



## **Psychology Intern Handbook**

**Menninger Department of Psychiatry & Behavioral Sciences**

**Baylor College of Medicine**

**2020-2021**

7-year re-accreditation conferred in 2014 by the  
American Psychological Association

Questions related to the program's accredited status should be directed to:

Office of Program Consultation and Accreditation

American Psychological Association

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## **BAYLOR COLLEGE OF MEDICINE - MISSION STATEMENT**

The mission of Baylor College of Medicine is to be a national leader in advancing human health through the integration of patient care, research, education, and community service. The College pursues this mission by:

- Sustaining excellence in educating medical and graduate students, primary care and specialty physicians, biomedical scientists and allied health professionals;
- Advancing basic and clinical biomedical research;
- Fostering public awareness of health and the prevention of disease; and
- Promoting patient care of the highest standard.

## **MENNINGER DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES - MISSION STATEMENT**

The mission of the Menninger Department of Psychiatry and Behavioral Sciences of Baylor College of Medicine is threefold: 1) to provide compassionate, safe and effective care of people with psychiatric and co-occurring disorders; 2) to educate students, physicians, mental health professionals, and the general public in psychiatry and the behavioral sciences; and 3) to conduct innovative and relevant research into the understanding and treatment of people with psychiatric disorders, and into the prevention of these conditions.

## **CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM – MISSION STATEMENT**

The mission of the psychology internship program at Baylor College of Medicine is to provide broad-based training experiences that are designed to complement and advance the academic background of clinical psychology students in the science and practice of professional psychology. The program strives to engender a sense of professional confidence and pride in the application of clinical psychology as well as respect for those who suffer from physical and emotional disorders. The program is based on the scientist-practitioner model. Training includes clinical experiences with adults in a variety of settings. The program is designed to broaden the intern's exposure to research through didactic experiences, supervision, and active involvement in research in inpatient and/or outpatient settings.

**PSYCHOLOGY INTERNSHIP  
MENNINGER DEPARTMENT OF PSYCHIATRY &  
BEHAVIORAL SCIENCES  
BAYLOR COLLEGE OF MEDICINE**

**AIMS, TRAINING COMPETENCIES, AND OUTCOME MEASURES**

A. Assessment/Diagnosis/Consultation – As relevant to each primary training track, interns will obtain experience and appropriate levels of competence in the following areas: interviewing, diagnosis, and consultation within multidisciplinary settings; administration, scoring, interpretation, and reporting results of intellectual, achievement, personality, and neuropsychological tests; focal and broad-based assessment approaches; use of assessment tools for program evaluation. Interns are expected to promptly and proficiently administer commonly used tests in their areas of practice and autonomously (with supervisor consultation as needed) choose appropriate tests to be administered. By the end of the internship year, they also are expected to autonomously interpret test results and write well-organized psychological reports, answering referral questions clearly and providing referral sources with specific recommendations for patient care. They are expected to perform assessments of patients referred for consultation, incorporating mental status exams, structured interview techniques or psychological assessments, as needed, to answer referral questions. Because interns are assigned to different tracks, their experiences will vary.

1. Methods of training:
  - a. depending on to which track an intern is assigned, the intern will receive experiential work with adolescents and/or adults in inpatient and/or outpatient settings
  - b. individual and/or group supervision
  - c. seminar topics on assessment, diagnosis, and consultation
  - d. case conferences, clinical research presentations, and meetings of Council of Houston Area Training Sites (CHATS)
  
2. Related outcome measures:
  - a. intake reports
  - b. assessment and consultation reports, chart notes (inpatient and outpatient)
  - c. Intern Weekly Report documenting assessment experiences, supervision, and didactic training
  - d. supervisors' ratings on the "Assessment/Diagnosis/Consultation" items on the Psychology Intern Evaluation Form. Interns are expected to receive ratings at a level of competence of "3" or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion. An intern receiving such a rating at the 3 or 6 month evaluation will

also undergo a 9 month evaluation if not already scheduled to do so. To successfully complete the internship program, interns must pass all rotations. Specifically, for those who do not rotate at 6 months to successfully complete the internship program, at the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors. For those who rotate to a new setting at 6 months to successfully complete the internship program, at the 6 month and the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors.

e. ratings on relevant items from Supervision and Rotation Evaluation forms completed by interns

B. Psychological Intervention – Interns are expected to demonstrate competence in formulating useful case conceptualizations that draw on theoretical and research knowledge. Interns also are expected to formulate appropriate therapeutic treatment goals in collaboration with their patients, collaborating with patients in crisis to make appropriate short-term safety plans and to intensify treatment as needed. They are to present interventions that are well-timed, effective, and consistent with empirically supported treatments. Because interns are assigned to different tracks, their experiences will vary.

1. Methods of training:
  - a. depending on to which track an intern is assigned, the intern will receive experiential work with adolescents and/or adults in inpatient and/or outpatient settings
  - b. individual and group supervision
  - c. seminar topics on theory and technique of interventions in general and with specific populations
  - d. case presentations, clinical research conferences, and CHATS meetings
2. Related outcome measures:
  - a. inpatient and outpatient treatment plans, chart notes, treatment summaries, or discharge summaries
  - b. Intern Weekly Report documenting therapy experiences, supervision, and didactic training
  - c. supervisors' ratings on the "Psychological Intervention" items of the Psychology Intern Evaluation Assessment Form. Interns are expected to receive ratings at a level of competence of "3" or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion. An intern receiving such a rating at the 3 or 6 month evaluation will also undergo a 9 month evaluation if not already scheduled to do so. To successfully complete the internship program, interns must pass all rotations. Specifically, for those who do not rotate at 6 months to successfully complete the internship program, at the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors. For those who rotate to a

new setting at 6 months to successfully complete the internship program, at the 6 month and the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors.

d. ratings on relevant items from Supervision and Rotation Evaluation forms completed by interns

C. Scholarly Inquiry – Interns are expected to demonstrate competence in scholarly inquiry as relevant to patient assessment, diagnosis, and intervention. Interns are expected to seek out professional writings regarding assessment, diagnosis, and intervention as needed to enhance knowledge about a patient’s psychological status. Interns engaged in a research secondary rotation are expected to collaborate on a scholarly product by the end of the internship year. Because interns are assigned to different tracks and secondary rotations, their experiences will vary. For instance, the Behavioral Medicine and Geropsychology Research Track requires ~50% intern participation in research activities, including collaboration on one or more scholarly products.

1. Methods of training:

- a. the intern will receive experiential use of evidence-based assessment and treatment procedures in inpatient and outpatient settings
- b. research participation in inpatient and/or outpatient settings
- c. participation in research secondary rotations
- d. integration of science and practice in topic seminar series
- e. clinical research conference presentations to peers and supervisors
- f. departmental grand rounds
- g. presentations by scientist-practitioners from the local area at CHATS meetings
- h. observation of faculty role models

2. Related outcome measures:

- a. seminar evaluation forms documenting integration of empirical and clinical information
- b. oral presentation in Research Seminar documenting research skill/involvement
- c. supervisors’ ratings on the “Scholarly Inquiry” item of the Psychology Intern Evaluation Form. Interns are expected to receive ratings at a level of competence of “3” or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion. An intern receiving such a rating at the 3 or 6 month evaluation will also undergo a 9 month evaluation if not already scheduled to do so. To successfully complete the internship program, interns must pass all rotations. Specifically, for those who do not rotate at 6 months to successfully complete the internship program, at the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors. For those who rotate to a new setting at 6 months to successfully complete the internship program, at the 6 month and the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all

supervisors.

d. ratings on relevant items from Supervision and Rotation Evaluation Forms completed by interns.

D. Awareness of and Sensitivity to Cultural Diversity and Individual Differences – Interns are expected to be sensitive to cultural and other individual differences in clinical work (assessment, consultation, and intervention), in research activities, and in didactic and case presentations.

1. Methods of training:

a. with variation according to the track to which an intern is assigned, the intern will receive clinical experience with inpatient and/or outpatient populations representing a wide range of sociocultural backgrounds

b. discussion of individual differences in individual and group supervision

c. seminar topics on individual differences and special populations

d. monthly case discussions at the diversity case conference

e. as addressed in CHATS meetings

2. Related outcome measures:

a. supervisors' ratings on the "Awareness of and Sensitivity to Cultural Diversity and Individual Differences" item of the Psychology Intern Evaluation Form. Interns are expected to receive ratings at a level of competence of "3" or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion. An intern receiving such a rating at the 3 or 6 month evaluation will also undergo a 9 month evaluation if not already scheduled to do so. To successfully complete the internship program, interns must pass all rotations. Specifically, for those who do not rotate at 6 months to successfully complete the internship program, at the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors. For those who rotate to a new setting at 6 months to successfully complete the internship program, at the 6 month and the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors.

b. ratings on relevant items from Supervision and Rotation Evaluation forms completed by interns

E. Ethical Conduct & Professional conduct – Interns will obtain experience and appropriate levels of competence in the following areas: ability to complete assignments in a timely manner; knowledge of ethical principles; attendance/participation in didactic activities; preparation of material for supervision; professional interactions demonstrating ethical behavior with patients and colleagues; and demonstration of positive coping strategies to manage personal and professional stressors to maintain professional functioning.

1. Methods of training:

- a. seminar topics on professional behavior and ethics
- b. time requirements for clinical tasks
- c. CHATS presentations, case presentations, clinical-research conferences
- d. supervision
- e. observation of faculty role models

2. Related outcome measures:

- a. supervisors' ratings on the "Ethical & Professional Conduct" items of the Psychology Intern Competency Evaluation Form. Interns are expected to receive ratings at a level of competence of "3" or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion. An intern receiving such a rating at the 3 or 6 month evaluation will also undergo a 9 month evaluation if not already scheduled to do so. To successfully complete the internship program, interns must pass all rotations. Specifically, for those who do not rotate at 6 months to successfully complete the internship program, at the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors. For those who rotate to a new setting at 6 months to successfully complete the internship program, at the 6 month and the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors.
- b. ratings on relevant items from Supervision and Rotation Evaluation forms completed by interns.

# Psychology Internship, Baylor College of Medicine

## PROGRAM REQUIREMENTS

A. Overview of requirements (hours listed are estimates; actual hours per week will vary; primary track hours include supervision)

The internship expects a 40-45 hour week. The distribution of hours typically occurs in the following fashion:

32 hours (M,T,Th,F): Primary training track clinical experience, supervision & didactics  
3-4 hours: Didactics on Wednesday mornings  
2-3 hours: Baylor Psychiatry Clinic outpatient psychotherapy (Wednesday afternoons)  
1-2 hours: Supervision of Baylor Psychiatry Clinic  
3-4 hours: Secondary rotation

B. Primary Tracks (32 hours)

***The Menninger Clinic – Adult Psychology Track (1 intern)***

Hope Unit  
Compass Unit

***TIRR Memorial Hermann – Rehabilitation Psychology and Neuropsychology Track (1 intern)***

Inpatient Services  
Outpatient Services

***OCD and Related Disorders Track - Baylor Psychiatry Clinic (3 interns)***

Outpatient OCD Clinic

C. Core Program Activities (further described later in handbook)

1. Outpatient Psychotherapy – Baylor Psychiatry Clinic
2. Secondary Research Rotation
3. Didactics

D. Other requirements:

1. Weekly Reports (see Appendix A) to be completed and turned in to Training Director's office by Monday of subsequent week.
2. Approval for all leave required from supervisors whose work will be affected and from Training Director. See Appendix B for leave policies and the leave request form. Leave forms need to be submitted 2 weeks in advance for Dr. Nguyen's signature, with primary supervisor's signature already obtained. Can be sent electronically for Dr. Nguyen's signature.

3. Any exceptions to general program guidelines require petition to the Training Director and approval from the Training Committee.

## **PRIMARY TRAINING TRACKS**

Interns are matched to one of 3 primary training tracks:

1. The Menninger Clinic – Adult Psychology Track
2. TIRR Memorial Hermann – Rehabilitation Psychology and Neuropsychology Track
3. Baylor Psychiatry Clinic – OCD and Related Disorders Track

Please see Appendix C for our program’s complete website materials for the 2019-2020 internship year, which includes description of training experiences in each primary training track.

## **CORE ACTIVITIES**

### **Outpatient Psychotherapy – Baylor Psychiatry Clinic**

Therapy training is designed to acquaint students with several therapeutic approaches. Interns are expected to demonstrate competence in formulating a useful case conceptualization that draws on theoretical and research knowledge. Interns also are expected to formulate appropriate therapeutic treatment goals in collaboration with the patient, collaborating with patients in crisis to make appropriate short-term safety plans and intensify treatment as needed.

Interns see patients through the outpatient Baylor Psychiatry Clinic and should strive to maintain a caseload of 2-3 Baylor Psychiatry Clinic outpatients at any given time. Interns generally select their own patients from the available patient population and consult with supervisors to assure that they treat a variety of problems and patients. All interns are offered supervision by faculty whose theoretical orientations represent a variety of approaches (e.g., cognitive-behavioral, integrative). The orientation of the supervisor, the interest of the intern and the needs of the patient typically combine to determine the therapeutic approach used in a given case. Over the internship year, interns tend to develop a therapeutic approach which fits their particular background and which is facilitated by close supervisory relationships.

Please see Appendix D for the 2019-2020 BPC Clinical Supervisor Options list.

## Research Rotations

### I. Overview

The main goals of research rotation experiences are to provide training in scholarly inquiry by foster interns' involvement in clinical research and to broaden training by providing exposure to areas/supervisors outside of one's primary track experiences. The intern may participate in one 12-month rotation or two 6-month rotations. If the intern's primary rotation already includes considerable research experience (e.g., the BMED and Gero track) or due to other unique intern training needs/goals, the intern may have the option to select a clinically focused psychotherapy position in lieu of a research rotation. All other rotations emphasize research and take place at sites ranging from Baylor College of Medicine, The Menninger Clinic, the Michael E. DeBakey Veterans Affairs Medical Center, Ben Taub Hospital, and others. The internship expects that each research rotation will include collaboration on a scholarly product (e.g., poster presentation or manuscript for submission).

Interns review the research rotation options and after contacting potential supervisors to further discuss their research projects and evaluate good "fit", interns and supervisors make arrangements for the research rotation by mutual agreement with approval of the Training Director. Interns may not get their first choice, so investigating multiple options simultaneously may be wise.

### II. Research Rotation Learning Plan

At the beginning of the academic year, the intern and research supervisor should have a meeting to discuss the supervisor's research and how the intern's involvement in the research will promote the intern's learning. The intern and supervisor should complete the Research Rotation Learning Plan (see Appendix E) that describes the nature and extent of the intern's involvement in the research project and specifies the following:

- The nature of the research project(s) in which the intern will be involved.
- The intern's specific roles and responsibilities, including key tasks.
- The expected research product(s) (e.g., manuscript, poster, symposium) that will be generated by the end of the year.
- Authorship plan for the intended scholarly product(s).

This document is not meant to substitute for an ongoing conversation about the research but should serve as a guide for the intern's training experience. The written plan should be signed by the supervisor and intern and approved by the Training Director.

### III. Evaluation process

Both the intern and the supervisor are expected to complete an evaluation in accordance with routine program evaluation procedures. Supervisors and interns are also encouraged to provide informal feedback to each other regularly throughout the year.

Please see Appendix E for the Research Rotation Options list for currently available secondary

rotation opportunities. At times, additional research rotations may be developed depending on interns' training goals and available faculty resources; please consult with Dr. Nguyen if you would like to discuss potential development of a new research rotation.

## **Didactic Experiences**

### Didactic Schedule Summary

1. Required didactic activities (notify TD if unable to attend):
  - Topic Seminar Series, Wednesdays, 9:00-10:20 AM
  - Group Training Director Meeting, 10:30 – 11:20 AM, typically 1<sup>st</sup> Wed. of each month
  - Peer supervision case conference, 10:30-11:20 AM, typically 2<sup>nd</sup> Wed. of each month
  - Diversity case conference, 10:30-11:20 AM, typically 3<sup>rd</sup> Wed. of each month
  - Research conference, 10:30-11:20 AM, typically fourth Wed., August-May
  - Psychopharmacology Seminar, Wed., typically 11:30-12:30, July-Aug
  - Psychiatry Grand Rounds, 11:30-12:30 AM. Wed., September-June
  - Quarterly Individual Meeting with Training Director, Wed., 4 times per year
  - Career Conversations Professional Development Seminar – 3-4 times per year, taking place on a Wednesday morning, at BCM Affiliated Site.
  - Outcomes Review Conference – 4 times per year in lieu of Psychiatry Grand Rounds.
  - Council of Houston Area Training Sites (CHATS), typically 2:30-4:30 PM, 2nd Friday, September-May

The following didactics are regularly scheduled and attended by all interns regardless of training track/rotation.

Topic Seminar Series: Conducted by departmental faculty, invited faculty and other professionals in the Houston community, this series of seminars covers topical areas chosen either because of a need for additional clinical preparation and exposure of interns or because of ancillary interest. The structure of the curriculum mirrors an intern's professional development. Early in the year, topics relevant to ethical practice and assessment and management of suicidality are introduced. These seminars are followed by presentations on core topics such as assessment, psychopharmacology, advanced cognitive-behavioral therapy, supervision, and cultural diversity. Later seminars tend to focus on more specialized areas such as forensic issues and religious and spiritual issues in psychotherapy. This seminar series stresses relevant research as well as clinical application. Topics are informed by intern interest and feedback from previous interns.

Training Director Meeting: Once a month (first Wednesday), interns meet as a group with the Training Director, except during Individual Training Director Meeting. This time is open to discuss matters that interns feel are important to their training. It is used to clarify administrative procedures, discuss the training program and any issues relevant to training/professional

development, discuss post-doc or dissertation issues, discuss cases of interest, and generally augment the didactic and research experiences.

Peer Supervision Case Conference: Once a month (second Wednesday), interns a) present clinical cases for discussion and peer supervision and b) practice serving in the “supervisor” role by facilitating discussion about the case at hand. Readings relevant to clinical supervision are also assigned and discussed. Discussion of evidence-based interventions and comparative approaches to treatment is encouraged. Lisa Balick, PhD facilitates this meeting.

Diversity Case Conference: Once a month (third Wednesday), interns present clinical cases for discussion and peer supervision. Cases focus on individual differences and other diversity issues. Stephanie Day, Ph.D. and Tony Ecker, PhD facilitate this meeting.

Intern Research Conference: This monthly conference (fourth Wednesday) provides interns an opportunity to demonstrate the integration of science and practice by presenting and discussing both ongoing and completed research. Interns also may use this time for discussing their dissertation research, research rotation work, or as practice for job talks or conference presentations. Terri Barrera, PhD facilitates this meeting.

Psychopharmacology Seminar: This seminar occurs for 6-8 weeks (July – August, while Psychiatry Grand Rounds is not occurring) and provides an up-to-date overview of psychopharmacological interventions for frequently-presenting mental health problems. Christina Smith, M.D. teaches this seminar.

Psychiatry Grand Rounds: A weekly grand rounds (September – June) series is sponsored by the Menninger Department of Psychiatry and Behavioral Sciences features both research and clinical presentations by Baylor faculty and invited local and national speakers.

Individual Training Director Meeting: Each intern is scheduled to meet individually with the training director four times per year. These meetings focus on discussion of the intern’s internship experience and progress, training goals, and feedback about the program; dissertation progress; career goals and post-internship plans; and any other matters of personal importance to the intern. Additional meetings may be scheduled by intern or Training Director request.

Career Conversations Professional Development Seminar: 3-4 times per year on a Wednesday morning, the intern class travels to one of the BCM-affiliated sites to gain exposure to that clinical/training setting and for a professional development conversation led by one or more of the psychology faculty. Faculty will provide a brief career biography including any lessons learned or professional development advice and will allow significant time for informal Q&A.

Outcomes Review Conference: Four times per year when a faculty meeting is held during the Psychiatry Grand Rounds time, interns and psychiatry residents participate in a joint case conference focused on a case with a troubling outcome or problematic systems issue.

Council of Houston Area Training Sites (CHATS; 6-7 presentations per year, held on Fridays 2:30 4:00 p.m.): The APA-accredited internship programs in the Houston area rotate hosting a

didactic presentation focused on issues of professional development or practice, with interns from each of the APA-accredited internship programs attending. CHATS is held at the United Way of Greater Houston.

2. Primary tracks may offer additional didactic experiences (interns are not to substitute these experiences for required activities as outlined above), for example, lectures/seminars, rounds, or journal clubs. These experiences vary according to primary track offerings.

### **BCM Affiliate Training Electives**

All interns have the opportunity to participate in up to two BCM Affiliate training electives during the internship year, each of which may be up to half a day in duration. These electives are designed to share rich clinical/training resources across BCM-affiliated sites and to offer interns a brief exposure to an area of interest. Elective experiences are scheduled by mutual agreement between the intern, the elective supervisor, and primary track supervisors. Currently available BCM Affiliate training electives are provided in Appendix F. Additional opportunities may also be arranged in accordance with intern interest and available training/faculty resources. In fact, expansion of available opportunities is a program goal; interns are encouraged to suggest or inquire about potential new elective experiences. Additional opportunities may also be offered as they arise during the internship year.

## **PSYCHOLOGY INTERNSHIP EVALUATION PROCEDURES**

### **A. Program's evaluation of interns**

1. Weekly meetings with supervisors provide regular feedback regarding strengths and weaknesses observed in clinical skills, research skills, or professional behavior.

2. Written evaluations of interns are completed at least three times per year by clinical supervisors (see Appendix G). Interns who rotate to a different site or unit or otherwise change supervisors during the 2<sup>nd</sup> semester also receive feedback at the 9-month point (i.e., half-way through the second rotation). Written evaluations are reviewed in individual meetings between supervisors and interns and then are submitted to the Training Director. Interns are expected to receive ratings at a level of competence of "3" or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion. An intern receiving such a rating at the 3 or 6 month evaluation will also undergo a 9 month evaluation if not already scheduled to do so. To successfully complete the internship program, interns must pass all rotations. Specifically, for those who do not rotate at 6 months to successfully complete the internship program, at the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors. For those who rotate to a new setting at 6 months to successfully complete the internship program, at the 6 month and the 12 month evaluation period interns must achieve ratings of "3" on all evaluation items by all supervisors.

3. Training Committee meetings (monthly) and quarterly Psychology Division meetings allow for ongoing review of interns' progress and discussion of potential concerns.

4. Letters reviewing interns' performance are written by the Training Director (incorporating feedback from primary supervisors) to interns' Directors of Clinical Training at mid-year and upon completion of the internship, accompanied by copies of intern evaluations. Additional written and/or oral communication occurs if interns are experiencing difficulty in completing program requirements. [See Due Process: The Identification and Management of Intern Problems/Impairment for additional information about procedures for handling impaired performance.]

#### B. Intern's evaluation of program

1. Ongoing interaction with supervisors allows interns opportunities to provide feedback about the strengths and weaknesses of the training program. Supervisors also encourage additional feedback during end-of-quarter evaluation meetings.
2. Following each didactic seminar, each intern anonymously completes a Seminar Series Evaluation Form (see Appendix E) and submits it to the Training Director. These evaluations are thereafter provided to the presenter.
3. At 3, 6 (9 if applicable) and 12 months, each intern completes Supervisor and Rotation Evaluation Forms (see Appendix E) and submits it to the Training Director. Supervisors receive their evaluation feedback after interns have completed the internship program and are no longer under the supervision of that individual.
4. At the end of the training year, interns complete a Training Director Evaluation form on Dr. Nguyen's performance in the training director role. He receives that feedback after interns have exited the program.

#### C. Program evaluation of itself

1. Training Committee meetings (once per month) as well as quarterly Psychology Division meetings allow for ongoing review of program requirements and procedures.
2. Discussions with other training directors provide opportunities to learn about other methods of training and assessment.
3. Supervisor and Rotation Evaluation Forms are used by the Training Director and/or Training Committee to evaluate and modify program requirements and procedures.
4. Seminar evaluations are used to modify the seminar schedule for the current and/or subsequent year.
5. Individual training director meetings are conducted with interns 4 times per year, in part to request feedback about the program and recommendations for improvement.
6. Exit interviews are conducted at the end of the training year to specifically solicit intern recommendations for program improvement.
7. The program conducts surveys of its graduates to evaluate the extent to which those

graduates feel the program adequately prepared them in a variety of domains.

## **Library and Computer Facilities**

Interns have access to the main library of the Texas Medical Center, situated in the Jesse Jones Library Building. There is a small trainee computer area situated in the Baylor Psychiatry Clinic. All interns have access to personal computers at their primary site.

## **Moonlighting Policy**

No outside employment that requires functioning as a psychologist is permitted. The internship training director (TD) and primary track supervisor(s) must be aware of any moonlighting activities that do not require functioning as a psychologist. Approval must be obtained before the moonlighting activity begins. If an intern decides to moonlight, the following conditions apply:

- The intern must report moonlighting hours per week to the TD.
- The intern must be evaluated as performing at satisfactory or above level by all track supervisors, seminar leaders and TD.
- The Baylor malpractice insurance does not cover moonlighting.

## **Professional Appearance Policy**

The personal appearance of our interns contributes to the image of our department, Baylor College of Medicine, and our profession. Further, as health service providers, personal appearance and hygiene has a significant effect on ensuring a professional and safe environment for patients that focuses on their needs in the delivery of quality patient care. Professional attire and appearance are expected at all times throughout the training year. It may be necessary for program dress code standards to supersede individual preferences or self-expression. Please address questions or discuss any special needs with the Training Director. The following guidelines may not be all-inclusive, and the Training Director or other program supervisors may address potential concerns about an intern's professional appearance. Please also note that additional dress code requirements or exceptions may be in place at your primary site.

Expected professional attire can be broadly described as business casual. Specific program expectations about professional appearance when engaged in training activities are provided below.

### ID Badges

- Your BCM ID badge must be worn at all times with name and photograph clearly visible.

### Personal Hygiene

- Clean teeth, hair, nails, clothes, and body without odor are examples of appropriate grooming to be followed.
- Strong fragrances are discouraged and are not appropriate in medical settings
- Nails must be kept clean and well-groomed, with nail length generally meeting professional manicurist’s definition of “sport length.”

### Clothing

- Clothing must be clean, unwrinkled, stain-free, properly-fitting, and in good repair.
  - The following are not permitted:
  - Clothing that is sheer and/or revealing
  - Clothing that is inappropriately tight or overly form-fitting
  - Visible undergarments
  - Clothing displaying bare midriffs or torsos
  - Clothing displaying cleavage
  - Skirt, skirt slit, or dress length at or above mid-thigh
  - T-shirts or tank tops
  - Halter tops, spaghetti straps, strapless, or open-backed tops or dresses
  - Athletic attire or exercise clothing
  - Shorts
  - Jeans except by primary track or other exception (e.g., “Go Texan Day”)
  - Clothing bearing commercial advertising or a political, controversial, substance-related, inflammatory, or provocative message

### Shoes

- Shoes must be clean, in good repair, and of a height/style supporting safety and compatibility with internship activities.
- Flip flops or thong-style shoes are not permitted.
- Athletic shoes are not permitted.

### Hair

- Hair must be clean and well-groomed.
- Hair must be of a naturally occurring color and style may not be extreme.
- Facial hair must be groomed and clean.

### Jewelry, Accessories, Make-Up & Body Art

- Jewelry and other accessories must be professional and appropriate for safety.
- Up to three earrings per ear may be worn. Earrings may be studs, small hoops, or other earrings that are professional in style.
- A small stud in the side of the nose may be worn.
- Visible body piercings other than ears and nose as described above is not permitted; tongue jewelry is not permitted

- Make-up should be used to enhance a natural look.
- Visible tattoos and body art must be covered.
- Buttons displaying political advertising, slogans or images that may be offensive or profane are not permitted.

## **DUE PROCESS PROCEDURES: THE IDENTIFICATION AND MANAGEMENT OF INTERN PROBLEMS/CONCERNS**

This document provides interns and faculty an overview of the identification and management of intern problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems.

### **I. Definition of Problematic Behavior**

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 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; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified when they include one or more of the following characteristics:

1. the intern 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 reasonably expected at the intern level;
3. the quality of services delivered by the intern is sufficiently 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; and/or
6. the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

### **II. Remediation and Sanction Alternatives**

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the patients involved, members of the intern training group, the training faculty and other agency personnel.

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion.

2. Written Acknowledgment to the intern formally acknowledges:

- a) that the Training Director (TD) is aware of and concerned with a behavior or performance rating,
- b) that the concern has been brought to the attention of the intern,
- c) that the TD and/or relevant supervisor(s) will work with the intern to rectify the problem or skill deficits, and
- d) that the behaviors associated with the rating are not yet significant enough to warrant more serious action.

3. Written Warning to the intern indicates the need to discontinue an inappropriate action or change behavior. The intern's DCT will be contacted and informed of the written warning. This letter will contain:

- a) a description of the intern's unsatisfactory behavior or performance;
- b) actions needed by the intern to correct the unsatisfactory behavior/performance;
- c) the time line for correcting the problem;
- d) what action will be taken if the problem is not corrected; and
- e) notification that the intern has the right to request a review of this action.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule may be an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the expectation that the intern will complete the internship. This period will include more closely monitored supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- a) increasing the amount of supervision, either with the same or other supervisors;
- b) change in the format, emphasis, and/or focus of supervision;
- c) recommending personal therapy or other interventions
- d) reducing or modifying the intern's clinical or other workload;
- e) requiring specific academic remediation.

The length of a schedule modification period will be determined by the TD in consultation with the primary supervisor and the Psychology Division Head. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the primary supervisor and the Psychology Division Head.

5. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation is systematically monitored by the TD for a specific length of time, focusing on assessment of the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating or identified concern. The intern and the intern's DCT is informed of the probation in a written statement which includes:

- a) the specific behaviors associated with the unacceptable rating or identified concern;
- b) recommendations for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be

ameliorated;

d) the procedures to ascertain whether the problem has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the TD will discuss with the primary supervisor(s) and the Psychology Division Head possible courses of action to be taken. The TD will communicate in writing to the intern and the intern's DCT that the conditions for removing the probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the TD will communicate to the Psychology Division Head that if the intern's behavior does not change, the intern will not successfully complete the internship.

6. Suspension of Direct Service Activities may occur based on concern about a grave ethical or professional occurrence or state (e.g., that the welfare of an intern's patient or colleague has been jeopardized). Direct service activities may be suspended for a specified period as determined by the TD in consultation with the primary supervisor and the Psychology Division Head. At the end of the suspension period, the intern's supervisor in consultation with the TD will assess the intern's capacity for effective functioning and determine if/when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave may interfere with the successful completion of the training needed for completion of the internship, the intern's academic program will be informed. The TD will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges and failure to successfully complete the internship program. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the Psychology Division Head the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a patient is a major factor, when competency problems are not remediated, or the intern is unable to successfully complete the internship due to physical, mental or emotional illness. When an intern has been dismissed, the TD will communicate to the intern's academic department that the intern has not successfully completed the internship.

### **III. Procedures for Responding to Inadequate Performance or Problematic Behavior of an Intern**

If an intern receives an unacceptable rating (“Conditional” or “Fail”) from any of the evaluation sources in any of the categories of evaluation, or if a faculty member has concerns about an intern's behavior (e.g., ethical or legal violations, lack of professionalism, lack of competence) the following procedures will be initiated:

1. The faculty member will consult with the Training Director (TD) to discuss the identified concern(s).
2. If the faculty member who brings the concern to the TD is not the intern's primary supervisor, the TD will discuss the concern with the intern's primary supervisor.
3. The TD and/or primary supervisor will discuss the performance rating or the concern with the Psychology Internship Training Committee.
4. The TD will discuss with the Psychology Division Head the concerns and possible courses of action to be taken to address the issues. The TD, primary supervisor, and Psychology Division Head may meet to discuss possible course of actions.
6. If an intern receives an evaluation rating of "Conditional" or "Fail" on any evaluation domain, the supervisor issuing the unacceptable rating will consult with the TD to develop a written Remedial Plan.
7. Whenever the TD or Psychology Division Head has made a decision about an intern's status in the training program, the TD will inform the intern and the intern's DCT in writing and will meet with the intern to review the decision. This meeting may include the intern's primary supervisor and/or Psychology Division Head. Any formal action taken by the Training Program will be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific plan implemented to address the concern.
9. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

#### **IV. Due Process: General Guidelines**

Due process ensures that decisions about interns are not arbitrary or personally based and that the program appropriately follows its policies and procedures. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees and to provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted and minimum requirements for program completion. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern handbook provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.

8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

## **GRIEVANCE PROCEDURES**

### **A. Grievance Guidelines**

Interns are encouraged to first attempt to resolve concerns through discussion with the primary supervisor or other relevant party and the TD. In the event an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, other staff conflict) during his/her training experiences, an intern can:

- a. Discuss the issue with the faculty member(s) involved;
- b. If the issue cannot be resolved informally, the intern should discuss the concern with the TD or a primary track supervisor;
- c. If the TD or a primary track supervisor cannot resolve the issue, the intern can formally challenge any action or decision taken by the TD, the supervisor or any member of the training faculty by following this procedure:
  - 1) The intern may file a formal complaint, in writing and with all supporting documents, with the TD. The intern must also notify their DCT that they are filing a formal complaint. If the intern is challenging a formal evaluation, the intern must do so within 5 working days of receipt of the evaluation.
  - 2) Within five working days of a formal complaint, the TD must consult with the Psychology Division Head and implement Review Panel procedures as described below.

### **B. Review Panel and Process**

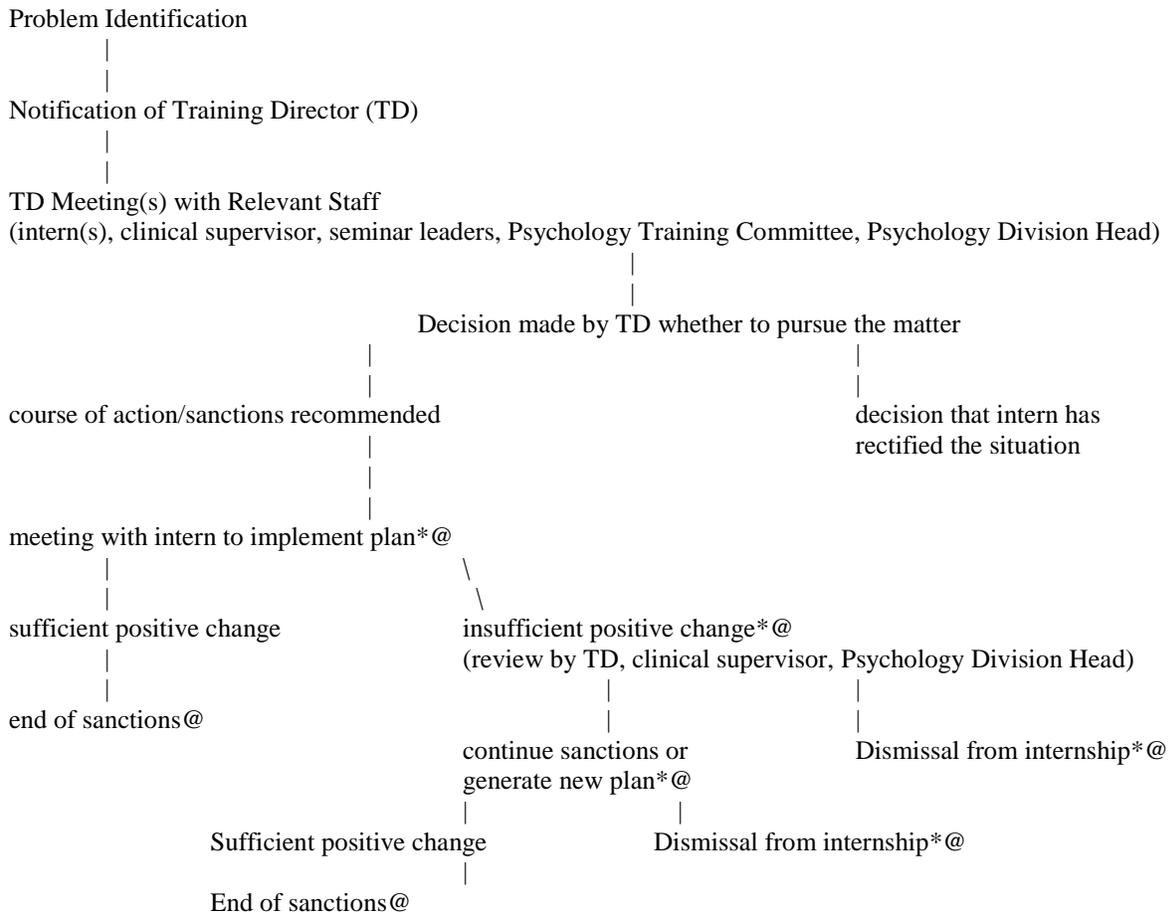
1. When needed, the Psychology Division Head will convene a review panel. The panel will consist of three faculty members selected by the Psychology Division Head considering any recommendations from the TD and the intern involved in the dispute.
2. Within ten (10) work days of the formal complaint, a hearing will be conducted in which the challenge is heard and relevant material presented. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. The intern has the right to have present a supportive representative (e.g. supervisor, DCT, colleague) during the hearing. Within five (5) work days of the completion of the hearing, the Review Panel submits a written report to the Psychology Division Head, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within five (5) work days of receipt of the recommendation, the Psychology Division Head will either accept or reject the Review Panel's recommendations. If the Psychology Division Head rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Psychology Division Head may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. The TD informs the intern, the intern's DCT, and the training program of the decisions

made.

5. If the intern disputes the Psychology Division Head's final decision, the intern has the right to consult with the Department's Vice Chair for Educational Programs or file a grievance through the Baylor College of Medicine Integrity Hotline (855-764-7292) or online (<https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>).

**Due Process**

**Flow Chart**



\*intern may challenge at this time.  
@as appropriate, inform graduate program

# **Appendix A**

## **Intern Weekly Report**

# **Appendix B**

## **Vacation & Leave Policies Leave Form**

# **Appendix C**

## **2020-2021 Website Materials**

# **Appendix D**

## **2020-2021 Clinical Supervisor Options**

# **Appendix E**

## **2020-2021 Research Rotation Options**

# **Appendix F**

## **2020-2021 BCM Affiliate Training Electives**

## **Appendix G**

### **Evaluation Instruments:**

**Psychology Intern Evaluation Form**

**Supervisor Evaluation Form**

**Rotation Evaluation Form**

**Topic Seminar Evaluation Form**

**Intern Evaluation of the Training Director**

**Affiliate Training Elective Evaluation Form**

**Monthly Seminar Series Evaluation Form**

## **Appendix H**

### **Baylor Policies & Miscellaneous Information:**

**Social Media Policy**

**BCM Holiday Schedule**

**HIPPA Program Information & BCM Privacy Policy**

**TMC Library Information**

## **Appendix I**

**Paul Baer Research Award Nomination Form**

**Professionalism & Clinical Excellence Award  
Nomination Form**

**Outstanding Contribution to Psychology Intern  
Training & Development Award Nomination Form**

**Appendix J**

**APA Code of Ethics**