

VISN 19 MIRECC Denver Post-Doctoral Fellowship – Policies Regarding Performance, Evaluation/Feedback/Advisement/Retention and Termination/Due Process/Grievance Procedures

Successful completion of the Fellowship is predicated upon achievement of competency goals by the end of the Fellowship. The 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.

Goal #1: Competency in Assessment, Diagnosis, and Intervention (with an emphasis in the areas of risk assessment and evidence-based intervention).
Objective(s) for Goal #1: a) Proficiency in Assessment/Diagnosis; b) Proficiency in Intervention
Competencies Expected: Assessment/Diagnosis Competencies Expected: <ol style="list-style-type: none"> 1. Develops knowledge, skills, attitudes and competencies to assess and/or diagnose Veterans with mental disorders (with an emphasis on Veterans at risk for dangerous behavior). 2. Independently understands strengths and limitations of diagnostic approaches and interpret results from multiple measures for risk assessment, diagnosis and treatment planning. 3. Independently selects and administers 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. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity. 5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of the assessment. 6. Communicates 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. Intervention Competencies Expected: <ol style="list-style-type: none"> 1. Applies knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences. 2. Engages in independent intervention planning, including conceptualization and intervention planning specific to the case and context. 3. Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate. 4. Evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures.
Appendix for Evaluation Forms Used for Expected Competencies: Appendix B: MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation

<p>How Outcomes are Measured: Ratings by Clinical Supervisor(s) and Research Mentor I = Intermediate; HI = High Intermediate; A = Advanced Encompasses: Review of written materials (e.g., test reports, progress notes); Observation (e.g., test administration, assessment feedback); Review of therapy audio tapes.</p>
<p>Minimum Thresholds for Achievement for Expected Competencies: HI in Year 1; A in Year 2</p>
<p>Goal #2: Interdisciplinary Consultation and Teaching</p>
<p>Objective(s) for Goal #2: a) Proficiency in Interdisciplinary Consultation; b) Proficiency in Teaching</p>
<p>Competencies Expected: Interdisciplinary Consultation Competencies Expected: <ol style="list-style-type: none"> 1. Demonstrates knowledge of the nature of interdisciplinary function and the skills that support this process, and demonstrates ability to participate in and initiate interdisciplinary collaboration. 2. Implements systematic approach to data collection in order to clarify issues related to suicidality, dangerousness, psychiatric distress and/or cognitive functioning. 3. Selects appropriate and contextually sensitive means of assessment to answer referral question(s). 4. Provides appropriate and timely feedback as well as remaining open to various feedback modalities. 5. Relates well to referring professionals seeking input. 6. Articulates differing roles of consultant based upon specific referral question. 7. Promotes smooth working relationships within and among referring clinicians and clients. 8. Integrates multiple professional perspectives in consultation formulation. 9. Seeks collaboration and alternative views from the referring clinician. 10. Shows sophisticated awareness of disciplinary differences. 11. Skillfully negotiates challenging interpersonal dynamics within the triadic consultative relationship. 12. Assumes responsibility for resolving conflicts if they occur. 13. Effectively uses clinical team meetings in the service of furthering knowledge of consultation as well as patient care. Teaching Competencies Expected: <ol style="list-style-type: none"> 1. Based in Fellow's areas of interest and expertise, presents information and tools to other mental health or primary care clinicians, Veterans, families, or community members. 2. Thoughtfully shares relevant knowledge and developmentally appropriate, constructive feedback with other trainees (including VISN 19 Psychology Interns) and other Fellows. 3. Demonstrates ability to effectively teach colleagues and trainees in areas of expertise. 4. Develops effective educational materials providing concrete tools for Veterans and family members, creatively utilizing multiple venues (including print, Web, audio, multi-media, etc.). </p>
<p>Appendix for Evaluation Forms Used for Expected Competencies: Appendix B: MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation</p>
<p>How Outcomes are Measured: Ratings by Clinical Supervisor(s) and Research Mentor I = Intermediate; HI = High Intermediate; A = Advanced Encompasses: Review of written materials (e.g., test reports, progress notes); Observation (e.g., team meetings).</p>
<p>Minimum Thresholds for Achievement for Expected Competencies: HI in Year 1; A in Year 2</p>
<p>Goal #3: Conducting Clinically-informed Research</p>
<p>Objective(s) for Goal #3: Demonstrated ability in Research and Evaluation</p>
<p>Competencies Expected:</p>

Research and Evaluation Abilities Expected:

1. Completes a clinically-driven, research-focused project in Fellow's specialty/interest area.
2. Writes and submits at least one manuscript describing study and results of primary project to a peer-reviewed journal.
3. Collaborates with other MIRECC staff to write and submit at least one other manuscript to peer-reviewed journal.
4. Drafts and submits a grant proposal, likely related to findings of primary project.
5. Presents work at a minimum of two conferences.
6. Makes contributions to VISN 19 Post Doc Journal Club, including one presentation on primary project.

Appendix for Evaluation Forms Used for Expected Competencies: **Appendix B: MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation**

How Outcomes are Measured: Ratings by Clinical Supervisor and Research Mentor

I = Intermediate; HI = High Intermediate; A = Advanced

Encompasses: Review of written materials (e.g., publications, grant submission(s)); Review and/or observation of presentations; Written feedback from presentations.

Minimum Thresholds for Achievement for Expected Competencies: HI in Year 1; A in Year 2

Goal #4: Knowledgeable Integration of Science and Practice

Objective(s) for Goal # 4: Advanced Understanding of Scientific Knowledge and Methods

Competencies Expected:

Expected Understanding of Scientific Knowledge and Methods:

1. Independently accesses and applies scientific knowledge and skills appropriately and habitually to the solution of problems.
2. Readily presents his/her own work for scrutiny of others.
3. Demonstrates advanced level of knowledge of and respect for scientific knowledge of the bases for behaviors.
4. Reviews scholarly literature related to research and clinical work and applies knowledge to research methods, design, and case conceptualization.
5. Compares and contrasts evidence-based approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.
6. Applies evidence-based concepts in practice.

Appendix for Evaluation Forms Used for Expected Competencies: **Appendix B: MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation**

How Outcomes are Measured: Ratings by Clinical Supervisor(s) and Research Mentor

I = Intermediate; HI = High Intermediate; A = Advanced

Encompasses: 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: HI in Year 1; A in Year 2

Goal #5: Confidence and Professional Identity

Objective(s) for Goal # 5: Professionalism Commensurate with Independent Practice

Competencies Expected:

Expected Professional Competencies:

1. Prepares to take licensing examination in terms of hours obtained.
2. As appropriate, is proactive in applying for entry-level positions reflecting areas of interest, and have well-prepared job talks or other professional presentations needed for such applications (2nd year).
3. Reports comfort in interacting and collaborating with experienced colleagues in his/her specialty field.

Appendix for Evaluation Forms Used for Expected Competencies: **Appendix B: MIRECC Post-**

Doctoral Fellow Self-Assessment and Evaluation
How Outcomes are Measured: Ratings by Clinical Supervisor and Research Mentor I = Intermediate; HI = High Intermediate; A = Advanced Encompasses: 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: HI in Year 1; A in Year 2
Goal #6: Cultural and Individual Diversity Issues
Objective(s) for Goal # 6: Advanced Understanding of Multi-levels of Diversity
Competencies Expected: Expected Understanding of Individual and Cultural Diversity
<ol style="list-style-type: none"> 1. Independently articulates, understands, and monitors own cultural identity in relation to working with others. 2. Regularly uses knowledge of self to monitor and improve effectiveness as a professional. 3. Critically evaluates feedback and initiates consultation or supervision when uncertainty about diversity issues arise. 4. Articulates an integrative conceptualization of diversity as it impacts clients, self and others (e.g., organizations, colleagues, systems of care). 5. Habitually adapts one's professional behavior in a culturally sensitive manner. 6. Articulates and uses an alternative and culturally appropriate repertoire of skills, techniques, and behaviors. 7. Uses culturally relevant best practices (research and clinical). 8. Independently articulates understanding and monitoring of multiple cultural identities in interactions with others.
Appendix for Evaluation Forms Used for Expected Competencies: Appendix B: MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation
How Outcomes are Measured: Ratings by Clinical Supervisor(s) and Research Mentor I = Intermediate; HI = High Intermediate; A = Advanced Encompasses: 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: HI in Year 1; A in Year 2
Goal #7: Competency in Professional, Ethical, and Legal Issues
Objective(s) for Goal # 7: Proficiency in Ethical and Legal Standards and Policy
Competencies Expected: Expected Ethical and Legal Proficiency
<ol style="list-style-type: none"> 1. Possesses routine command and application of the APA Ethical Principles and Code of Conduct, as well as other relevant ethical, legal and professional standards and guidelines (including local and national VA policies and procedures). 2. Demonstrates a commitment to and ability to integrate ethics knowledge and legal standards into professional work.
Appendix for Evaluation Forms Used for Expected Competencies: Appendix B: MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation
How Outcomes are Measured: Ratings by Clinical Supervisor and Research Mentor I = Intermediate; HI = High Intermediate; A = Advanced Encompasses: 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: HI in Year 1; A in Year 2

Goal #8: Competency in Organization, Management & Administration, and Program Evaluation
Objective(s) for Goal # 8: Proficiency in Key Areas of Organization, Management and Administration
Competencies Expected: Expected Proficiencies for Organization, Management and Administration. <ol style="list-style-type: none"> 1. Consistently documents all research, clinical and/or lab-related activities in accordance with VA and other applicable guidelines, or in a logical manner in the absence of guidelines. 2. Manages time effectively, and displays ability to prioritize, honor commitments, and set realistic goals and schedule. 3. Demonstrates ability to recognize, participate in and apply skills and activities necessary to effective management and administration (e.g., independent research, team meetings, supervisor(s) observation, literature review, etc.). 4. Develops knowledge and ability to think critically about key issues, such as system issues and system management. 5. As appropriate, shows ability to evaluate program procedures and services, and offer thoughtful feedback regarding potential improvement.
Appendix for Evaluation Forms Used for Expected Competencies: Appendix B: MIRECC Post-Doctoral Fellow Self-Assessment and Evaluation
How Outcomes are Measured: Ratings by Clinical Supervisor and Research Mentor I = Intermediate; HI = High Intermediate; A = Advanced Encompasses: Review of written materials (e.g., test reports, progress notes, publications); 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: HI in Year 1; A in Year 2

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 - R:\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Supervision Agreement
 - b. For each supervisor/mentor - Fellows rates themselves on the form titled *MIRECC Evaluation of Fellow* and review with their supervisor/mentor – this form will be used at the 1st 6-month evaluation – form is here - R:\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
- 2) At midpoint (1st 6-month evaluation)
 - a. Supervisors/Mentors revisit the form referenced above in 1b titled *MIRECC Evaluation of Fellow* and rate Fellows' performance
 - i. Obtain signatures and send to TD for signature
 - b. For each supervision/mentorship – Fellows **re-rate themselves** on a new (blank) *MIRECC Evaluation of Fellow* and review with their supervisors/mentors – this form will be used at the 2nd 6-month evaluation
 - c. Fellows complete *Fellow Evaluation of Supervisor* and review with supervisors/mentors – this form is here: R:\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* and review with TD – R:\MIRECC Psych\Psychology Training\PD Training Committee ADMIN\Forms\Evaluation Forms
 - i. Send to TD for signature
- 3) At end of the 1st year (2nd 6-month evaluation)
 - a. Supervisors/Mentors revisit the evaluation form above in 2b titled *MIRECC Evaluation of Fellow* and rate Fellows' performance
 - i. Obtain signatures and send to TD for signature
 - b. For each supervision/mentorship – Fellows **re-rate themselves** on a new (blank) *MIRECC Evaluation of Fellow* and review with their supervisors/mentors– this form will be used at the 3rd 6-month evaluation
 - c. Fellows complete *Fellow Evaluation of Supervisor* and review with supervisors/mentors
 - i. Obtain signatures and send to TD for signature
 - d. Fellows complete *Evaluation of Fellowship* and review with TD
 - i. Send to TD for signature
 - e. Supervisors/Mentors and Fellows complete new *Supervision Agreements* (for each supervisor)

This process will be repeated for the Fellow's 2nd year (i.e., their 3rd and 4th 6-month evaluations will follow this same process).

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/Mentors 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/mentors review Fellow performance with other supervisors/mentors 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 or mentee/mentor relationship.
7. Written and verbal input from Fellows regarding any concerns pertaining to training.
8. Input from supervisory/mentorship 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 to 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 VISN 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 VISN 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.