

**VISN 19 MIRECC DENVER POST-DOCTORAL FELLOWSHIP – POLICIES
REGARDING PERFORMANCE
EVALUATION/FEEDBACK/ADVISEMENT/RETENTION AND TERMINATION/DUE
PROCESS/GRIEVANCE PROCEDURES**

Competency Goals

Successful completion of the Fellowship is predicated upon achievement of competency goals by the end of the Fellowship. The VA VISN 19 MIRECC Fellowship program emphasizes continuous evaluation of postdoctoral Fellows' acquisition of outlined competency goals and objectives, and constructive feedback aimed at improving these skills. Methods may include: 1) live observation of Fellow-client or Fellow-staff interactions; 2) review and co-signature of all clinical written material, such as progress notes or other additions to the computerized patient medical record; 3) observation of Fellow case formulation and case presentation in staffing meetings, treatment planning conferences, and other interdisciplinary settings; 4) review of process notes and audiotape recording of psychotherapy and assessment sessions; 5) review of psychological testing protocols and reports; and/or 6) review of proposed research designs, Institutional Review Board and VA Research and Development paperwork, PowerPoint presentations, grant submissions, statistical analyses, and publications. Supervisors also receive feedback about the Postdoctoral Fellows from professionals in other disciplines.

Information regarding the program's goals, objectives, competencies, minimal levels of achievement, and methods for measuring outcomes are provided in the following table.

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| Goal #1: Fellows will obtain competence in the area of suicide risk assessment and evidence-based intervention. |
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| Objective(s) for Goal #1: The Fellows will: 1) develop knowledge, skills, attitudes and competencies to assess and/or treat those at risk for suicidal behavior; 2) independently understand the strengths and limitations of diagnostic approaches and interpret results from multiple measures for risk assessment, diagnosis, and treatment planning; 3) independently select and administer a variety of assessment tools and integrate results to accurately evaluate the presenting question appropriate to the practice site and broad area of practice; 4) utilize case formulation and diagnosis for intervention planning in the context of stages of human development and diversity; 5) independently and accurately conceptualize the multiple dimensions of the case based on the results of assessment; 6) communicate results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner; 7) apply knowledge to provide effective assessment feedback and to articulate appropriate recommendations; 8) apply knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences; 9) engage in independent intervention planning, including conceptualization and intervention planning specific to the case and context; 10) implement interventions with fidelity to empirical models and flexibility |
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| to adapt where appropriate; and 11) evaluate treatment progress and modify planning as indicated, even in the absence of established outcome measures |
| Competencies Expected: Assessment and Intervention |
| How Outcomes are Measured: Review of written materials (e.g., test reports, progress notes); Observation (e.g., test administration, assessment feedback); Review of therapy audio tapes. |
| Minimum Thresholds for Achievement for Expected Competencies: The Fellows will have: 1) developed knowledge, skills, attitudes and competencies to assess and treat those at risk for suicidal behavior; 2) demonstrated both the ability to independently understand the strengths and limitations of diagnostic approaches and interpret results from multiple measures for risk assessment, diagnosis, and treatment planning; 3) demonstrated the ability to independently select and administer a variety of assessment tools and integrate results to accurately evaluate the presenting question appropriate to the practice site and broad area of practice; 4) utilized case formulation and diagnosis for intervention planning in the context of stages of human development and diversity; 5) independently and accurately conceptualized the multiple dimensions of the case based on the results of assessment; 6) communicated results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner; 7) applied knowledge to provide effective assessment feedback and to articulate appropriate recommendations; and 8) applied knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences. The minimum threshold for achievement of expected competencies is a rating of Advanced (A) – skills are commensurate with that of someone in independent practice. |
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| Goal #2: Fellows will obtain competence in professional interdisciplinary consultation. |

Objective(s) for Goal #2: Fellows will demonstrate knowledge of the nature of interdisciplinary function and the skills that support this process. They will also demonstrate the ability to participate in and initiate interdisciplinary collaboration. Furthermore, Fellows will be able to: 1) implement a systematic approach to data collection in order to clarify issues related to suicidality, dangerousness, psychiatric distress and/or cognitive functioning; 2) select appropriate and contextually sensitive means of assessment to answer the referral question; 3) provide appropriate and timely feedback as well as remaining open to various feedback modalities; 4) relate well to referring professionals seeking input; 5) articulate differing roles of consultant based upon specific referral question; 6) promote smooth working relationships within and among referring clinicians and clients; 7) integrate multiple professional perspectives in consultation formulation; 8) seek collaboration and alternative views from the referring clinician(s); 9) show sophisticated awareness of disciplinary differences; 10) skillfully negotiate challenging interpersonal dynamics within the triadic consultative relationship; 11) assume responsibility for resolving conflicts if they occur; and 12) effectively use clinical team meetings in the service of furthering knowledge of consultation as well as patient care.

Competencies Expected: Interdisciplinary Systems, Relationships

How Outcomes are Measured: Review of written materials (e.g., test reports, progress notes); Observation (e.g., team meetings)

Minimum Thresholds for Achievement for Expected Competencies: Fellows will have demonstrated knowledge of the nature of interdisciplinary function and the skills that support this process. They will have demonstrated the ability to participate in and initiate interdisciplinary collaboration. Furthermore, Fellows will have: 1) implemented a systematic approach to data collection in order to clarify issues related to suicidality, dangerousness, psychiatric distress and/or cognitive functioning; 2) selected appropriate and contextually sensitive means of assessment to answer the referral question; 3) provided appropriate and timely feedback as well as remaining open to various feedback modalities; 4) related well to referring professionals seeking input; 5) articulated differing roles of consultant based upon specific referral question; 6) promoted smooth working relationships within and among referring clinicians and clients; 7) integrated multiple professional perspectives in consultation formulation; 8) sought collaboration and alternative views from the referring clinician(s); 9) shown sophisticated awareness of disciplinary differences; 10) skillfully negotiated challenging interpersonal dynamics within the triadic consultative relationship; 11) assumed responsibility for resolving conflicts if they occur; and 12) effectively used clinical team meetings in the service of furthering knowledge of consultation as well as patient care. **The minimum threshold for achievement of expected competencies is a rating of Advanced (A) – skills are commensurate with that of someone in independent practice.**

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| Goal #3: Fellows will actively engage in research regarding their specialty area. |
| Objective(s) for Goal #3: By the end of the program, Fellows will complete a clinically-driven, research-focused project in their specialty area. Fellows will write and submit at least one manuscript that describes the study and results to a peer reviewed journal. Fellows will have drafted and submitted a grant proposal which frequently is related to the findings of their primary project. They will present their work at a minimum of two conferences, as well as at the VISN 19 MIRECC journal club. Fellows will also work with other MIRECC staff to write and submit one other manuscript to a peer-reviewed journal. |
| Competencies Expected: Research and Evaluation |
| How Outcomes are Measured: Review of written materials (e.g., publications, grant submission); Review and/or observation of presentations; Written feedback from presentations. |
| Minimum Thresholds for Achievement for Expected: By the end of the program, Fellows will have completed a clinically driven, research-focused project in their specialty area. Fellows will have written and submitted at least one manuscript that describes the study and results to a peer-reviewed journal. Fellows will have drafted and submitted a grant proposal related to the findings of their primary project. They will have presented their work at a minimum of two conferences, and at the VISN 19 MIRECC journal club. Fellows will also have worked with other MIRECC staff to write and submit one other manuscript to a peer-reviewed journal. |
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| Goal #4: Fellows will enhance their ability to integrate science and practice. |
| Objective(s) for Goal #4: Fellows will: 1) independently access and apply scientific knowledge and skills appropriately and habitually to the solution of problems; 2) readily present their own work for the scrutiny of others; 3) demonstrate advanced level of knowledge of and respect for scientific knowledge of the bases for behaviors; 4) review scholarly literature related to research and clinical work and apply knowledge to research methods and design and case conceptualization; 5) compare and contrast evidence based approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning; and 6) apply evidence-based concepts in practice. |
| Competencies Expected: Scientific Knowledge and Methods |
| How Outcomes are Measured: Review of written materials (e.g., test reports, progress notes); Observation (e.g., test administration, assessment feedback, didactic seminars); Review of therapy audio tapes. |

Minimum Thresholds for Achievement for Expected Competencies: Fellows will have: 1) independently accessed and applied scientific knowledge and skills appropriately and habitually to the solution of problems; 2) readily presented their own work for the scrutiny of others; 3) demonstrated advanced level of knowledge of and respect for scientific knowledge of the bases for behaviors; 4) reviewed scholarly literature related to research and clinical work and applied knowledge to research methods and design and case conceptualization; 5) compared and contrasted evidence based approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning; and 6) applied evidence-based concepts in practice. **The minimum threshold for achievement of expected competencies is a rating of Advanced (A) – skills are commensurate with that of someone in independent practice.**

Goal #5: Fellows will develop a sense of professional identity and self-confidence consistent with an advanced level of training for leadership roles in the mental health care of Veterans.

Objective(s) for Goal #5: Fellows will: 1) be prepared to take the licensing examination in terms of hours obtained; 2) if appropriate will be proactive in applying for entry-level positions in their areas of interest and have well-prepared job talks or other professional presentations needed for such applications (2nd year); 3) report comfort in interacting and collaborating with experienced colleagues in their specialty field.

Competencies Expected: Professionalism

How Outcomes are Measured: Observation (e.g., test administration, assessment feedback, didactic seminars); Review and/or observation of presentations; Written feedback from presentations.

Minimum Thresholds for Achievement for Expected Competencies: Fellows will: 1) have attained sufficient hours to take the licensing examination; 2) if appropriate will be proactively applying for entry-level positions in their areas of interest and have a well-prepared job talk or other professional presentation (2nd year); 3) report comfort in interacting and collaborating with experienced colleagues in their specialty field. **For Item 3 (comfort in interacting and collaborating with experienced colleagues), the minimum threshold for achievement of expected competency is a rating of Advanced (A) – skills are commensurate with that of someone in independent practice.**

Goal #6: Fellows will develop a sense of awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various

cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

Objective(s) for Goal #6: Fellows will: 1) independently articulate, understand, and monitor their own cultural identity in relation to working with others; 2) regularly use knowledge of self to monitor and improve effectiveness as a professional; 3) critically evaluate feedback and initiate consultation or supervision when uncertainty about diversity issues arise; 4) articulate an integrative conceptualization of diversity as it impacts clients, self and others (e.g., organizations, colleagues, systems of care); 5) habitually adapt one's professional behavior in a culturally sensitive manner; 6) articulate and use an alternative and culturally appropriate repertoire of skills, techniques, and behaviors; 7) use culturally relevant best practices (research and clinical); and 8) independently articulate understanding and monitoring of multiple cultural identities in interactions with others.

Competencies Expected: Individual and Cultural Diversity

How Outcomes are Measured: Review of written materials (e.g., test reports, progress notes, publications); Observation (e.g., test administration, assessment feedback, didactic seminars); Review of therapy audio tapes; Review and/or observation of presentations; Written feedback from presentations.

Minimum Thresholds for Achievement for Expected Competencies: Fellows will have: 1) independently articulated, understood, and monitored their own cultural identity in relation to work with others; 2) regularly used knowledge of self to monitor and improve effectiveness as a professional; 3) critically evaluated feedback and initiated consultation or supervision when uncertain about diversity issues that arose; 4) articulated an integrative conceptualization of diversity as it impacts clients, self, and others (e.g., organizations, colleagues, systems of care); 5) habitually adapted their professional behavior in a culturally sensitive manner; 6) articulated and used an alternative and culturally appropriate repertoire of skills, techniques, and behaviors; 7) used culturally relevant best practices (research and clinical); and 8) independently articulated understanding and monitoring of multiple cultural identities in interactions with others. **The minimum threshold for achievement of expected competencies is a rating of Advanced (A) – skills are commensurate with that of someone in independent practice.**

Goal #7: Fellows will apply ethical concepts and have awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Objective(s) for Goal #7: Fellows will: 1) have routine command and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines of the profession (this includes local and national VA policies and procedures); and 2) demonstrate a commitment to integrating ethics knowledge and legal standards into professional work.

Competencies Expected: Ethical and Legal Standards and Policy

How Outcomes are Measured: Review of written materials (e.g., test reports, progress notes, publications); Observation (e.g., test administration, assessment feedback, didactic seminars); Review of therapy audio tapes; Review and/or observation of presentations; Written feedback from presentations.

Minimum Thresholds for Achievement for Expected Competencies: Fellows will have: 1) demonstrated routine command and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines of the profession (this includes local and national VA policies and procedures); and 2) demonstrated a commitment to integrating ethics knowledge and legal standards into professional work. **The minimum threshold for achievement of expected competencies is a rating of Advanced (A) – skills are commensurate with that of someone in independent practice.**

Overview of the Evaluation Process

Fellow attainment of the program's training goals is assessed according to competencies outlined above. The Fellow and the Fellowship Director meet at the beginning of the first year of the Fellowship to discuss goals and objectives with the aim of identifying areas of professional interest and functioning. The training program measures Fellows' progress over the course of the two-year period against specific criteria and person-specific goals agreed upon by the Director, supervisor/mentor, and supervisee. Fellow progress is monitored in an ongoing manner and written feedback is provided at six-month intervals. Written feedback from Fellows regarding the program and supervisors/mentors is also obtained every six months.

Supervisors/Mentors work with Fellows to set realistic expectations. This is in part accomplished via a process of self-evaluation. Fellows engage in this process at six month intervals. At the same time, program goals and objectives are clearly outlined at the beginning of the Fellowship. Formal evaluation procedures are a key component in facilitating Fellows completing the program in a timely manner. Supervisors/Mentors serve as role models in the areas of research and clinical practice. Supervisors/mentors are engaged in service delivery, and clinically oriented research. Frequent interaction between MIRECC Faculty and Fellows beyond scheduled supervision is the norm.

As their skills develop, it is expected that Postdoctoral Fellows will assume increasing levels of responsibility during the Fellowship. It is also expected that mentors'/supervisors' involvement will move from a more directive role to a more consultative one. By the end of the Fellowship, students are expected to show substantial gains from their starting place, though it is expected that these starting places will differ between Fellows.

Details regarding the formal evaluation process are as follows.

- 1) Beginning of first year
 - a. Supervisors/Mentors and Fellows complete *Supervision Agreements* (for each supervisor) – this form is here - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Supervision Agreement
 - b. For each supervisor/mentor - Fellows rates themselves on the form titled *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* and review with their supervisor/mentor – form is here - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
- 2) At midpoint
 - a. Supervisors/Mentors complete the evaluation form titled *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* and review with Fellows (ideally this would be completed on the same form [beginning of the year] upon which the Fellow self-ratings were completed).
 - i. Obtain signatures and send to TD for signature

- b. For each supervision/mentorship – Fellows **re-rate themselves** on a new (blank) *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* form and review with their supervisors/mentors – form is here - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee
 - c. Fellows complete *Fellow Evaluation of Supervisors* and review with supervisors/mentors- S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Obtain signatures and send to TD for signature
 - d. Fellows complete *Evaluation of Fellowship* - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Send to TD for signature
- 3) At end of the year
- a. Supervisors/Mentors complete the evaluation form titled *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* and review with and Fellows (ideally this would be completed on the same form [midpoint] upon which the self ratings were completed).
 - i. Obtain signatures and send to TD for signature
 - b. Fellows complete *Fellow Evaluation of Supervisors* and review with supervisors/mentors- S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Obtain signatures and send to TD for signature
 - c. Fellows complete *Evaluation of Fellowship* - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Send to TD for signature
- 4) Beginning of subsequent years
- a. Supervisors/Mentors and Fellows complete *Supervision Agreements* (for each supervisor) – this form is here - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Supervision Agreement
 - b. For each supervision/mentorship - Fellows re-rate themselves on a new (blank) form titled *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* and review with their supervisor/mentor (ideally ratings should be linked with Supervisor's ratings from the previous year) - form is here - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
- 5) At midpoint
- a. Supervisors/Mentors complete the evaluation form titled *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* and review with Fellows (ideally this

would be completed on the same form [beginning of the year] upon which the Fellow self-ratings were completed).

- i. Obtain signatures and send to TD for signature
 - b. For each supervision/mentorship – Fellows **re-rate themselves** on a new (blank) *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* from and review with their supervisor/mentor – form is here - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee
 - c. Fellows complete Fellow Evaluation of Supervisors and review with supervisors/mentors- S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Obtain signatures and send to TD for signature
 - d. Fellows complete *Evaluation of Fellowship* - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Send to TD for signature
- 6) At end of the year
 - a. Supervisors/Mentors complete the evaluation form titled *MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation* and review with and Fellows (ideally this would be completed on the same form [midpoint] upon which the self ratings were completed).
 - i. Obtain signatures and send to TD for signature
 - b. Fellows complete *Fellow Evaluation of Supervisors* and review with supervisors/mentors- S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Obtain signatures and send to TD for signature
 - c. Fellows complete *Evaluation of Fellowship* - S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Send to TD for signature

Forms can be found in the following pathway:

S:\!ECH-SHARED\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms

Forms that are in process can be password protected and kept in the shared folder:

S:\!ECH-SHARED\MIRECC Psych\Psychology Training\Evaluations- Fellows and Students

Completed forms should be placed in the Fellow's administrative paper file.

Records that include application materials submitted, completed evaluation forms, professional products, and correspondence are indefinitely maintained by the VISN 19 MIRECC. In addition, VA-mandated Quality Assurance Folders are maintained, which contain peer review data, hours of education completed, and other makers of quality adherence.

Problem Identification and Resolution

An important element in the training process is for the Fellows to be fully informed about what is expected of them to complete the Fellowship successfully. We also want them to be fully informed about issues of due process and their avenues for recourse. At the start of the Fellowship, each postdoctoral Fellow is provided with copies of our policies regarding grievance procedures and problematic postdoctoral Fellows.

A range of steps occurs in the process of resolving training issues and other disputes. Informal Fellow-staff discussions provide adequate resolution of most difficulties that arise during the Fellowship training. Less common are problems that arise between the Fellows themselves. Most conflicts are resolved successfully directly between the parties involved. If this step is unsuccessful, Fellows are encouraged to discuss concerns with their clinical or research supervisors/mentors who can offer advice, guidance, and assistance or seek consultation with the Director of Training.

Only when this informal approach has been unsuccessful does the Director of Training become formally involved in the resolution of disputes. The Director's role is initially that of an impartial fact finder, who seeks to hear the differing perspectives and to negotiate a satisfactory resolution. The Director may achieve resolution of issues outside of the Training Committee or she may involve the Training Committee as indicated. The Training Committee may become directly involved or serve a consultative role to the Director of Training. Input on issues is sought directly from other Fellows, if appropriate. If the grievance or concern is about the Director of Training, the situation is handled per the Grievance Procedure memorandum and someone on the Training Committee other than the Director of Training is appointed by the Training Committee to hear and resolve the matter. If the situation is severe enough that it cannot be resolved at the level of the Training Committee, the Chief of Staff will be consulted.

If there has been ongoing dialogue between a supervisor/mentor and a Fellow during the course of the evaluation period, the comments made in the evaluation should come as no surprise. Nevertheless, it does happen on occasion that the Fellow objects to comments made in the evaluation report. Negotiation between the supervisor/mentor and the Fellow will most often resolve these conflicts, but on occasion the conflict remains unresolved. Should the supervisor/mentor be unwilling to change such comments, the Fellow will be asked to sign the evaluation, and indicate that he/she has reviewed the report but is not in agreement with it. The Fellow is then invited to prepare an addendum to the report and to request a review by the Director of Training.

During the Fellowship, challenges to the Fellows come not only from the Fellowship itself but from their personal lives as well. These challenges sometimes take the form of serious personal health crises and other crises involving family members. We try to accommodate these significant life events and adjust the workload or other expectations on the Fellow accordingly. When personal difficulties are of a kind likely to benefit from psychotherapy or other

interventions, we attempt to facilitate this assistance. Fellows receive support from supervisors, mentors (research and clinical), the Training Director, and the Training Committee. Additionally, Fellows often provide each other peer support. Other resources include: The Office of Human Resources, District Counsel (Office of the Attorney General), the Ethics Committee, EEO officers, Employee Health, and an outside Employee Assistance Program. Fellows also have the right to communicate concerns directly with the Colorado State Department of Health (Licensing division), and/or APA.

Policy and Procedures for Problematic Fellow Performance

I. Introduction

It is the purpose of the Psychology Fellowship Program to foster and support the growth and the development of Fellows during the training year. An attempt is made to create a learning context within which the Fellow can feel safe enough to identify, to examine, and to improve upon all aspects of his or her professional functioning. Therefore, Fellows are encouraged to ask for, and supervisors are encouraged to give, feedback on a continuous basis. When this process is working, mid- and end-of-year evaluations should, and in fact do, produce no surprises, since a Fellow is aware of his/her progress on an ongoing basis.

Supervisors should work with Fellows to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the Fellow to remedy the problem(s) and build on the strengths. This goal is promoted through monthly meetings during which supervisors review Fellow performance with other supervisors and members of the Training Committee.

Other measures that are designed to promote development and identify and remedy deficiencies before they become problematic include:

1. A week-long orientation process at the beginning of the training year that includes a meeting with the Director of Training to review competency goals and individual goals for the training year.
2. Attention to the Fellow's individual skill level and training needs.
3. Written and verbal communication of specific information about policies and procedures including the Fellowship mission and goals.
4. Written and verbal communication about expectations of trainees, fellowship completion criteria and Fellowship competency goals.
5. Written and verbal communication specific to evaluation procedures.
6. Attention to the supervisee/-supervisor relationship.
7. Written and verbal input from Fellows regarding any concerns pertaining to training.
8. Input from supervisory staff in all phases of decision-making process regarding any performance concerns or proposed remediation.
9. Regular meetings between the Fellows and the Director of Training.

Problems in a Fellow's performance can arise, nevertheless, in the following areas:

1. Failure to demonstrate appropriate skill development.
2. Repeated non-adherence to the rules and regulations of the training program and the VA Medical Center.
3. Violation of APA and VHA professional and ethical standards.

II. Definitions of Problems

Problems constitute interference with professional functioning that is reflected in one or more of the following:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. an inability to acquire professional skills in order to reach an acceptable level of competency;
3. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.

A problem is identified when supervisors/mentors perceive that a Fellow's behavior, attitude, or characteristics are disrupting the quality of clinical services; relationships with peers, supervisors, or other staff; or the ability to comply with appropriate standards of professional behavior. Among professionals in training, some problems may arise. A problem is a behavior, attitude, or other characteristic that, while requiring remediation, is neither perceived to be excessive nor very unexpected for professionals in training.

Problems including one or more of the following characteristics are subject to intervention as determined by the Director of Training and the Psychology Training Committee:

1. The Fellow does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the Fellow is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The Fellow's behavior does not change as a function of feedback, remediation, efforts, and/or time.

III. Policy

A. It is the policy that Fellows may fail the Fellowship and/or they may be terminated from the program prior to completion. It is expected that these will be highly unusual events. Because the Fellow group may be diverse and because Fellows come to the Fellowship with different skills and abilities, it is expected that Fellows will achieve the required competencies at different rates. Failure and/or termination may occur for any of the following reasons but are not limited to this list:

1. Incompetence to perform typical psychological services in this setting and inability to attain competence during the course of Fellowship;

2. Violation of the ethical standards of psychologists;
 3. Failure to meet the minimum standards for either patient contact, didactic training, testing competence, or research practice;
 4. Behaviors that are judged as currently unsuitable and that hamper the Fellow's professional performance;
 5. Violation of DVA Medical Center regulations.
- B. It is also the policy that the Fellow can invoke his/her right of appeal as specified in the Procedures and Due Process section of this document.

IV. Procedures and Due Process

A. Determination of “Problematic” Status

Whenever a supervisor/mentor becomes aware of a Fellow problem area or deficiency that seems not to be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Director of Training will then present the situation to a meeting of the Training Committee. A determination will then be made by consensus whether or not to label the Fellow “problematic,” which implies the possibility of discontinuing the Fellowship. This will be done after a thorough review of the Fellow’s work and performance, and one or more meetings with the Fellow to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remediation plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

The National Hub Site should be informed when “significant problems arise that are...not readily resolvable at the Fellowship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration in the Fellow’s program”. This communication will be done in a timely manner and written records will be kept of the communications, and ongoing contact will be maintained until the problem is resolved. The Fellow may request and should receive copies of all formal communications regarding the issue.

B. Remedial Action

Remediation plans can address certain problems. Possible steps for remediation will generally include but are not limited to the following:

1. Increased supervision/mentorship either with the same supervisor/mentor or a different supervisor/mentor.
2. Recommendation of personal therapy at the Fellow's expense.
3. Reduction of the Fellow's clinical duties.

The relevant supervisors/mentors will report to the Director of Training regarding the progress of the problem remediation.

A Fellow who is determined to be "problematic" but potentially able to benefit from remedial action will be asked to meet with the Training Director to discuss the concern(s) and to determine the necessary steps to correct it. When a plan for correction has been determined, the Fellow will receive a written explanation of the concern and specifics of the corrective plan. The Fellow will sign this plan in acknowledgement of its receipt. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remediation plan will be constructed, or action will be taken terminate the Fellowship.

A Fellow may accept the corrective plan or challenge it in writing. The written challenge will be reviewed by the Training Committee for a decision. The Fellow may appeal that decision following the appeal process below.

Formal actions that accompany the identification of problematic status include, but are not limited to:

1. Probation: A Fellow who fails to meet or fails to make satisfactory progress toward fulfilling the general expectations of the Fellowship may be placed on probation. While on probation, the Fellow will operate under a remediation plan for a period of time as determined by the Director of Training and the Psychology Training Committee. At the end of that time, the Fellow will be re-evaluated by the Director of Training to see if further remediation is needed.
2. Suspension of Clinical Duties: A Fellow who is charged with a violation of the APA Code of Ethics may be temporarily suspended by the Training Director from providing clinical services. Temporary suspension becomes effective immediately upon notification of the Fellow in writing. The notification includes the reason(s) for the suspension. A remediation plan may also be specified along with formal evaluation criteria to determine if the problem has been addressed. Following remediation, the Director of Training and the Psychology Training Committee will determine if the suspension should be lifted, continued or if other action should be taken.
3. Notification of National Hub Site: In the event of problem status, the Director of Training will notify the Hub Site about the nature of the

problem and the remediation plan. The Fellow will be asked sign the notification document and will be able to add a counter statement. A copy of this notification will be provided to the Fellow and placed in the Fellow's training record file.

4. Termination of the resident from the Training Program.

C. Procedures for Termination and Appeal

1. Termination: The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Hub Site shall be sought. If neither a representative from the Hub Site or a suitable delegate is able to attend, arrangement shall be made for conference call communication. The Fellows may also seek additional representation.
2. Appeal: Should the Training Committee recommend termination, the Fellow may invoke the right of appeal to the Medical Center Chief of Staff as dictated by the Fellow Grievance Procedures. The Medical Center Chief of Staff will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

Grievance Policy and Procedures

1. It is the goal of the Fellowship Program to provide an environment that creates congenial professional interactions between staff and Fellows that are based on mutual respect; however, it is possible that a situation will arise that leads a Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.
2. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
3. Causes for grievances should be addressed in the following steps:
 - a. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Fellow should notify the Director of Training, even if the issue is resolved.

- b. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.
- c. If both the previous two steps above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
- d. If the grievance is against the Director of Training, the Training Committee will designate a member of the Training Committee to undertake the investigation of the matter and report back to that office.
- e. If the Fellow is not satisfied with the Director of Training's decision, the matter can be appealed to the Medical Center Chief of Staff who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.