame outlined in the Probation Plan, the resident's primary and secondary supervisors will evaluate the resident's progress and document their findings on the outcome's sections of this form. If insufficient progress has been made by 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:	
Post-Doctoral 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) and Date

Primary Supervisor Name (Signature) and Date

Probation Plan	Outcome
1. Description of resident's unsatisfactory performance	
2. Identification of targeted competency area(s)/behavioral anchors	

Probation Plan	Page 3 of 4
Probation Plan (cont'd)	Outcome
<p>3. Outline of measures to be undertaken to remediate resident's performance, including but not limited to: schedule modification; provision of opportunities for the resident to receive additional supervision and/or to attend additional seminars and/or other training activities; and/or recommendation of training resources</p>	

Probation Plan	Page 4 of 4
Probation Plan (cont'd)	Outcome
4. Expectations for successful outcome	
5. Consequences for unsuccessful outcome (which may include initiation of Probation)	
6. Timeline for completion	

Appendix F



Mental Health Training Program
Northern California

**NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES
BY A POSTDOCTORAL RESIDENT IN THE
CLINICAL NEUROPSYCHOLOGY TRAINING CONSORTIUM**

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

Resident Name: _____, PsyD/PhD

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.

Appendix G



Mental Health Training Program
Northern California

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Appendix H



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

SEMINAR EVALUATION

Title of Seminar:

Date:

Instructor(s):

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

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

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

Excellent Good Fair Poor

12. Suggestions for future seminar topics?

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

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

Appendix I



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

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)

Appendix J



Mental Health Training Program
Northern California

**POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL NEUROPSYCHOLOGY
RESIDENT EVALUATION OF SUPERVISOR (rev. 7/2020)**

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

Supervisor's Name: _____

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

Supervisee's/Residents' Name: _____

Please evaluate your supervisors using the criteria and rating scale below. The purpose of this evaluation is to inform the Training Program of the supervisors' strengths and weaknesses, and to help the supervisors improve in the practice of supervision. This evaluation process is optimally an ongoing part of the supervisory relationships and the criteria below can be used to guide discussion throughout the training year. Both supervisors and 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 Expectations
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 strategies and goals without imposing his/her/their own agenda
- _____ Recognizes my strengths
- _____ Conveys an active interest in helping me to grow professionally
- _____ Is sensitive to the stresses and demands of the residency
- _____ Helps me to feel comfortable to discuss problems
- _____ I feel comfortable talking to my supervisor about my reactions to him/her/them and the

content of our meetings

Supervisor's Style of Supervision

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

Supervisor Models Professional Behavior

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

Impact of Supervisor

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

The most positive aspects of this supervision are:

The least helpful or missing aspects of this supervision are:

This supervision experience might improve if:

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

Appendix K



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

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 seminars at your consortium?
2. How would you rate the quality of the regional seminars?
3. How would you rate the quality of your individual primary supervision?
4. How would you rate the quality of your secondary supervision?
5. How would you rate the overall training received during your residency 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: ADVANCED COMPETENCY AREAS

A. INTEGRATION OF SCIENCE AND PRACTICE

1. Scientific Foundations of Neuropsychology, Psychology, and Professional Practice

Evidence-based practice	I have been given the opportunity to practice evidence-based treatments	1 2 3
	I have been offered opportunities to apply a biopsychological approach	1 2 3

2. Research and Program 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
	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
Program evaluation and research supervision	I would rate the quality of my program evaluation supervision as follows	1 2 3

B. INDIVIDUAL AND CULTURAL DIVERSITY

1. Diversity Awareness

Awareness of self and others and their interaction as shaped by individual and cultural diversity and context (e.g., role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and SES)	I have been encouraged to independently apply knowledge, skills, and attitudes to dimensions of diversity in my professional work (e.g., use of culturally relevant best practices)	1 2 3
Appropriate applications based on individual and cultural context	I have been encouraged to independently monitor and apply knowledge of diversity in my interactions with other in the areas of assessment, treatment, research, and consultation	1 2 3

C. ETHICAL AND LEGAL STANDARDS, AND PROFESSIONAL CONDUCT

1. Ethical and Legal Standards, Policies, and Guidelines

Knowledge of ethical and legal standards, policies, and regulations	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
---	---	-------

LEVEL TWO: AREA-OF-FOCUS COMPETENCIES

A. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

1. Professionalism

Integrity and values	I have been supported to continually and independently monitor my professional values	1 2 3
	I have been encouraged to take action to correct situations that are in conflict with the values of the profession	1 2 3
Professional identity and conduct	I have been encouraged to conduct myself in a professional manner across all settings and situations	1 2 3
	I have been encouraged to keep up with advances in the profession and integrate science into practice in a professional manner	1 2 3
Reflective practice, self-assessment, and self-care	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

B. COMMUNICATION AND INTERPERSONAL SKILLS

1. Relatability

Collaboration	I have been given opportunities to collaborate with others in a multidisciplinary setting	1 2 3
Communication	I have been given opportunities to develop my own communication style without compromising efficacy	1 2 3

C. INTERVIEWS AND ASSESSMENT

1. Measurement, Psychometrics, and Diagnosis

Selection and interpretation of measures and knowledge of psychometrics	I have been given the opportunity to collaboratively select multiple methods and means of evaluation for specific patient populations	1 2 3
	I have been given the opportunity to effectively administer assessment instruments	1 2 3
	I have been given training on how to screen out confounding variables	1 2 3
	I have been given the opportunity to effectively interpret assessment instruments	1 2 3
Communication of findings: Case conceptualization and recommendations	I have been given the opportunity to effectively communicate assessment findings and recommendations, including confounding variables	1 2 3
Assessment Supervision	I would rate the quality of my assessment supervision as follows:	1 2 3

D. CONSULTATION AND INTERDISCIPLINARY SYSTEMS

1. Role of Consultant and Application of Consultation Methods

Role of Consultant	I have been given the opportunity to provide expert guidance and assistance in a manner that utilizes my	1 2 3
--------------------	--	-------

Feedback on consultation training	professional skills to evaluate and make recommendations	
	I have received constructive feedback on my consultation skills	1 2 3

2. Interprofessional and Interdisciplinary Skills

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

3. Role of Supervisor and Supervisory Practices and Procedures (KFRC only)

Roles, expectations, and ethics	I have been trained to understand the ethical and legal aspects of supervision while maintaining a good rapport with the supervisee	1 2 3
Supervision skills and development	I have been given guidance in developing my knowledge of competency-building skills	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
	I have been given guidance in addressing the supervisee's competency challenges with concrete training plans	1 2 3

E. COMMUNITY PARTNERSHIPS

1. Community Partnerships

Outreach 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
	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 to partnership stakeholders	1 2 3

F. INTERVENTIONS (KFRC ONLY)

1. Intervention Planning and Implementation

Psychodiagnostic and psychotherapeutic skills	I have been given the opportunity to develop my diagnostic skills	1 2 3
	I have been given the opportunity to enhance my abilities to evaluate and respond to risk and safety issues	1 2 3

	I have been given the opportunity to conceptualize cases and independently plan appropriate interventions	1 2 3
	I have been given the opportunity to demonstrate clinical skills with a wide variety of patients and presentations	1 2 3
	I have been given the opportunity to apply empirical models in planning interventions	1 2 3
	I have been given the opportunity to independently evaluate treatment progress and modify the plan as needed	1 2 3

LEVEL THREE: SUBSPECIALTY AREAS OF COMPETENCE

A. INTEGRATION OF SCIENCE AND PRACTICE

1. Scientific Foundations of Neuropsychology, Psychology, and Professional Practice

Evidence-based practice	I have been given the opportunities to incorporate neuroanatomy, neurobiology, and neuropathology into my clinical practice	1 2 3
	I have been given opportunities to consider how brain behavior and functioning differs across the lifespan	1 2 3

B. NEUROPSYCHOLOGICAL ASSESSMENT

1. Measurement, Psychometrics, and Diagnosis

Selection and interpretation of measures and knowledge of psychometrics	I have been given the training for how to account for discrepancies in data scores	1 2 3
	I have been given training on how to modify a testing battery and/or how to interpret changes in administration given physical or linguistic difficulties	1 2 3
	I have been trained on how to evaluate a person's cognitive functioning in comparison to an estimate of their premorbid abilities	1 2 3
Communication of findings: Case conceptualization and recommendations	I have been trained on how to develop strength-based recommendations that focus on re-integration to school, work, community, and other daily activities	1 2 3

C. CONSULTATION AND TEACHING

1. Role of Consultant and Application of Consultation Methods

Role of consultant	I have been the opportunity to collaborate with other professional on performance improvement projects and/or programs that enhance patient performance or treatment	1 2 3
--------------------	--	-------

2. Interprofessional and Interdisciplinary Skills

Psychoeducation	I have been trained on how to adapt delivery of psychoeducational material	1 2 3
	I have been trained on how to tailor recommendations for promoting participation and recovery	1 2 3

3. Role of Supervisor and Supervisory Practices and Procedures (KFRC only)

Supervision skills development	I have been given opportunities to regularly supervise both written and interpersonal work	1 2 3
--------------------------------	--	-------

C. INTERVENTION (KFRC only)

1. Intervention

Specific populations	I have been given opportunities to develop competency in working with patients who have neurological/cognitive impairments	1 2 3
	I have been given opportunities to develop competency in behavior management	1 2 3
	I have been given opportunities to work with patients with spinal cord injury	1 2 3
Modifying Treatment	I have been given the opportunity to assess for and modify interventions to account for difficulties with communication (i.e., aphasia, anosognosia)	1 2 3
	I have received adequate supervision in providing basic interventions such as relaxation, mindfulness, and pain management	1 2 3

PLEASE WRITE COMMENTS ON BACK, THANK YOU

Appendix L



Mental Health Training Program
Northern California

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Appendix M



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

LETTER OF COMPLETION

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

[Date]

Dear [Full name of trainee]:

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

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

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

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

[Signature of Training Director]

[Name of Training Director]

[Title of Training Director (e.g., Director of Training)] [Name and Location of Training Program]

Appendix N



Mental Health Training Program
Northern California

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Appendix O



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

WELCOME LETTER

Date _____

Dear _____

We are pleased to welcome you to the Postdoctoral Residency Training Program in the Kaiser Permanente Northern California Neuropsychology Resident Training Consortium at the Kaiser Foundation Rehabilitation Center and Kaiser Permanente Redwood City. We believe that this will be a rewarding training experience in which you will be able to expand professionally.

Your first year of residency will be at _____ (full street address), and you will be reporting to _____ (staff member's name).

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

Total Hours: You will be scheduled to work 40 hours per week. At this rate, but not including the 80 hours of annual paid vacation/holiday that you are eligible for, you will accrue a total of 2000 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 Psychology Internship Council's (CAPIC) website at <https://capic.net/resources/all-forms/#Postdoc%20Docs>.

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

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

Resident's Signature: _____ Date: _____

Training Director's Signature: _____ Date: _____



Mental Health Training Program
Northern California

Kaiser Permanente Mental Health Training Program Values Statement

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

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

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

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

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

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

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

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

Statement. Name: _____

Signature: _____

Date: _____

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

Appendix Q



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

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 supervisee for the independent practice of psychology once licensed.

The Trainee performs the following duties under supervision:

- Provide psychological, neuropsychological, and behavioral assessment and consultation services to inpatients and outpatients
- Conduct intake evaluations
- Provide crisis intervention as needed
- Provide brief treatment psychotherapy, if appropriate
- Consider differential diagnosis when developing and implementing treatment plans for individuals with cognitive impairments and/or neurological disorders
- Assess capacity to make decisions
- Provide psychoeducation about various neuropsychological conditions and impact on psychological functioning to patients, families, and caregivers
- Administer and interpret psychological and neuropsychological tests, and write reports for inpatients and outpatients
- Provide individual and group supervision to advanced practicum-level graduate students
- Participate in an outreach activity that serves the larger community
- Participate in regional, consortia, and departmental training activities
- Participate in departmental administrative and educational meetings
- 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 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), treatment team documentation and completed assessments
- Conduct professional presentations at Neurorehab Grand Rounds, Neuropsychology Case Conferences, and the Neuropsychology Residency Training Seminar
- Demonstrate preparedness/receptivity for supervision
- Complete assigned readings
- Consistently make progress on all behavioral anchors throughout the training year, achieving a rating of "3" (Consistently Meets Expectations) by the end of the fourth quarter for both the first and second year for all behavioral anchors 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

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 year, each resident meets with his/her 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 its seminars 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 their practice. Toward the end of the year, seminars are focused on licensure preparation and clinical practice choices. Preparation for professional licensure is also built into the regional seminar schedule with speakers devoted to exam review topics. Residents are encouraged to enroll in license preparation classes, for which they are eligible to be reimbursed by KPNC. At the regional level, seminars focus on keeping psychologists up to date on 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 on topics of their choice at case conferences, Neurorehabilitation Grand Rounds, and during the Neuropsychology Postdoctoral Training Seminar to provide them with professional teaching/oration experience.

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 PROGRAM COMPETENCIES

A. Integration of Science and Practice

1. Scientific Foundations of Psychology and Professional Practice

Objectives:

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

2. Research and Program Evaluation Objectives:

- Understands the importance of program evaluation to the practice of Health Service Psychology
- Develops and implements a program evaluation and/or research project

- Demonstrates consideration of diversity factors when developing program evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

B. Individual and Cultural Diversity

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

Objectives:

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

C. Ethical and Legal Standards

1. Ethical and Legal Standards, Policies, and Guidelines

Objectives": Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct

- Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
- Independently and consistently integrates ethical and legal standards into all competencies
- Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
- Understands and adheres to all Kaiser Permanente Psychology Postdoctoral Residency policies as delineated in the Policy and Procedure Manual for the Neuropsychology Postdoctoral Residency Program.

LEVEL TWO COMPETENCIES

A. Professional Values, Attitudes, and Behaviors

1. Professionalism

Objectives:

- Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity
- Independently accepts personal responsibility across settings and contexts
- Independently acts to safeguard the welfare of others including patients and 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

B. Communication and Interpersonal Skills

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

Objectives:

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

C. Interview and Assessment

1. Clinical Interview/Intake Assessment

Objectives:

- Conducts comprehensive biopsychosocial intake assessments that inform treatment planning and appropriateness of testing
- Develops a treatment battery and/or plan based on history obtained and record review
- Identifies any key variables that could impact current presentation, participation (in treatment or testing), and/or risk

2. Test Administration, Interpretation, and Diagnosis

Objectives:

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

D. Consultation and Interdisciplinary Systems

1. Role of the Consultant and Application of Consultation Methods

Objectives:

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

2. Interprofessional/Interdisciplinary Skills

Objectives:

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

3. Supervision and Mentorship

Objectives:

- Provide direct supervision to advanced practicum students by using a developmental approach
- Establish and maintain good boundaries with supervisees

E. Community Partnerships

1. Outreach Programming

Objectives:

- Provides education and training based on the empirical literature to promote healthy behaviors in underserved populations
- Provides education and training based on the empirical literature to update and advance provider knowledge and expertise

2. Professional Advancement

Objectives:

- Provides education and training based on the empirical literature to update and advance provider knowledge and expertise
- Prepare and present an area of professional interest to peers and colleagues

F. Intervention

1. Intervention Planning and Implementation

Objectives:

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

LEVEL THREE COMPETENCIES

A. Integration of Science and Practice

1. Scientific Foundations of Neuropsychology, Psychology and Professional Practice

Objectives:

- Understands the biopsychosocial etiology of neuropsychological disorders, including psychological and psychoneuroimmunological factors
- Demonstrates knowledge of the clinical and cognitive neurosciences including neurology, neuroanatomy, neurobiology, neuropathology, brain development, and neurophysiology
- Understands age-related changes in brain functioning and behavior across the lifespan
- Understands the patterns of incidents, prevalence (i.e., base-rate), and natural course of conditions of interest in neuropsychology
- Knows the scientific basis for diagnostic conclusions across a range of neuropsychological disorders

- Incorporates and uses outcome research in neuropsychology to guide assessment and formulate interventions, integrating patient and contextual factors

B. Assessments

1. Neuropsychological Assessments

Objectives:

- Understands neuropsychology of behavior, including information on processing theories, cognitive/affect neuroscience, social neuroscience, cultural neuroscience, and behavioral neurology
- Identifies patterns of behavior, cognitive, and emotional impairments associated with neurological and related diseases and conditions that affect brain structure and functioning
- Understand the effect of common systemic medical illnesses on brain function and behaviors
- Identifies patterns of behavior, cognitive and emotional impairments associated with psychiatric disorders
- Recognizes potential influences of motivation factors and assessment context on test performance
- Knowledge of medications used for common medical diseases and psychiatric disorders and their effect on brain functioning and behavior
- Acknowledges potential functional implications of neurological/medical conditions and neuropsychological impairments as they relate to everyday ability level, quality of life, and education/working/social/living environments

C. Teaching and Supervision

1. Supervision

Objectives:

- Knowledge of supervision theories, methods, and practices in professional psychology and clinical neuropsychology
- Knowledge of developmental stages in training that may impact the acquisition of clinical neuropsychology knowledge and skills

D. Intervention

1. Intervention Planning and Implementation

Objectives:

- Knowledge of theoretical and procedural bases of intervention methods appropriate to address disorders of language, attention, learning, memory, executive skills, problem solving, perceptual processing, sensorimotor functioning, and psychological/emotional adjustment
- Knowledge of how complex neurobehavioral disorder (e.g., aphasia, anosognosia, neuropsychiatric illness) and sociocultural factors can affect the applicability of interventions
- Knowledge of how to promote cognitive health and participation through activities such as physical and cognitive exercise, stress management, and sleep hygiene

2. Behavior Management

Objectives:

- Identify root cause of problematic behaviors and devise appropriate management strategies
- Communicate, review, and revise treatment plan and recommendations with case familiarity and recovery

Postdoctoral residents are provided with many opportunities, formal and informal, for socialization. They regularly meet with various mental health staff and take active roles in team meetings, 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 intake evaluations, assessment evaluations, and interacting with other interdisciplinary team members. Residents continue to have opportunities throughout the training year to provide co-assessments or co-therapy with their supervisors.

Residents are encouraged to meet with available non-supervising staff for consultation. This includes department professionals, such as neuropsychologists, physicians, speech-language pathologists, occupational therapists, physical therapists, case managers, nurses, and other rehabilitation professionals, as well as staff members from the neurology, psychiatry, and other medical departments.

The program's residents 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, site directors, and consortium director.

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

All residents participate in weekly two-hour supervision groups that focus on how to best provide direct patient care and interpret data from complex cases. The group supervision sessions also provide a place for the resident to present cases in a formal manner. Supervision groups include didactic trainings which focus on aspects of clinical neuropsychology practice that the residents may not regularly encounter.

All residents attend weekly didactic training seminars that focus on a broad range of neuropsychological topics. It is important to note that diversity issues are always integrated into didactic seminars because without continual attention to these issues, the danger to over pathologize and mistreat healthy cultural expressions of psychological distress can occur.

3) Describe 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 at least once per quarter (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 behavioral anchors listed for each

of the specific competencies on the CE. For any behavioral anchor in which a resident is rated less than a "3" ("Meets Expectations"), the primary supervisor must provide a narrative explanation. In addition, ratings of "1" ("Inadequate") or "2" ("Needs Improvement") on any behavioral anchor on the CE will trigger remedial and possibly corrective action. A resident performing at level "3" at the end of both training years has met the competency requirements for entry level of independent practice in the profession.

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

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

Appendix R



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

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

I. UND GROUND RULES

1. A TEAMS meeting will begin at 6:45 a.m.; Job offers begin at 7:00 a.m. PST
2. Do not leave any job offers on candidate's voice mail. Simply ask that your call be returned.
3. Throughout the day, the Regional Mental Health UND team will be continually updating the positions/locations list with:
 - Names of candidates who have **accepted** a KP offer
 - Names of candidates who have placed KP offers "**on hold**"
 - Names of candidates who have **declined** KP offers
4. Send the Candidate Tracking Spreadsheet to HR-Talent Acquisition. The sheet should include all candidates interviewed, names of panel members, and dates of interviews.
5. Send the names of any non-selected candidates whom you would recommend for hire to the Regional Coordinator, Julie Runkle (Julie.Runkle@kp.org)

II. WHEN CANDIDATE **ACCEPTS** OFFER

1. Confirm program start and end dates with the candidate. See the Mental Health Training Program's website for the current dates.
2. Send a TEAMS chat message to the Regional Mental Health Training UND team with the:
 - a) Candidate's Name
 - b) Training site
 - c) Training track
3. During your telephone conversation with the candidate inform him/her that:
 - a) HR/Talent Acquisition will contact him/her regarding the new-hire process, which includes HR sending out a formal offer letter and initiating the on-boarding process.
 - b) HR/Talent Acquisition will send out and collect back the "Verification of Completion of All Requirements for the Doctoral Degree" (Appendix S). This document must be completed and received by HR prior to the resident's start date.
 - c) His/her graduate school should send to HR/Talent Acquisition an official, sealed transcript noting doctoral degree conferral date by December 31st of the training year. If the candidate will not be able to provide proof of degree conferral by December 31st, the Regional Mental Health Training Director must be notified to determine possible employment termination.
 - d) He/she/they will be receiving a Welcome Letter (Appendix O) and Values Statement (Appendix P) which should be signed and returned to the local Training Director's office.
 - e) He/she/they should complete a candidate profile and apply to the job requisition number pertaining for the job in which they were hired for www.kaiserpermanentejobs.org.

III. WHEN CANDIDATE PUTS OFFER “ON HOLD”

1. Send a TEAMS chat message to the Regional Mental Health Training UND team with the:
 - a) Candidate's Name
 - b) Training site
 - c) Training track
 - d) Whether the hold is a 30-minute hold (for another KP location only) or a two-hour hold (non-KP location only).
2. Inform the candidate that they must contact you/training director if they accept another offer ASAP.
3. Inform the candidate that he/she/they can put only one offer on hold at a time. If you learn that a candidate has more than one offer on hold, please pass the candidate's name and contact information to **the Regional Mental Health Training Director, Kathryn Wetzler (Kathryn.Wetzler@kp.org, 707-645-2306) immediately**. The Regional Director will contact the candidate, and will also be monitoring for other multiple holds.
4. If a candidate tells you he/she/they is placing your program on hold, ask him/her for the name of the training site (KP or non-KP) he/she/they is waiting to hear from and suggest that he/she/they contact that training director to learn if he/she/they is under consideration.

IV. WHEN CANDIDATE DECLINES KP OFFER:

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

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

1. A candidate who has received an offer from a non-KP program but considers KP their first choice and needs to make a decision prior to UND may contact the TD from their first choice KP site and indicate: a) the name of the program that made the pre-UND offer; b) the name and telephone number of the person who contacted them; c) the timeframe within which they are allowed to hold the Non-KP offer.
2. The KP TD should call the non-KP program contact to verify the offer
3. If the KP TD chooses to make a reciprocal offer, the candidate must accept or decline immediately. The candidate's decision is binding. If the KP TD declines to make a reciprocal offer, the candidate may contact another KP Site/TD and indicate that this training site is now their first choice.

V. PROBLEMS/CONCERNS?

Please contact: Kathryn Wetzler by email or phone (see contact information above)
Ramona Boyd, Practice Specialist, Regional Mental Health Training Programs,
Ramona.J.Boyd@kp.org

Appendix S



Mental Health Training Program
Northern California

KAISER PERMANENTE NORTHERN CALIFORNIA NEUROPSYCHOLOGY POSTDOCTORAL TRAINING CONSORTIUM

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:	
<p>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.</p> <p>Your signature below verifies that the prospective postdoctoral resident listed above is in good standing with your institution and has completed <u>all</u> requirements for their doctoral degree, including but not limited to:</p> <ul style="list-style-type: none"> - Successful defense of dissertation <u>with no revisions</u> - Successful completion of 1,500 hours of internship (as required by the California Board of Psychology) 	
Academic Official Signature	
Date:	
Printed Name and Title:	
Email Address 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



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?	