

Department of Veterans Affairs  
Eastern Colorado Health Care System  
Rocky Mountain Regional VA Medical Center

# Rocky Mountain MIRECC Advanced Psychology Fellowship Training Manual



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## Overview: Rocky Mountain Mental Illness Research, Education, and Clinical Center

The mission of the Rocky Mountain MIRECC is to study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population. Towards this end, the work of the Rocky Mountain MIRECC is focused on promising clinical interventions, as well as the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies.

The Rocky Mountain (RM) Mental Illness Research, Education, and Clinical Center (MIRECC) for Suicide Prevention was awarded in 2004, and includes two sites, Denver and Salt Lake City (SLC). The work of the RM MIRECC is focused on promising clinical interventions and the public health model for suicide prevention, as well as increasing understanding regarding the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies. The RM MIRECC website is a resource regarding current and past efforts: <https://www.mirecc.va.gov/visn19/>.

The organizational structure of the RM MIRECC maximizes the potential for communication and scientific interaction with a focus on rapid translation of research findings to clinical implementation. In addition to all Center staff/research meetings, the members of the leadership team regularly meet regarding: 1) system structure; 2) methods development; 3) research oversight; and 4) study findings. These interactions provide consistent opportunities to exchange ideas and data, and discuss strengths and challenges associated with the existing infrastructure, as well as strategies for improvement. More detailed descriptions of the cores can be found in the section entitled **Center Structure**.

Lisa A. Brenner, Ph.D., is the Director of the RM MIRECC and Deborah Yurgelun-Todd, Ph.D., is the Associate Director. Both sites are provided with support from the Research (Nazanin H. Bahraini, Ph.D., Director), Education (Nazanin H. Bahraini, Ph.D., Acting Director), Clinical (Bridget B. Matarazzo, Psy.D., Director), Data and Statistical (Jeri E. Forster, Ph.D., Director), and Administrative Cores (Maurand M. Robinson, Ph.D., Director of Operations).

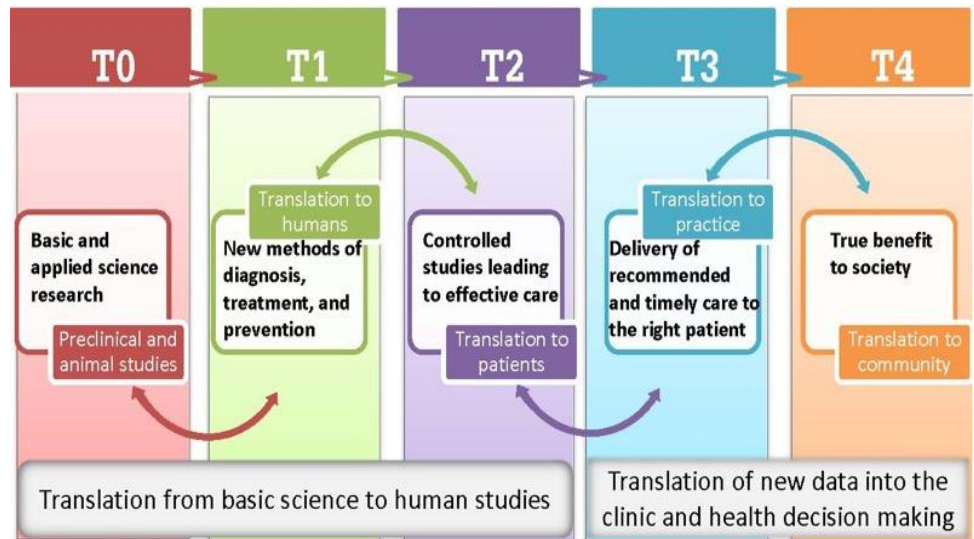


Figure 1. RM MIRECC Core Structure

## Scientific Background & Rationale

Suicide prevention is the top clinical priority in the VA. There are approximately 20 million Veterans living in the U.S., with approximately 17.2 Veteran deaths by suicide per day in 2019. In alignment with the [VA National Strategy for Preventing Veteran Suicide](#) (2018-2028), which underscores the need for urgency and collaboration, members of the RM MIRECC are working to promote Veteran wellness, provide training to clinician and community providers, and promote suicide prevention activities, education, and research. This includes developing and evaluating innovative assessment strategies, as well as upstream and downstream interventions.

To facilitate scientific efforts, the RM MIRECC has also adopted an adapted version of the National Institute of Health (NIH) operational phases of translational research, which range from T0 (basic and applied science research/pre-clinical and animal studies) to T4 (true benefit to society – translation to community). Using this framework facilitates evaluation of significant suicide-related variables and behaviors from diverse domains including clinical, familial, social, and biological perspectives, and addresses previous limitations in conceptualizing suicide risk based on a single dimension. This approach holds promise for accelerating the scholarship of discovery, while creating a fast track for implementing new findings.



**Figure 2. Adapted NIH Conceptual Framework: Operational Phases of Translational Research**

## Center Structure

As noted above, the RM MIRECC is co-located in Denver and SLC. The Director, Lisa Brenner, Ph.D., is located at the Denver site, and oversees activities at both locations. There are 62.79 full time equivalent employees (FTEE) in Denver including the following Core Leadership: Director of Research, Nazanin Bahraini, Ph.D.; Director of Clinical Services, Bridget Matarazzo, Psy.D.; Director of the Data and Statistical Core (DASC): Jeri Forster, Ph.D.; and Director of Operations, Maurand Robinson, Ph.D. There are 5.52 FTEE in SLC including the Associate Director, Deborah Yurgelun-Todd, Ph.D., and the Medical Director, Perry Renshaw, M.D. As noted above, across the two sites, staff are organized into five cores: Research, Education, Clinical, Data and Statistical, and Administrative.

**The Research Core:** Dr. Nazanin Bahraini is the Director of the Research Core and co-leads the Research Oversight Committee (ROC) with Dr. Maurand Robinson. The ROC oversees all research being conducted at the RM MIRECC. This process is facilitated via bi-monthly reviews of proposed projects to ensure both alignment with the Rocky Mountain mission and project feasibility. All approved projects are then reviewed annually to ensure safety and appropriate progress towards proposed outcomes. Committee members include representatives from both sites, including Drs. Lisa Brenner, Deborah Yurgelun-Todd, Perry Renshaw, Bridget Matarazzo, Nazanin Bahraini, Jeri Forster, Maurand Robinson, Meredith Mealer, and Ms. Kelly Stearns-Yoder.

**Education Core:** Dr. Nazanin Bahraini is the Acting Director of the Education Core. The main function of the Education Core is to promote the dissemination and implementation of suicide prevention research and other Center-related work among key stakeholders. This involves disseminating information to end-users across a wide range of settings, such as research conferences, non-VA community facilities, outreach events, the internet (RM MIRECC website: <http://www.mirecc.va.gov/visn19/>) and Veterans Health Administration facilities.

**Clinical Core:** Dr. Bridget Matarazzo is the Director of the Clinical Core. The Clinical Core is an interdisciplinary (psychology, social work and psychiatry) group of providers and support staff with both clinical and research experience. The team has extensive experience in suicide risk assessment and management, and are engaged in clinical practice, implementation, research, and program evaluation/quality improvement. The Clinical Core has experience developing, piloting and testing new suicide prevention interventions, as well as supporting national Office of Mental Health and Suicide Prevention operational work including REACH VET, the Suicide Risk Management Consultation Program, and VA Risk ID.

**Data and Statistical Core (DASC):** Dr. Jeri Forster is the Director of the DASC. The DASC functions to facilitate the research and mission of the RM MIRECC. This is achieved through rigorous study design; efficient management of data that ensures its quality and integrity; and statistically sound data analysis and interpretation. DASC members provide research teams with support throughout the life of a study, from inception to publication of final analyses. In order to maximize rigor and productivity, the DASC has created systems for data management and statistical analyses. This requires knowledge and attention to regulatory requirements and emerging technologies. DASC additionally supports the continuing development of DASC core members, RM MIRECC Investigators and resources available within the Center.

**The Administrative Core:** Dr. Maurand Robinson is the Director of Operations. In this role, she leads the Administrative Core and oversees budgetary planning, contracting, and post-award grants management. The Administrative Core oversees all administrative processes, including (but not limited to) distributing and tracking equipment, purchasing, tracking trainings, travel, timekeeping, and human resources.

## **Employee Guide**

Link to RM MIRECC Employee Guide: <R:\MIRECC Psych\MIRECC Employee Guide>

The Employee Guide contains lots of helpful information for navigating the VA and the RM MIRECC, including:

- Links to important websites
- Important RM MIRECC mail groups
- Information about parking at RMR VAMC
- How to set up your VA email
- How to set up your voicemail/using VA phones
- How to reserve exam/interview rooms for seeing patients/participants
- How to map to printers and the R drive
- How to request hospital keys
- How to request annual or sick leave
- And so much more!

The Employee Guide Folder also contains links to other useful RM MIRECC guides/SOPs, including:

- RM MIRECC Training Guide
- RM MIRECC Travel SOP
- RM MIRECC Publications SOP
- RM MIRECC Participant Payment SOP
- RM MIRECC Telework Policy
- RM MIRECC Inclement Weather Policy
- RM MIRECC Emergency Recall Roster

## Overview of Fellowship Program

### Introduction & Training Philosophy

The mission of the RM MIRECC Advanced Fellowship Program is to train psychologists to become outstanding clinicians and clinical researchers in the high priority area of mental health care for Veterans, with an emphasis on prevention of risky behaviors among Veterans/military service members. The clinical and research focus of the RM MIRECC is the assessment and treatment of individuals with severe psychiatric disorders and/or physical conditions, including combat-related syndromes, who are also at risk for suicide. Assessment of whether optimum treatment provided early reduces the long-term risk of disability and lethality is an area of interest. There is also an emphasis on the accurate evaluation of the interaction between cognition and suicide in individuals with psychiatric diagnoses and/or physical conditions, as well as evidence-based intervention.

The RM MIRECC VA Advanced Fellowship in Mental Illness Research and Treatment is located at the Rocky Mountain Regional VA Medical Center (RMR VAMC), which is part of the Department of Veterans Affairs Eastern Colorado Health Care System (ECHCS) within the VA Rocky Mountain Network (VISN 19).

The current Training Director is Lisa A. Brenner, Ph.D.

The [VA Office of Academic Affiliations](#) offers the VA Advanced Fellowship Program in Mental Illness Research and Treatment at 26 VA sites through MIRECC (Mental Illness Research, Education, and Clinical Center), SMITREC (Serious Mental Illness Treatment, Research, and Evaluation Center), NCPTSD (National Center for PTSD), and COEs (Centers of Excellence). The VISN 21 MIRECC serves as the national coordinating center for the program, is co-directed by Ruth O'Hara, Ph.D. and Sherry Beaudreau, Ph.D.

MIRECC/CoE VA Advanced Fellowship in Mental Illness Research and Treatment Website:

[https://www.mirecc.va.gov/mirecc\\_fellowship.asp](https://www.mirecc.va.gov/mirecc_fellowship.asp)

The RM MIRECC Advanced Fellowship Program is a full-time, two-year program (equating to 2,080 hours per year). In terms of clinical care, fellows engage in mental health service delivery, and assessment and interdisciplinary consultation with high priority populations frequently served at the RMR VAMC. Fellows also interact with a wide range of Veterans through clinically-informed research projects, including a fellow-led project developed in conjunction with their Research Mentor and Training Director.

**Activities related to the RM MIRECC Advanced Fellowship Program described below take place in Denver at the RMR VAMC. SLC has an independent Advanced Fellowship Program.**

RMR VAMC is designated as a 1-A (High Complexity) tertiary VA medical facility that is the hub to the integrated health care system that comprises VA ECHCS. Given the range and volume of services offered through VA ECHCS, and in particular the RMR VAMC, Fellows are afforded ample opportunity to work with Veterans from a range of diverse backgrounds, including SES, racial/ethnic, age, cognitive ability, physical ability, military service, military era, health concerns, and mental health diagnoses. As a federal facility, RMR VAMC adheres to infrastructure compliance requirements of the Americans with Disabilities Act (ADA).



RMR VAMC is a major teaching medical facility affiliated with the medical, dental, pharmacy, and nursing schools of the University of Colorado, Anschutz Medical Campus, School of Medicine. Medical residency programs are maintained in Medicine and Surgery and their sub-specialties, as well as Psychiatry, Neurology, Physical Medicine and Rehabilitation, Anesthesia, Pathology, Radiology, and Dentistry. This setting affords the scope of patients and services necessary to provide a broad experiential base and varied educational opportunities for the Psychology Postdoctoral Fellows. Members of the RM MIRECC Psychology Fellowship Faculty are most closely tied with the Department of Psychiatry, University of Colorado Anschutz Medical Campus (CU-AMC); some faculty also maintain affiliations with the Departments of Physical Medicine & Rehabilitation and Neurology. The three components of academic enterprise- education, research, and clinical psychiatric care - are reflected by the work conducted in the Department of Psychiatry, which is currently headed by C. Neill Epperson, M.D. (<https://medschool.cuanschutz.edu/psychiatry/home/meet-the-chair>).

CU-AMC Department of Psychiatry Website: <https://medschool.cuanschutz.edu/psychiatry>

Postdoctoral Fellowship training at the RMR VAMC is a sequential and cumulative process that is graded in complexity. We view the Fellowship years as a period of professional transition, from the more narrowly defined roles and perspectives of the post-graduate student towards the more broadly defined roles and perspectives of a professional psychologist. During these years, we anticipate a number of changes will occur in the Postdoctoral Fellows' skills, perspectives, and professional identity. The RM MIRECC Advanced Fellowship Program seeks to foster these changes in an organized and systematic way. Fellows arrive at different places in their professional development. Initial discussions with the Training Director about Fellowship goals and objectives allow for the Postdoctoral Fellows to clarify and individually tailor which areas of professional functioning will be a focus for the greatest growth, and which areas will require less intensive emphasis. The training program measures students' progress over the course of the Fellowship against criteria which are rooted in APA competencies and person-specific goals and objectives agreed upon by Fellows, mentors/supervisors, and the Training Director. Fellows receive both structured and informal feedback regarding their progress (the process by which this occurs will be further described in the **Evaluation Process** section).

It is our expectation that individuals who successfully complete the Fellowship will be prepared to: 1) think critically about and practice advanced evaluation and assessment skills and make sound clinical decisions based upon scholarly literature and best practices for evidence-based therapies and interventions; 2) design and implement research studies aimed at improving clinical care; and 3) become leaders in the practice of Psychology, with an emphasis on suicidology. At the culmination of his/her Fellowship, each Fellow will have attained advance practice competencies in the following areas: suicide risk assessment, clinical service delivery, professional interdisciplinary consultation, practice of evidence-based interventions, and research.

Training offered within the RM MIRECC Advanced Fellowship Program is consistent with the scientist-practitioner model, which values the integration of science and practice.

## Administrative Organization

The RM MIRECC Advanced Fellowship Training Program is administered by the Training Committee, which is chaired by the Training Director. The RM MIRECC Training Director, Lisa A. Brenner, Ph.D., is a licensed psychologist who oversees all aspects of the training program including supervision and licensing requirements, the training process, recruitment and selection of Fellows, and administration. Members of the Training Committee include training supervisors who represent each of the core areas of the structure of the RM MIRECC (Clinical, Research, Education, and Data Cores): Jeri E. Forster, Ph.D., Nazanin H. Bahraini, Ph.D., and Bridget B. Matarazzo, Psy.D. The Training Committee meets monthly to review program needs and implementation on whole. Other members of the Training Faculty include: Sean Barnes, Ph.D., Lisa Betthausen, Ph.D., Lauren Borges, Ph.D., Bryann DeBeer, Ph.D., Claire Hoffmire, Ph.D., Ryan Holliday, Ph.D., Suzanne McGarity, Ph.D., Lindsey Monteith, Ph.D., and Hal Wortzel, M.D. Dr. Brenner readily seeks input from the Training Faculty regarding issues ranging from competencies to individual Fellow performance and leads a monthly Training Supervisors Meeting for the MIRECC faculty who are actively supervising (clinical supervision or clinical research mentorship), or those who have or will supervise, trainees. Administrative support is also allocated to the training program.

The Training Director has the following roles: 1) works with Fellows and Faculty to address training goals and outcomes; 2) monitors all evaluations and would become involved if there were any problems with a Fellow or Faculty Member that required mediation to improve performance; 3) handles requests for funding for the Fellowship Program and manages all reporting to the VA Office of Academic Affiliations (OAA); 4) oversees the recruitment and selection of all Psychology Fellows, and 5) communicates with accrediting bodies. In short, the Training Director is responsible for ensuring that the stated goals and objectives for the training program are met and the training resources necessary to accomplish these goals are available.

Fellows are involved in program administration in several ways. After discussing with their clinical and research supervisors, each Fellow meets with the Training Director to discuss their overall training goals. Each Fellow and the Training Director also meet to evaluate overall progress, and strengths and weaknesses of the training program. Additionally, the Training Director hosts a monthly group meeting for all fellows to participate in providing feedback, discussing program updates, and identifying needs.

Fellows receive formal verbal and written feedback regarding goals/objectives from research/clinical supervisors every six months. Fellows also provide supervisors with formal verbal and written feedback every six months. This allows for clear communication between the supervisor/mentors and Fellows regarding goals/objectives and performance. The Training Director reviews all written evaluations. If at any time, specific concerns regarding a Fellow's performance arise, Faculty Members are instructed to contact the Training Director. Concerns may be further discussed with MIRECC Faculty, members of the Training Committee, and/or the Fellow. At that time, a decision is made regarding whether or not further action is indicated. If deemed necessary, a written remedial plan would be initiated to maximize chances of successful problem resolution and program completion. The series of actions to be initiated if a deficiency or problem in progress were noted is outlined in the Policies and Procedures for a Problematic Postdoctoral Fellow.

The fellowship has been an APA accredited program since 2013. The application for re-accreditation was submitted in 2020. Secondary to COVID-19 all site visits are currently on-hold. All sites with full accreditation prior to COVID-19 are able to maintain this status until site visits resume.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE  
Washington, DC 20002-4242  
(202) 336-5979  
[APAACCRED@APA.COM](mailto:APAACCRED@APA.COM)

## **Minimum Program Requirements**

The following expectations are discussed with each Fellow at the beginning of each academic year and are reviewed every six months to both ensure progress and to determine additional training goals relevant to the Fellows' areas of interest.

The following are minimum requirements for successful completion of our program:

1. Accrue sufficient clinical hours for state licensure in Psychology.
2. Participate in research and complete at least one project that directly informs clinical activities.
3. Submission of at least two articles for publication in peer-reviewed journals.
4. Present at two local/national professional conferences/settings (one per year) regarding research/clinical area(s) of interest.
5. Participate in writing at least one grant for research funding.
6. Successfully complete clinical and research rotations, as evidenced by formal evaluation with clinical supervisor(s) and clinical research mentor. This includes completion of requisite hours and scores of 2.5 or above on Levels 1 and 2 competencies in year 1, and scores of 3.5 or above on Levels 1 and 2 competencies by completion of year 2.
7. Maintain a consistently professional and ethical conduct in professional setting throughout the duration of training (via formal evaluation with supervisors/mentors and the Training Director).

Finally, our expectations of Fellows (and faculty) extend beyond performance and achievement. We expect Fellows to consistently behave in a fully professional and ethical manner. Fellows are expected to adhere to all relevant RMR VAMC policies regarding the diagnosis, treatment and clinical management of patients and the appropriate conduct of research. Fellows are to ensure patient privacy and confidentiality by adhering to HIPAA guidelines and RMR VAMC policies regarding the secure storage of clinical research data.

## **Financial Assistance & Resources**

Postdoctoral Fellows receive an annual stipend established by VA OAA. Advanced Fellowship stipend information can be found at the following link by first selecting the Denver (VAMC) and the appropriate program year and then scrolling down to the "ASSOCIATED HEALTH (FELLOW)" stipend:

<https://vawww.oaa.med.va.gov/DBReports/AFStipends.aspx>. Fellows accrue 13 days of annual leave and 13 days of sick leave each year (4 hours of annual and 4 hours of sick per pay period), and such leave can be requested throughout the Fellowship. Fellows also have 10 paid Federal holidays during the calendar year. Policies regarding leave accrual and use were established at the national level. The Fellowship Training Director, with input from the MIRECC Training Faculty, will approve Authorized Absence (leave that does not detract from annual leave hours) to encourage Fellows to attend educational and professional advancement seminars, conferences, and other meetings outside RMR VAMC. Fellows are eligible for Federal Employee Health Care Benefits, but are not eligible for Vision, Dental, Family and Medical Leave Act (FMLA), or paid parental leave benefits.

Within the RM MIRECC each Fellow is allocated a furnished desktop workspace that includes a desktop computer, dual monitors, telephone with individual voicemail, internet and intranet access, and a VA email address. Word-processing, database, slide preparation, and statistical software are readily available, as are treatment rooms, clerical support, and office supplies. Fellows have access to the VA Electronic Medical Library and the CU-AMC Medicine Library (<https://library.cuanschutz.edu/>). As such, Fellows have access to a wide range of peer-reviewed journals. They are also provided with access to Endnote. Fellows have access to a library of treatment manuals and tests for providing empirically supported treatments and complex neuropsychological and personality assessments. Many of these measures are provided as part of the VA Mental Health Testing Package.

## **Cultural and Individual Differences & Diversity**

The RM MIRECC Faculty is committed to following the APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017)\*.

Individual and cultural diversity are issues both Postdoctoral Fellows and Staff need to be sensitive to, particularly in regard to how these differences affect clinical and research practice. MIRECC faculty place special emphasis on the discussion of clinical, ethical, and legal issues related to cross-cultural differences during formal didactic experiences. These issues are further emphasized in supervision. Supervisors assess their supervisees on their awareness of diversity issues and their ability to translate their awareness into their case formulations, interventions, and research designs. Our commitment to training culturally sensitive Postdoctoral Fellows is reflected in the fact that supervisors are asked to comment on Fellows' strengths and weaknesses in multicultural diversity when assessing skills. Moreover, one of the seven program goals and objectives is related to cultural diversity and individual differences.

The RM MIRECC adheres to nondiscrimination policies and procedures in all employment and patient care activities. Such policies mandate that employees and applicants for employment be treated fairly and equitably without regard to age, race, color, creed, sex, physical or mental handicap, national origin, or sexual orientation. The Psychology training staff within the VA and the RM MIRECC is diverse in training background, theoretical orientation, ethnicity, gender orientation, and clinical approach.

Each year, the RM MIRECC Fellowship Program is open and active in seeking a diverse pool of candidates. We recognize that strident recruitment efforts are a necessary but not sufficient for creating and maintaining a diverse scholarship community within our program. Specifically, we recognize that effective retention of diverse staff and trainees requires the creation and maintenance of a welcoming environment that offers respect for the cultural backgrounds of all Fellows and Staff. This facilitates an optimal learning environment for our trainees.

\*American Psychological Association. 2017. *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>

## Drug Testing

### **VA Drug-Free Workplace Program: Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)**

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure.

As you should already know:

- **All** VHA HPTs are exempt from pre-employment drug-testing.
- **Most** VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
- **All** VA employees appointed to a TDP (including HPTs) must sign a *Random Drug Testing Notification and Acknowledgement Memo*. **The list of exempt positions (NOT TDP) is on the memo (see link below).**
- **All** HPTs in TDPs are subject to the following types of drug testing:
  - Random;
  - Reasonable suspicion;
  - Injury, illness, unsafe or unhealthful practice; and
  - Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

- VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. *Contact the local VHA HR office for more information about EAP.*
- VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
- Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.

**Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.**

However, be aware that VA will initiate **termination** of VA appointment and/or dismissal from VA rotation against any trainee who:

- Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
- Refuses to be drug tested.

**We encourage you to share this information with all current and prospective HPTs, so expectations and due process procedures are understood.**

#### **Additional Information and Resources:**

- Drug Free Workplace Program (DFWP) Helpline 1-800-967-5752

- VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp>
- VA Publications: <https://www.va.gov/vapubs/>
  - VA Handbook 5021, Employee-Management Relations
  - VA Handbook 5383, Drug-Free Workplace Prog



## **Overview of Learning Experiences**

### **Individualized Training Plan (ITP)**

Together with their Clinical Supervisor, Research Mentor, and the Training Director, each Fellow develops a training plan at the start of their fellowship. Each Fellow's training plan is individually tailored to meet their specific training needs. This training plan serves as the basis for ongoing self-evaluation and guides the mentorship and supervision discussions that occur between Fellows and their mentors. This ensures Fellows are tracking their own progress and meeting their own goals.

The training plan identifies areas of strength and weakness and outlines training goals. The training plan should include the Fellow's level of competence at entry in planning for how they will successfully attain the program's exit criteria. To this end, the training plan should include a timeline and milestones for goals related to clinical service (e.g., completion of a rotation), research (e.g., presentations, publications, and grant submission) and encouraged clinical licensure. In supervision, Fellows may identify additional areas of training interests or goals and thus will work with the Training Director and the Training Committee to determine options for incorporating these goals into their training plan. The ITP is updated every six months are part of the scheduled evaluation cycle to ensure ongoing review and alignment with training goals and competencies across the 2-year period.

## **Supervision/Mentorship**

The RM MIRECC Advanced Fellowship Program uses an observe-engage-lead/supervise training model in which Fellows have ample opportunity to observe different supervisors/mentors across an array of settings. Supervisors are expected to be knowledgeable regarding: 1) theories and methods of research and assessment; 2) effective intervention in their areas of expertise; 3) and recent literature. Supervisors demonstrate competence in the practical application of that knowledge via 1) clinical practice, and 2) research publications and successful grant applications. Fellows and supervisors are frequently present at the same staff, research, clinical, and administrative meetings, thereby providing further opportunities for teaching/learning.

Each Postdoctoral Fellow receives supervision at minimum weekly from their Clinical Supervisor (one hour) and Research Mentor (one hour). Training goals for the year, as part of an individualized training plan, are identified in discussion with the Fellow's Clinical Supervisor, Research Mentor and Training Director. Fellows receive at least one hour of individual clinical supervision for every 10 hours of training/clinical services provided. Over the course of their Fellowship, Fellows receive formal supervision and feedback from at least two licensed professionals who provide guidance regarding patient care, consultation, teaching, research, administration, and supervisory activities. Other members of the Training Committee also provide informal feedback and mentorship, as well as opportunities to collaborate with senior professionals with expertise in the fields of traumatic brain injury, suicidology, substance use, PTSD, and SMI.

All supervisors who provide primary clinical supervision within our program are licensed clinical psychologists who are engaged in service provision within the setting in which they supervise. All licensed clinical psychology supervisors have been trained in evidence-based psychotherapies (EBPs), particularly in EBPs which have been formally rolled out across VHA (e.g., Cognitive Behavioral Therapy for Depression, Cognitive-Processing Therapy for Post-Traumatic Stress Disorder, Prolonged Exposure).

Fellows have access to an appropriate supervisor at all times. Supervisors/Mentors are available by cell phone at all times within the hospital. If a supervisor/mentor is on leave from the hospital premises, another supervisor/mentor is identified beforehand, and the Fellow is notified of the change, the duration of the primary supervisor's/mentor's leave, and contact information of the substitute supervisor/mentor. Fellows do not provide personal contact information to Veterans.

RM MIRECC supervisory expectations are outlined in the Supervision Agreement, located here: [\\r01echhsm02.r01.med.va.gov\research\\_data\MIRECC Psych\Training Program\6-Advanced Fellowship Psychology\Admin\Evaluations \(blank\)\Supervision Agreement](\\r01echhsm02.r01.med.va.gov\research_data\MIRECC Psych\Training Program\6-Advanced Fellowship Psychology\Admin\Evaluations (blank)\Supervision Agreement)

## **Clinical Research**

As part of the RM MIRECC Advanced Fellowship Program, Fellows are provided with both hands-on-practical learning opportunities and didactic trainings aimed at assisting them in becoming independent clinical researchers. Practical experience is gained in part by the Fellow working on existing Principal Investigator (PI) initiated and grant-funded projects within the MIRECC. Each fellow works closely with one identified research mentor for the duration of their fellowship. Fellows may also be able to participate in aspects of other faculty's projects/programs. For more information on current RM MIRECC research projects, please see the RM MIRECC website at <http://www.mirecc.va.gov/visn19/research/>.

### **Research Expectations**

Fellows are expected to participate in research and complete at least one project that directly informs clinical activities. Other research-related expectations of the Fellowship include:

- 1) writing a grant for research funding;
- 2) submitting at least two articles for publication in peer-reviewed journals;
- 3) and making two local/national presentations regarding their research/clinical area(s) of interest.

### **Research Project Presentations**

At least one time each year, Fellows will present on their lead project at the RM MIRECC All Staff Research Meeting (aka TTT). This didactic experience is intended to fulfill a number of goals of the RM MIRECC Fellowship Program. Ideally, Fellows will present on the development of the project sometime before or slightly after the project has been submitted for human subjects review. Fellows will also present near the end of their fellowship to provide information regarding outcomes. Specifically, Fellows will be expected to:

- 1) Design and implement research studies focused in their specialty area and consistent with the MIRECC mission and within their mentor's lab;
- 2) Review scholarly literature related to their specialty area and apply knowledge to research methods and design;
- 3) Carry out a research project that demonstrates advanced level of knowledge and has the potential to contribute to the field of suicide prevention/treatment;
- 4) Regularly conduct oral presentations for peer review;
- 5) Regularly share manuscripts and other written materials for peer review;
- 6) Present findings of their study and discuss how these findings advance current knowledge in their specialty area

### **Presentation Format**

The presentations should be prepared using PowerPoint, roughly 45 minutes in length, and organized as follows:

1. Topic Background (state why this is important)
  - a. Identify gaps in the literature and how their project attempts to address these gaps
2. Research Objectives
  - a. State research questions and /or hypotheses
3. Methods
  - a. Participants
  - b. Procedures
  - c. Measures
4. Implications for clinical practice
  - a. Also discuss how proposed study may contribute to the RM MIRECC Mission

5. Results

a. Fellows will be expected to report interim findings during their second and if applicable, third year of the Fellowship Program

6. Questions for the lab

a. Potential scientific problems/issues to consider

## **Clinical Services**

Fellows are taught to use science in the service of clinical practice. This model is in part achieved via a consistent focus on evidence-based assessment and intervention practices.

### **Clinical Consultation Services:**

All Fellows are required to become members of the RM MIRECC Suicide Prevention Consultation Service, which is co-directed by Hal Wortzel, MD, and Bridget Matarazzo, PsyD. In this role, Fellows receive supervision and experience with providing consultation to mental health clinicians who are working with at risk patients. The model employed by members of the consultation team is highlighted in a published article: Gutierrez, P. M., Brenner, L. A., Olson-Madden, J. H., Breshears, R. E., Homaifar, B. Y., Betthausen, L. M., et al. (2009). Consultation as a means of Veteran suicide prevention. *Professional Psychology: Research and Practice*, 40, 586-592. Our interdisciplinary team is comprised of psychologists, a psychiatrist, and social workers. We receive consultation requests from outpatient, residential, and inpatient providers. We are often asked to provide an in-depth conceptualization of the Veteran's risk for suicide and offer treatment recommendations. Standard operating procedures and report templates are provided to support Fellows in their work on the consult service. Consult service resources (e.g., SOPs, report templates, measures, etc.) can be found: <R:\MIRECC Psych\Clinical\Consult Service.>

Additionally, Fellows have the opportunity to observe calls within the context of the national Suicide Risk Management Consultation Program (SRM) which provides consultation to providers both within the VA and in the community who are serving Veterans at risk for suicide. SRM consult calls focus on topics such as conceptualization of suicide risk, documentation questions, suicide risk assessment, postvention (after a suicide loss), among others. Additional information is available on the SRM website: <https://www.mirecc.va.gov/visn19/consult/>.

### **Evidence-Based Treatment:**

As part of the development of their training plan, Fellows will work with the Training Director to identify if they will obtain experiences with the delivery of evidence-based treatments during their Fellowship. Fellows may provide Veterans with evidence-based treatments (e.g., Cognitive Behavioral Therapy for Suicide Prevention, Acceptance and Commitment Therapy, Cognitive Therapy for Depression, Cognitive Processing Therapy). An adequate number of Veterans seek care at the facility to allow for Fellows to gain supervised practice in evidence-based interventions. Individual face-to-face supervision is provided for each case being seen. Fellows are required to audiotape psychotherapy sessions. Faculty listen to the tapes and provide feedback aimed at both improving fidelity to models being utilized and facilitating the therapeutic process.

Fellows also may facilitate the safety planning group on the psychiatric inpatient unit. Fellows are provided with the opportunity to first observe their Supervisor or a senior Fellow conduct this group. In a manner that is appropriate to the Fellow's training needs, the Fellow is then given the opportunity to co-facilitate the group with the Supervisor or senior Fellow. This allows the Fellow to provide direct clinical care to a group of Veterans with a variety of presenting concerns and diagnoses, while being supervised in vivo. If the Fellow demonstrates competency conducting group while being supervised in vivo, the Fellow may eventually lead the safety planning group independently. If there are two Fellows participating concurrently in the safety planning group service and both are considered eligible to conduct group independently, they may have the opportunity to co-facilitate the group with each other. Face-to-face supervision outside of the group is also provided. As a component of conducting this group on the inpatient unit, the Fellow also interacts with the multi-disciplinary staff (e.g., nurses, psychiatrists, social workers, occupational therapists) of the inpatient unit. Fellows may also

be offered the opportunity to supervise an intern on facilitating safety planning group if circumstances allow. In this case, supervision of supervision would be provided.

Regarding their clinical work, Fellows receive at least one hour of individual clinical supervision and one hour of group supervision in the form of the weekly RM MIRECC consultation service team meeting. During these meetings specific cases are discussed. Moreover, team members are encouraged to discuss issues ranging from strategies to decrease risk to consultant reactions to working with large numbers of at-risk Veterans. Additional didactic/consultation/supervision opportunities are provided nationally and locally. For example, Fellows are encouraged to attend the [Suicide Risk Management Consultation Program lecture series](#). Recordings of past webinars are available on the SRM website.

## **Foundational and Functional Competencies/Goals**

Successful completion of the Fellowship is predicated upon achievement of foundational and functional competency goals, defined by APA, by the end of the Fellowship. The RM 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 Fellows from professionals in other disciplines.

There are 6 competencies (3 foundational and 3 functional; \* denotes Level 1 competencies required by APA):

### **Foundational Competencies:**

- Professionalism
  - Professionalism: as evidenced in behavior and comportsment that reflects the values and attitudes of psychology
  - Individual and Cultural Diversity\*: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.
  - Ethical Legal Standards and Policy\*: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.
  - Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.
- Relational
  - Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.
- Science
  - Scientific Knowledge and Methods\*: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.
  - Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

### **Functional Competencies:**

- Application
  - Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.
  - Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups and/or organizations.
  - Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

- Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.
- Education
  - Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.
  - Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.
- Systems
  - Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professional in multiple disciplines.
  - Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).
  - Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

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

<p><b>Goal #1: Fellows will obtain competence in Professionalism.</b></p> <p>Objective(s) for Goal #1:</p> <p><u>Professionalism Competencies</u>: A) Monitors and independently resolves situations that challenge professional values and integrity; B) Conducts self in a professional manner across settings and situations; C) Independently accepts personal responsibility across settings and contexts; D) Independently acts to safeguard the welfare of others; and E) Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice.</p> <p><u>Individual and Cultural Diversity Competencies</u>: A) Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation; B) Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation; C) Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation; and D) Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work</p> <p><u>Ethical and Legal Standards and Policy Competencies</u>: A) Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines; B) Independently utilizes an ethical decision-making model in professional work; C) Independently integrates ethical and legal standards with all competencies</p> <p><u>Reflective Practice/Self-Assessment/Self-Care Competencies</u>: A) Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool; B) Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills; C) Self-monitors issues related to self-care and promptly intervenes when disruptions occur; D) Independently seeks supervision when needed</p>
<p>Competencies: Professionalism, Individual and Cultural Diversity, Ethical and Legal Standards and Policy, Reflective Practice/Self-Assessment/Self-Care</p>
<p>How Outcomes are Measured: Review of written materials (e.g., test reports, progress notes); Observation (e.g., conduct in individual and group supervision; conduct in research meetings and other required activities (e.g., Postdoc journal club, Hubsite/Diversity Vtels, etc.); test administration; assessment feedback); Review of therapy audio tapes.</p>



Minimum Thresholds for Achievement for Expected Competencies: **The minimum threshold for achievement of expected competencies is a rating of 2.5 by the end of year one, and 3.5 by the end of year two– skills are commensurate with that of someone in independent practice.**

**Goal #2: Fellows will obtain competence in Relational areas.**

Objective(s) for Goal #2:

Relational competencies: A) Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities; B) Manages difficult communication; possesses advanced interpersonal skills; and C) Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts.

Competencies Expected: 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: **The minimum threshold for achievement of expected competencies is a rating of 2.5 by end of first year, and 3.5 by end of second year – skills are commensurate with that of someone in independent practice.**

**Goal #3: Science**

Objective(s) for Goal #3:

Scientific Knowledge and Methods Competencies: A) Independently applies scientific methods to practice; B) Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior); C) Independently applies knowledge and understanding of scientific foundations to practice  
Research/Evaluation Competencies: A) Generates knowledge; B) Applies scientific methods of evaluating practices, interventions, and programs; C) Completes a clinically-driven research project in Fellow's specialty/interest area; D) Submits at least two manuscripts to a peer reviewed journal (one in area of interest); E) Submits at least 1 grant; and F) Makes at least 2 presentations at conferences in addition to presenting their primary project to Postdoc Journal Club

Competencies Expected: Scientific Knowledge and Methods, Research/Evaluation

How Outcomes are Measured: Review of written materials (e.g., publications, grant submission); Peer reviews of publications/grants; 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 two manuscripts to a peer-reviewed journal. Fellows will have drafted and submitted at least one grant proposal. They will have presented their work at a minimum of two conferences, and at the RM MIRECC journal club.

**Goal #4: Application**

Objective(s) for Goal #4:

Evidence-Based Practice Competencies: A) Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

Assessment Competencies: A) Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups and context; B) Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning; C) Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice; D) Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity; E) Independently and accurately conceptualizes the multiple dimensions of

the case based on the results of the assessment; F) Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

Intervention Competencies: A) Independently plans interventions, case conceptualizations and intervention plans are specific to case and context; B) Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations; C) Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate; D) Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

Consultation Competencies: A) Determines situations that require different role functions and shifts roles accordingly to meet referral needs; B) Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question; C) Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations; D) Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases

Competencies: Evidence-Based Practice; Assessment; Intervention; and Consultation

How Outcomes are Measured: Review of written materials (e.g., test reports, progress notes); Observation (e.g., test administration, assessment feedback, conduct in Consultation service meetings; conduct in group and individual supervision, and didactic seminars); Review of therapy audio tapes.

Minimum Thresholds for Achievement for Expected Competencies: **The minimum threshold for achievement of expected competencies is a rating of 2.5 by end of year one, and 3.5 by end of year two— skills are commensurate with that of someone in independent practice.**

#### Goal #5: Education

Objective(s) for Goal #5:

Teaching Competencies: A) Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences; B) Applies teaching methods in multiple settings)

Supervision Competencies: A) Understands the ethical, legal, and contextual issues of the supervisor role; B) Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise; C) Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients; and D) Provides effective supervised supervision to less advanced students, peers or other service providers in typical cases appropriate to the service setting

Competencies: Teaching; Supervision

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: **For Item 3 (comfort in interacting and collaborating with experienced colleagues), the minimum threshold for achievement of expected competency is a rating of 2.5 by end of year one, and 3.5 by end of year two – skills are commensurate with that of someone in independent practice.**

#### Goal #6: Systems

Objective(s) for Goal #6:

Interdisciplinary Systems Competencies: A) Demonstrates awareness of multiple and differing worldviews, roles professional standards, and contributions across contexts and systems; demonstrates intermediate knowledge of common and distinctive roles of other professionals; B) Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning; C) Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals; D) Develops and maintains collaborative relationships over time despite differences

Management – Administration Competencies: A) Develops and offers constructive criticism and suggestions regarding management and leadership of organization; B) Participates in management of direct delivery of professional services; responds appropriately in management hierarchy; C) Demonstrates emerging ability to participate in administration of service delivery program and D) Participates in system change and management structure

Advocacy Competencies: A) Intervenes with client to promote action on factors impacting development and functioning; and B) Promotes change at the level of institutions, community, or society.

Competencies: Interdisciplinary systems; Management – Administration; and Advocacy

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: **The minimum threshold for achievement of expected competencies is a rating of 2.5 by end of year one, and 3.5 by end of year two– skills are commensurate with that of someone in independent practice.**

## 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 year one of the Fellowship to discuss goals and objectives with the aim of identifying areas of professional interest and functioning. The training program evaluation process measures Fellows' progress over the course of the two-year period against specific criteria and person-specific goals. Fellows' 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.

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, Fellows are expected to show substantial gains from their starting place, though it is expected that these starting places will differ between Fellows.

**Minimum Levels for Achievement (MLAs) for Expected Competencies: The minimum threshold for achievement of expected competencies is a rating of 2.5 by the end of year one, and 3.5 by the end of year two— skills are commensurate with that of someone in independent practice.**

### **Trainee Evaluation Sequence:**

#### **1) Beginning of Year One:**

- a. Supervision Agreement**
- b. MIRECC APA Based Self-Evaluation**
- c. Individualized Training Plan (ITP)**

#### **2) Year One Midpoint- 6 months:**

- a. MIRECC APA Based Evaluation of Fellow**
- b. MIRECC APA Based Self-Evaluation**
- c. MIRECC Fellow Evaluation of Supervisor**
- c. MIRECC Fellow Evaluation of Fellowship**
- d. Individualized Training Plan (ITP)**

#### **3) End of Year One:**

- a. MIRECC APA Based Evaluation of Fellow**
- b. MIRECC APA Based Self-Evaluation**
- c. MIRECC Fellow Evaluation of Supervisor**
- c. MIRECC Fellow Evaluation of Fellowship**

This evaluation process is repeated for Year Two. All evaluations are reviewed by the Training Director. Blank evaluation forms can be found here: <R:\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Admin\Blank Forms\Evaluation Forms>.

If there has been ongoing dialogue between a supervisor/mentor and a Fellow during 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 Training Director.

## Educational Details

An educational detail is an authorized training experience which provides direct benefit to VA but is not available at the VA facility or the affiliate in the case of affiliate-sponsored programs and requires the Health Professions Trainee (HPT) to be sent to a non-VA location for this training experience. We sometimes refer to these details as 1/6<sup>th</sup> rule details – as paid HPTs can rotate no more than 1/6<sup>th</sup> of their total time in a non-VA rotation.

For the FY2022/23 Academic Year and beyond, all educational details must be approved by OAA. Educational details that will be approved must demonstrate at least one of the following three items:

- a. Clear benefit to Veterans
- b. Clear benefit to the VA
- c. Clear connection with an accreditation requirement that cannot be met at the VA site

## Didactic Seminars

### **VA Advanced Fellowship Program in Mental Illness Research and Treatment Seminar Series**

The RM MIRECC Advanced Fellowship Program is encompassed within a larger, national Fellowship Program, the VA Advanced Fellowship Program, which is funded by the VA OAA. The Fellowship Hub site sponsors a series of didactic seminars provided by V-Tel each year. The HUB site is responsible for the scheduling and content of these seminars. Fellows will receive communication from the HUB site about topics, relevant readings/resources, and expectations. Fellows are required to attend at least one of the two parallel V-Tels on the third Wednesday of each month and one other V-Tel of their choice.

The current V-Tel meeting schedule can be found here:

[\\r01echhsm02.r01.med.va.gov\research\\_data\MIRECC Psych\Training Program\6-Advanced Fellowship Psychology\Didactic Schedules](https://o1echhsm02.r01.med.va.gov/research_data/MIRECC_Psych/Training_Program/6-Advanced_Fellowship_Psychology/Didactic_Schedules)

Until further notice, Advanced Fellows will connect to the national didactics using Zoom. The same Zoom link will be used for all Jan-June V-Tels:

#### **Meeting URL for Core Didactic V-TELS:**

<https://stanford.zoom.us/j/97106468421?pwd=MW9NL2Y4QTBBVGxVRW80cIVzYkEzQT09>

**Password: 250656**

**Meeting ID:** 971 0646 8421

**iPhone (US Toll):** +1(833)302-1536;97106468421# or +1(650)724-9799;97106468421#

**Or Telephone:** (650) 724 9799 or +1(833)302-1536

#### **Meeting URL for PARALLEL V-TELS:**

<https://stanford.zoom.us/j/98807793176?pwd=QkRqTE5ldjdvM0M4TkpSQUdNUW9ydz09&from=addon>

**Password: 918084**

**Meeting ID:** 988 0779 3176

**iPhone (US Toll):** +1(833)302-1536,98807793176# or +1(650)724-9799,98807793176#

**Or Telephone:** (650)724-9799 or (833)302-1536

### **Grand Rounds (UCD Anschutz Medical Campus, Department of Psychiatry)**

Grand Rounds in the Department of Psychiatry is held weekly for one hour at the UCD School of Medicine and involves didactic presentations on a variety of topics pertinent to medical and mental health research and clinical practice. Grand Rounds may be attended in person (on campus) or via teleconference.

### **RMR VAMC Mental Health Service (MHS) Grand Rounds**

Fellows may also participate in monthly Grand Rounds sponsored by the RMR VAMC MHS, whereby staff present on relevant clinical topics, such as clinical evaluation, diagnosis and treatment, multicultural and ethical competencies, and clinical research.

### **Hub Site Office Hours**

Dr. Beaudreau is available via appointment for VA Advanced Fellows consultation. To schedule an appointment e-mail [sherry.beaudreau@va.com](mailto:sherry.beaudreau@va.com)

## **Journal Club**

Fellows participate in a monthly journal club sponsored by the RM MIRECC whereby trainees (RM MIRECC postdoctoral fellows and RMR VAMC predoctoral psychology interns) are responsible for selecting and leading a seminar in a topic relevant to research, intervention, and/or education in suicide prevention. In addition to being responsible for leading at least one journal club meeting per year, Fellows are also assigned psychology interns to mentor through the process of selecting and discussing literature relevant to their area of interest. The journal club is attended by RM MIRECC faculty, members of the RM MIRECC lab, and all predoctoral interns. Journal Club meetings occur the second Thursday of every one month.

### **Objective:**

To critically evaluate, understand, and communicate the implications of peer reviewed scientific literature related to suicide prevention

Skills and proficiencies addressed:

- Ability to select, summarize and critically appraise the scientific merit of peer reviewed scientific literature related to suicide prevention
- Ability to facilitate a higher-level discussion of the scientific, educational and clinical merit of suicide prevention and other related literature

### **Presentation Topics:**

Fellows and Interns will be required to select a specific article that is relevant to suicide prevention. Fellows and Interns will also be required to set learning objectives/questions to center around research, education, and clinical domains to ensure that the Journal Club is not solely focused on critiquing work but also supportive of a discussion incorporating important domains (e.g., research, education, and clinical) associated with suicide prevention.

### **Presentation Evaluations:**

Presenters will receive an evaluative report of their presentation, including a summary of attendees' ratings and feedback. Presenters will be evaluated on their overall presentation and presentation style, as well as their presentation of research, clinical, and education learning objectives and their ability to facilitate discussion and address questions. Copies of this report will also be provided to the mentor, Training Director, and Postdoctoral Fellowship Training Director. The evaluative report template can be found here: <R:\MIRECC Psych\Training Program\MIRECC Journal Club\Evaluation Report Template>.



## Fellow Exemplar Weekly Schedule

### Tuesdays:

1<sup>st</sup> and 3<sup>rd</sup> Tuesday of each month: Rocky Mountain MIRECC All Staff Research Meeting (TTT) 1-2pm MT

### Wednesdays:

2<sup>nd</sup> Wednesday of each month: Grant Writing Hub Site VTEL 11-1pm MT

3<sup>rd</sup> Wednesday of each month: Parallel Hub Site VTEL 11-1pm MT

### Thursdays:

Weekly: Suicide Consultation Service Clinical Meeting 10-11am MT

2<sup>nd</sup> Thursday of each month: RM MIRECC Journal Club 2-3pm MT

### Other Required Activities:

- At least one hour of clinical supervision for each ten hours of services provided (minimum 1 hour weekly with clinical supervisor).
- At least one hour of supervision weekly with research mentor.
- Activities for Clinical Consult Service (including client contact, consultation with other clinicians, patient chart reviews, etc.), and other direct patient services (including facilitating groups, individual psychotherapy).
- Clinical research-related activities, including meeting with participants, grant and manuscript writing, and administrative tasks.

	Monday	Tuesday	Wednesday*	Thursday	Friday
8:00					
8:30					
9:00					
9:30					
10:00				Weekly Clinical Meeting	
10:30					
11:00			V-Tel Core Didactic Series		
11:30					
12:00					
12:30					
1:00		TTT Meeting (1 <sup>st</sup> and 3 <sup>rd</sup> )			
1:30					
2:00				RM MIRECC Journal Club (2 <sup>nd</sup> )	
2:30					
3:00					

\*University of Colorado, School of Medicine, Department of Psychiatry Grand Rounds are on Wednesdays at noon

## **Identifying and Resolving Problems**

An important element in the training process is for the Fellows to be fully informed about what is expected of them to successfully complete the Fellowship. 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 performance via this manual.

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 Training Director, or ombudsman.

Only when this informal approach has been unsuccessful does the Training Director 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 Training Director. Input on issues is sought directly from other Fellows, if appropriate. Per the Grievance Policy and Procedures detailed below, the Fellow can report the grievance to the designated ombudsperson entirely outside of the MIRECC chain of command, Dr. Aaron Murray-Swank. If the situation is severe enough that it cannot be resolved at the level of the Training Committee and/or ombudsman, the Chief of Staff will be consulted.

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. 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.

## **Problematic Fellow Performance: Policy and Procedures**

### **I. Introduction**

It is the purpose of the RM MIRECC Advanced 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/mentors 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 Training Director 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 Training Director.

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/or 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 Training Director 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 RMR 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 Training Director. The Training Director will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Training Director 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's performance as "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. Reduction of the Fellow's clinical duties.

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

A Fellow whose performance is determined to be "problematic" but potentially modifiable via 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 Training Director and the Training Committee. At the end of that time, the Fellow will be re-evaluated by the Training Director 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 Training Director and the 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 Training Director will notify the Hub Site about the nature of the problem and the remediation plan. The Fellow will be asked to 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 Fellow 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 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 RM MIRECC Advanced 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 member of the Training Faculty, the Fellow should notify the Training Director, 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 Training Director 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 Training Director. This grievance should outline the problem and the actions taken to try and resolve it. The Training Director has the responsibility to investigate the grievance. The Training Director 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 Training Director (and Training Committee, if indicated), the Training Director 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 Training Director, the Fellow can report the grievance to the designated ombudsperson entirely outside of the MIRECC chain of command, Dr. Aaron Murray-Swank. The ombudsperson will undertake the investigation of the matter and report back to the Training Committee.
  - e. If the Fellow is not satisfied with the Training Director's decision, they are encouraged to speak with the ombudsperson. Additionally, the matter can be appealed to the RMR 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.

## **Clinical Tips**

### **Training Videos**

A collection of training videos for incoming VA trainees related to navigating the features of various programs such as CPRS, VISTA, and VVC can be found here: <https://web.microsoftstream.com/channel/3148a624-bdb8-43e4-b428-975c7a01cd10>.



## **Tests through CPRS: Mental Health Assistant**

The Mental Health Assistant (MHA) is an assessment package that contains a broad variety of instruments. A variety of psychological measures may be administered to patients via CPRS Mental Health Assistant. In a Veteran's CPRS "chart, under "Tools" select "Mental Health Clinical Applications," then "Mental Health Testing-Patient Entry." This will allow the Veteran to take the test on a computer, but not navigate anywhere else on the computer. It also logs off of the computer when the testing is finished. When the MHA window pops up, you can select what you want to do: Instrument Administrator, Instrument Results Review, or Addiction Severity Index Manager (administer an ASI). If you wish to administer an assessment tool, you will select Instrument Administrator and then select the specific instrument from a pre-populated list. You may have to list your supervisor as the who with test was "ordered by" if your name does not appear. Then under display, select "All Questions at Once" and then select "Patient Administer. This should begin the test. Directions are provided once the test begins. In most cases, you will want to pass the generated progress note to the chart, but this determination can be made with your supervisor. You can delete or edit that note before you sign it as seems clinically appropriate. Regardless, the test results will still be available through mental health assistant. See MHA for a comprehensive list of available instruments. Fellows will not be able to administer all instruments listed in MHA. Some tests require a YSP security key, which means that only approved licensed providers can administer the test.

## **Psychiatric Emergency Services (PES)**

PES should be used when there is a MIRECC research participant, consult patient, or therapy patient who is in a behavioral health crisis, or with an urgent MH related need. PES services can be utilized by Veterans who may be new to mental health services, for those who want to enroll in mental health, and those traveling in between VAs.

**PES Hours:** Monday through Friday, 0800-1630 (escort directly to Emergency Department after 1630).

**PES Location:** First floor of Clinic Bldg. D Emergency Department

**PES number:** in Emergency Department- 720-723-4722 or 720-723-4719

Please review the PES SOP, which can be found here:

<R:\MIRECC Psych\Clinical\Administrative\MOD and Emergency SOPs>

## **Informed Consent**

### **Trainee Disclosure Form**

In the first appointment with a patient with whom the Fellow has some form of clinical contact/provides clinical services, the Fellow must provide the patient with the Psychology Trainee Disclosure Form (titled Information Disclosure), noting that the Fellow is a trainee under supervision, and noting the limits to confidentiality.

This form can be found here: <R:\MIRECC Psych\Clinical\Consult Service\Forms>. It should be filled out and given to the patient. If this meeting is being conducted via VVC, please offer to mail the consent form.

In addition, the Progress Note for the initial session should include documentation about this disclosure; the text of this form can be cut and pasted into the Progress Note text that documents the first contact with the patient and can be found here: <R:\MIRECC Psych\Clinical\Consult Service\Notes\Post Doc Notes>. Please note that the only exception to this form being given to the patient is when the Fellow participates in a group and is observing, rather than co-facilitating, the group.

### **Audiotaping Consent**

Fellows are required by their psychotherapy supervisors to audiotape sessions for use in supervision. Each client should complete the "Consent for use of picture and/or voice" form located here: <R:\MIRECC Psych\Clinical\Psychotherapy\Forms>.

## **Release of Information Guidelines and Respecting Patient Confidentiality**

A summary of privacy and confidentiality policies is below.

- ❑ Talk with your supervisors/mentors about the way to express to patients their rights to confidentiality and the limitations thereof, in light of the shared electronic medical record.
- ❑ Please make every effort not to discuss patients in public areas such as elevators. Also, if you need to take patient information home, take photocopies of test protocols rather than originals and *remove all patient identifiers*. *It is not permitted to take originals of any test protocols off-site*.
- ❑ Non-VA “Jump” or “flash” drives are not permitted to be used on any VA computers, for any reason.
- ❑ All mail sent through interoffice mail containing protected health information (PHI) must be sent in a sealed envelope marked “CONFIDENTIAL”. Do NOT send PHI documents through the internal mail system without the appropriate protection.
- ❑ **When communicating by email**, the following guidelines apply:
  - In no circumstance may you transmit electronically (in the body of the email or in attachments) information that includes any protected health information (PHI) of patients. PHI is defined as names or initials, all geographic subdivisions smaller than a state, all dates except the year and all ages over 89, telephone numbers, fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate or license numbers, vehicle identifiers and serial numbers including license plate numbers, device identifiers and serial numbers, URLs, IP addresses, biometric identifiers including finger and voice prints, full-face photographic images and any comparable images, and any other unique identifying number, characteristic, or code except as permitted by HIPAA rules.
  - You may include patient identifying information when communicating by VISTA messaging or PKI encrypted Outlook (but only if all parties have PKI encrypted Outlook).
  - Scanning of any item (including any that contain PKI, but not limited to) now requires use electronic PIV badge and passcode. Items e-mailed to you will thus be encrypted automatically.
  - The VA National Center for Ethics in Health Care prepared a report in Ethical Practices for Online Patient-Clinician Messaging called "Ethics of Online Patient-Clinician Messaging." Their recommendations are summarized on page 10 of the document, which is an excellent resource and can be accessed here:  
[http://www.ethics.va.gov/docs/net/NET\\_Topic\\_20040929\\_Online\\_messaging.doc](http://www.ethics.va.gov/docs/net/NET_Topic_20040929_Online_messaging.doc)
  - Other useful documents related to VA policy and ethical considerations may be accessed on the National Center for Ethics in Health Care resources page:  
<http://www.ethics.va.gov/ETHICS/resources/siteindex.asp>
- ❑ To share drafts of reports with supervisors, place a password-protected Word document in your folder on the Shared drive in: <R:\MIRECC Psych\Clinical\Consult Service\Notes\Post Doc Notes>. The supervisor can access the document there after having been provided with your password.

- According to VA policy, you may inform clients that their confidentiality cannot be assured in cases of suspected child abuse/neglect, elder abuse/neglect, or situations in which the client indicates intent to harm self or someone else.
- **Reporting of Alleged or Suspected Abuse and Neglect:** VA procedures are detailed in the document titled VHA Directive 2012-022 Reporting Abuse and Neglect, which is stored here: <R:\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Resources>.

Note: The procedures outlined in the above document address situations of child abuse. The same procedure is followed in situations involving a vulnerable adult/elderly person. ALWAYS DISCUSS CASES WITH SUPERVISORS/MENTORS PRIOR TO PROCEEDING

- **Duty to Warn:** In the event that a patient communicates a clear intent to harm a specific person, we have a duty to warn the potential victim. After consulting with your supervisor, the general procedure to follow is to attempt to contact the potential victim, along with the appropriate law enforcement authority. Be sure to document in the medical records thoroughly with the fact of the threat, your deliberations and opinions regarding the patient's truthfulness and likelihood of acting on the threat, and your actions. The Privacy Act requires that after such a release of information is made, notification must be transmitted to the last known address of the patient, or notification can also be made to the patient in person. Recent changes to the duty to warn statute can be found here: <R:\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Resources>.

Where the threat is less than immediately imminent, it is better to advise the appropriate law enforcement authorities and arrange that they will warn the target. Finally, of course, it must be considered whether a 72-hour mental health hold is appropriate for the patient. VA procedures regarding patient safety and risk assessment are located in the following document, "VHA National Patient Safety Improvement handbook" and can be accessed here: <R:\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Resources>.

- **Obtaining Release of Information** to speak with someone about a patient, when the patient is presumed to have decisional capacity, and does not have a Power of Attorney (POA) or guardian:
  - There are different forms for the psychologist giving information TO someone else, versus the psychologist obtaining information FROM someone else.
  - The form for releasing information to another agency/provider about a veteran is available at: <R:\MIRECC Psych\Clinical\Consult Service\Forms>
  - When a patient has signed the form, it should be copied and the original sent to the Release of Information department, Box 136D2.
  - Please see the Release of Information policy referenced at the top of this page for additional details about completing and processing the forms.
  - You do not need a release to speak with **next-of-kin, family and others with a significant relationship**, if you are going to **verbally disclose** "general information on individuals to the extent necessary and on a need-to-know basis consistent with good medical and/or ethical practices".
    - If the patient is present: you provide them with an opportunity to object to the disclosure and they do not express an objection; or, it is reasonably inferred from the circumstances, based on the exercise of professional judgment, the individual does not

- object; AND you document the decision to share information based on good medical and ethical practice
- If the patient is not present: you may disclose the information without authorization if, when in the exercise of professional judgment you determine the disclosure is in the best interest of the individual; AND you document the decision to share information based on good medical and ethical practice
  - These provisions do not apply to releasing information regarding **substance abuse or HIV**. Recommendations for how to proceed in this situation are summarized in the document, "Privacy and release of information" found at: <R:\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Resources>.
  - These provisions do not apply to releasing **written copies of medical records**. Recommendations for how to proceed in this situation are summarized in the document, "Privacy and release of information" found at: <R:\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Resources>.
- You do not need a release to speak with **other health care providers, whether VA or non-VA**.
    - If the patient is present: you provide them with an opportunity to object to the disclosure and they do not express an objection; or, it is reasonably inferred from the circumstances, based on the exercise of professional judgment, the individual does not object; AND you document the decision to share information based on good medical and ethical practice
    - If the patient is not present: you may disclose the information without authorization if, when in the exercise of professional judgment, you determine the disclosure is in the best interest of the individual; AND you document the decision to share information based on good medical and ethical practice
    - These provisions do not apply to releasing copies of medical records or to releasing information regarding substance abuse or HIV. See previous items for details on these situations.
- **Obtaining Release of Information** to speak with someone about a patient, when the patient has a Power of Attorney (POA) or court-appointed guardian:
    - The POA or guardian must bring in the paperwork pertaining to their authority to act on the patient's behalf and have it reviewed by the Release of Information department (located in the basement. The ROI department will review the documents to make sure they provide proper authorization and then will notify you whether or not the person can sign a release on behalf of the patient.
    - Alternatively, if you know the patient's POA or guardian has been involved with the VA system for some time, the paperwork may be on file with ROI and you can place a telephone call to ROI at x2873 to verify this.
  - **Obtaining Release of Information** to speak with someone about a patient, when the patient is believed to LACK decisional capacity, and does NOT have a POA or guardian:
    - In these situations, a release of information may not be signed by the patient, nor may the release simply be signed by a next of kin. The patient must have a guardian appointed by the courts, which requires a series of legal procedures. The Fellow should consult with a supervisor in these cases.
    - If the situation is an emergency, then information may be released without written authorization, with proper documentation of the decision-making being very important.

## Privacy DOs and DON'Ts

<p>E-Mails</p> <p>Message Machines</p>	<p>Do use VistA <u>within</u> VHA to send and receive Protected Health Information (PHI).</p> <p>Do remind patients that e-mail systems are not secure if patients contact you by e-mail. Request that patients call for information.</p> <p><b>Don't</b> send PHI through Outlook unless it is de-identified or secured in some manner, such as encryption.</p> <p><b>Don't</b> send VistA or Outlook messages containing PHI outside of VHA.</p> <p>Do leave a message for the patient to call back for the information.</p> <p><b>Don't</b> leave PHI on answering machines or voicemail systems.</p> <p>Do verify that phone number is correct.</p>	<p>Disposal</p> <p>Minimum Necessary</p>	<p>Do de-identify any documents or other items before disposal in trash.</p> <p>Do shred (or place in shredder disposal boxes) any documents containing PHI.</p> <p><b>Don't</b> toss prescription bottles, IV bags, or any other item that contains PHI in regular trash unless you de-identify.</p> <p>Always only release the minimum necessary information to suit the request.</p>
<p>Faxes (see next page for more info)</p>	<p>Do fax PHI only when necessary to provide information in reasonable time.</p> <p>Do verify that fax numbers are correct.</p> <p>Do make certain that faxes containing PHI are not sent to public areas.</p> <p>Do include confidentiality statement on cover sheet in event of error.</p> <p><b>Don't</b> let received faxes with PHI sit in machines in public areas.</p> <p><b>Don't</b> fax PHI unless you are certain someone is there to receive the fax.</p> <p>Do use the correct fax cover sheet</p>	<p>Phone Calls</p>	<p>Nurses, physicians and other providers may discuss a patient's condition over the phone with the patient, a provider, or a family member, if it is in the best interest of the patient.</p> <p>Providers may coordinate care with nursing homes, board and care, community hospitals and other facilities caring for our veteran patients.</p> <p>Do take reasonable precautions to minimize the chance of disclosures to others nearby.</p>
<p>Oral Comms.</p>	<p>Do use curtains, cubicles, offices, or other private areas when possible to safeguard discussions.</p> <p>Do speak in a low voice when discussing patient health information in public areas.</p> <p><b>Don't</b> discuss patient issues with friends, co-workers, or others who do not have a need to know.</p> <p><b>Don't</b> discuss patient health information in elevators, cafeterias, or other public areas where information cannot be safeguarded.</p>	<p>Facility Directory Opt Out</p>	<p>Do check patient Opt Out preference before providing patient name, location or condition information to visitors and callers, including deliveries and mail.</p> <p>Opt Out preference does not apply to other issues or discussions related to treatment, payment or healthcare operations.</p> <p><b>Don't</b> disclose any information about an Opted Out patient to anyone including Non-VA clergy, colleagues, family, or friends.</p>

## CPRS Patient Check-Out / Encounter Form

Note that these procedures are to be followed for general patient progress notes. Fellows providing consultation services for MIRECC's local suicide risk management consultation service should refer to the specific SOP for entering documentation related to consultation. The SOP can be found here: R:\MIRECC Psych\Clinical\Consult Service\Procedures

Clinical notes should be entered within 24 hours of the clinical encounter.

1. To write a patient note in the CPRS chart, open the patient's chart and click on the *Notes* tab at the bottom of the page.
2. Click *New Note*.
3. You will get a *Location for Current Activities* dialogue box. Under *Clinic Appointments/Visits*, click on the appointment for which you saw the patient (which should be listed if you previously scheduled the appointment in VISTA), then click *OK*. If you did not previously schedule the appointment in VISTA, click *New Visit*. For *Visit Location*, type in the correct Clinic. This should be the clinic title for the specific service you provided and will be told to you by your supervisor (e.g., RMR MIRECC IND AM). Make sure the date of the visit is correct ("*NOW*" will automatically be listed). If you are writing a note for a past visit, click the *Historical Visit* box and enter the correct date. If you click on the little box to the right of the date listed, a calendar will pop up. You may select the correct date by clicking on it. Then click *OK*.
4. On the *Progress Note Properties* page, type in the Progress Note Title (e.g., "MIRECC INDIVIDUAL THERAPY"). Check that the date and time of the note is commensurate with the ending of your appointment. Also, check that the correct co-signer is listed in the drop-down box at the bottom of this dialogue box. Click *OK*.
5. Now type the body of your note or if you have written content in a separate Word document, paste the content into the body of the note. Your note needs to contain the following- "This Veteran was seen by [insert Fellow name and degree and/or Supervisor if in the session]. Supervision only was provided by [insert supervisor's name and degree]. At the time of the session, the supervisor was in the room [modify as needed if available by phone, in the building, etc.]. Individual [and group] supervision was provided on this case in accordance with American Psychological Association accreditation standards, and with the VHA Handbook 1400.4."
6. After writing a patient note in the CPRS chart, you must also complete the Encounter form to check out the appointment if you have not already done the check-out in VISTA.
7. When you finish the note, click on the *Encounter* bar in the lower left-hand corner of the screen (it should appear below the Template and Reminders bars). This will bring up the *Encounter Form* dialogue box.



- a. The box on the center right is regarding Service Connection. If the service you are providing is related to any of the service-connected conditions, which are listed on the Cover Sheet, check “yes” for this box.
- b. On the *Available Providers* tab, type in your supervisor's name, click *Add*, then click *Primary* while your supervisor's name is highlighted. The current VA policy is to *always* list your supervisor as the primary provider, even if that supervising practitioner did not personally see the patient or directly provide care. Do not list yourself as a provider.
- c. On the *Diagnoses* tab, you need to select the diagnosis for which you are seeing the patient. If it is listed in the white box on the right side, click it. If not, click the *Other Diagnosis* bar to select a different diagnosis. Type in the diagnosis/diagnoses for which you saw the patient, select it, and check the *Add to Problem List* box. The diagnosis you enter should be the primary reason for which you are seeing the patient. It may be that you are seeing the patient for more than one diagnosis (e.g., both Multiple Sclerosis and Depression). Select as many diagnoses as apply to your visit. The ICD-10 system has a wider range of psychological diagnoses to choose from, and an imperfect mapping to the DSM-5; unfortunately, it does not contain criteria for the diagnoses so there’s some judgment involved. If the person has co-morbid disorders, you will have an opportunity to enter both.
- d. After you’ve selected a diagnosis, move to the *Procedures* tab. The center white box may contain the procedure you conducted. If it does, click this. If not, click the *Other Procedures* bar, enter the code or the description of the service and click Search, then highlight the procedure that appears and click OK. If you delivered this Procedure via VVC, click the box for “Synchronous Telemedicine Service” under *Modifiers*. In the lower right portion of the Procedures page appears *Quantity* with a number box below it. Click the arrows to select the total number of hours spent in the clinical work you conducted with the patient for this Encounter. Note that for psychological assessment, you should enter the time involved in scoring, writing up, and providing feedback to the patient as well as the face-to-face testing time. Select your supervisor as the provider.

8. Click *OK*.

### **Telephone Encounters**

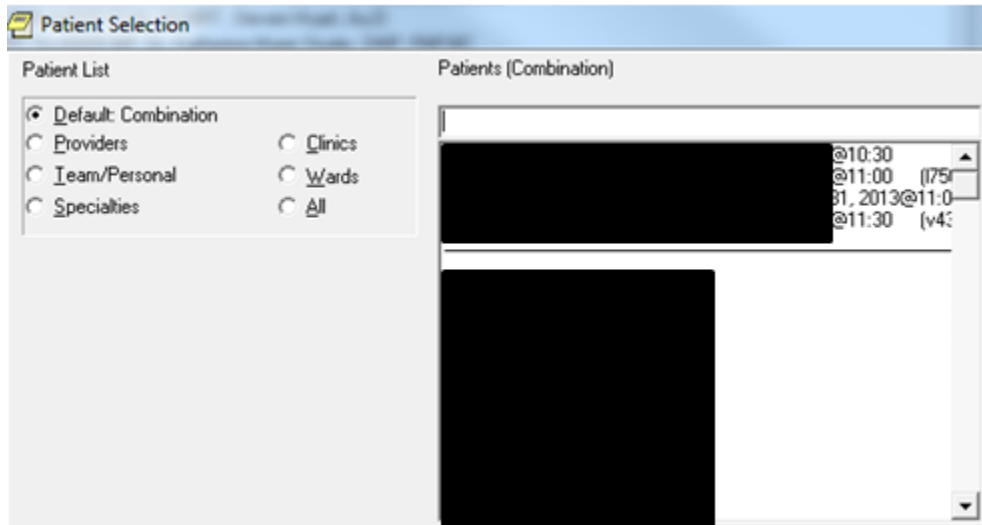
All telephone contacts with Veterans or collaterals must be documented in the computerized medical record. Such documentation should be entered using the progress note title, “MIRECC TELEPHONE CONTACT”. If a call occurs that simply arranges an appointment time, and no other clinically relevant data is presented, designate the encounter as a “historical visit.” Otherwise, choose the Telephone Contact Procedure in the “Procedure Section” of the Encounter Form, and identify whether the contact was “brief,” “intermediate,” or “complex.” Consult with your supervisor for additional rotation-specific guidance regarding completion of telephone encounters.

### **Progress Note/Encounter Linkage**

All encounters must be supported by documentation and all progress notes **MUST** be linked to an encounter. User will follow instructions below in order to ensure correct linkage occurs.

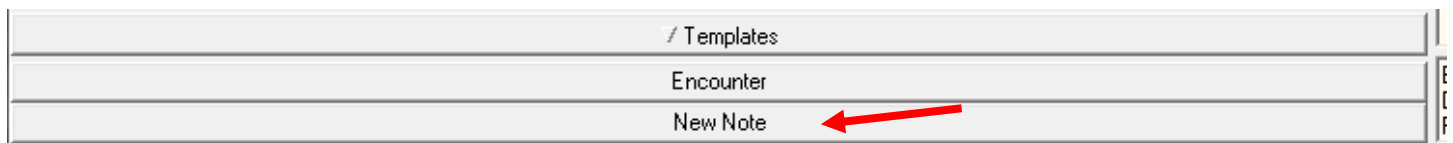
**Option #1:** Access patient record through “Patient List”

When user signs into CPRS you will have a default patient list if you set one up.



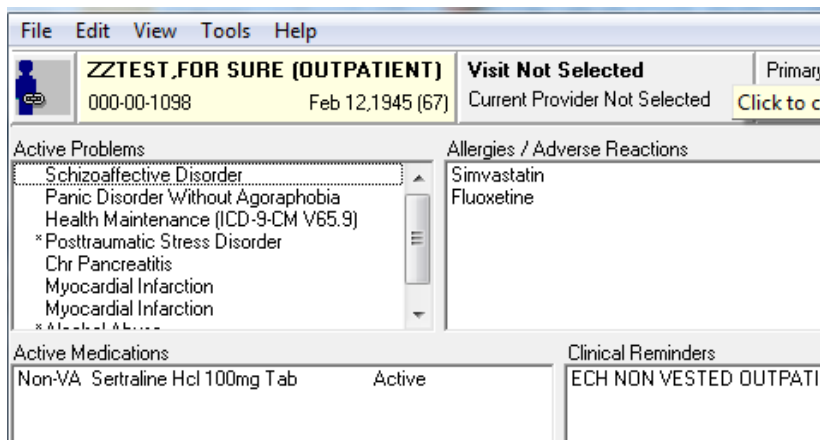
**Note:** To set up a Patient List see “Instructions on Customizing Patient List Generation”

User will navigate to “notes tab” and select “new note” and select appropriate progress note.

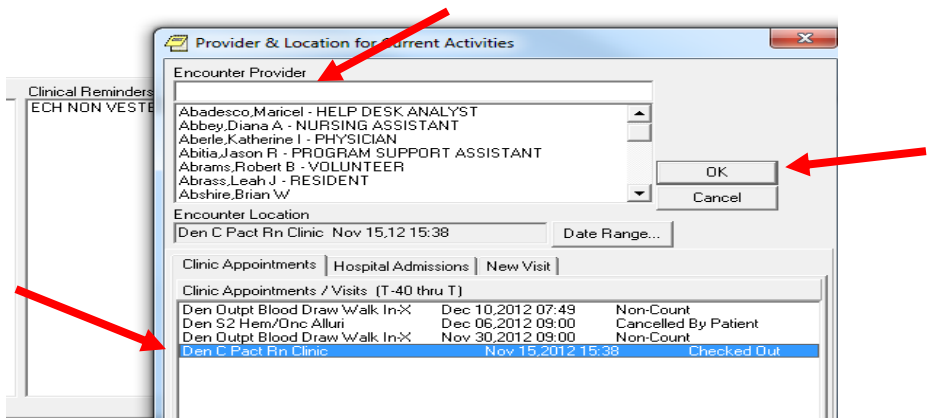


**Option #2:** Access patient record by patient name or SSN

Once in the patient’s record, user will select the location box along the top of the CPRS screen.



The next step is to select encounter provider and look for the scheduled appointment in the “Clinic Appointments” tab, select appropriate appointment and click OK.



**\*If the appointment does not appear under “Clinic Appointments” clinic support staff should be contacted to schedule an appointment BEFORE a progress note/consult report is started.**

After the above steps are followed the progress note created will be linked with scheduled appointment. User can now select “new note” and begin documenting.



## **Appendix A – Additional Resources**

### **Information regarding VA benefits:**

VA website: [www.va.gov](http://www.va.gov)

VA Locations: <https://www.va.gov/find-locations>

Federal benefits for Veterans and dependents: <http://benefits.va.gov/benefits/>

How to apply for VA health care: <https://www.1010ez.med.va.gov/sec/vha/1010ez/>

Information about VA services can also be obtained by phone: 1-800-827-1000

Health benefit information can be obtained at: 1-877-222-8387

### **Information about the military and the Veteran population:**

U.S. Military Rank Insignia: [U.S. Military Rank Insignia \(defense.gov\)](http://www.defense.gov)

Military Enlisted Rank Structure: <https://www.military.com/hiring-veterans/resources/military-enlisted-rank-structure.html>

Military Officer Rank Structure: [Military Officer Rank Structure | Military.com](http://www.military.com)

Military Sexual Trauma: [www.mentalhealth.va.gov/msthome](http://www.mentalhealth.va.gov/msthome)

PTSD Screening Instruments: <https://www.ptsd.va.gov/professional/assessment/screens/index.asp>

### **Extensive information about accessibility and disability:** (websites designed by Dr. Kenneth Pope)

<http://kpope.com>

<http://catanddoghelp.com>

## **Appendix B – Ethics Links**

The following websites have useful information regarding ethics and ethical conduct.

- State of Colorado Department of Regulatory Agencies, State Board of Psychologist Examiners: Laws, Rules, and Policies: <https://dpo.colorado.gov/Psychology/LawsRulesPolicies>
- VA Office of Public and Intergovernmental Affairs: <https://www.va.gov/opa/index.asp>
- American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct: <http://www.apa.org/ethics/code/index.aspx>
- American Nurses Association (ANA) Ethics Resources: <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/>
- National Library of Medicine Database: <http://www.nlm.nih.gov/>
- Bioethics Research Library: <http://bioethics.georgetown.edu/>

## **Appendix C – Being a VA Employee**

**MEDIA CONTACT:** Only the Medical Center Director, or the Director’s designee, may speak with the media in reference to VA issues. This includes speaking about your experience as an employee of the medical center. If you are approached by media, please contact the MIRECC Training Director.

**USING ONE’S VA POSTION IN PUBLIC FORUMS:** Do not use your VA email to make personal or public statements (e.g., writing letters to Congress), or identify yourself as an employee of the VA when making public statements about your personal views.

For further guidance on these issues, please speak with your supervisor, the Training Director, and/or consult the following websites:

US Office of Government Ethics: <https://www.oge.gov/>