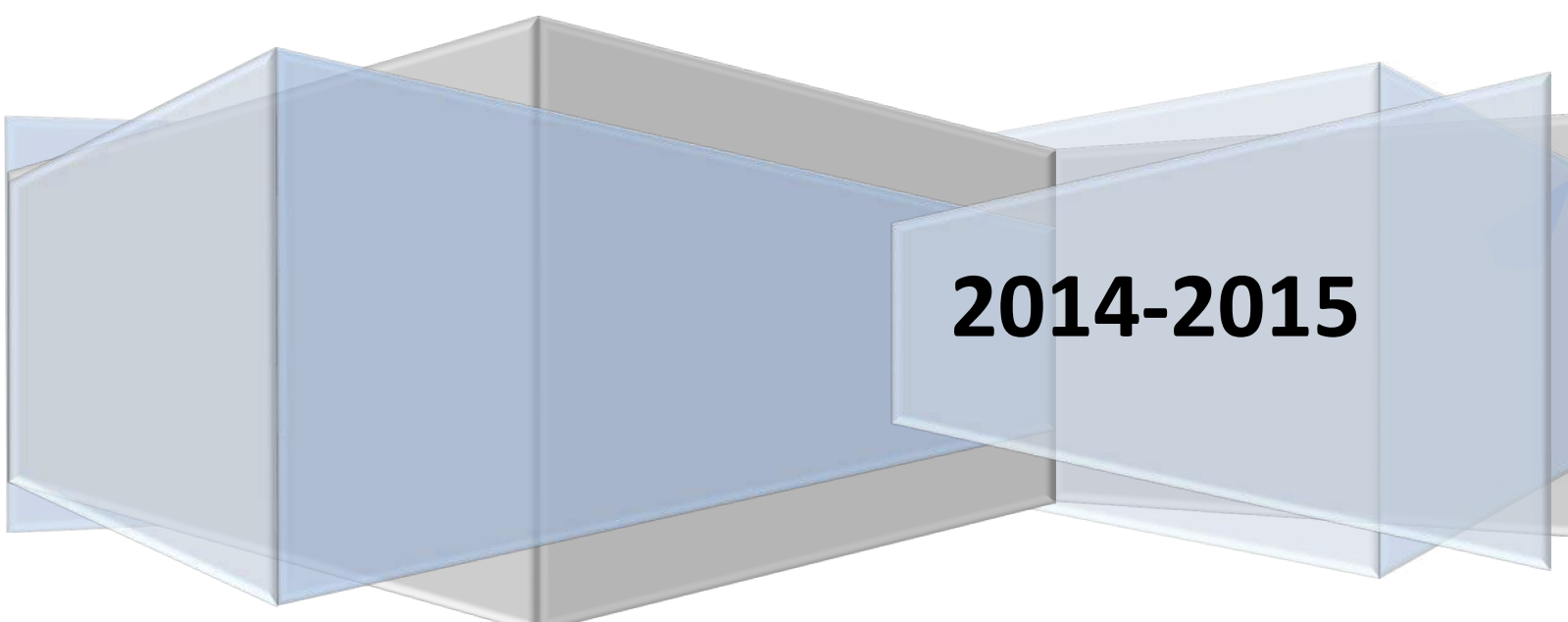

Policy and Procedure Manual

Practicum Student Training Programs
in Clinical Psychology and Neuropsychology

John B. Arden, PhD
Director of Training
Mental Health Training Programs
Kaiser Permanente Northern California



2014-2015

**KAISER PERMANENTE
NORTHERN CALIFORNIA REGION**

**Practicum Student Training Programs
In
Clinical Psychology
and
Neuropsychology**

Policy and Procedure Manual

Training Year

2014-2015

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KAISER PERMANENTE NORTHERN CALIFORNIA REGION

PSYCHOLOGY PRACTICUM STUDENT TRAINING PROGRAMS

POLICY AND PROCEDURE MANUAL

The Psychology Practicum Training Programs are provided by the medical centers in the Kaiser Permanente Northern California region and are consistent with state and national guidelines. This manual outlines the policies and practices that are applicable to practicum students. The manual is posted on the practicum programs' website at [http:// kp.org/psychtraining](http://kp.org/psychtraining). The reader is referred to this website for most program information, including but not limited to: descriptions of the programs at individual training sites; directories of program contacts; and regional training seminar schedules.

Psychology practicum students are also subject to Kaiser Permanente's (KP) general policies and procedures, as well as state and federal laws, and the APA Ethical Principles and Code of Conduct. These criteria are presented to the student during the orientation process.

1. PROGRAM OVERVIEW

The psychology practicum programs at KP prepare students for pre-doctoral internships. The practicum programs are conducted at training sites located within KP's Northern California Region, where psychology practicum students train in a broad range of settings.

Mission Statement

The Mission Statement for the psychology practicum programs is articulated by the following: KP is committed to provide the highest quality training possible for students and to prepare them for dynamic roles as mental health professionals in the health-care system of the future.

Educational Model

The psychology practicum program subscribes to the Practitioner-Scholar model of training. KP has embraced this model for its psychologists by investing considerable funds and staff time in researching Evidence-Based Practice. All departments are expected to follow Evidence-Based Practice guidelines. Practicum students are taught clinical skills based on sound psychological principles and evidence-based treatments. The Practitioner-Scholar model promotes competencies congruent with the discipline of professional psychology and applicable to a large multidisciplinary HMO hospital and outpatient system.

Goals, Objectives and Competencies

GOAL 1: PROFESSIONALISM: To provide student with opportunities to develop and enhance professionalism in psychology throughout the training year

Sub Areas/Objectives	Essential Components/Competencies
A) Integrity and professional identity	<ul style="list-style-type: none"> ▪ Continually monitors and resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity
B) Accountability	<ul style="list-style-type: none"> ▪ Accepts personal responsibility across settings and contexts
C) Concern for the welfare of other	<ul style="list-style-type: none"> ▪ Acts to safeguard the welfare of others, patients as well as colleagues
D) Self-assessment and self-care	<ul style="list-style-type: none"> ▪ Demonstrates self-reflection in the context of professional practice ▪ Accurately assesses self in all competency domains ▪ Actively self-monitors issues related to self-care

GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP): To provide student with training in the incorporation of scientific knowledge and EBP into practice

Sub Areas/Objectives	Essential Components/Competencies
A) Scientific mindedness	<ul style="list-style-type: none"> ▪ Integrates science and practice ▪ Uses knowledge derived from research to conceptualize cases and form appropriate treatment goals
B) Scientific foundation of psychology	<ul style="list-style-type: none"> ▪ Utilizes available databases, professional literature, seminars and training sessions, and other resources ▪ Models a commitment to educational and scholarly endeavors to keep current with the most recent research ▪ Understands the biopsychosocial etiology of psychological disorders

GOAL 3: DIVERSITY: To enhance student’s ability to treat patients of different socioeconomic backgrounds, ethnic groups, religious backgrounds, and gender and sexual identities with sensitivity and cultural competence

Sub Areas/Objectives	Essential Components/Competencies
A) Awareness of one’s own bias; self, others and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual, and role difference, including those based on age, gender,	<ul style="list-style-type: none"> ▪ 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 and consultation

gender identity, race, ethnicity, culture, national origin, religion, sexual identity, disability, language, and socioeconomic status) and context	<ul style="list-style-type: none"> ▪ Demonstrates competence in building rapport quickly with all patients regardless of issues of diversity or socioeconomic backgrounds
B) Application of individual and cultural knowledge into practice	<ul style="list-style-type: none"> ▪ Applies knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity

GOAL 4: ETHICS: To enhance student’s knowledge and clinical application of legal and ethical issues involved in the practice of psychology

Sub Areas/Objectives	Essential Components/Competencies
A) Knowledge of ethical, legal and professional standards and guidelines	<ul style="list-style-type: none"> ▪ Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct ▪ Demonstrates understanding of California laws, national practices and APA policies that apply to the practice of professional psychology
B) Application of ethical and professional standards	<ul style="list-style-type: none"> ▪ Consistently integrates ethical and legal standards into all foundational and functional competencies

GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS: To provide student with opportunities to function autonomously in multi-disciplinary treatment teams and to develop and maintain professional relationships

Sub Areas/Objectives	Essential Components/Competencies
A) Knowledgeable and respectful of the shared and distinctive contributions of and collaboration with other professionals on interdisciplinary team(s)	<ul style="list-style-type: none"> ▪ Demonstrates working knowledge of differing worldviews, professional standards, contexts and systems ▪ Demonstrates knowledge of differing roles of other professionals
B) Expressive communication skills	<ul style="list-style-type: none"> ▪ Manages difficult communication and seeks clarification ▪ Possesses advanced interpersonal skills, command of language and expression of ideas

FUNCTIONAL GOALS

GOAL 6: ASSESSMENT: To enhance student's proficiency in the use of assessment instruments for the purpose of evaluation, diagnosis, and treatment planning

Sub Areas/Objectives	Essential Components/Competencies
A) Understanding of evaluation methods	<ul style="list-style-type: none"> ▪ Understands the strengths and limitations of assessment instruments and diagnostic approaches ▪ Integrates the interpretation of results from multiple measures of diagnosis into treatment planning
B) Selection and implementation of measurement and psychometrics	<ul style="list-style-type: none"> ▪ Administers multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups
C) Interpretation of results and establishment of diagnoses	<ul style="list-style-type: none"> ▪ Competently interprets assessment results ▪ Utilizes case formulation and diagnosis for intervention planning in the contexts of stages of human development and diversity

GOAL 7: INTERVENTION: To provide student with advanced training in psychotherapeutic interventions designed to alleviate suffering and promote health and well-being of individuals, groups, and/or organizations

Sub Areas/Objectives	Essential Components/Competencies
A) Intervention knowledge and planning	<ul style="list-style-type: none"> ▪ Applies knowledge of evidence-based practice, including empirical bases of intervention strategies ▪ Plans interventions, including conceptualization and intervention specific to context and patient preferences ▪ Assesses cases with an understanding of the biopsychosocial nature of psychological disorders
B) Psychotherapeutic skills and interventions	<ul style="list-style-type: none"> ▪ Demonstrates increasing competence to conceptualize more complex cases ▪ Uses empirical models with flexibility to adapt to patient needs ▪ Demonstrates competence in the constructive use of own emotional reactions to patients in the treatment ▪ Seeks consultation for complex cases
E) Progress evaluation	<ul style="list-style-type: none"> ▪ Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

GOAL 8: PROGRAM EVALUATION AND RESEARCH: To provide student with opportunities to engage in program evaluation and/or research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities

Sub Areas/Objectives	Essential Components/Competencies
A) Scientific approach to the expansion of knowledge	<ul style="list-style-type: none"> ▪ Participates in program evaluation and/or research projects to improve program efficacy
B) Application of outcomes to practice	<ul style="list-style-type: none"> ▪ Demonstrates competence in evaluating outcomes ▪ Presents results/findings to staff and/or peers ▪ Applies outcomes to improve program

2. PROGRAM PARTICIPATION POLICIES

Diversity and Equality in Selection and Recruitment

The training program strives to encourage applications from persons who indicate that they come from diverse, underserved or disadvantaged backgrounds. Practicum supervisors and directors review all applications and ensure that all applicants who meet general criteria for the program are included in a selection pool.

Practicum Training Program Statement

Both students and KP enter into the training relationship voluntarily. A student is free to resign at any time throughout the program. Similarly, KP may also at any time conclude the relationship where it believes it is in the best interest of KP to do so. This conclusion may be based on but not limited to the following circumstances: ethics violations; competency concerns; or failure to meet labor standards.

Interview and Selection Process

All candidates must participate in the BAPIC match process to be interviewed. In scheduling candidate interviews, the training directors work closely with the departmental managers. The term of the training program is up to one year, unless terminated earlier. The training directors work together with the school field placement directors throughout the year to monitor the students' progress through evaluation and ongoing feedback. Applicants must be authorized to work in the United States without an employer-sponsored visa (e.g. H-1B, TN) or a student visa (e.g. F-1 OPT).

All candidates must:

- Be enrolled in an APA-accredited Ph.D./Psy.D./Ed.D. academic program
- Be enrolled in at least the third year of their graduate coursework
- Have completed at least one year of practicum experience in mental health
- Prior to beginning KP Practicum, have completed training in the nine pre-requisite study areas (see item 3 in "Program Minimum Requirements," below)

Disclosure of Difficulty in Meeting Program Expectations

At the time a candidate is offered a psychology practicum position, they are expected to fully and completely disclose any issue or problem which will impact or has the potential to impact patient care. Failure to disclose may result in a meeting with the student's training director to develop a plan to remediate this concern (see Appendix C). The outcome of this plan may cause the student to be subject to discipline, including the possibility of dismissal from the program.

Psychology Practicum Student Checklist

Before any selected student can begin their practicum at KP, the training director must receive a completed checklist showing that all required screenings for the student have been performed. The training director sends this checklist to the selected student, and it is the student's responsibility to deliver it to their school official to complete. It is also the student's responsibility to provide the school with any needed documentation regarding the items on the checklist. The school then returns the completed form to the training director by the deadline noted on page 2 of the form. See Appendix I for Psychology Practicum Student Checklist. The checklist is also available online on the Psychology Practicum programs main webpage:

http://info.kaiserpermanente.org/info_assets/psychtraining/pdfs/Psych_Practicum_Student_Checklist_Rev.APR2014I.pdf

Program Minimum Requirements

1. Academic Program

All practicum students must be in the process of completing their doctoral degrees (Psy.D., Ph.D. or Ed.D) from APA-accredited programs.

2. Academic Standing

All students must be in advanced standing in the third or fourth year of their doctoral programs.

3. Prior Training

All students must have prior experience delivering outpatient psychotherapeutic services within a mental health agency.

4. Pre-requisite Training

Before they see patients individually, all students must have prior training in the following areas:

- Mental Status Evaluation
- Mandated Reporting (CPS, APS, etc.)
- Suicide/Homicide/Danger Assessment (Tarasoff, etc.)
- Ethics (i.e. confidentiality, HIPAA, professional boundaries, etc.)
- Psychopathology, Abnormal Psychology
- Theories and Practices of Psychotherapy
- Personality and Psychological Development
- Domestic Violence
- Chemical Dependency

The student and his/her training director will insure that these competencies are met before the student begins seeing patients. A checklist with these items is included in the Baseline Assessment of Student Foundational and Functional Competencies (see Appendix A).

5. Health Clearance

All students are required to have the physical and mental ability to perform the essential duties of the training program, with reasonable accommodation if applicable. They must also meet all requirements as listed on the KP Psychology Practicum Student Checklist, a form that must be completed by their school in the spring prior to their start date. This checklist includes dates for immunization from rubella, rubeola and varicella, as well as tuberculosis testing, among others. In addition, students are recommended to obtain a Hepatitis B vaccine.

6. Pre-Employment Drug Testing: All students are required to be tested for illegal drugs or the inappropriate use of legal drugs before they can be accepted into the program. Drug testing must include all drugs as listed on the KP Psychology Practicum Student Checklist (see above). A positive test will require the rescission of the student placement, and will prohibit the student from applying for employment at Kaiser Permanente for 12 months.

7. Universal Precautions

All students are required to be knowledgeable of hospital standards for universal precautions and air and blood borne pathogens.

8. Policies of Training Program, APA, state, federal and KP: On the first day of training, students are directed on how to access, on-line, the training program's policies and procedures. Prior to seeing patients, students are directed in how to record their patient's informed consent in the patient's electronic chart (see Section 7, Patient Documentation, below, for more information on charting informed consent). Students are also directed how to access a copy of the APA Ethical Principles and Code of Conduct and are required to reference it during their tenure. Students are expected to understand and comply with all of these policies, in addition to those of KP, as well as state and federal laws (see Section 7, below, for more information on KP Policies).

Practicum Student Minimal Levels of Achievement

The minimal levels of achievement expected of a student in order to successfully progress through and complete the training program are identified and evaluated by the following:

Baseline Assessment of Student Competencies

Within the first week of the training program, the student and supervisor complete the Baseline Assessment of Student Foundational and Functional Competencies (see Appendix A). This assessment identifies the student's level of experience and training at entry to the training program, in all expected competency areas. The baseline assessment also identifies competency areas on which the student will focus during the year and is kept in the student's file.

School Evaluations and Program Evaluation Tools

All psychology practicum students are concurrently enrolled in doctoral programs, and these programs perform evaluation of the students throughout the training year. Kaiser Permanente

Northern California psychology practicum programs work with the schools and are directed to augment the schools' evaluation tools, if necessary, to ensure that all training goals are met.

“Good Standing” Definition for KP Programs

Except as noted below, a student is in good standing if they are in good standing in their respective doctoral programs. They may also be in Focused Competency Guidance for the first evaluation period. A student is not in good standing when his/her primary supervisor initiates the Focused Competency Guidance process subsequent to the first evaluation period, or the Letter of Warning and/or any Corrective Action Policies at any time (see Appendix C for all of these procedures).

Title of Practicum Student

The title of a practicum student in clinical psychology is “Psychology Practicum Student”. Each student will clearly identify herself/himself as a psychology student at the first meeting with any patient or potential patient (see Section 7, Patient Documentation, below, for more information on charting informed consent).

Scheduling and Related Issues

Each student will have no less than one hour per week blocked for individual supervision and one hour per week for group supervision. This time will be scheduled by the supervisors and the student. The student will be expected to adjust his/her time off in accordance to the availability of the supervisor. Each supervisor will be expected to work with his/her manager to ensure that the supervisor is not asked to perform any other duties during the supervision time. Students may be required to attend sub-departmental meetings and other meetings as determined by her/his supervisor. Each student should have no less than two hours of IPC per week in the schedule.

Practicum Student Rights and Responsibilities

Compliance with APA Ethical Principles and Code of Conduct

Students and supervisors are expected to comply with the current APA ethics code at all times. Any student or a supervisor who has concerns about another student, supervisor or training director or any other part should follow the ethics code in dealing with the issue. However, the student or supervisor may contact the training director if needed or if the student does not feel the problem can be resolved through normal channels as described in the ethics code.

Compliance with State and Federal and Organization Privacy Laws and Regulations

Students are expected to comply with all rules and regulations and laws regarding privacy and privacy protection at all times. This includes, but is not limited to, never taking material with patient data on it off the worksite and not allowing any patient data to be disclosed in any way at any time. This also includes ensuring that all compliance forms are completed. In the event of any privacy breach or potential breach, the student is expected to inform the supervisor, training director and privacy office immediately. Failure to comply with this expectation will result in remediation and may result in dismissal from the program.

Practicum Student Grievance Procedures

Kaiser Mental Health training directors will work with the student's school's Field Placement Directors to ensure that there is accord between the two institutions regarding these procedures.

If a student has any disagreement with his/her supervisor, another staff member, a fellow student, or a matter of program policy, he/she will be encouraged to communicate openly with his/her supervisor about the issue(s). The procedure for this is outlined in the Student Grievance and Appeal Procedures (see Appendices E and F).

The Student Grievance and Appeal procedures are not intended to be used by a student to appeal the results of a performance evaluation or any remedial or corrective action (e.g., written letter of warning, probation, etc.). To appeal any of these program decisions, the student is directed to follow Student Due Process, as outlined in Appendix D.

Completion and Certification

A Certificate of Completion may be issued at the end of the training year (issuance varies among training sites). In order to receive a certificate, the student must attain a minimum score of "3" ("Consistently Meets Expectations") for each behavioral anchor on the CE by the end of the training year.

Denial of Certificate of Completion

Students who are dismissed from the Program or who fail to receive a minimum score of "3" ("Consistently Meets Expectations") for each behavioral anchor on the CE by the end of the training year will not receive a Certificate of Completion. The training director will notify the student as soon as reasonably practicable of the denial of the Certificate of Completion.

Practicum Student Resignation

Students who voluntarily separate from the training program before the end of the training year are considered to have resigned. KP expects a student to give written notice which must be received by the Program Director at least thirty calendar days prior to the effective date of a resignation.

Regular Position Hiring

There is no expectation that, once the training program is completed, Kaiser Permanente will hire a former practicum student for an internship, residency or permanent position. Students are expected to apply and compete for open positions, just like any other qualified candidate.

3. EVALUATION, REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

Kaiser Mental Health training directors will work with the practicum student's school's Field Placement Directors to ensure that there is accord between the two institutions regarding the following procedures, as listed in Section 3, below.

Evaluation of Practicum Student

Baseline Assessment of Student Foundational and Functional Competencies

Within the first week of the training program, the student and primary supervisor will complete the Baseline Assessment of Student Foundational and Functional Competencies (Appendix A). This baseline assessment identifies the student's level of experience in all competency areas set forth in the Competencies Evaluation ("CE"; see below; see also Appendix G). It also identifies competency areas on which the student will focus during the year. The baseline assessment form is kept in the student's personnel file.

Competencies Evaluation (CE)

In order to ensure that students meet the program's goals and requirements, each student will be formally evaluated by his or her primary supervisor at least once per every three months (and more frequently, if a competency concern arises: see "Ongoing Evaluation," above) through the use of the CE. The CE is the training program's formal evaluation instrument for evaluating a student's progress. Primary supervisors use the CE to rate each student on all the behavioral anchors corresponding to program goals.

Each of the ratings on the CE indicates a specific level of competency. Primary supervisors are instructed to provide a narrative explanation for all ratings other than a "3" ("Meets Expectations"), which indicates that the student's performance meets the competency requirements for students at that stage of training.

Ratings of "1" ("Does Not meet Expectations") or "2" ("Needs Improvement") on any behavioral anchor in the CE will trigger remedial and possibly corrective action (see below).

The primary supervisor will meet with the student to review completed CEs. The student may respond in writing to the CE. The completed CE and any response will be placed in the student's personnel file. See Appendix G for the CE.

Ongoing Evaluation

Ongoing evaluation provides the student with information regarding his or her progress during regularly scheduled individual supervision sessions. If a concern arises regarding a student's behavior or performance, primary supervisors should provide such feedback during these sessions, enabling the student to focus attention on the specified area or areas of concern. If at any point in the training year a student noticeably "Needs Improvement" or is "Inadequate" on any behavioral anchor, the primary supervisor will complete a CE (see below; see also Appendix G) on the student. The ratings from the CE may prompt the primary supervisor to initiate remedial and/or corrective action procedure(s) for the student (see below).

About Remedial and Corrective Actions for Practicum Students

There are several levels and types of remedial and corrective actions that may be taken if a significant concern about a student's professional conduct, professional development or performance arises during their tenure. The primary supervisor will consult with the training

director and field director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. While these policies contain guidance regarding when a particular action is taken, the primary supervisor may select those action(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP's Human Resources' policies, available online at My HR.

Remediation of Practicum Student

Focused Competency Guidance

This action is typically triggered when a student receives one or more rating(s) of "2" on the CE (see above) for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (*However, should a student receive a "2" for any of these anchors later in the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective action procedure.) The supervisor or the training director will contact the school to coordinate remedial procedures.

The primary supervisor will meet with the student to discuss the competency issue(s) with the student and to recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will also indicate a timeline for reassessment of the identified concerns. The supervisor will record this action, including the concerns and recommendations, in narrative form on the student's CE. See Appendix C for a full description of the Focused Competency Guidance procedure.

Written Letter of Warning

This action is typically taken by the primary supervisor when a student: fails to achieve timely and/or sustained improvement after a focused competency review; and/or receives one or more rating(s) of "1" on the CE for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal behavior or substance abuse. (*However, should a student receive a "1" for any of these anchors later in the training year, the supervisor may choose to initiate a corrective action procedure.)

A letter of warning should contain: a description of the student's unsatisfactory behavior or performance, including: the targeted competency area(s)/behavioral anchors; necessary actions by the student to correct the unsatisfactory behavior or performance; a timeline for correcting the problem; and the action that will be taken if the problem is not corrected in the specified time frame.

The primary supervisor will provide the training director and the school with a copy of the letter of warning and a copy will be kept in the student's file. Within the time frame outlined in the letter, the primary supervisor will re-evaluate the student using a CE. See Appendix C for full description of the Written Letter of Warning procedure.

Schedule Modification

Schedule modification is a time-limited, closely supervised period of training, usually triggered by the initiation of Focused Competency Guidance or Written Letter of Warning. Several possible and concurrent courses of action may be included in modifying a schedule. These include: (a) increasing the amount of supervision, either with the same or other supervisors; (b) changing the format, emphasis and/or focus of supervision; (c) recommending personal therapy;

(d) reducing the student's clinical or other workload; and (e) requiring specific academic course work. The training director will determine the length and nature of any period of schedule modification.

Corrective Action for Practicum Student

Probation

Students who are in jeopardy of not successfully completing the competency requirements of the Training Program or who have serious competency-related concerns that go beyond, or have not been corrected after, a focused competency review or a letter of warning, may be placed on probation by the training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the training director. The training director will monitor for a specified length of time the student's progress in changing or improving the behavior of concern.

Probation will be communicated to the student in writing and should include: a description of the reason(s) for the probation; any required schedule modification; the time frame for probation during which the problem is expected to be ameliorated; and the criteria for determining whether the problem has been adequately addressed. A copy of this communiqué will be provided to the school. The student will also be notified that they are no longer considered in good standing with the Training Program. Failure to show substantial improvement in the identified competency areas within the specified time period may lead to an extension of the probationary period or to other actions, including dismissal or suspension. See Appendix C for full description of the probation procedure.

Suspension

Suspension of a student is a dual decision process made between the training director and the departmental manager, with notice given to the school. As a result of this decision, the student may be suspended from all or part of their usual and regular assignments in the training program. Suspension of a student can occur as the result of but not limited to a student's unprofessional or unethical behavior, for failing to comply with state law, federal law, Kaiser Permanente and/or the training program's policies and procedures, or when the removal of the student from the clinical service is required for the best interests of the student, patients, staff and/or the training program.

The training director's implementation of the Suspension procedure may, but need not be prompted by CE rating(s) of "1" (Does Not Meet Expectations) for anchor(s) related to these behaviors. The training director and primary supervisor will confirm the suspension in writing, stating the reason(s) for the suspension and its expected duration. As with probation, a student suspended from the practicum training program will be notified that they are no longer considered in good standing with the program. Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal. See Appendix C for full description of the Suspension procedure.

Termination

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Mental Health Training Programs. This action is invoked for any of the following reasons:

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

The decision to dismiss a student is not made lightly and is made by the training director and departmental manager, in consultation with the school. The student will be notified of the decision in writing. Dismissal of a student is made not only following discussions between the supervisor and departmental manager, but with consultation with the appropriate representative from the university where the student is enrolled.

In addition to the above, a student's training may be terminated at any time, with or without cause, by the training director in conjunction with departmental management. Termination will result in dismissal of the student from the training program. See Appendix C for full description of the Termination procedure.

Practicum Student Due Process

The primary purpose of due process is to provide a mechanism by which all decisions made by the Training Program regarding a student's *evaluation, remediation or corrective action, as well as a student's status* in the program, can be fairly reviewed. Due process is a mechanism by which a student may challenge any decisions made by the program. Due process procedures are outlined in full, in Appendix D. The Training Program's procedure for Review of Student Appeal is also located in Appendix D.

If a student has any disagreement with their supervisor, another staff member, a fellow student, or a matter of program policy, they are directed to follow the Student Grievance Procedures, as outlined in Appendices D and E.

4. SUPERVISION OF PRACTICUM STUDENT

Practicum Student Mandatory Sequence of Skills Acquisition

The following phases outline the mandatory graduated and sequential training activities for pre-master's students:

Phase I:

- Baseline Assessment of Student Competencies
- Shadowing of licensed staff members
- Orientations: PARS; HealthConnect; Departmental; Training Policy and Procedure manual

- Learning agreement with school
- Pre-Requisites Checklist documented

Phase II:

- Sitting in or co-facilitating groups; documenting the group notes and discussing notes with supervisor
- Sitting in or co-performing intakes; documenting the intake and discussing documentation with supervisor
- Observing supervisors administering assessment batteries (for assessment placements)
- Practicum student's readiness to see clients individually will be determined by an appropriate assessment by the supervisor.

Phase III:

- All clients are screened by licensed therapists, who then assign cases to practicum students based on the determination that the case will not exceed the practicum student's competence.
- Clients are given the option to see licensed therapists instead of practicum students.
- All clients who are seen by practicum students are informed of the students' status through appropriate means, and this is documented.
- Practicum students and supervisors perform weekly reviews of open cases, including risk management.
- Practicum students are directed to immediately escalate concerns about risk to a supervisor or designee. If there is a question of self-harm, harm to others, or serious decompensation, procedure will be as follows:
 - For patient in office: an urgent evaluation will be performed by a licensed clinician
 - For patient out of office: patient will be contacted and asked to come in for an urgent evaluation to be performed by a licensed clinician

Supervisor Requirements for Practicum Programs

All supervisors must:

- Meet APA requirements for psychology practicum supervisors
 - All supervisors must be licensed psychologists
 - All supervisors must complete six hours of supervision training every licensing cycle
- Meet training agreement requirements of the school
- Provide no less than 2 hours of supervision for every 20 hours of practicum students' service provision; at least one hour of supervision must be individual
- Keep files on practicum students in perpetuity

5. PROGRAM ADMINISTRATION

California Board of Psychology (BOP)

The psychology practicum training programs comply with the supervision guidelines as stipulated by the BOP. For more information, and to download forms, etc., please go to:

<http://www.psychboard.ca.gov/>

Supervisor Chart Review Hours

All primary supervisors in the psychology practicum programs are allocated up to one hour per week when supervising one student and up to two hours per week when supervising more than one student, for chart review and closing of notes. These hours are in addition to the actual face-to-face individual supervision that the supervisor provides.

Training Staff Member Responsibilities

All training staff members have the responsibility to:

- Relate to students in a collegial and professional manner that is conducive to a positive learning environment
- Respect individual differences among students, including cultural or individual diversity issues
- Model ethical, professional behavior including recognition of and respect for differences among patients and colleagues
- Model commitment to the mission of KP
- Model commitment to the mission and training model of the Psychology Practicum programs
- Maintain agreed upon times for supervision, consultation, and co-therapy experiences
- Clearly communicate expectations of students and give appropriate timely feedback regarding their progress
- Consult regularly with other professional staff who may have contact with the students and provide knowledge about their competencies and general performance
- Contact the site training director when questions or concerns arise regarding students' requirements
- Keep abreast of any changes in the program or agency that may impact the students and communicate these in a direct, timely fashion to reduce any inconvenience to the students
- Follow all outlined grievance policies and due process if problems arise concerning students
- Attend meetings

Training Director Responsibilities

- Coordinates and directs the site training supervisors
- Ensures that program policies and procedures are followed
- Ensures support and resources for students and supervisors
- Ensures that Board of Psychology (BOP), APPIC, and APA guidelines are followed
- Organizes the interview and selection process for new candidates
- Ensures timely evaluations of students, utilizing the Competencies Evaluation
- Participates with department managers in decision-making on issues concerning student schedules, placements on teams and the candidate interviewing process
- Attends meetings

Training Staff Member Dispute Resolution

If a training supervisor or staff member has any disagreement with another supervisor, another training staff member, a student or a matter of program policy, or wishes to dispute a corrective action or evaluation, he/she will be encouraged to communicate openly with his/her training director about the issue. The procedure for this is outlined in Appendix H.

Practicum Student Personnel Files

Each training program shall establish and maintain records pertaining to students. These files are secure and confidential. Records are stored and are not discarded after the student leaves the program.

The records include documentation of appointment, performance evaluations, corrective actions, and any correspondence pertaining to that student. These letters and documents are reviewed by the training director prior to filing.

Upon advance request, students may inspect their personnel files in the presence of the training director or a designated representative. However, records such as letters of reference may be withheld if protected by legal privilege. The student may request a correction or deletion of a record by submitting a request to the training director who will notify the student whether his/her request has been granted or denied. If dissatisfied with the decision, the student may submit a written appeal of the training director's decision to the regional training director specifying the grounds for the appeal and facts and evidence in support thereof. Following a review, the regional training director will notify the student of his/her decision. The student may submit a written statement of his/her disagreement for inclusion in the personnel file.

Personnel records and information therein shall be released upon the written authorization of the student, or as authorized or permitted by law. A training director may provide an oral evaluation of a student to a prospective employer based upon personal knowledge.

Retention of Interviewees' Application Materials and Interviewers' Notes

It is recommended that training directors retain all non-selected interviewees' application materials, along with all corresponding interview panel members' interview notes, for a period of two years following the interviews.

6. PATIENT DOCUMENTATION

Medical/Legal Services

Provision of Psychological Treatment Services by a Practicum Student and Patient Consent:

Before a student provides mental health services to a patient, the student must inform the patient or patient's guardian of the student's status, last day of training, and name of supervisor. The student must then document in the patient's electronic chart that the patient received the information and gave (or refused) their consent to be seen by an intern. The "dot phrase" to be used to note this in the patient's electronic chart is ".traineeinformedconsent". This dot phrase signifies that "*The pt. 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 student may complete the information on the "Notice of Provision of Psychological Treatment Services by a Psychology Practicum Student" form, and provide the form to the patient and/or guardian, for their reference (see Appendix B).

Patients may refuse therapy. In such cases, the intern must document the patient's refusal in the patient's electronic chart, noting that treatment was explained and the consequences of refusal were discussed with the patient.

Signing Legal Documents

Students may not sign wills, power of attorney forms or other legal documents as witnesses for patients or their families. A request to act as witness to a document should be courteously, but firmly, refused. Students may not sign forms, such as state disability forms, which require the signature of a licensed psychologist or psychiatrist.

Responding to Legal Documents

Receipt of a subpoena, summons to a court, 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 training director and the student's supervisor.

Contact with Attorneys/Other Individuals

Patient information is confidential and protected by law. Patient or chart information cannot be released to anyone without the consent from the patient or as authorized by law. Students should not discuss patient care matters with investigators or attorneys, without notice to and in the presence of attorneys representing Kaiser Permanente. The Medical-Legal Department is available for further information.

Patient Rights and Responsibilities

Patients' rights and responsibilities, as outlined in the Kaiser Permanente Local Policies and Procedures Manual, shall be observed at all times.

Patient Safety:

Patient's safety is of utmost concern to students and all other staff. For more information, go to: <http://kpnet.kp.org:81/california/qmrs/ps/>

Patient Mental Health Records

Patient On-line Charting in HealthConnect

Mental Health records are confidential. Viewing the medical records of any patients other than those treated by the student is strictly prohibited.

Mental health records must be entered in the online HealthConnect system. The student is responsible for attending or receiving training in the use of online charting. The online charting used must meet department standards. Only approved abbreviations and symbols may be used.

The patient's progress is to be documented at each contact. All notes should be dated. In general, elements of the progress notes include:

1. Diagnosis(es)
2. Plan for treatment
3. Need for diagnostic or therapeutic services
4. Strategies employed
5. Progress of the patient.
6. MSE
7. A statement that assesses patient safety including potential for suicide
8. A statement that assesses patient potential for homicide

The record should be sufficiently detailed and organized in accordance to departmental standards so that the responsible clinicians provide effective, continuing care to the patient and can, if necessary, at a later date, determine what the patient's condition was at a specific time and can review the diagnostic and therapeutic intervention. The changes in condition of the patient and results of treatment need to be documented. The record should also enable another clinician to assume care of the patient at any time.

Closing of Notes

All students should complete intake and progress notes immediately after each patient contact session and forward the notes directly to student's supervisor. Supervisor will review student's notes and make any needed recommendations to student. If necessary, student will modify notes. After approving notes, supervisor will enter the CPT code and close the notes. Supervisor should close the notes immediately upon approval and no later than 5 working days from the patient contact date. At the discretion of the supervisor, a student may be asked to submit a note/report in a word document that will be posted only upon approval by the supervisor.

California Confidentiality of Medical Information Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

All students must abide by standards set forth by the California Confidentiality of Medical Information Act and by HIPAA. See Obligations Regarding Confidentiality CA 1.09, located under HR Policies in *My HR*, for more information. For an outline of these standards, go to http://kpnet.kp.org/national/compliance/program/privacy_security.html

7. HUMAN RESOURCE POLICIES

Scheduling of Hours of Work

The training director shall work out a schedule with each student. In creating a training schedule for the student, each site's training director works closely with the department managers and the student. Requirements vary between departments. For example, CDS training programs may include weekend work. All departments may include weekday evening work.

Time Off

Students receive two weeks of time off per year, comparable to average hours worked per week.

Non-Discrimination Policy

The psychology practicum programs are integral parts of KP. Placements 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. Additionally, it is the policy of KP to provide a work environment free of sexual and other forms of unlawful harassment. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge and all other terms and conditions of training.

Kaiser Permanente Harassment-Free Work Environment Policy

Kaiser Permanente (KP) is committed to maintaining a work environment free of discrimination. In keeping with this commitment, KP strongly disapproves, and will not tolerate any kind of harassment of students, employees, applicants for employment or independent contractors by anyone, including any manager, supervisor, physician, co-worker or non-employee.

Please see Commitment to Harassment-Free Work Environment, Natl 5, located under HR Policies in *My HR*, for procedures for addressing sexual harassment complaints and issues.

Kaiser Permanente Internal Equal Employment Opportunity (EEO) Policy

Psychology practicum placements hosted by Kaiser Permanente are based on merit, qualifications, and competence. Applicants will not be discriminated against on the basis of race, religion, color, national origin, ancestry, physical or mental disability, veteran status, medical condition, marital status, age, sex or sexual orientation. Additionally, KP provides an environment free of unlawful harassment and will not tolerate harassment including sexual harassment of students, employees or applicants.

Please see Equal Employment Opportunity and Affirmative Action, Natl 3, located under HR Policies in *My HR*, for procedures for addressing equal opportunity complaints and issues and for the KP internal EEO Complaint Form.

Accommodation for Disabilities

Kaiser Permanente provides job accommodations that are both reasonable and necessary to meet the known functional limitations of students or employees with disabilities.

8. MEDICAL CENTER SERVICES

Administrative Support Services

Administrative assistance is available to all students at their local training sites. Students should contact training supervisors for information on obtaining assistance with office equipment, procedures, etc

Library Services

Library services are provided through each medical center. Access to an online clinical library is also available to students.

9. ENVIRONMENTAL, HEALTH, AND SAFETY POLICIES

Smoking Policy

Smoking is not permitted inside any hospital or clinic buildings. Some sites prohibit smoking anywhere on their campuses.

Fire and Disaster Drills

As part of the ongoing disaster awareness program, fire drills are conducted each quarter and disaster drills are conducted at least twice yearly. All members of the professional staff, students and support services are expected to be familiar with the fire and disaster procedures

and to participate as required when they are conducted. In addition to increasing our awareness, the drills meet the requirements of various regulatory agencies governing the licensure of the hospital. For details, please read the FIRE AND DISASTER PROCEDURES available in the Medical Education office and discuss questions with your supervisor.

Drug and Substance Abuse

Since patient health and safety are the paramount concerns of the institution, no student shall provide patient care or do any other work for KP when under the influence of, or impaired in any way, by drugs or alcohol or when job performance or conduct are adversely affected by drug or alcohol use or abuse. Failure to comply with these strict guidelines will result in immediate dismissal.

Security

The hospital has instituted policies and procedures and other measures in an effort to enhance the security of staff, patients and visitors throughout hospital facilities and grounds including parking facilities. Security measures are reviewed on a regular basis. Students are required to comply with program and hospital policies, procedures and practices regarding staff and patient security including, participating in security measures training, and using hospital facilities for their designated purposes only.

10. WEBSITE

Our website includes but is not limited to:

Listings by program and by individual site
Training Program Policy and Procedure Manual
Regional Training Seminar schedule
Links to related websites

Go to "Practicum Programs" on our website: <http://kp.org/psychtraining>.

Or click on http://info.kp.org/html/psych_practicum.html

Appendix A

**KAISER PERMANENTE NORTHERN CALIFORNIA
PSYCHOLOGY PRACTICUM PROGRAM**

**BASELINE ASSESSMENT OF PSYCHOLOGY PRACTICUM STUDENT
FOUNDATIONAL AND FUNCTIONAL COMPETENCIES**

Training Year: _____ Date: _____

Training Site: _____ Team: _____

Student Name: _____

Primary Supervisor Name: _____

PART I: PREREQUISITES CHECKLIST

Before any student sees patients individually, he/she must have prior training in the areas listed below. The student and his/her training director will insure that these competencies are met before the student begins seeing patients. To document this, the student and training director will complete the list located below. The training director will then send a copy of the completed form to the regional training director, and keep the original form on file.

Training Area	Date(s) of Training	Location of Training
1. Mental Status Evaluation		
2. Mandated Reporting (CPS, APS, etc.)		
3. Suicide/Homicide/Danger Assessment (Tarasoff, etc.)		
4. Ethics (i.e. confidentiality, HIPAA, professional boundaries, etc.)		
5. Psychopathology, Abnormal Psychology		
6. Theories and Practices of Psychotherapy		
7. Personality and Psychological Development		
8. Domestic Violence		
9. Chemical Dependency		

PART II: STUDENT'S COMPETENCY BASELINES

- 1 = No Experience:** Student has **no experience** in this competency area: needs focused training on competency to meet expectations of an entry-level student
- 2 = Minimal Experience:** Student has **minimal experience** in this competency area: needs focused training on competency to meet expectations of a person who has completed two years of a psychology doctoral program
- 3 = Meets Expectations:** Student's experience **meets expectations** of a person who has completed two years of a psychology doctoral program
- 4 = Exceeds Expectations:** Student's experience **exceeds expectations** of a person who has completed two years of a psychology doctoral program
- 5 = Outstanding:** Student's experience **is commensurate with license-eligibility**

FOUNDATIONAL COMPETENCIES

GOAL 1: PROFESSIONALISM

A) Integrity and professional identity

Essential Component:

- Continually monitors and resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity

Behavioral Anchor:

- Takes action to correct situations that are in conflict with professional values

Baseline Ratings

1	2	3	4	5
---	---	---	---	---

B) Accountability

Essential Component:

- Accepts personal responsibility across settings and contexts

Behavioral Anchors:

- Holds self accountable for own behavior and decisions made
- Submits to external review of quality of service by supervisors and/or administrators

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

C) Concern for the welfare of others

Essential Component:

- Acts to safeguard the welfare of others, patients as well as colleagues

Behavioral Anchors:

- Actions convey sensitivity to patients' experiences and needs while retaining professional demeanor and behavior
- Respectful of the beliefs and values of colleagues even when inconsistent with own personal beliefs and values

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

D) Self-assessment and self-care

Essential Components:

- Demonstrates self-reflection in the context of professional practice
- Accurately assesses self in all competency domains
- Actively self-monitors issues related to self-care

Behavioral Anchors:

- Communicates assessment of own strengths and weaknesses
- Takes action to resolve incongruencies if gaps in professional competencies
- Models effective self-care

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)

A) Scientific mindedness

Essential Components:

- Integrates science and practice
- Uses knowledge derived from research to conceptualize cases and form appropriate treatment goals

Behavioral Anchor:

- Readily applies EBP to work with patients

1	2	3	4	5
---	---	---	---	---

B) Scientific foundation of psychology

Essential Components:

- Utilizes available databases, professional literature, seminars and training sessions, and other resources
- Models a commitment to educational and scholarly endeavors to keep current with the most recent research
- Understands the biopsychosocial etiology of psychological disorders

Behavioral Anchors:

- Applies a biopsychosocial approach to helping patients
- Accesses empirical data
- Applies scientific knowledge and skills appropriately to the solution of problems

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

GOAL 3: DIVERSITY

A) Awareness of one's own bias: self, others and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual and role difference, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual identity, disability, language and socioeconomic status), and context

Essential Components:

- 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 and consultation

■ Demonstrates competence in building rapport quickly with all patients regardless of issues of diversity or socioeconomic backgrounds					
Behavioral Anchors:					Baseline Ratings
● Articulates how one's own cultural/ethnic identity may impact patients					1 2 3 4 5
● Initiates consultation and/or supervision about diversity issues					1 2 3 4 5
B) Application of individual and cultural knowledge into practice					
Essential Component:					
■ Applies knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity					
Behavioral Anchor:					
● Adapts and modifies one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the patients					1 2 3 4 5

GOAL 4: ETHICS

A) Knowledge of ethical, legal and professional standards and guidelines					
Essential Components:					
■ Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct					
■ Demonstrates understanding of California laws, national practices and APA policies that apply to the practice of professional psychology					
Behavioral Anchors:					
● Identifies complex ethical & legal issues					1 2 3 4 5
● Seeks consultation and/or supervision on complex ethical and legal matters					1 2 3 4 5
B) Application of ethical and professional standards					
Essential Component:					
■ Consistently integrates ethical and legal standards into all foundational and functional competencies					
Behavioral Anchor:					
● Applies ethical principles and standards in professional writings and presentations, treatment and teaching					1 2 3 4 5

GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS

A) Knowledgeable and respectful of the shared and distinctive contributions of, and collaboration with other professionals on interdisciplinary team(s)					
Essential Components:					
■ Demonstrates working knowledge of differing worldviews, professional standards, contexts and systems					
■ Demonstrates knowledge of differing roles of other professionals					
Behavioral Anchor:					
● Utilizes the unique contributions of other professionals in the overall team planning and implementation					1 2 3 4 5
B) Expressive communication skills					
Essential Components:					
■ Manages difficult communication and seeks clarification					
■ Possesses advanced interpersonal skills, command of language and expression of ideas					
Behavioral Anchors:					
● Seeks clarification in challenging interpersonal communications					1 2 3 4 5
● Communicates effectively with individuals from other professions					1 2 3 4 5

FUNCTIONAL COMPETENCIES

GOAL 6: ASSESSMENT

A) Understanding of evaluation methods

Essential Components:

- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Integrates the interpretation of results from multiple measures of diagnosis into treatment planning

Behavioral Anchors:

- Applies awareness and competent use of culturally sensitive instruments and norms
- Identifies limitations of assessment data as clearly reflected in assessment reports

Baseline Ratings

1 2 3 4 5

1 2 3 4 5

B) Selection and implementation of measurement and psychometrics

Essential Component:

- Administers multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups

Behavioral Anchor:

- Is flexible in implementing assessment tools which address diagnostic questions for specific patient populations

1 2 3 4 5

C) Interpretation of results and establishment of diagnoses

Essential Components:

- Competently interprets assessment results
- Utilizes case formulation and diagnosis for intervention planning in the contexts of stages of human development and diversity

Behavioral Anchors:

- Interprets assessment results accurately to identify problem areas and diagnoses
- Writes comprehensive reports which include discussion of strengths and limitations of assessment measures to develop effective treatment plans
- Provides timely, meaningful, understandable and useful feedback that is responsive to patient needs

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

GOAL 7: INTERVENTION

A) Intervention knowledge and planning

Essential Components:

- Applies knowledge of evidence-based practice, including empirical bases of intervention strategies
- Plans interventions, including conceptualization and intervention specific to context and patient preferences
- Assesses cases with an understanding of the biopsychosocial nature of psychological disorders

Behavioral Anchors:

- Effectively evaluates patients for risk and safety issues
- Explains to patients and/or supervisor the rationale for empirically-supported intervention strategy
- Conceptualizes cases during intake that lead to well thought-out diagnoses and treatment plans

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

B) Psychotherapeutic skills and interventions

Essential Components:

- Demonstrates increasing competence to conceptualize more complex cases
- Uses empirical models with flexibility to adapt to patient needs
- Demonstrates competence in the constructive use of own emotional reactions to patients in the treatment
- Seeks consultation for complex cases

Behavioral Anchors:

- Effectively develops strong therapeutic alliances
- Carries a progressively larger and more complex caseload
- Effectively implements a wide range of interventions

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

C) Progress evaluation

Essential Component:

- Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

Behavioral Anchors:

- Assesses treatment effectiveness and efficiency
- Terminates treatment effectively

1 2 3 4 5

1 2 3 4 5

GOAL 8: PROGRAM EVALUATION AND RESEARCH

A) Scientific approach to the expansion of knowledge

Essential Component:

- Participates in a program evaluation and/or research projects to improve program efficacy

Behavioral Anchor:

• Uses methods appropriate to the program evaluation/research question, setting and/or community	1	2	3	4	5
B) Application of outcomes to practice					
Essential Components:					
■ Demonstrates competence in evaluating outcomes					
■ Presents results/findings to staff and/or peers					
■ Applies outcomes to improve program					
Behavioral Anchors:	Baseline Ratings				
• Effectively presents findings to staff/peers	1	2	3	4	5
• Reports on how outcomes can be applied to improve program(s)	1	2	3	4	5

Student Signature: _____ Date: _____

Primary Supervisor Signature: _____ Date: _____

Adapted 2010 by Kaiser Permanente Northern California Mental Health Training Programs from Fouad, N.A., et al (2009). Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels. Training and Education in Professional Psychology 2009, Vol. 3, No. 4(Suppl.), S5-S26.; Council on Social Work Education; California State University Department of Social Work, Sacramento, CA; and State of California Board of Behavioral Sciences LCSW Licensing Examination.

Appendix B



The Permanente Medical Group, Inc.

**NOTICE OF PROVISION OF PSYCHOLOGICAL TREATMENT SERVICES
BY A PSYCHOLOGY PRACTICUM STUDENT**

This is to inform you that the mental health services you are receiving are provided by a Psychology Practicum Student:

Student Name: _____, MA/MS
Student Contact #: _____
Practicum Completion Date: _____

This intern is working under the supervision of:

Supervisor Name: _____, PhD
Supervisor License #: _____,
Supervisor Contact #: _____,

in addition to other licensed staff members in the Department of Psychiatry, Kaiser Permanente Medical Group, Inc.

Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

PSYCHOLOGY PRACTICUM STUDENT REMEDIAL AND CORRECTIVE ACTION PROCEDURES

Kaiser Permanente Mental Health Training Directors will work with the student's school's Field Placement Directors to ensure that there is accord between the two institutions regarding these policies.

REMEDIAL AND CORRECTIVE ACTIONS

Psychology practicum students are required to abide by applicable federal, state, and local laws or regulations, to comply with KP policies and procedures, as well as with the Mental Health Training Programs' policies, procedures and professional association guidelines such as the APA Ethical Principles and Code of Conduct, and to conduct themselves in accordance with KP's Principles of Responsibility.

There are several levels and types of remedial and corrective actions that may be taken if a significant concern arises concerning a student's professional conduct, professional development or performance. The primary supervisor will consult with the training director and the school field placement director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. While these policies provide guidance regarding when a particular action is taken, the primary supervisor may select those action(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP's Human Resources' policies, available on MyHR.

The policies in this appendix target student performance issues or problematic behavior according to their degree of severity. Due process is a mechanism by which a student may challenge any decisions made by the program, including those outlined in the policies in this appendix. For Student Due Process, please see Appendix D.

RECORD-KEEPING

For Focused Competency Guidance, the supervisor will make notations on the student's CE in narrative form describing their concerns and recommendations. For Letter of Warning and all Corrective Actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired during the procedure, including any action plans that were followed, their timelines and outcomes.

PURPOSE

These policies are intended to address and, if possible, correct, competency issues found to be substandard in a student.

COVERAGE

These procedures apply to all psychology practicum students participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS

KP will make these policies available for viewing on the programs' web pages.

SECTION I - REMEDIATION

Kaiser Permanente Mental Health Training Directors will work with the student's school's Field Placement Directors to ensure that there is accord between the two institutions regarding these policies.

This section includes:

- **FOCUSED COMPETENCY GUIDANCE**
- **LETTER OF WARNING**

OVERVIEW

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

When specific concern about a student's performance arises at any point during the training year, including but not limited to quarterly intervals, the supervisor will utilize the Competencies Evaluation (CE). A student's performance deficits may be due to insufficient skill or knowledge, or problematic behaviors that significantly impact their professional functioning, and the CE ratings will determine the appropriate course of action for the supervisor and student. By following the Focused Competency Guidance and/or Letter of Warning, the training faculty will assist a student in improving their performance in the targeted competency areas. To this end, the program will provide the student with additional training and/or remedial experiences, and/or will recommend resources to them.

Schedule Modification

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

In response to the initiation of either remediation procedure, the student may choose to write an appeal. To do so, the student is directed to follow Student Due Process, outlined in Appendix D.

➤ **FOCUSED COMPETENCY GUIDANCE**

Policy Statement

Focused Competency Guidance is typically triggered when a student receives one or more ratings of “2” (“Needs Improvement”) on the CE for any behavioral anchor(s) other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (For program’s response to behaviors such as these, see Corrective Action policies, below.)

The “2” rating typically indicates **minor** competency deficit(s) that may be easily ameliorated by added training. However, should a student receive a “2” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective action procedure (see below).

Focused Competency Guidance Process

After utilizing the CE, the primary supervisor is responsible for meeting with the student to discuss the competency issue(s) fully, openly, and candidly with the student. The supervisor will also recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will create a timeline for reassessment of the identified concerns. In addition, the supervisor will record this action, including the concerns and recommendations, in narrative form on the student’s CE.

➤ **LETTER OF WARNING**

Policy Statement

The Letter of Warning is usually triggered if the student receives one or more ratings of “1” for any behavioral anchor(s) other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse (to respond to behaviors such as these, see Corrective Action policies, below.) A rating of “1” (“Inadequate”) on the CE or Baseline Assessment typically indicates **major** competency deficit(s) that call for more rigorous remediation than that provided by Focused Competency Guidance (see above).

However, should a student receive a “1” for any of these anchors in the second half of the training year, the supervisor may choose to initiate a corrective action procedure (see below).

A Letter of Warning can also be created when training faculty have determined that further action is needed after the student completes the Focused Competency Guidance process (see above). In each case, the primary supervisor gives the student a Letter of Warning. In addition, the supervisor places a copy of the letter in the student’s file, and sends a copy to the school’s field placement director.

Letter of Warning Process

The following components will be included in the Letter of Warning to the student:

1. Description of student's unsatisfactory performance
2. Identification of the targeted competency area(s)/behavioral anchors
3. Notification that student is no longer considered in "Good Standing" within the practicum program
4. Outline of measures to be undertaken to remediate student, including but not limited to: provision of opportunities for the student to receive added supervision and/or to attend additional seminars and/or other training activities; and/or recommendation of training resources
5. Expectations for successful outcome
6. Consequences for unsuccessful outcome (which may include initiation of Probation)
7. Timeline for completion

The supervisor will provide the student, the site training director and the school with copies of this letter. Within the time frame outlined in the plan, the supervisor and the training director will re-evaluate the student, using a CE. If the training faculty determines that insufficient progress has been obtained and further action is needed, they may submit a written explanation of their concerns to the student. In addition, they may initiate the Probation procedure at this time, as outlined below. They must inform the student in writing of the training faculty's decision to move to student to probation.

SECTION II – CORRECTIVE ACTION

Kaiser Permanente Mental Health Training Directors will work with the student's school's Field Placement Directors to ensure that there is accord between the two institutions regarding these policies.

This section includes:

- **PROBATION**
- **SUSPENSION**
- **TERMINATION**

OVERVIEW

The three procedures of corrective action (Probation, Suspension, and Termination) are conceptualized as responses to varying degrees of concern on the part of training faculty and departmental management for a student's performance and/or behavior. The training faculty, in conjunction with the departmental management, is directed to initiate any of these processes as their first response: the severity of the concern will determine the starting point. The school field placement director will be notified at each step.

The probation process may be initiated by the training director along with departmental management in response to circumstances including but not limited to when a student has serious competency concerns that have been unresponsive to Remediation (see Section I, above).

Suspension of a student may be initiated as a result of the following: 1) If the competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment,

professional misconduct and/or criminal behavior on the part of the student; and/or 2) If, after the probationary period, the student has not met expectations for improvement in identified competencies.

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Mental Health Training Programs. Termination of a student will be initiated if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of patient endangerment, professional misconduct and/or criminal behavior on the part of the student. Termination may also be invoked for any other egregious offense on the part of the student, including but not limited to those listed in the section on Termination, below. In addition, a student, as an employee of Kaiser Permanente, may have their employment terminated at any time, with or without cause, by the training director in conjunction with departmental management. Termination will result in dismissal of the student in the training program.

In response to any of the corrective action procedures outlined in these policies, the student may choose to write an appeal. To do so, the student is directed to follow Student Due Process, outlined in Appendix D.

➤ **PROBATION**

Policy Statement

Students who are in jeopardy of not successfully completing the competency requirements of the training program or who have serious competency-related concerns that go beyond, or have not been corrected after, a focused competency review or a letter of warning, may be placed on probation by the site training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the site training director. The site training director in conjunction with the departmental manager will make this determination and implement the probationary process. The site training director will monitor for a specified length of time the student's progress in changing or improving the behavior of concern. The outcome of probation may be refusal of certificate of completion or termination of student.

As noted for Letter of Warning, above, the student is not considered in "Good Standing" when on Probation. Following due process, the student may choose to appeal a probationary action. To do so, the student is directed to follow Student Due Process, outlined in Appendix D.

Written Probationary Notice

The site training director, in conjunction with the primary supervisor and departmental manager, will submit a letter to the student which outlines the program's concerns regarding the student's performance or behavior, and formally places the student on probation. This letter will also describe the consequence(s) of the student's failure to show immediate and substantial improvement in the identified competency areas within the planned time period. Possible consequences for failure include refusal of certificate of completion and/or suspension and/or termination of the student. The site training director will provide the supervisor and the school field placement director with a copy of this letter.

When drafting the written notice, the training director should take the following into consideration:

1. Description of student's unsatisfactory performance, to include the following, if applicable:
 - a. Severity of the violation
 - b. Number of violations
 - c. Whether the violation was part of a pattern or practice of inappropriate behavior
 - d. Student's past history of non-compliance
 - e. Whether the student should have known the rules
 - f. Whether the violation was intentional or negligent
 - g. Whether the action was committed for personal gain
2. Identification of the targeted competency area(s)/behavioral anchors
3. Notification that student is no longer considered in "Good Standing" within the program
4. Any required schedule modification
5. Criteria for determining whether the problem has been adequately addressed
6. Consequences for unsuccessful outcome (may include refusal of certificate of completion and/or suspension and/or termination of student)
7. Timeline for completion

Probationary Period

Improvement in the student's competence must be observed within the time frame outlined in the probationary notice and must be evidenced by CE rating(s) of "3" ("Consistently Meets Expectations") or above, for targeted competency areas. Failure to show substantial improvement in the identified competency areas within the specified time period may lead to an extension of the probationary period or to other actions, including suspension or termination (see below).

➤ SUSPENSION

Policy Statement

Suspension of a student is a dual decision process made between the site training director and the departmental manager, with notice given to the regional training director and the school field placement director. As a result of this decision, the student may be suspended from all or part of their usual and regular assignments in the training program.

Suspension, up to and including termination, of a student may be initiated as a result of the following: 1) If the competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, professional misconduct and/or criminal behavior on the part of the student; and/or 2) If, after the probationary period, the student has not met expectations for improvement in identified competencies.

Suspension of a student can also occur as the direct result of but not limited to a student's unprofessional or unethical behavior, for failing to comply with state law, federal law, Kaiser Permanente and/or the training program's policies, procedures or professional association guidelines, such as the APA Ethical Principles and Code of Conduct, or when the removal of the student from the clinical service is required for the best interests of the student, patients, staff and/or the training program.

The site training director's implementation of the Suspension procedure may, but need not, be prompted by CE rating(s) of "1" (Inadequate) for anchor(s) related to these behaviors. The site training director and primary supervisor will confirm the suspension in writing, stating the reason(s) for the suspension and its expected duration.

As with probation, a student suspended from the practicum program will be notified that they are no longer considered in good standing with the training program. Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal.

Following due process, the student may choose to appeal this action. To do so, the student is directed to follow Student Due Process, outlined in Appendix D.

Written Suspension Notice

The site training director, in conjunction with the manager, school field placement director and the HR liaison, initiates suspension for a student, informing the regional training director of this action. Suspension of a student can be initiated immediately if the training faculty or department staff observes endangerment to patient welfare, professional misconduct or criminal behavior on the part of the student. The training director's implementation of this procedure may be prompted by consistent CE ratings of "1" (Inadequate) for anchors related to these behaviors.

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

1. Description of student's unsatisfactory performance
2. Identification of violation(s), including corresponding competency area(s) and behavioral anchors
3. Notice of Suspension

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

In addition, the training director will contact the student to schedule a hearing (copying the supervisor), wherein the student will be given an opportunity to respond to the training director and supervisor's concerns (see below).

Suspension Hearing

The training director and primary supervisor will meet with the student to review the letter, voicing their concerns fully, openly and candidly. The student will be asked to respond to the letter and group's concerns. The training director will take notes during the hearing, making a clear record of the interaction.

Depending on the severity of the violation, the training faculty may choose at this point, with or without warning, to notify the student that they have been suspended from the training program or to terminate the student from the program. In the event that the student is terminated from the program, the student may choose to appeal this action. To do so, the student is directed to follow Student Due Process, outlined in Appendix D. Or, the student may choose to resign from the program.

The group will inform the regional training director of the proceedings of the hearing.

➤ **TERMINATION**

Policy Statement

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Mental Health Training Programs. This action is invoked for any of the following reasons:

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

The decision to dismiss a student is not made lightly and is made by the training director and administrative manager. The student will be notified of the decision in writing. Dismissal of a student is made not only following discussions between the supervisor and administrative manager, but with consultation with the appropriate representative from the university where the student is enrolled.

However, termination of a student can be initiated immediately if the training faculty or department staff observes endangerment to patient welfare, professional misconduct or criminal behavior on the part of the student.

In addition to the above, as an employee of Kaiser Permanente, a student may have their employment terminated at any time, with or without cause, by the training director in conjunction with departmental management. Termination of a student's employment will result in dismissal of the student in the training program.

Following due process, the student may choose to appeal a decision to terminate. To do so, the student is directed to follow Student Due Process, outlined in Appendix D.

Written Termination Notice

The decision to dismiss a student is made by the Training Director and Departmental Manager, in consultation with the school and HR consultant. The student and the school will be notified of the decision in writing.

Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

PSYCHOLOGY PRACTICUM STUDENT DUE PROCESS

Kaiser Permanente Mental Health Training Directors will work with the student's school's Field Placement Directors to ensure that there is accord between the two institutions regarding this policy.

OVERVIEW

The primary purpose of due process is to provide a mechanism by which all decisions made by the training program regarding a student's evaluation, remediation and corrective action, and status in the training program can be fairly reviewed. Due process is a mechanism by which a student may challenge any decision made by the program.

Students will not be subject to reprisal in any form as a result of participating in the due process procedure.

PURPOSE

This policy is intended to facilitate prompt and fair review of a student's challenge to a program decision. This policy is not intended to be used by a student to seek to resolve a disagreement with his/her supervisor, another staff member, a fellow student, or a matter of program policy. To appeal such a program decision, the student is directed to follow the Psychology Practicum Student Grievance Procedures, as outlined in Appendices E and F.

COVERAGE

These procedures apply to all psychology practicum students participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS

KP will make these policies available for viewing on the programs' web pages.

PROCEDURE

Student's Written Challenge to Program Decision

If a student objects to the results of an evaluation or wishes to challenge any remedial or corrective action initiated by members of the training staff, the student may request a review of the decision or action. In order to challenge any such decision, the student must notify the regional training director in writing as soon as possible after receipt of the decision. This written notification shall include the following information:

1. Name of student
2. Current date
3. Date and description of decision under dispute

4. Description of student's disagreement with decision, including supporting information
5. Description of student's objective/goal for resolving dispute

Hearing & Hearing Committee

1. As soon as possible, but no later than 5 business days after receipt of the student'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 process.

The Hearing Committee:

- a. Will be composed of no fewer than three members
 - b. Will include individuals from the training faculty, departmental administration and HR consultation
 - c. May include any appropriate licensed staff recommended by the student
 - d. In no case shall anyone who has participated in the decision in question up to this point be a member of this committee.
2. Within 10 business days from receipt of the student's written notification, the Hearing Committee will conduct a hearing in which all relevant material is presented. The student has the right to hear all facts about the concern, as well as to present supporting materials of his/her own. The student also has the right to dispute or explain the concerns presented.
 3. Within 10 business days from completion of the hearing, the Hearing Committee will make the final decision. Decisions will be made by majority vote of the committee, and submitted to the student and the training director. If the student 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 other than those who participated in the committee.

Appeal

If a student 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 other than those who participated on the committee. Within 10 business days from the date of the Hearing Committee's decision, the student must submit their written appeal, along with a copy of their original written challenge. This written appeal shall include the following information:

1. Name of student
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Description of student's disagreement and basis for appeal

Appeal Review

Within 5 business days after receipt of appeal, the regional training director (or their designee) will review the decision along with the student'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 student and supervisors

of the decision. The student may appeal the regional training director's final decision by contacting their departmental manager and/or Human Resources consultant.

- 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 the gathering of further documentation); or make a final decision. The regional training director will inform the site training director of the rescission, who, in turn, will inform the student, school field placement director and program training supervisors of the decision.

Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

PSYCHOLOGY PRACTICUM STUDENT GRIEVANCE PROCEDURES

Kaiser Permanente Mental Health Training Directors will work with the student's School Field Placement Director to ensure that there is accord between the two institutions regarding this policy.

This policy includes the following sections:

- **VERBAL GRIEVANCE COMMUNICATION**
- **WRITTEN GRIEVANCE COMMUNICATION**
- **GRIEVANCE APPEAL**

POLICY STATEMENT

It is the goal of the Mental Health Training Programs to provide a learning environment that fosters congenial professional interactions among training faculty and students that are based on mutual respect. However, it is possible that situations will arise that prompt students to file grievances.

If a student has any disagreement with his/her supervisor, another staff member, a fellow student, or a matter of program policy, he/she will be encouraged to communicate openly with the person involved, if possible, or with the student's own supervisor about the issue. At any time before or during the procedure, the intern may discuss his/her concerns about the issue directly with the site training director. The procedure for this is outlined, below.

Students will not be subject to reprisal in any form as a result of participating in this grievance procedure.

PURPOSE

This policy is intended to facilitate prompt resolution of a problem identified by a student as requiring attention and/or resolution. This policy is not intended to be used by a student to challenge the results of a performance evaluation or any remedial or corrective action (e.g., letter of warning, probation, etc.). To challenge a program decision, the student is directed to follow the Psychology Practicum Student Due Process, as outlined in Appendix D.

COVERAGE

These procedures apply to all psychology practicum students participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS

KP will make these policies available for viewing on the programs' web pages.

None of the meetings involved in the following procedure may be electronically recorded.

PROCEDURES

➤ **VERBAL GRIEVANCE COMMUNICATION**

If a student has any disagreement with his/her supervisor, another staff member, a fellow student, or a matter of program policy, he/she will be encouraged to communicate openly with the person involved, if possible, or with the student's own supervisor about the issue. At any time before or during the procedure, the intern may discuss his/her concerns about the issue directly with the site training director.

The student is responsible for specifically describing how he/she intends to gain satisfactory resolution of the problem. If the student has chosen to address the issue with their supervisor, the supervisor is responsible for exploring the issue fully with the student and offering ideas for resolving it. If the student is dissatisfied with the outcome of the verbal discussion, he or she is directed to follow the procedure for Written Grievance Communication, as outlined below.

➤ **WRITTEN GRIEVANCE COMMUNICATION**

If Verbal Grievance Communication as outlined above has been completed, and the issue has not been resolved to the student's satisfaction, the student may submit a written document to the site training director or departmental administrator (or designee), describing their grievance in detail. However, in no case shall any staff member who has participated in the verbal communication process also participate in the review of written grievance communication.

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

➤ **GRIEVANCE APPEAL**

If Verbal and Written Grievance Communication procedures (as outlined, above) have been completed, and the issue has not been resolved to the student's satisfaction, the student may file a Grievance Appeal. To do so, the student is directed to: complete the Grievance Appeal form (see Appendix F), attaching a copy of the written communiqué; and submit these items to the regional training director (or designee). However, in no case shall any staff members who have participated in the verbal or written grievance communication processes also participate in the review of appeal.

Regional training directors should follow the procedure outlined above, in Written Grievance Communication, including meeting with the student, establishing a time estimate for a response, conducting any necessary investigation, and responding to the student. The response should be given within 10 business days after the discussion.

Before responding to the student, the regional director will meet with the site training director and supervisor to review the dispute and discuss the issues involved. The group may also choose to meet together with the student at this time.

Additionally, before responding, the regional training director may review their findings with the Human Resources Department and/or legal counsel, as appropriate.

Appendix F

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

**PSYCHOLOGY PRACTICUM STUDENT
GRIEVANCE APPEAL**

Kaiser Permanente Psychology Practicum Programs' Training Directors will work with the student's school's Field Placement Directors to ensure that there is accord between the two institutions regarding this policy.

Please Note:

1) This form is to be completed by a practicum student when appealing a program decision regarding a grievance. To appeal the results of an evaluation or other program decision such as remediation or corrective action, the student is directed to follow the Psychology Practicum Student Due Process, as outlined in Appendix D.

2) This appeal process excludes employees covered by collective bargaining agreements

This Grievance Appeal is Addressed To:	
Regional Training Director Name:	
Student Name:	Job Title:
Training Location:	Department:
Primary Supervisor:	Site Training Director Name:
Training Schedule:	
Work Extension:	Home Phone:
Date of Original Grievance:	
Basis of Appeal:	
Details of Appeal: (Please attach a copy of the Written Communication to the back of this form)	
Resolution Sought:	
Signature of Student:	Date:

Appendix G

KAISER PERMANENTE NORTHERN CALIFORNIA PSYCHOLOGY PRACTICUM PROGRAMS

COMPETENCIES EVALUATION FOUNDATIONAL AND FUNCTIONAL COMPETENCIES WITH BEHAVIORAL ANCHORS

Training Year: _____ Date: _____

Training Site: _____ Team: _____

Student Name: _____

Primary Supervisor Name: _____

Rating	Measurement	Description
1 = Inadequate	At this point in the training program, Student's performance never meets expectations for a third-year doctoral student and more consistently meets expectations for a first-year student.	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	At this point in the training program, Student's performance sometimes meets expectations for a third-year doctoral student and more consistently meets expectations for a second-year student.	A rating of "2" (Needs Improvement) prompts the supervisor to: 1) Initiate the Focused Competency Guidance 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, Student's performance consistently meets expectations for a third-year doctoral student.	A rating of "3" (Meets Expectations) indicates that Student's performance meets the competency requirements for students at that stage of training.
4 = Exceeds Expectations	At this point in the training program, for a majority of the time, Student's performance sometimes exceeds expectations for a third-year doctoral student and, for a majority of the time, meets expectations for a pre-doctoral intern.	A rating of "4" (Exceeds Expectations) requires the supervisor to complete a narrative describing the justification behind this rating.
5 = Outstanding	At this point in the training program, Student's performance always exceeds expectations for a postdoctoral resident and always meets expectations for a pre-doctoral intern.	A rating of "5" (Outstanding) requires the supervisor to complete a narrative describing the justification behind this rating.

FOUNDATIONAL COMPETENCIES

GOAL 1: PROFESSIONALISM

A) Integrity and professional identity

Essential Component:

- Continually monitors and resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity

Behavioral Anchor:

- Takes action to correct situations that are in conflict with professional values

BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

B) Accountability

Essential Component:

- Accepts personal responsibility across settings and contexts

Behavioral Anchors:

- Holds self accountable for own behavior and decisions made
- Submits to external review of quality of service by supervisors and/or administrators

1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

C) Concern for the welfare of others				
Essential Component:				
■ Acts to safeguard the welfare of others, patients as well as colleagues				
Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
● Actions convey sensitivity to patients' experiences and needs while retaining professional demeanor and behavior	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
● Respectful of the beliefs and values of colleagues even when inconsistent with own personal beliefs and values	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
D) Self-assessment and self-care				
Essential Components:				
■ Demonstrates self-reflection in the context of professional practice				
■ Accurately assesses self in all competency domains				
■ Actively self-monitors issues related to self-care				
Behavioral Anchors:				
● Communicates assessment of own strengths and weaknesses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
● Takes action to resolve incongruencies if gaps in professional competencies	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
● Models effective self-care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supervisor Comments				

GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)				
A) Scientific mindedness				
Essential Components:				
■ Integrates science and practice				
■ Uses knowledge derived from research to conceptualize cases and form appropriate treatment goals				
Behavioral Anchor:				
● Readily applies EBP to work with patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
B) Scientific foundation of psychology				
Essential Components:				
■ Utilizes available databases, professional literature, seminars and training sessions, and other resources				
■ Models a commitment to educational and scholarly endeavors to keep current with the most recent research				
■ Understands the biopsychosocial etiology of psychological disorders				
Behavioral Anchors:				
● Applies a comprehensive biopsychosocial approach to helping patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
● Independently accesses empirical data	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
● Applies scientific knowledge and skills appropriately to the solution of problems	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supervisor Comments				

GOAL 3: DIVERSITY				
A) Awareness of one's own bias: self, others and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual and role difference, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual identity, disability, language and socioeconomic status), and context				
Essential Components:				
<ul style="list-style-type: none"> ■ 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 and consultation ■ Demonstrates competence in building rapport quickly with all patients regardless of issues of diversity or socioeconomic backgrounds 				
Behavioral Anchors:				
• Articulates how one's own cultural/ethnic identity may impact patients	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Initiates consultation and/or supervision about diversity issues	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
B) Application of individual and cultural knowledge into practice				
Essential Component:				
■ Applies knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity				
Behavioral Anchor:				
• Adapts and modifies one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the patients	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supervisor Comments				

GOAL 4: ETHICS				
A) Knowledge of ethical, legal and professional standards and guidelines				
Essential Components:				
<ul style="list-style-type: none"> ■ Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct ■ Demonstrates understanding of California laws, national practices and APA policies that apply to the practice of professional psychology 				
Behavioral Anchors:				
• Identifies complex ethical & legal issues	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Seeks consultation and/or supervision on complex ethical and legal matters	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
B) Application of ethical and professional standards				
Essential Component:				
■ Consistently integrates ethical and legal standards into all foundational and functional competencies				
Behavioral Anchor:				
• Applies ethical principles and standards in professional writings and presentations, treatment and teaching	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supervisor Comments				

GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS

A) Knowledgeable and respectful of the shared and distinctive contributions of, and collaboration with other professionals on interdisciplinary team(s)

Essential Components:

- Demonstrates working knowledge of differing worldviews, professional standards, contexts and systems
- Demonstrates knowledge of differing roles of other professionals

Behavioral Anchor:

- Utilizes the unique contributions of other professionals in the overall team planning and implementation

BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

B) Expressive communication skills

Essential Components:

- Manages difficult communication and seeks clarification
- Possesses advanced interpersonal skills, command of language and expression of ideas

Behavioral Anchors:

- Seeks clarification in challenging interpersonal communications
- Communicates effectively with individuals from other professions

1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Supervisor Comments

FUNCTIONAL COMPETENCIES

GOAL 6: ASSESSMENT

A) Understanding of evaluation methods

Essential Components:

- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Integrates the interpretation of results from multiple measures of diagnosis into treatment planning

Behavioral Anchors:

- Applies awareness and competent use of culturally sensitive instruments and norms
- Identifies limitations of assessment data as clearly reflected in assessment reports

1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

B) Selection and implementation of measurement and psychometrics

Essential Component:

- Administers multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups

Behavioral Anchor:

- Is flexible in implementing assessment tools which address diagnostic questions for specific patient populations

1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
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C) Interpretation of results and establishment of diagnoses

Essential Components:

- Competently interprets assessment results
- Utilizes case formulation and diagnosis for intervention planning in the contexts of stages of human development and diversity

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Interprets assessment results accurately to identify problem areas and diagnoses	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Writes comprehensive reports which include discussion of strengths and limitations of assessment measures to develop effective treatment plans	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Provides timely, meaningful, understandable and useful feedback that is responsive to patient needs	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supervisor Comments				

GOAL 7: INTERVENTION

A) Intervention knowledge and planning				
Essential Components:				
■ Applies knowledge of evidence-based practice, including empirical bases of intervention strategies				
■ Plans interventions, including conceptualization and intervention specific to context and patient preferences				
■ Assesses cases with an understanding of the biopsychosocial nature of psychological disorders				
Behavioral Anchors:				
• Effectively evaluates patients for risk and safety issues	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Explains to patients and/or supervisor the rationale for empirically-supported intervention strategy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Conceptualizes cases during intake that lead to well thought-out diagnoses and treatment plans	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
B) Psychotherapeutic skills and interventions				
Essential Components:				
■ Demonstrates increasing competence to conceptualize more complex cases				
■ Uses empirical models with flexibility to adapt to patient needs				
■ Demonstrates competence in the constructive use of own emotional reactions to patients in the treatment				
■ Seeks consultation for complex cases				
Behavioral Anchors:				
• Effectively develops strong therapeutic alliances	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Carries a progressively larger and more complex caseload	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Independently and effectively implements a wide range of interventions	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
C) Progress evaluation				
Essential Component:				
■ Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate				
Behavioral Anchors:				
• Independently assesses treatment effectiveness and efficiency	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Terminates treatment effectively	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Supervisor Comments				

GOAL 8: PROGRAM EVALUATION AND RESEARCH

A) Scientific approach to the expansion of knowledge

Essential Component:

- Participates in a program evaluation and/or research project to improve program efficacy

Behavioral Anchor:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> ● Uses methods appropriate to the program evaluation/research question, setting and/or community 	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

B) Application of outcomes to practice

Essential Components:

- Demonstrates competence in evaluating outcomes
- Presents results/findings to staff and/or peers
- Applies outcomes to improve program

Behavioral Anchors:

<ul style="list-style-type: none"> ● Effectively presents findings to staff/peers 	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<ul style="list-style-type: none"> ● Identifies how outcome data can be applied to improve program(s) 	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Supervisor Comments

DATES:				
STUDENT'S INITIALS:				
SUPERVISOR'S INITIALS:				

Adapted 2010 by Kaiser Permanente Northern California Mental Health Training Programs from Fouad, N.A., et al (2009). Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology* 2009, Vol. 3, No. 4(Suppl.), S5-S26.

Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

DISPUTE RESOLUTION PROCEDURE FOR PSYCHOLOGY PRACTICUM PROGRAM TRAINING STAFF

POLICY STATEMENT

If a training supervisor has any disagreement with another supervisor, another training faculty member, a student or a matter of program policy, he/she will be encouraged to communicate openly with his/her training director about the issue. The procedure for this is outlined, below. At any time before or during the procedure, the training supervisor may discuss his/her concerns about the issue directly with a Human Resources Consultant.

If the issue is not resolved to the training supervisor's satisfaction, the training director, and/or the chief psychologist/manager of the department may become involved in the resolution process. Also, KP provides a process to secure impartial and prompt disposition of disputes. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

PURPOSE

This policy is intended to facilitate prompt resolution of a problem identified by a training supervisor as requiring attention and/or resolution.

COVERAGE

These procedures apply to all training staff participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS

KP will make these policies available for viewing on the programs' web pages.

None of the meetings involved in the following procedure may be electronically recorded.

PROCEDURES

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 he/she intends to gain satisfactory resolution in the area identified.

If the initial discussion proves unsatisfactory to the training supervisor, he/she should address the issue fully with the training director. The training director is responsible for offering ideas for resolving the issue, and providing the training supervisor with a time estimate in which to expect a response if one cannot be provided immediately. The training director will then gather any

needed information and respond to the training supervisor verbally or in writing. The response will be given in a timely manner, usually within ten business days after the discussion.

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 chief psychologist/manager detailing his/her concerns. Chief psychologists/managers should follow the procedure outlined above, in Step 1, for the training director, including meeting with the training supervisor, establishing a time estimate for a response, conducting any necessary investigation, and responding to the training supervisor. The response should be given within twenty business days after the discussion.

Appendix I



PSYCHOLOGY PRACTICUM STUDENT CHECKLIST 04/2014
 (One form for each student to be completed by school representative)

STUDENT INFORMATION				
STUDENT NAME: <i>(Please Print or Type)</i>			EMAIL: _____	
Last Name	First Name	Middle Initial	PHONE NUMBER _____	
			(Area Code) Phone Number	
Street Address		City	State	Zip
SCHOOL INFORMATION			TRAINING SITE INFORMATION	
SCHOOL NAME: _____			TRAINING SITE: _____	
FIELD PLACEMENT DIRECTOR NAME: _____			TRAINING YEAR: _____	
PHONE: _____			SITE TRAINING DIRECTOR NAME: _____	
EMAIL: _____			PHONE: _____	
			EMAIL: _____	

MMR (Measles / Mumps / Rubella) Must provide documentation of 2 MMR vaccinations	#1 MMR Date: _____ #2 MMR Date: _____ Must have 2 if born after 1957. If no MMR documentation, Must provide Positive Titer Results	MMR Titer Date: _____
Rubeola (Measles)		Titer Results: _____
Mumps		Titer Results: _____
Rubella		Titer Results: _____
Varicella (Chicken Pox) Must provide documentation of 2 doses of Varicella vaccine	#1 Varicella Date: _____ #2 Varicella Date: _____ If no Varicella documentation, Must provide Positive Titer Results	Titer Date / Results: _____
TB Skin Test (PPD) Must have 2 within the last 12 months. If positive, must have an initial chest X-ray then complete symptoms review annually.	PPD 1 Date / Induration: _____ PPD 2 Date / Induration: _____	
Chest X-ray Required if TB skin test is positive. Negative X-ray requires annual symptoms review.	X-ray Date / Result: _____	Ann Symptoms Review Date / Result: _____
Hepatitis B Requires positive Hep B titer or series of 3 doses. Titer Date / Results: _____	If negative titer Series Dates: _____	Declination Form/Date: _____
Flu Immunization	Date: _____	Declination Form/Date: _____
Tdap Required once as an adult.	Date: _____	Drug Screen ** (see p. 2) <input type="checkbox"/> Clear
Criminal Background Check Clearance*(see p.2) <input type="checkbox"/> Pass	Liability Insurance Carrier: School or Student (Circle One)	Liability Insurance Policy Number: Expiration Date : _____

I attest to the accuracy of the above information and, if requested, documentation of same will be provided on short notice.

Verified by: _____ Date: _____



PSYCHOLOGY PRACTICUM STUDENT CHECKLIST 04/2014
(continued)

*** Criminal Background Check**

A national criminal background check is required for all practicum students placed at Northern California Kaiser Permanente Medical Centers and/or Outpatient Clinics/Medical Office Buildings.

Effective 1/1/2013, a student with a background check that indicates any of the following felony and/or misdemeanor convictions **within the last 7 years** is NOT eligible for clinical placement:

- *Violent crimes such as murder, rape, sexual assault and robbery, kidnapping, attempted murder, assault with deadly weapons.*
- *Crimes involving theft, embezzlement, burglary, forgery, fraud, arson, identity theft.*
- *Sex crimes including sexual molestation and sex crimes against children, or any conviction for which a candidate is required to register as a sex offender with a state or federal government agency.*
- *Drug related crimes such as drug theft, sales, distribution, manufacturing and possession of controlled substances.*
- *Multiple convictions (more than one conviction for same or different crime).*
- *Name posted on any government sanctioned or debarred list.*

**** Drug Screen**

Kaiser Permanente is committed to protecting the safety, health and well-being of employees and other individuals in KP's workplace and provides an environment that is free from the abuse of alcohol and drugs.

Effective 1/1/2013, documentation of a clear drug screen, following the developing community standard for schools of psychology, is required for all psychology practicum students placed at a Northern California Kaiser Permanente Medical Center or Outpatient Clinic/Medical Office Building.

The drug screen must include: amphetamines, benzoylecgonine (cocaine), cannabinoids, opiates, phencyclidine, barbiturates, benzodiazepines, propoxyphene, methadone, oxycodone, and meperidine. If a student tests positive due a prescribed medication, documentation from a health care provider must be submitted.

Drug screen should be completed prior to June 1st.

This form must be submitted to the Kaiser Permanente placement site Training Director no later than 60 days after BAPIC Notification Day.