

Clinical Psychology Internship Program  
Department of Behavioral Medicine and Psychiatry  
West Virginia University School of Medicine  
Morgantown, WV

Intern Handbook  
2016-2017

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## **Program Philosophy/ Training Goal**

The Clinical Psychology Internship program at the West Virginia University School of Medicine emphasizes broad and general training in health service psychology with specializations in behavioral medicine and in neuropsychology within an academic medical center. Our goal is to prepare interns to be successful in the ever evolving field of psychology/healthcare for careers in a variety of settings, including medical or academic medical centers, university psychology departments, and clinical settings that offer inpatient and/or psychological outpatient services. Our program is based on the scientist-practitioner model of training, emphasizing evidence-based, primarily cognitive-behavioral approaches, to assessment and intervention. Our faculty are dedicated to training and we follow a junior-colleague model of supervision.

To achieve these goals, we emphasize a comprehensive approach to training across clinical work, didactics, and research. Our program offers a breadth of experiences with opportunities for clinical rotations in a number of settings both at WVU and at the Louis A. Johnson VA Medical Center in Clarksburg, WV. Interns gain clinical experience with patients across the lifespan representing a broad range of presenting problems in both inpatient and outpatient treatment settings. Our clinical rotations allow interns to hone generalist skills, but also offer specialization in several behavioral medicine and neuropsychology areas including bariatrics, chronic pain, integrated care, and pediatric neuropsychology. Our didactics focus on preparing the intern to meet the varying roles and challenges of professional life including, clinical service within medical settings, teaching/supervision, and scholarship. Finally, research skill development is considered an important training goal and as such, interns are allotted protected research time to complete a mentored research project.

We have 2 interns annually: one in adult clinical/behavioral medicine and one in neuropsychology. The experiences offered emphasize comprehensive training, but also allow flexibility for more in-depth experiences in areas that are of particular interest to the trainee. Minor rotation experiences are required and are designed to complement the major rotations so as to ensure a well-rounded generalist training experience. Interns will not complete minor experiences that duplicate experiences in their major area (i.e., a Neuropsychology intern completing an additional minor in neuropsychology) to ensure that interns receive a broad and generalist training.

### **Training Goal**

The overarching goal of the internship is to prepare our trainees for the independent practice of psychology in a variety of settings, including medical or academic medical centers, university psychology departments, and primary clinical settings that offer inpatient and/or outpatient services. With this goal in mind, we strive for interns to achieve intermediate to advanced competency in domains related to the practice of health service psychology in order to practice independently. Preparation for independent practice includes integration of science into practice, understanding of and sensitivity to cultural and individual diversity, adherence to ethical standards, provision of supervision and teaching, and developing professional identity as a psychologist.

### **APA**

The internship is accredited by the American Psychological Association Commission on Accreditation (Office of Program Consultation and Accreditation, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242; Phone: 202-336-5979; 202-336-6123 TDD). West Virginia University is an Equal Opportunity/ Affirmative Action Institution.

### **APPIC**

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

### **Competencies, Goals, and Objectives**

Provide information below to illustrate how the program ensures that ALL interns can acquire and demonstrate substantial understanding of and competence in:	
<b>Competency:</b>	<p>(i) <i>Research</i>            Goal: Integration of science into practice            Objective: Ability to participate in and/or independently conduct research            Competencies Expected:</p> <ul style="list-style-type: none"> <li>• Demonstrate ability to clearly present research data and critique research literature</li> <li>• Demonstrate ability to identify research question, design and implement project, and present findings</li> <li>• Participation in case conferences</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	Research Evaluation Form, Research Outcomes Seminar Evaluation Form, Program Evaluation Seminar Evaluation Form, Case Conference Evaluation Form, Presentation of Scholarly Work Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>• Evaluation of performance on internship research project</li> <li>• Completion of Research Outcomes Seminar</li> <li>• Completion of Program Evaluation Seminar</li> <li>• Evaluation of performance during Case Conference</li> <li>• Evaluation of presentation of scholarly work</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>• Successful completion of internship research project as determined by the research supervisor and ITC, including written and oral presentation</li> <li>• Rating of 1 or 2 (intermediate to advanced skill) on item regarding overall rating of research abilities from Research Evaluation form</li> <li>• Successful completion of Research Outcomes seminar, with a minimum rating of satisfactory on the Research Outcomes Seminar evaluation form</li> <li>• Successful completion of Program Evaluation Seminar, with a minimum rating of satisfactory on the Program Evaluation Seminar evaluation form</li> <li>• Rating of 1 or 2 (intermediate to advanced skill) on item regarding overall rating of research abilities from Case Conference evaluation form</li> <li>• Rating of 1 or 2 (intermediate to advanced skill) on item regarding overall rating of research abilities from Presentation of Scholarly Work evaluation form</li> </ul>
<b>Competency:</b>	<p>(ii) <i>Ethical and legal standards</i>            Goal: Understanding of and adherence to the ethical standards of the profession of psychology            Objective: Ability to understand and adhere to ethical standards in all aspects of professional activities            Competencies Expected:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of APA ethical principles and legal standards</li> <li>• Demonstrate adherence to ethical/legal principals in clinical work and research</li> </ul>
<b>Attachment Name for Evaluation</b>	CCE, Intern Evaluation Form, Research Evaluation Form, Case Conference

<b>Tools Used for each Competency (if applicable)</b>	Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>Quarterly evaluations by each supervisor, with ratings in area of Ethics and Legal Issues</li> <li>CCE ratings under Ethics and Legal Standards</li> <li>Evaluation of intern research</li> <li>Evaluation of demonstrated adherence to ethical/ legal principles during case conference presentation</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Ethics and Legal Issues</li> <li>Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant item from Ethics and Legal Standards</li> <li>Rating of 1 or 2 (intermediate to advanced skill) on relevant item from Research Evaluation Form</li> <li>Rating of 1 or 2 (intermediate to advanced skill ) on relevant item from Case Conference evaluation form</li> </ul>
<b>Competency:</b>	<p><i>(iii) Individual and cultural diversity</i></p> <p>Goal: Understanding of and sensitivity to issues of cultural and individual diversity</p> <p>Objective: Ability to apply understanding of cultural and individual diversity to all aspects of professional activities (e.g., clinical service, supervision, and research)</p> <p>Competencies Expected:</p> <ul style="list-style-type: none"> <li>Demonstrate knowledge of and sensitivity to diversity issues</li> <li>Demonstrate consideration of issues of cultural and individual diversity in clinical practice, supervision, research</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	CCE, Intern Evaluation Form, Cultural Diversity Seminar Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>Completion of Cultural Diversity seminar</li> <li>Quarterly evaluations by each supervisor, with ratings in areas of Cultural and Individual Diversity</li> <li>CCE rating under Cultural and Individual Diversity</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>Successful completion of Cultural Diversity seminar, with a minimum rating of satisfactory on Cultural Diversity seminar evaluation form</li> <li>Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the areas of Cultural and Individual Diversity</li> <li>Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Cultural and Individual Diversity</li> </ul>
<b>Competency:</b>	<p><i>(iv) Professional values, attitudes, and behaviors</i></p> <p>Goal: Professional development</p> <p>Objectives: Ability to show appropriate professional growth and professional identity</p> <p>Competencies Expected:</p> <ul style="list-style-type: none"> <li>Demonstrate knowledge of issues relevant to professional development</li> <li>Fulfill role expectations for an intern, including completing paperwork and providing reports in a timely manner</li> <li>Accepting of feedback from supervisors and modify behavior</li> </ul>

	<p>accordingly</p> <ul style="list-style-type: none"> <li>• Conduct self in professional manner</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	CCE, Intern Evaluation Form, Professional Development Seminar Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>• CCE, both general performance and specific rating under Professionalism/ Professional Development</li> <li>• Quarterly evaluations by each supervisor, generally and with specific ratings in areas of Professionalism/ Professional Development</li> <li>• Completion of Professional Development seminar</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>• Improvement in general on intern rotation evaluations and CCE ratings from 1<sup>st</sup> quarter to end of the training year</li> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant item from Professionalism/ Professional Development</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year-end rotation evaluations in relevant items in the areas of Professionalism/ Professional Development</li> <li>• Successful completion of Professional Development seminar, with minimum rating of satisfactory on Professional Development Seminar evaluation form</li> </ul>
<b>Competency:</b>	<p>(v) <i>Communications and interpersonal skills</i></p> <p>Goal: Effective communication and interpersonal skills with peers, supervisors, and patients</p> <p>Competencies Expected:</p> <ul style="list-style-type: none"> <li>• Ability to clearly communicate regarding tasks related to patient care, supervision, research or training</li> <li>• Demonstrates effective/adaptive interpersonal skills in range of professional interactions</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	CCE, Intern Evaluation Form, Case Conference Evaluation Form, Presentation of Scholarly Work evaluation form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>• CCE, both general performance and specific rating under Communication/ Interpersonal Skills</li> <li>• Quarterly evaluations by each supervisor, generally and with specific ratings in areas of Communication/ Interpersonal Skills</li> <li>• Communication skills during presentation at case conference</li> <li>• Communication skills during presentation of scholarly work</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant item from Communication/ Interpersonal Skills</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year-end rotation evaluations in relevant items in the areas of Communication/ Interpersonal Skills</li> <li>• Rating for 1 or 2 (intermediate to advanced skill) on relevant item regarding communication on Case Conference evaluation form</li> <li>• Rating for 1 or 2 (intermediate to advanced skill) on relevant item regarding communication on Presentation of Scholarly Work evaluation form</li> </ul>
<b>Competency:</b>	(vi) <i>Assessment</i>

	<p>Goal: Independent practice in a variety of settings or specialty post-doctoral training at the most competitive level; possession of a solid background in empirically supported assessment methods; professional practice that is evidence-based.</p> <p>Objective: Ability to provide appropriate assessment and diagnosis for individuals with a variety of presenting problems</p> <p>Competencies Expected:</p> <ul style="list-style-type: none"> <li>• Demonstrate ability to independently conduct a new patient evaluation and provide appropriate differential diagnoses, clear case formulation, and preliminary treatment plan including referrals for medical evaluation, medication consultation, or psychological evaluation, as needed</li> <li>• Demonstrate knowledge and understanding of DSM-V diagnostic criteria</li> <li>• Demonstrate ability to appropriately assess suicidality and dangerousness</li> <li>• Demonstrate knowledge, understanding and appropriate use of objective assessment measures</li> <li>• Demonstrate ability to clearly communicate assessment findings in written form</li> <li>• Demonstrate knowledge of empirically supported assessments</li> <li>• Demonstrate ability to identify and integrate research literature with case conceptualization and treatment plan based on assessment findings</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	CCE, Intern Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>• Clinical Competency Evaluation (CCE)</li> <li>• Quarterly evaluations by each supervisor, with ratings in area of Assessment and Diagnostic Skills</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>• Successful completion of CCE by year-end</li> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Assessment</li> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Diagnostic Skills</li> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Evidence-Based Practice</li> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Conceptualization Skills</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations for Assessment Skills</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Scholarly Inquiry</li> </ul>
<b>Competency:</b>	<p><i>(vii) Intervention</i></p> <p>Goal: Independent practice in a variety of settings or specialty post-doctoral training at the most competitive level; possession of a solid background in empirically supported assessment methods; professional practice that is evidence-based.</p> <p>Objective: Ability to provide appropriate assessment, diagnosis, empirically-supported intervention, and consultation for individuals with a variety of presenting problems.</p>

	<p>Competencies Expected:</p> <ul style="list-style-type: none"> <li>• Demonstrate ability to independently conduct clear case formulation, and preliminary treatment plan including referrals for medical evaluation, medication consultation, or psychological evaluation, as needed</li> <li>• Demonstrate ability to develop, implement, assess and modify intervention plan</li> <li>• Demonstrate knowledge of empirically supported interventions</li> <li>• Demonstrate ability to identify and integrate research literature with case conceptualization and treatment plan based on assessment findings</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	CCE, Intern Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>• Clinical Competency Evaluation (CCE)</li> <li>• Quarterly evaluations by each supervisor, with ratings in area of Intervention</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>• Successful completion of CCE by year-end</li> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Intervention Skills</li> <li>• Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Evidence-Based Practice</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year-end evaluations on relevant item related to Intervention Skills on Intern Evaluation forms</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Scholarly Inquiry</li> </ul>
<b>Competency:</b>	<p><i>(viii) Supervision</i></p> <p>Goal: Provision of supervision and teaching</p> <p>Objectives: Ability to participate successfully in supervision. Ability to train others in clinical practice and research</p> <p>Competencies Expected:</p> <ul style="list-style-type: none"> <li>• Demonstrate knowledge of principles and methods of supervision</li> <li>• Demonstrate ability to develop supervisory relationship and individualize as needed</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	Intern Evaluation Form, Supervision Seminar Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>• Completion of Supervision seminar</li> <li>• Quarterly evaluations by each supervisor, with ratings in area of Supervision of Others</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>• Successful completion of Supervision seminar as evaluated by the instructor, with a minimum rating of satisfactory on Supervision seminar evaluation form</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year end Intern evaluations in the area of Supervision</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Supervision of Others (if applicable)</li> </ul>



<b>Competency:</b>	<i>(ix) Consultation and interprofessional/interdisciplinary skills</i> Goal: Integration of knowledge, skill, and attitudes for services including consultation and interdisciplinary systems. Objectives: Knowledge of issues and concepts related to consultation and related disciplines; successful interactions with professionals in multiple disciplines. Competencies Expected: <ul style="list-style-type: none"> <li>• Demonstrate awareness of multiple and differing perspectives, roles, professional standards, and contributions across contexts and systems.</li> <li>• Demonstrate knowledge of common and distinctive roles of other professionals.</li> <li>• Demonstrate basic knowledge of and ability to display skills that support effective interdisciplinary team functioning</li> </ul>
<b>Attachment Name for Evaluation Tools Used for each Competency (if applicable)</b>	Intern Evaluation Form, Consultation Seminar Evaluation Form
<b>How Outcomes are Measured</b>	<ul style="list-style-type: none"> <li>• Completion of Supervision seminar</li> <li>• Quarterly evaluations by each supervisor, with ratings in area of Consultation and Interprofessional/ Interdisciplinary Skills</li> </ul>
<b>Minimum Levels for Achievement for this Competency</b>	<ul style="list-style-type: none"> <li>• Successful completion of Consultation seminar as evaluated by the instructor, with a minimum rating of satisfactory on Consultation seminar evaluation form</li> <li>• Ratings of 1 or 2 (intermediate to advanced skill) on year end Intern evaluations in the area of Consultation and Interprofessional/ Interdisciplinary Skills</li> </ul>

## **Rotations**

The internship is organized around Major Rotations (3 days per week for 12 months) and Minor Rotations (1 day per week for 12 months). During the first several days of the internship, interns meet individually with each faculty member to gather information about their clinical activities and current research.

The training model requires that interns work in their primary area of emphasis, adult/ behavioral medicine or neuropsychology, three days per week during the entire 12-month internship. An additional one day per week will be spent completing Minor Rotation experiences. The precise nature of the Minor Rotation will be determined based on the interests and training needs of the individual intern, while ensuring that interns receive a generalist training experience. One-half day per week will be allotted for the required research project, leaving the remaining ½ day for miscellaneous didactics and meetings.

### **Adult/ Behavioral Medicine Major Rotation**

Throughout the 12 months, the intern spends approximately 3 days per week participating in the experiences below. Interns complete four 6-month rotations (2 rotations are concurrent, 1.5 days each) with each of the 3 primary supervisors in the Department of Behavioral Medicine and Psychiatry (Cassie Brode, PhD, Stephanie Cox, PhD, and Richard Gross, PhD, ABPP) and in Primary Care (primary supervisor, Alison Vargovich, PhD).

#### **Adult Outpatient Psychology/ Psychiatry**

Supervisors: Cassie Brode, PhD, Stephanie Cox, PhD, or Richard Gross, PhD, ABPP

Location: Chestnut Ridge Center

Interns provide assessment and evidence-based treatment to patients with a wide range of presenting problems including those with co-morbid medical and psychiatric concerns. Interns will have regularly scheduled intakes and new patient evaluations throughout the rotation. Interns are encouraged to have a mixture of both short-term and long-term therapy cases. Interns receive supervision primarily from a Cognitive- Behavioral orientation, although interns may also receive training in other evidence-based approaches such as Acceptance and Commitment Therapy and Motivational Interviewing. We are able to select specific patient populations or disorders of interest in order to advance an intern's training in a specific area or to address any gaps in training.

#### **Chronic Pain**

Supervisor: Richard Gross, PhD, ABPP

Location: Chestnut Ridge Center/ [Pain Management Center](#)

The goal of the rotation is to increase intern's knowledge of various chronic pain disorders often encountered in behavioral medicine settings including low back pain/ disk disease, radicular pain, neuropathic pain syndrome, fibromyalgia, and pain associated with malignancy, etc. Assessment is a primary focus of this rotation including evaluations to determine risk for opioid abuse/ misuse and pre-surgical psychological evaluations. The intern will also participate in treatment for chronic pain patients including both individual and group treatment, including a CBT for chronic pain group. The intern may also participate in an intensive treatment program for Opioid Use Disorders (COAT Program- Compressive Opioid Addiction Treatment). Opportunities to work across disciplines with various medical sub-specialties and to work within an interdisciplinary pain center also exist.

#### **[Bariatric Surgery](#)**

Supervisors: Stephanie Cox, PhD or Cassie Brode, PhD

Location: Chestnut Ridge Center/ [Department of Surgery](#)

WVU Bariatrics offers a comprehensive surgical weight loss program including bariatric- trained

surgeons, mid-level providers, dietitians, and psychologists. The intern has the opportunity to work as part of this multidisciplinary team in both assessment and intervention capacities. Interns receive training in pre-surgical psychological evaluations to determine a patient's appropriateness for surgery. Additionally, interns can provide treatment to patients both pre and post surgically. Concerns commonly addressed include engagement in behavioral changes, treatment of disordered eating behavior, stabilization of psychiatric symptoms, etc. The intern also has the opportunity to attend team case review meetings and observe surgical procedures. The intern will also have the opportunity to lead and/or co-lead a monthly support group for pre- and postoperative patients.

### **Primary Care Behavioral Health**

Supervisors: Alison Vargovich, PhD; Kimberly Foley, PhD

Location: [Clark K. Sleeth Family Medicine](#)

The intern will participate in a variety of integrated primary care experiences. Behavioral health care is integrated into our primary care clinics within the patient-centered medical home model. The goal of this rotation is to increase the intern's proficiency within the primary-care model; this includes the provision of population-based goal-oriented short-term treatment. Common presenting problems in this setting may include comorbid medical/ psychological concerns, insomnia, medication compliance, adjustment disorders, insomnia, relationship stressors, depression/ anxiety. See description of minor experiences for additional training opportunities.

**Supervision:** Interns will meet with each of their supervisors for a total of 2 or more hours per week of individual supervision. Additionally, interns receive informal supervision in the course of observing therapy or conducting co-therapy with the supervisor, staffing after intake evaluations, and in multidisciplinary meetings. Supervision totals 4 or more hours per week.

#### **Major Rotation Components:**

**Individual Therapy:** Adult/ Behavioral Medicine emphasis interns will gain experience in individual psychotherapy throughout the year. Expectations for case load of therapy patients and evaluations will be determined by the primary supervisor in light of training goals. Depending on the intern's previous individual therapy experience, he or she frequently begins observing and modeling a supervisor providing therapy, advances to doing co-therapy with the supervisor, and then begins seeing patients independently with supervision. A strong emphasis is placed on conducting empirically supported treatments from a cognitive-behavioral perspective, both brief and more long-term interventions.

**Evaluation/Assessment:** Adult/ Behavioral Medicine emphasis interns will participate on a 12-month basis in regularly scheduled intake and new patient evaluations throughout the rotations. During the initial phase of the rotation, emphasis will be given to conducting evaluations with each of the adult supervisors in his/her area of specialization. As the intern progresses, the intern will shift to performing evaluations independently with supervision. The most common problems evaluated are for chronic pain management, opioid risk assessments, bariatric surgery, and mood and anxiety disorders. During the internship year, the intern will also gain experience in the interpretation of objective psychological testing.

**Group Therapy:** Adult/ Behavioral Medicine emphasis interns may participate as therapist or co-therapist in group therapy experiences. These may focus on management of chronic pain (with Dr. Gross) or techniques to cope with depression and anxiety (Dr. Larkin).

**Supervision:** See supervision section. Interns will meet with each of their supervisors for individual supervision. Additionally, interns receive informal supervision in the course of observing therapy or conducting co-therapy with the supervisor, staffing after intake evaluations, and in multidisciplinary meetings. Supervision

totals 4 or more hours per week.

### **Neuropsychology Major Rotation**

*These experiences are in accord with the Houston Conference guidelines (Hannay, Bieliauskas, Crosson, Hammeke, Hamsher, & Koffler, 1998) for specialty training in clinical neuropsychology.*

Throughout the 12 months, the intern will complete three 4-month rotations, working directly with one faculty supervisor for the four-month period. Interns conduct two evaluations per week.

#### **Rotation 1: Adult Neuropsychology**

Supervisor Dr. Liv Miller, PsyD ABPP

#### **Rotation 2: Adult Neuropsychology**

Supervisor Dr. Kirk Bryant, PhD/ James Mahoney, PhD

#### **Rotation 3: Pediatric Neuropsychology**

Supervisor: Dr. Stacie Leffard, PhD ABPP

The pediatric neuropsychology rotation includes evaluation of children ages 6 to 18 with neurologic and psychiatric presentations. Referrals include but are not limited to brain injury, epilepsy, prenatal substance exposure, and neurodevelopmental disorders. Exposure to assessment of younger children (Birth to 6) is also available on a more limited basis. Available pediatric didactics include monthly craniofacial team conference and pediatric grand rounds.

All three rotations will focus on the evaluation of primarily outpatients, across the age span, with neurological, medical and psychiatric disease(s). Evaluations are also performed with inpatients in the psychiatric hospital and occasionally in consultation to various services in J.W. Ruby Memorial Hospital.

Our clinic offers experience with a rich and diverse patient population, including, but not limited to, individuals with various dementias, multiple sclerosis, traumatic brain injuries, Parkinson's disease, Huntington's disease, strokes, ADHD and learning disorders, and patients diagnosed with severe mental illness. Exposure to neuroimaging is an integral part of the rotation, and patients' MRI, CT, and/or PET scan images are routinely reviewed during evaluations and in didactics. Limited experiences are also available to interns through the epilepsy surgery program including performing pre- and post-surgical neuropsychological evaluations, attending multidisciplinary treatment team meetings, and on occasion participating in intracarotid amobarbital (Wada) evaluations. Pre- and post-surgical DBS evaluations of patients with Parkinson's disease are also available. In addition, interns may have the opportunity to observe patient rounds and neurobehavioral evaluations in multidisciplinary clinics, as well as provide cognitive rehabilitation. Finally, the breadth and depth of clinical experiences is enhanced by didactics including Neuropsychology Case Conference, Neurology Grand Rounds, Neuroimaging Journal Club, and brain cuttings (see Didactics section for more information).

**Psychiatric Intensive Care Unit Orientation Group (PICU)/ Geriatric Unit Group:** Interns also conduct group therapy on the Psychiatric Intensive Care Unit (PICU) or Geriatric Care Unit one time per week.

Daily group therapy meetings are conducted on the Psychiatric Intensive Care Unit and Geriatric Unit. The goal of these groups is patient-centered and solution-focused; to provide a forum for communication and discussion among the inpatients on the unit. The group treatment experience provides interns with a chance to interact with individuals suffering from severe mental illness and a valuable service for the patients and the operations of the unit. Training in conducting the group will occur during the first month of the internship, conducted by the faculty supervisor. During the training period, new interns co-lead the

group twice per week with faculty or a postdoctoral resident. Once independent, each intern will be responsible for the group one hour per week. Weekly group supervision meetings are conducted.

**Supervision:** See supervision section. Interns will meet with each of their supervisors for individual supervision. Additionally, interns receive informal supervision in the course of observing therapy or conducting co-therapy with the supervisor, staffing after intake evaluations, and in multidisciplinary meetings. Supervision occurs prior to the arrival of a patient, during which time records are reviewed and an assessment strategy is planned. Supervision also occurs during the assessment day to address problems or questions as they are encountered and adjust to the assessment accordingly. Supervision totals 4 or more hours per week.

### **Minor Rotation Experiences**

Interns may select a combination of Minor Rotations, adding up to 1-2 days per week total. Opportunities include a variety of settings and treatment modalities, including individual and group, inpatient and outpatient, and medical and psychiatric settings. The minor rotations are designed to complement the major rotations so as to ensure a well-rounded generalist training experience. Thus, interns will not complete minor experiences that duplicate experiences in their major area. Minor rotations are individualized, with the specific composition of the experiences determined based on the interests and training needs of the individual intern. Efforts will be made to honor the intern's preferences, but cannot be guaranteed. Experiences may last for 3 months, 6 months, or the duration of the training year, and the minor rotation plan may be modified as the training year progresses.

At the beginning of the training year, interns will discuss their preferences with the training director. The rotations will be chosen based on these interests, the training needs as determined by the training director in conjunction with the intern, and the overall schedule. The training plan will be approved by the ITC. Efforts will be made to honor the intern's preferences, but cannot be guaranteed. Modifications to the minor rotation plan may occur through the training year. Additional opportunities not listed may also be available.

Available experiences are listed below:

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#### **Primary Care Behavioral Health**

Supervisors: Kimberly Foley, PhD; Alison Vargovich, PhD

Location: [Clark K. Sleeth Family Medicine](#)

Behavioral health care is integrated into our primary care clinics within the patient-centered medical home model. The goal of this rotation is to increase the intern's proficiency within the primary-care model; this includes the provision of population-based goal oriented short-term treatment. Primary intern responsibilities include: consulting with physicians and residents to screen, diagnose, and treat patients with various DSM diagnoses, providing brief (4-6 sessions) evidence-based psychotherapies, developing treatment plans to increase adherence to prescribed treatment regimens, and assisting with triage and referral to appropriate resources. Common presenting problems in this setting may include comorbid medical/ psychological concerns, insomnia, medication compliance, adjustment disorders, insomnia, relationship stressors, depression/ anxiety.

#### **Family Medicine Inpatient Rounds/ Consultation**

Supervisors: Kimberly Foley, PhD; Alison Vargovich, PhD

Location: [J.W. Ruby Memorial Hospital](#)

Family Medicine patients can continue to receive care by their primary care providers when they are admitted to J.W. Ruby Memorial Hospital. The intern has the opportunity to participate as a member of this multidisciplinary inpatient team, providing consultation regarding psychological or adherence

concerns or delivering brief psychological interventions.

### **Family Medicine Specialty Clinics**

Supervisors: Kimberly Foley, PhD; Alison Vargovich, PhD

Location: [Clark K. Sleeth Family Medicine](#)/ Physician's Office Center

The Department of Family Medicine offers several clinics to provide patients with specialty care to address their specific need. These clinics include Discharge Clinic, Diabetes Clinic, and COPD clinic. The intern, as a member of these multidisciplinary team(s), provides education and treatment of patients' conditions, including management of psychosocial issues that often co-occur with chronic illnesses. The goal of this team approach is to improve patient outcomes, mainly, quality of life, while also reducing hospital readmissions and increasing adherence to prescribed treatment regimens). The intern provides consultation and brief assessment or intervention as needed.

### **Behavioral Sleep Medicine/ Supervision Training**

Supervisors: Amy Fiske, PhD

Location: [Clark K. Sleeth Family Medicine](#)

This 12-month rotation offers the opportunity for the intern to become proficient in Cognitive-Behavioral Therapy for Insomnia (CBT-I). Additionally, this team is organized as a vertical model of training, in which the intern functions as the supervisor for WVU Clinical Psychology graduate students, and also receives training regarding their own supervision skills ("supervision of supervision").

### **Hospital-Based Psychiatry Consultation and Liaison**

Supervisors: Patrick Marshalek, MD & Michael Ang-Rabnes, MD

Location: Chestnut Ridge Center/ [J.W. Ruby Memorial Hospital](#)

The psychiatry consultation and liaison team assists in diagnosis and treatment of psychiatric disorders in medically ill patients, who are currently admitted to the hospital. This rotation is an excellent opportunity to increase the intern's knowledge of psychosomatic medicine and assist in the management of psychiatric disorders within the hospital setting.

### **Inpatient Substance Use Disorders- Dual Diagnosis Unit**

Supervisors: Psychiatry Attending- James H. Berry, DO

Location: Chestnut Ridge Center

The intern participates in treatment team rounds on the Dual Diagnosis Unit, a 12-bed inpatient unit for patients who require inpatient detoxification from drugs or alcohol. Interns also have the opportunity to provide psychoeducation and brief treatments to patients while they are hospitalized, which may include teaching relaxation/stress management techniques, relapse prevention skills, and providing assistance with discharge/outpatient treatment planning.

### **Pediatric Clinic**

Supervisor: Jennifer Ludrosky, PhD

Location: Chestnut Ridge Center

The intern will receive training in the provision of outpatient psychological treatment with children, adolescents, and parents. Cognitive Behavioral Therapy, play therapy techniques, and family systems and biopsychosocial theories will be utilized with patients with a variety of ages and presenting problems.

### **Child and Families Multidisciplinary Training Clinic**

Supervisor: Jennifer Ludrosky, PhD

Location: Chestnut Ridge Center

The intern will participate in the MDT clinic, which is a team-based, observational and experiential treatment clinic for treating complex children and families. The MDT clinic offers opportunities to work with psychiatrists, social workers, psychologists and practicum students from all three disciplines. MDT trainees work under direct observation through the one-way mirror and have the opportunity to observe faculty and trainees conducting individual and family therapy as well. The MDT clinic also partners with the WVU Medical Legal clinic, offering interns the opportunity to observe and consult with law students and professors regarding the intersection between medical needs and legal issues.

### **Group Psychiatric Inpatient Treatment**

Supervisors: Kevin Larkin, PhD, ABPP

Location: Chestnut Ridge Center

The intern receives supervision and training in providing an inpatient Stress Management group with patients with a broad range of mental illnesses and substance use disorders. Interventions taught by the intern include Progressive Muscle Relaxation, Guided Imagery, and Mindfulness.

### **VA Medical Center-Psychosocial Residential Rehabilitation Treatment Program**

Supervisors: Angelo Giolzetti, PsyD, Amanda Charlton-Fryer, PsyD

Location: [Louis A. Johnson VA Medical Center](#), Clarksburg WV

Programs: Psychosocial Residential Rehabilitation Treatment Program (PR RTP)

Interns have the opportunity to gain experience in residential treatment of PTSD, substance use disorders, or depression. Interns will provide individual and group psychotherapy, consultation, assessment, treatment planning, and crisis evaluations. Interns will have the opportunity to co-lead and lead groups on topics such as coping skills and cognitive restructuring. Interns will also have the opportunity to learn about Motivational Interviewing and Motivational Enhancement Therapy. In addition, interns will be involved in interdisciplinary morning rounds.

### Additional Minors for the Adult/ Behavioral Medicine Intern:

#### **Neuropsychology**

Supervisors: Dr. Liv Miller, PsyD ABPP, Kirk Byrant, PhD

Location: Chestnut Ridge Center

Interns can receive training in neuropsychological assessment of adult patients with a wide variety of neurological and psychological disorders. The rotation is available at either an introductory or advanced level depending on the intern's level of experience. The intern can also participate in didactics/ seminars specific to neuropsychology.

#### **Psychiatric Intensive Care Unit Orientation Group (PICU)/ Geriatric Unit Group:**

Supervisors: Dr. Liv Miller, PsyD ABPP, Kirk Byrant, PhD, Stacie Leffard, PhD, ABPP, or Christina Wilson, PhD

Location: Chestnut Ridge Center

Daily group therapy meetings are conducted on the Psychiatric Intensive Care Unit and Geriatric Care Unit. The goal of these group is to provide a forum for communication and discussion among the inpatients on the units. The group treatment experience provides interns with a chance to interact with individuals suffering from severe mental illness and provides a valuable service for the patients and the operations of the units.

### Additional Minors for the Neuropsychology Intern:



The Neuropsychology intern has the option to participate in any of the Adult Rotations as a Minor experience:

### **Adult Outpatient Psychology/ Psychiatry**

Supervisors: Cassie Brode, PhD, Stephanie Cox, PhD, or Richard Gross, PhD, ABPP

Location: Chestnut Ridge Center

Interns provide assessment and evidence-based treatment to patients with a wide range of presenting problems including those with co-morbid medical and psychiatric concerns. Interns will have regularly scheduled intakes and new patient evaluations throughout the rotation. Interns are encouraged to have a mixture of both short-term and long-term therapy cases. Interns receive supervision primarily from a Cognitive- Behavioral orientation, although interns may also receive training in other evidence-based approaches such as Acceptance and Commitment Therapy and Motivational Interviewing. We are able to select specific patient populations or disorders of interest in order to advance an intern's training in a specific area or to address any gaps in training.

### **Chronic Pain**

Supervisor: Richard Gross, PhD, ABPP

Location: Chestnut Ridge Center/ [Pain Management Center](#)

The goal of the rotation is to increase intern's knowledge of various chronic pain disorders often encountered in behavioral medicine settings including low back pain/ disk disease, radicular pain, neuropathic pain syndrome, fibromyalgia, and pain associated with malignancy, etc. Assessment is a primary focus of this rotation including evaluations to determine risk for opioid abuse/ misuse. The intern will also participate in treatment for chronic pain patients including both individual and group treatment, including a CBT for chronic pain group. Opportunities to work across disciplines with various medical sub-specialties and to work within an interdisciplinary pain center also exist.

### **Bariatric Surgery**

Supervisors: Stephanie Cox, PhD or Cassie Brode, PhD

Location: Chestnut Ridge Center/ [Department of Surgery](#)

WVU Bariatrics offers a comprehensive surgical weight loss program including bariatric- trained surgeons, mid-level providers, dieticians, and psychologists. The intern has the opportunity to work as part of this multidisciplinary team in both assessment and intervention capacities. Interns receive training in pre-surgical psychological evaluations to determine a patient's appropriateness for surgery. Additionally, interns can provide treatment to patients both pre and post surgically. Concerns commonly addressed include engagement in behavioral changes, treatment of disordered eating behavior, stabilization of psychiatric symptoms, etc. The intern also has the opportunity to attend team case review meetings and observe surgical procedures. The intern will also have the opportunity to lead and/or co-lead a monthly support group for pre- and postoperative patients.



### **Supervision**

- Interns meet with each of their supervisors for a total of 4 or more hours per week of individual supervision. This time is regularly scheduled. Interns also receive informal supervision in the course of observing therapy or conducting co-therapy with the supervisor, staffing after intake evaluations, and in multidisciplinary meetings. Supervision occurs prior to the arrival of a patient, during which time records are reviewed and an assessment strategy is planned. Supervision also occurs during the assessment day to address problems or questions as they are encountered and adjust to the assessment accordingly.
- The Intern will sign all work with the title line Psychology Intern ***and*** Supervised Psychologist.
- The supervisor will specify arrangements for intern for supervisory coverage during times when the supervisor is unavailable.
- In addition to thorough review and co-signing of written work (e.g. notes, reports, or other written statements, interns will be provided with observation of intern's work, either through co-evaluations/ therapy or through video supervision using the Vidyo software.
- Supervisors will communicate expectations for case load/ evaluations at that start of each rotation.
- Interns will receive communication at the start of each rotation regarding the process for assessment and expectations regarding progress toward competencies. Interns will receive ongoing regular feedback about their progress in each domain.
- The supervisor will provide timely and constructive feedback to the intern. The intern will be provided formal written evaluation at end of each quarter or trimester (depending on track) using the Intern Evaluation Form (Appendix, Intern Evaluation). This will be reviewed with the intern. Interns are also encouraged to provide feedback to the supervisor regarding the rotation or supervision.
- Supervision will not be limited to case discussion. Supervisors will employ a variety of strategies such as observation, reading assignments, or co-therapy.

## **Didactic Courses and Meetings**

The didactic program is a key element of the internship-training year. The seminars listed below are provided to broaden exposure to the fundamentals of psychology practice, current state-of-the-art assessment and treatment methods, and new or emerging scientific knowledge.

### **Cultural and Individual Diversity**

This seminar aims to advance the intern's knowledge, awareness, and sensitivity to issues relevant to the practice of psychology with individuals from diverse groups. Interns will gain advanced knowledge of issues of cultural and individual diversity relevant to clinical practice, supervision, and research. To this end, guest speakers present information and lead discussions related to personal awareness in multicultural counseling, along with topics on race, ethnicity, cultural background, religion, sexual orientation, and age. Throughout the seminar, interns are expected to integrate examples from the assigned readings and their own clinical practice and experience into the theoretical discussions.

### **Research Outcomes**

The goal of this seminar is to ensure interns are good consumers of clinical outcomes research. To accomplish this, interns learn the outcome literature regarding the treatment of the major psychiatric disorders, review and critique existing studies, and design an outcome study. Guest speakers and the interns serve as presenters.

### **Professional Development**

This seminar discusses important issues in professional development designed to advance the skills and knowledge base of clinical psychology interns in a range of areas particularly important to their continued professional success after completion of internship. Issues relevant to the practice of psychology will be covered including, but not limited to, program evaluation, obtaining licensure and board certification, practicing professional self-care, obtaining professional positions and negotiating salary. In addition, interns will demonstrate advanced understanding of the APA ethical principles and legal standards affecting the practice of psychology.

### **Supervision**

The goal of this seminar is to provide an advanced level of knowledge of theoretical principles, methods, and models of supervision. Ethical/legal issues related to supervision and the impact of cultural diversity on supervision will be discussed. Interns will be expected to integrate examples from clinical practice and professional experience into the discussions.

### **Psychopharmacology**

This lecture is led by an attending psychiatrist and is designed to cover critical information regarding major psychotropic medications. Content includes drug classes, names, basic mechanisms of action, and general prescription strategies for treating psychiatric illnesses.

### **Program Evaluation**

Psychologists are increasingly called upon to perform program evaluations. The goal of this seminar is to provide an introduction to the purpose, goals, and function of program evaluation. Methods for collecting, analyzing, and using information to answer questions about interventions and programs and policies will be discussed.

### **Psychiatry Ground Rounds**

Research and clinical topics are presented throughout the year by faculty, interns, residents and visiting guest speakers. Interns are encouraged to attend when topics are relevant, and are required to present in this venue once during the course of their internship year.

### **Clinical Psychology Didactic**

The overall goal of the seminar is to increase to an advanced level the interns' knowledge and skill in the practice of professional psychology, specifically in reference to the evaluation and treatment of individuals in a medical setting. The seminar also aims to enhance interns' professional development and understanding of issues critical to the field. The seminar is designed annually to supplement the interns' experience and to meet intern training needs. Interns are expected to be active discussants in the seminar, integrating theory with practice. They present in the seminar several times per year.

Other topics covered within the Didactics/ Seminars include:

- General topics in Health Psychology (i.e., Suicide Screening and Assessment)
- C&L and Medical Services (ie., Compassion in Cancer Care, Consultation in Pediatrics, C&L Service)
- Behavioral Medicine Topics (i.e., IBS, Bariatrics, Primary Integrated Care, Pain Psychology, Epilepsy, Capacity Assessment, Sleep Medicine)
- Addiction Medicine
- Consultation and Interprofessional/ Interdisciplinary Systems
- Motivational Interviewing
- Psychotherapeutic techniques
- Current issues in the field of psychology/ Future of psychology
- Grant writing

### **Meeting with Training Director**

Interns will also meet with the training director for 1 hour per week to discuss any training concerns and for ongoing professional development throughout the year.

### **Neuropsychology Rotation:**

Neuropsychology interns also attend track-specific didactics during relevant rotations.

### **Neuropsychology Case Conference**

This 1.5-hour weekly seminar is attended by neuropsychology faculty members, post-doctoral residents, psychology interns, graduate students and undergraduates. The goal of this seminar is to increase to an advanced level the knowledge and skill of the participants in issues relevant to the practice of clinical neuropsychology. This includes, but is not limited to, various neurobehavioral syndromes, critical review of research regarding brain-behavior relationships, and integration of research into clinical practice. Each seminar session includes reading and review of 1-2 relevant articles from the literature and discussion of 1-2 clinical cases representing the topic. Interns are expected to present at least once during each rotation.

### **Neurology Grand Rounds**

Clinical case presentations occur on a weekly basis. Often, the patient is present and participates in a live examination conducted by a faculty neurologist. Neuroradiologic, neuropathologic, electrophysiologic, and medical laboratory findings are presented and reviewed. A didactic presentation regarding the disease process and treatment course also occurs.

### **Brain Cutting**

Interns have the opportunity to gain additional knowledge of neurological diseases and neuroanatomy by

participation in neuropathology rounds (brain cutting).

### **Requirements for Internship:**

**Participation:** Unless otherwise indicated, the seminars listed above are mandatory, and your full attendance and participation is expected. Interns' participation in seminars will be evaluated by the course coordinator using the forms in the Appendix, Intern Seminar Evaluation. Interns must receive ratings of minimum ratings of 4 on all items on the seminar evaluation form. If an intern does not receive minimum ratings, additional training may be incorporated to the intern's training plan, as determined by ITC in order to meet this competency.

**Presentation:** Intern presentations are required in Psychiatry Grand Rounds (once during the internship year), to faculty regarding the results of their Research Project, in Clinical Psychology Didactic (Case Conceptualization) and the Research Outcomes Seminar; other presentations may be assigned by the course coordinator(s). Seminars are scheduled throughout the year to minimize the number of courses occurring at any given time.

In addition to the internship seminars, the Department of Behavioral Medicine Psychiatry Residency Program offers a host of didactic training opportunities. If an intern is interested in a didactic opportunity, participation is welcome as long as it can be accommodated within the intern's clinical schedule. This year's didactic schedule is included below for your reference.

**Psychiatry Residency Didactics 2016-2017**

Didactic	Faculty	Hours	Time	Room	Dates
					<b>Mondays</b>
Emergency Psychiatry & Crisis Intervention	Marshalek/Chiefs	8	Noon-1	FDR	July 11-Aug 29
					<b>Wednesdays</b>
Transition in Care/Handoffs/Patient Safety	Elswick	2	2-4:00	FDR	6-Jul
Clinic Examination in Psychiatry	Hill	4	2-4:00	FDR	July 13 - 20
Interviewing, Defenses Mechanisms Etc.	Rankin	4	2-4:00	FDR	July 27-Aug 3
Documentation	Swager	2	2-4:00	FDR	10-Aug
Safety Assessment Vignettes	Elswick/Swager	2	2-4:00	FDR	24-Aug
Introduction to Psychopharmacology	Vaughn	2	2-4:00	FDR	31-Aug
Introduction to Psychopharmacology (Cont)	Vaughn	4	2-3:00	FDR	Sept 7-Sept 28
Substance Use Disorders	Berry	6	2-3:00	FDR	October 5- November 9
Psychotic Disorders	Chandran/Zheng	5	2-3:00	FDR	November 16- December 14
Supportive Therapy	M. Miller	6	2-3:00	FDR	Jan 4-Feb 8
Introduction to Child Psychopharmacology	Pradhan	2	2-3:00	FDR	February 15- February 22
Child & Adolescent Dev., Assessment, Exam, Test, Basic Dis	Ramsey	4	2-3:00	FDR	March 1- March 22
Mood Disorders	Coffman/Aboraya	4	2-3:00	FDR	March 29- April 19
Cognitive Disorders Dementia, Delirium & Amnesic D/O	Haut	4	2-3:00	FDR	April 26- May 17
ECT/Somatic Therapies	P. Sullivan	4	2-3:00	FDR	May 24- June 14
TBA	Arrington	2	2-3:00	FDR	June 21 - June 28
Make Up CSVs	Elswick	4	3-4:00		June 7 - June 28
					<b>Wednesdays</b>
Pharmacology, Brain Function & Behavior	Byrd/Zhang	4	2-3:00	CR	July 6- July 27
Pharmacology, Brain Function & Behavior	Byrd/Zhang	8	2-4:00	CR	August 3- August 24
Geriatrics	M. Miller/Dar	6	2-4:00	CR	August 31-September 14
Eating Disorders	Cox	4	2-4:00	CR	September 21-September 28
Intro to IPT	M. Miller	8	2-4:00	CR	October 5-October 26
Statistics & Research Methods	Haut	6	2-4:00	CR	November 2-November 16
Psychological & Neuropsychological Testing	L. Miller	6	2-4:00	CR	November 30-December 14
Medical Ethics	Hill	4	2-4:00	CR	January 4-January 11
Legal Psychiatry	Hill	4	2-4:00	CR	January 18-January 25
Dissociative, Impulse Control & Adjustment Disorders	Lamba	4	2-4:00	CR	February 1-February 8

Sleep Normal and Abnormal	Quigley	4	2-4:00	CR	Feburay 15-Feburay 22
Substance Use Disorder II	Berry	8	2-4:00	CR	March 1-March 22
TBA	Arrington	2	2-4:00	CR	29-Mar
Personality Disorders	Zheng/Chandran	4	2-4:00	CR	April 5-April 12
Somatoform,Factitious Disorder & Malingering	Cooper-Lehki	4	2-4:00	CR	April 19-April 26
Abuse and Neglect	Cooper-Lehki	2	2-4:00	CR	3-May
Human Sexuality	Coffman	4	2-4:00	CR	May 10-May 17
Introduction to CBT	Brode/Ludrosky	8	2-4:00	CR	May 24-June 14
Make Up CSVs	Elswick	4	2-4:00		June 21 - June 28
					<b>Mondays</b>
Child & Adolescent Psychopathology & Dev.	Swager/Skidmore	48	8-9:00	child gp	July 6-June 27
					<b>Tuesdays</b>
Pain Psychology	Gross	4	12-1:00	LIB	July 5-July 26
Psychodynamic Theory & Technique	Rankin	44	12-1:00	LIB	Aug 2 through end of year
Documentation in outpatient setting	Arrington	4	9-Aug	Board	Aug 16-Sept 6
					<b>Wednesdays</b>
Integrating Neurobiology and Psychodynamic Concepts	Trumbull	24	2-3:00	LIB	July 6-Dec 21
Interpersonal Therapy/Grief(Friday AM in October)	M. Miller	24	3-4:00	RA	July 6- Dec 21
Social Work Therapy Series	SW Faculty	18	2-3:00	RA	Jan 4- May 3
Combined Psychotherapy & Psych Pharmacotherapy	Quigley	4	2-3:00	RA	May 10-May 31
Cultural Psychology	Bryant	4	2-3:00	RA	June 7-June 28
QI and Research Protected Time	Elswick	24	3-4:00	RA	Jan 4-June 29
					<b>Thursdays</b>
Cognitive Behavioral Therapy	Larkin	48	8-10:00	Board	July 9- June 30
Adult Case Conference	Hill & Rankin	48	12-1:00	FSD	July 9- June 30
No July Lecture	***				
Forensic Psychiatry	Forensic Faculty	4	TBD		August
GME Spotlight on Money	GME	10	7-8:00		3rd Wednesday
Medical Psychiatry	Elswick	4	TBD		
Community Care	Byrd	4	TBD		
Health Care Policy	TBD	4	TBD		

Advanced Addictions	R. Sullivan	8	TBD		
TBI & Advanced Dementia	L. Miller	8	TBD		
Intro to Maint. of Certification	Elswick	2	TBD		
Genetics	Hummell	4	TBD		
Mindfulness	Lander	2	TBD		
Media Relations	R. Sullivan	2	TBD		
					<b>Wednesdays-AM</b>
Case Conference/M&M	Goodykoontz/Brode	24	8 - 9:00	RA	1st & 3rd Wednesday of Month
Mock Board	R. Sullivan/Elswick	12	8 - 9:00	LIB	2nd Wednesday of Month
GME Spotlight on Money (*Required for PGY 4)	Elswick/GME	10	7 - 8:00	check email	3rd Wednesday of Month
Quality Improvement	Pradhan	12	8 - 9:00	RA	4th Wednesday of Month
					<b>Wednesdays-Noon</b>
Business Meeting	Elswick	12	12-1:00	FDR	1st Wednesday of Month
Psychiatry Journal Review	Haut	12	12-1:00	FDR	2nd Wednesday of Month
Neurology Series	Smith/Chief	12	12-1:00	FDR	3rd Wednesday of Month
Administrative Conference	Haut	12	12-1:00	FDR	4th Wednesday of Month
Psychosomatic Case Conference	Altaha	Approx 4	12-1:00	FDR	5th Wednesday of Month
Psychiatry Grand Rounds	Chiefs/Elswick	48	1-2:00	CR	Monthly
Scholarship Retreat	Elswick	8			September 18,19,20
Substance Abuse Seminar: Not Mandatory	Berry	48	12:15	CR	1st & 3rd Tuesdays
					<b>Fridays</b>
Prite Review	Dar	***	12-1:00	RA	Summer/Fall
Practice Parameters	Law	***	12-1:00	RA	Winter/Spring
Interviews	All	***	12-1:00	RA	Oct - Dec
Resident Operations	Chiefs	***	12-1:00	RA	Periodic

Geriatric Case Conf.	M. Miller	***	12-1:00	RA	Periodic
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## **Research Component**

In keeping with the scientist-practitioner training model, interns participate actively in research projects during the course of their year. The goal of the research component of the internship is to develop the intern's capacity to interpret, critique, and conduct research. Interns become active participants in existing research groups or projects, with a time commitment of approximately one half day per week. Protected time is allotted for interns to complete a research project.

The intern's project will be conducted under the guidance of one of the internship supervisors, most likely a supervisor in the intern's major track. Supervisors integrate interns into research meetings early in the internship and present ongoing projects as well as new ideas. Interns may elect to participate in a research project outside their major rotation if agreed upon by the intern and a supervisor. Alternatively, interns may generate their own project idea along with a supervisor.

Interns have access to clinical data through the electronic medical record system for clinical and translational research. Interns also can utilize biostatistics services for support with data management and analysis.

### **Requirements for Internship:**

- **Research project**
  - Interns become active participants in existing research groups/projects.
  - Active involvement in the research group/project will consume ½ day per week until the project outcome is met (see below). A minimum of 4 months involvement in the project is required.
  - Should the intern complete his/her research project before the internship ends, additional clinical experiences may be arranged to fill the ½ day per week previously allotted for the research project.

### **Supervision**

- The project will be conducted under the guidance of a core faculty member of the internship, most likely a supervisor in the intern's major track.
- A list of current research projects is made available at the beginning of each training year.
- Projects can be chosen from ongoing research activities in a lab within the intern's major. Interns may elect to participate in a research project outside their major if agreed upon by the intern and a supervisor and approved by the Training Committee. Interns may generate their own project idea along with a supervisor.
- The intern's existing dissertation does not fulfill the research project requirement.
- Supervisors will integrate interns into research meetings early in the internship.

### **Project plan**

- Prior to beginning work on the research project, the intern and research supervisor will meet to set a specific research plan. The plan must specify roles for the intern and supervisor, specific tasks to be completed, and a timeline for their completion. In addition, a final goal will be delineated and will include a written product and presentation.
- The plan will be reviewed and approved by the Training Committee prior to implementation.

- It is recognized that the plan may need to be revised as the project progresses. Any new goals that are set for the intern will not be more burdensome than those agreed upon at the outset.

#### Outcome

- Evaluation of the intern's performance as part of the research team will be conducted at least semi-annually by the research supervisor for the duration of the project (see Appendix for evaluation form, Evaluation of Intern Research).
  - Satisfactory completion of the research project requirement will be demonstrated by the end of the training year by:
    - Presentation by the intern of the research project/ results in case conference, Grand Rounds, Internship Training Committee meeting, or other meeting, AND
    - Overall rating of 1-2 (Intermediate to advanced skill) on Presentation of Scholarly Work Evaluation Form (see Appendix for evaluation form, Presentation of Scholarly Work Evaluation Form), AND
    - A written product (e.g., conference submission, manuscript submission, summary of project), AND
    - Documentation by the research supervisor that the research plan was satisfactorily fulfilled.
  - Once the requirement is completed as described above, the research project requirements are considered to be met for the training year. The intern may choose to continue working with the supervisor on a research project but is not required to do so.
  - Intern progress in research will be reviewed by the Internship Training Committee and the Committee will vote to determine whether the intern has successfully met the research project requirement.
- **Outcomes seminar**
    - Supervision: The seminar is organized and coordinated by faculty.
    - Outcome: Interns present a design for an outcome study which is critiqued by faculty instructor and peers. Attendance/participation in seminar is monitored and evaluated (see Appendix for form).
  - **Case conferences**
    - Supervision: Case conferences and clinical cases are managed by relevant supervisors.
    - Outcome: Evaluation of interns' ability to read, integrate, and critique literature in these venues is evaluated on the Case Conference evaluation form (see Appendix, Case Conference Evaluation Form).
  - **Department Scholarship Retreat**

Every August, the Department hosts an off-site weekend retreat for interns, residents, and faculty to meet and discuss various aspects of conducting and consuming research. Interns are encouraged to attend.

### **Activity Reports/ Maintenance of Records**

At the end of each month, interns complete a reporting of their activities, documenting their clinical, didactic, and research activities (Appendix, Activity Report). The form is designed to be fairly straightforward and easy to use for tracking purposes. It provides useful information for both the intern and the program; you will need documentation of this information when you go for state licensure in the future and we use this information to keep track of the breadth of training provided in the program. This form can be provided to you electronically or you can fill out paper copies by hand. Prior experience has shown that completing these on a monthly basis keeps them from becoming an overwhelming task at the end of a rotation or internship year. Completed forms are to be turned into the training director within the first week of each new rotation.

Note, no protected health information is to be included in Activity Reports. All patient information must be only within the electronic medical record system.

### **Clinical Competency Evaluation**

**Purpose:** The CCE is designed to assess the intern's **general** clinical abilities in the areas of interviewing, diagnostic formulation, and treatment planning. This examination is an exercise designed to assess the intern's knowledge of DSM diagnostic criteria and facility at performing a clinical interview, See Appendix, Form 6- Clinical Competency Evaluation form. A CCE will occur during the first quarter of the training year, and it will be used to identify any areas which should be highlighted in the intern's training. A second CCE will be conducted after the midpoint of the internship year to assess progress. In keeping with the concepts of competency based training, interns are expected to demonstrate an intermediate to advanced level of competency in this exercise to successfully complete the internship.

**Format:** Interns will be assigned to an evaluation team comprised of two faculty members. Patients to be interviewed will be recruited from the inpatient units, the Day Hospital, or outpatient intake clinics.

Prior to the interview, the intern will be provided with information regarding the patient's age presenting complaint, and inpatient vs. outpatient status. Faculty will assume responsibility for obtaining written consent. The interview may last a maximum of 90 minutes, and interns may leave the room briefly to consult a DSM or other material if needed. No outside material, with the exception of pen and paper, is permitted in the interview room.

Following the interview, interns will be allowed a brief (10 minute) period to collect their thoughts and organize the case presentation. Interns will then meet with the team to provide a brief case summary, diagnostic formulation (including differential diagnosis), and a treatment plan (including any needed referrals). The intern's presentation will be followed by an oral examination by the faculty.

Interns will receive verbal feedback from the team immediately following the completion of the examination. The CCE team will then present their impressions to the Training Committee. The Training Committee votes to determine whether or not the CCE has been successfully completed. Recommendations may be made to address any additional training needs that become evident through the CCE process and interns will receive feedback on this from the training director.

## **CCE Policy**

- A) Each intern will be assigned a CCE committee, consisting of two faculty members, at least one of whom is a major track supervisor for the intern
- B) The faculty will select a Chair from the CCE committee to coordinate patient selection, questions and feedback to the intern during and following their presentation
- C) A total of 2 and ½ hours should be set aside by faculty members
- D) Patients chosen will be adults newly admitted to the hospital, day hospital, or may be from outpatient intake clinics when feasible
- E) Just prior to the meeting, the intern will be given the patient's admission status, age, gender and presenting problem as background
- F) A written consent form will be obtained by a CCE committee member prior to the interview
- G) Faculty will include a brief note in the chart stating the interview was completed and noting any important information
- H) If from an outpatient intake clinic, following the interview the patient will meet with the Adult/ Behavioral Medicine emphasis supervisor to provide feedback and plan disposition
- I) If an inpatient, the patient will be thanked for their participation but will not be given feedback because of the training nature of the contact (this is specified in the consent form)
- J) The interview may last a maximum of one and one-half hours.
- K) Interns may leave the interview room briefly to consult DSM, etc., if needed.
- L) No material (e.g., interview outline, DSM) will be permitted in the interview room.
- M) Interns will be given 10 minutes following completion of interview to gather thoughts and then give a brief presentation
- N) The intern will be asked to present the following and then will have oral examination by the faculty
  - a. Case presentation with differential diagnoses
  - b. Preliminary treatment plan
- O) Each faculty member will complete the CCE evaluation (see following page) of the intern's performance. The committee chair will create a composite evaluation which will be presented to the Internship Training Committee.
- P) The CCE evaluation will be conducted near the beginning of the internship year (e.g., August) to provide training goals for the intern regarding interview skills.
- Q) The CCE will be conducted again after the midpoint of the year (e.g., February) to ensure competency with regard to the relevant skills.
- R) The CCE may be repeated as many times as necessary to demonstrate the appropriate competencies and must be passed to successfully complete the internship.

### **Feedback and Evaluations**

Evaluation of interns. The internship program is designed to provide constant feedback to the interns and is open and responsive to intern-to-program feedback as well. Informal feedback is a regular part of supervision and intern progress is regularly discussed in Internship Training Committee meetings. More formal evaluations occur on a quarterly basis for Adult/ Behavioral Medicine Interns and on a triannual basis for Neuropsychology Interns. At the end of every quarter or trimester, supervisors will meet individually with interns to provide feedback on the intern's performance using the attached "Intern Evaluation" form, See Appendix, Intern Evaluation. Evaluation forms should be signed by the intern and supervisor, indicating that the form has been discussed. This evaluation is also reviewed in the corresponding Internship Training Committee (ITC) meeting. At the midpoint and end of the internship year, feedback is provided to the intern's graduate program, as specified by APPIC.

Feedback from interns. At the end of each rotation, interns provide formal evaluations of the supervisor ("Intern Evaluation of Supervision" form, see Appendix, Form 8- Intern Evaluation of Supervision) and of the rotation ("Intern Evaluation of Rotation" form, see Appendix Form 9- Intern Evaluation of Rotation). Interns may have more than one supervisor on certain rotations, and in those instances each supervisor will provide an evaluation of the intern, and the intern will provide an evaluation of each supervisor. However, only one rotation evaluation is needed. Interns are encouraged to discuss their feedback with the supervisors, but evaluation forms completed by the interns are provided only to the training director.

### **Year-end Evaluation of Program**

At the end of the year, the intern class will be asked to provide the training committee with feedback on the overall internship experience. This piece of information is extremely important to the internship training committee. We take the recommendations of the outgoing interns as our most valuable input with regard to constantly improving the experience. The format and style of the feedback are up to the intern class, but we will ask you to make some comments addressing the topics below:

- I. Orientation
- II. Clinical Rotations
- III. Supervision
- IV. CCE
- V. Didactics including comments on speakers
- VI. Administrative, Resources/Facilities
- VII. Research
- VIII. Other...

Interns will also be asked to individually *and anonymously* complete a brief survey regarding their internship experience. A copy of that survey (“Evaluation of Internship Training Program”) is included in the Appendix.

### **Leave Policy**

Interns receive the following types and amounts of leave time:

- **Paid Holidays:** Follows WV State Holiday schedule.
- **Personal Leave:** 10 days per year
- **Professional Leave:** 5 days per year for dissertation, interviewing, and conferences
- **Sick Leave:** 5 days per year

This policy essentially allows interns to take 3 weeks of combined leave plus a week of professional time within the framework of their internship year. Extenuating circumstances are covered under the policy on extended leave (below).

#### **Leave Forms for Time Off:**

Interns are expected to complete Leave Forms (in the Appendix) and obtain all appropriate signatures in advance of any personal or professional leave. It is generally the case that supervisors provide coverage for clinical responsibilities. Completed forms should be given to the Director of Training for final approval after all other signatures have been obtained. Sick leave forms can be completed following your return to work.

#### **Paid Holidays:**

Paid holidays will follow the schedule for WV state employees. If you work on a day that is considered a holiday, you are allowed substitute time off (STO), ie, you can use this day in place of an alternative day. If you do not use STO, you will be reimbursed for this time at the end of the year.



## **Policy on Extended Leave**

I. Extended leave is defined as an inability to perform the regular duties of a psychology intern over a longer period of time than would be covered by vacation and sick leave time allowed. Extended leave may be granted for medical and personal reasons under the following provisions

a) Either:

1) The intern has a medical disability, or

2) The intern has extraordinary personal reasons sufficient in the opinion of the training committee to warrant an extended leave.

b) The extended leave must not extend beyond a period that would allow completion of all internship requirements within a 24 month period. The intern must complete the equivalent of a full training year to the satisfaction of the internship training committee.

c) The extended leave that is granted does not qualify under the Family/Medical Leave policy which covers employees only if they have been employed by the same employer for at least one year.

d) The extended leave begins on the first day of a continuous absence. Per the policies of the state of West Virginia, all available leave accumulation will be exhausted before leave without pay commences, at which time the intern may be responsible for the continuation of insurance coverage.

e) The intern's salary for time during which they take unpaid leave will be held in the budget and disbursed to them as they complete their training.

II. Requests for extended leave must be made to the Training Director as soon as the intern is aware of the need for such leave. If requested for medical reasons, the request must be accompanied by a statement from a health care provider documenting the need for the extended absence, the probable duration, and any pertinent medical facts. If possible, the intern may state their planned return date. The Training Committee will meet within 14 days of the request and determine if the extended leave will be granted.

III. If the intern is returning to the internship as specified in their original request for extended leave, no additional paperwork needs to be completed. If a return date has not been previously specified, a request to return to the internship should be made in writing to the Training Director as soon as the intern is able to return to work. Requests to return in a subsequent internship year must be made in writing at least 30 calendar days in advance of the desired return date. If extended leave was granted for medical reasons, the request to return must be accompanied by written certification from a health care provider that the intern is able to resume the duties of the internship.

## **Holidays for 2016/2017**

### **State**

Friday, Jan. 1	New Year's Day
Monday, Jan. 18	Martin Luther King, Jr. Day
Friday, March 25	Spring Holiday
Tuesday, May 10	Primary Election Day
Monday, May 30	Memorial Day
Monday, July 4	Independence Day
Monday, Sept. 5	Labor Day
Tuesday, Nov. 8	Susan B Anthony Day (General Election Day)
Wednesday, Nov. 23	Day before Thanksgiving
Thursday, Nov. 24	Thanksgiving Day
Friday, Nov. 25	Lincoln's Day
Friday, Dec. 23	Winter Holiday
Monday, Dec. 26	Christmas Day (observed)
Tuesday, Dec. 27	Winter Holiday

### **Grievance Process**

The faculty and interns in our program strive to maintain an open relationship that is focused on the training goals of the interns. When differences of opinion arise between an intern and a supervisor, interns are encouraged to address them directly with that supervisor. If there is a grievance, in which an intern feels that she/he has been treated unfairly by a supervisor, another faculty member, or the training committee as a whole, a logical chain of command exists for addressing the problem. In general, the intern should, whenever possible, bring this problem to a primary supervisor. If that is not possible in the situation, the issue should be brought to the training director, Stephanie Cox, PhD. If the issue is not reasonably addressed or the intern does not feel comfortable discussing it with the training director, the chief of the psychology section, Rick Gross, PhD, ABPP, would be the next person in the chain of command to whom the issue could be addressed. The senior-most authority in this department is the Chair, Marc W. Haut, Ph.D., ABPP. If a grievance arose that could not be solved by members of the psychology section, or if the intern felt they could not address the problem within the section, Dr. Haut would become involved. If there was a conflict with Dr. Haut's involvement or the intern wished to appeal, then at the institutional level, the Dean of Graduate Medical Education, Norman Ferrari III, M.D., is the administrator responsible for this program and could be contacted to discuss a problem that is not solved within our department. Finally, the Dean of the School of Medicine and Executive Vice President for Health Sciences, Clay Marsh, M.D. has the ultimate decision making responsibility for all students on the Health Sciences campus.

## *Due Process Procedures*

### WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE

#### DUE PROCESS PROCEDURES

Clinical Psychology Internship  
Department of Behavioral Medicine & Psychiatry  
West Virginia University School of Medicine

This document describes the due process policy that applies to the clinical psychology interns in the Department of Behavioral Medicine and Psychiatry at West Virginia University School of Medicine. When an intern is identified as performing at a level of competency that is judged as "unsatisfactory" (with regard to Standards established by the American Psychological Association as well as the Departmental standards), the Internship Training Committee may elect several courses of action.

#### Behavior of Concern

Behaviors that might warrant action include, but are not limited to:

1. Incompetence to perform typical psychological services in this setting and/or inability to attain competence during the course of the internship;
2. Violation of the ethical standards for psychologists as established by the American Psychological Association, in either the provision of clinical services or research activities;
3. Failure to meet the minimum standards for patient contact or didactic training;
4. Behavior(s) that are judged as currently unsuitable and which hamper the intern's professional performance.

Any of the above concerns may be brought to the Internship Training Committee, who will review the information and render a decision. As part of the information-gathering process interns will have the opportunity to present information to a representative(s) of the Committee prior to any action being taken.

#### Levels of Action

1. No Action Necessary: This finding indicates that the intern did not significantly deviate from the Standards, or did so in such a way that does not require any more significant action.
2. Discussion with the intern regarding the problem and the recommendation of remedial activities or behaviors. At this level, there is no paper notification of individual's outside of the Department of Behavioral Medicine and Psychiatry.
3. Reprimand: This finding recognizes a deviation from the Standards that necessitates

identification and confirmation of such, but does not require further action. If a reprimand is chosen, the intern will be informed of the Training Committee decision in a meeting with the Director of Training, a letter of reprimand will be given to the intern with a copy placed in his/her personnel file, and a copy will be sent to the Director of Training at the intern's university. If applicable, remediation will be recommended.

4. Probation: Under this finding, the intern will continue to perform his/her duties, but his/her performance will be closely monitored for a 30-day period. If an intern is placed on probation, he/she will be notified orally by the Director, a letter will be given to the intern (with copy to his/her file) and one will be sent to his/her graduate Training Director. A plan of remediation will be included. At the end of the probationary period, the committee will review the intern's performance and decide whether:
  - a. to return the intern to an active, non-probationary status
  - b. to continue the probation for one, additional 30-day period (a one-time only option)
  - c. to proceed with the process for termination.
5. Termination: This finding would provide for immediate relief of duties and expulsion from the training program. The intern shall be given an opportunity to present arguments against such a finding, prior to any vote by the committee.

## Decision-Making and Notification

To take effect, any of the above recommendations must be approved by a simple majority of the Internship Training Committee. A quorum of greater than 50% of the members is required at Due Process meetings. Regardless of the finding, the intern shall be notified of the result orally. Written notification will occur for reprimand, probation and termination. All discussions and decisions shall be made in the privacy of the committee's meetings. If any action (excluding #1 and 2 above) is taken, the Director of Training at the intern's university shall also be notified.

## Appeals

Actions 3, 4, and 5 by the Internship Training Committee shall be subject to appeal. If the intern desires to appeal a decision, he/she must inform the Director of Internship Training in writing of his/her desires appeal within 20 days of the intern's written notification of action.

The primary purpose of the appeal process is to determine whether the penalty under appeal was imposed in a manner consistent with the due process procedures outlined in this document.

The appeal hearing is not adversarial in nature, and formal rules of evidence do not apply. The intern has the right to be present at the appeal and witnesses may be called. Legal counsel shall not be present, although the intern may be accompanied by an academic advisor of his/her choice. This advisor shall not speak on behalf of the intern, nor directly participate in the hearing, unless given permission to do so by those conducting the hearing.

Summary minutes of the appeal shall be kept and provided to either party on request.

The first level of appeal shall be to the department's Executive Committee. If the intern is not satisfied with the result of this judgment, he/she may subsequently appeal to the Chairman of the Department. The intern must notify (in writing), the Director of Internship Training and the Chairman of the Department of intent to do so within 20 days of the decision on the first appeal. The decision of the Department Chairman shall be final.

In the case of a "Reprimand" judgment or "Probation" finding, this action shall be suspended pending the outcome of the appeal process. In the case of a decision to terminate, the Internship Training Committee may elect to allow the intern to continue his/her work in the Department during the appeal process, if the committee judges that this will in no way interfere with patient care. Otherwise, the intern will not be permitted to continue his/her activities within the Department during the appeal process.

### **Phone/computer information**

#### Helpful Numbers

<b>Supervisor</b>	<b>Pager</b>	<b>Office</b>
Brode	0193	3-5834
Bryant	1640	3-2471
Cox	5862	3-2596
Fiske		(304) 293-1708
Foley		304-598-6900
Gross	0465	3-5899
Larkin	0343	3-5323
Leffard	2905	3-1002
Ludrosky	2787	3-7386
Miller	1725	3-5227
Wilson	0462/	3-5140

#### Phone System

There are two sets of numbers at this hospital: 598 numbers indicate all J.W. Ruby Memorial and Physician's Office Center numbers, while 293 numbers indicate Health Sciences Center numbers, which include all Department offices. For example, at Chestnut Ridge Center, faculty offices are 293, while inpatient units are 598 numbers. Psych testing is a 598 number. Mary Babb Randolph Cancer Center numbers are 293 numbers.

If you are at a 293 phone and want to call a 293 number: dial 3 and the four digit extension

If you are at a 293 phone and want to call a 598 number: dial \*17 and the four digit extension

If you are at a 598 phone and want to call a 598 number: dial 7 and the four digit extension

If you are at a 598 phone and want to call a 293 number: dial 11 and the four digit extension

To dial out of the system to a local number, dial 9 and then the 10-digit number.

To make long distance calls, dial 8 and then the 10-digit number. After a moment, you will be asked to enter your long distance code (TID#). You will get your TID codes shortly.

Note: some numbers can only be reached by an internal line and you will not be able to be connected if you dial from an outside line (i.e., dialing 9 and then the 7 digit number)

#### Paging system

You can dial 103 from any in-house phone for a 4# pager and then put in the pager number of the person and then the number to call back on as prompted. From an outside line, dial 598-4789 and then the pager number. It is helpful to put a 3 in front of 293 numbers (e.g., 35861 to call 293-5861), whereas just 4 numbers signifies it is a 598 number. It is also helpful to put your pager number after the page (e.g., 35861-0718) so if the person you page cannot immediately respond they can page you back later. To do this hit \* after the phone number and then put in your pager number (e.g., 35861\*0718).

If the person has a long distance (7-digit) pager, you dial 9 and the number directly.

You can get a list of pager numbers by typing 'rubyonline' in the address field of a hospital network computer. Then follow the Pager List link on the top banner. Or you can call the hospital operator (598-4000) or check your phone list.

### Merlin

Merlin is the comprehensive electronic medical record system. You will use it to write your therapy and group notes, to edit and finalize your dictated reports, and to look up other medical information available on your patients. There are several pre-made templates, smart phrases, and smart texts available for your use. Check with your supervisors for information specific to their rotations.

You can access Merlin internally via: The current internal sites <http://citrix>, <http://login>, or <http://hscitrix> are not part of this change. You can also access Citrix locally by going to Connect, Applications, then Citrix

You can also access Merlin externally from your laptop, tablet or home computer: External gateway for Citrix Access: <https://healthapps.wvuhealthcare.com>.

Information on how to setup the site after you successfully login is on <https://www.youtube.com/watch?v=H5nZnZt3Tmo&feature=youtu.be>

If you have any questions please contact Ashman Dodd [adodd4@hsc.wvu.edu](mailto:adodd4@hsc.wvu.edu) or [304-293-5990](tel:304-293-5990)

### Medsite

Medsite is our old electronic medical record system. It can be accessed through Merlin. While much information from Medsite has been integrated into Merlin, some has not. If you have questions, ask an experienced user.

### Outlook

Outlook is the email system. You will receive training and your email address and password.

You can access your email from any computer via [office365.hsc.wvu.edu](mailto:office365.hsc.wvu.edu)

### Dictation

For neuropsychology reports, the telephone dictation system is reached by dialing \*17 4050 (or 598-4050 externally). Follow the instructions. You will need to know your supervisor's dictation number (see above) and "worktype" 25.

Dragon is the voice recognition software used to dictate notes and other information into the Merlin medical record. You will receive training on this. Check with your rotation supervisors for more information.



### **Where to look for help**

Most of the time, your supervisors will be able to answer your questions. However, it may also be useful for you to meet and get to know some of the administrative staff in the department, who can help you learn your way around and find important resources. Below are a few of the most critical people to know and the issues they can help you with:

#### Training Programs Coordinators

Holly Alvarez– Residency program manager- psychiatry. 293-5312, Office 1-97.

[halvarez@hsc.wvu.edu](mailto:halvarez@hsc.wvu.edu)

Sophia Bienek-Cate – 293-5312; sbienkcate@hsc.wvu.edu

- Paperwork for graduate programs
- Information during orientation

#### Psychology Testing Laboratory

Coordinator: Ashley McCormick – 598-4740; mccormickas@wvuhealthcare.com

Heather Lucas – 293-5323, hlucas@hsc.wvu.edu

- Supplies and mail; pager questions and batteries
- General information

Ashman Dodd- IT support. Ext: 3-5990, Office 1-131. [Adodd4@hsc.wvu.edu](mailto:Adodd4@hsc.wvu.edu)

- Computer and networking questions
- Any IT problem

Cathie Danko-Johnston– 293-0454; danko-johnstonc@wvuhealthcare.com

- Therapy scheduling questions (e.g., appointment schedule)
- Call if out sick

Outpatient Desk (Shellie, Holly) – 293-5402

- Patient scheduling, patient check in and out
- Call if out sick

Front Desk – 598-6489

- Security questions or concerns
- Directions or assistance to patients and family

Melanie McMillen, Clinical Services Manager. Ext: 3-5823. Pager: 987-6261.

[mcmillenca@wvuhealthcare.com](mailto:mcmillenca@wvuhealthcare.com)

- Referrals for therapy, psychiatry clinics
- Patient care issues
- Therapy rooms

Tammy Leatherman Feathers – 293-5311; [tleateman@hsc.wvu.edu](mailto:tleateman@hsc.wvu.edu)

- Leave/time off
- Book/Travel accounts and reimbursement

Susan Clayton – 293-5294; [sclayton@hsc.wvu.edu](mailto:sclayton@hsc.wvu.edu)

- Department Manager
- Parking, ID's, benefits, etc.

Judy Kisner - 598-4924

- Transcription Services
- Any problem with the telephone dictation system or dictated reports

Kimberly Honaker, Research Coordinator, ext: 5393. [honakerki@wvuhealthcare.com](mailto:honakerki@wvuhealthcare.com)

- IRB issues
- Research assistance.

## *Appendix*

## **Intern Seminar Evaluation**

Intern: \_\_\_\_\_ Seminar: \_\_\_\_\_

Course Coordinator(s): \_\_\_\_\_

Satisfactory: \_\_\_\_\_ Unsatisfactory: \_\_\_\_\_

Satisfactory completion of the Seminar is defined by:

- Punctuality: Intern arrives on time
- Preparation: Intern has completed readings
- Participation: Intern is actively involved, raises questions
- Integration: Intern integrates research and other didactic materials with clinical practice
- Attendance

**Comments:**

## Evaluation of Intern Research

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

### RATE THE INTERN'S PERFORMANCE IN RESEARCH USING THE FOLLOWING SCALE:

- 1 = Performs task with intermediate to advanced skill**
- 2 = Performs task with intermediate skill**
- 3 = Performs task at a novice level**
- 4 = Basic training is needed to perform task**
- SS = Performs task with advanced skill/ a special strength**
- NA = Not applicable/ insufficient information**

- \_\_\_\_A. Identifies research question
- \_\_\_\_B. Formulates testable hypothesis
- \_\_\_\_C. Designs research project (methodology)
- \_\_\_\_D. Completes necessary paperwork (IRB, consent forms, etc.)
- \_\_\_\_E. Collects data
- \_\_\_\_F. Conducts data analyses
- \_\_\_\_G. Interprets data analyses
- \_\_\_\_H. Oral presentation
- \_\_\_\_I. Written presentation
- \_\_\_\_J. Appropriately considers cultural diversity
- \_\_\_\_K. Demonstrates knowledge of and adheres to ethical principles relevant to research
- \_\_\_\_L. Overall rating of research abilities

**Comments:**

Supervisor Signature & Date \_\_\_\_\_

This evaluation has been reviewed with me.

Intern Signature & Date \_\_\_\_\_

## Presentation of Scholarly Work Evaluation Form

Date: \_\_\_\_\_

Intern: \_\_\_\_\_ Evaluator: \_\_\_\_\_

**RATE THE INTERN'S PERFORMANCE DURING THIS QUARTER USING THE FOLLOWING SCALE:**

- 1 = Performs task with advanced skill, exceeds expectations**
- 2 = Performs task with intermediate skill, meets expectations**
- 3 = Performs task at a novice level, below expectations**
- 4 = Basic training is needed to perform task, remediation may be required**
- NA = Not applicable/ insufficient information**

**Please rate intern performance using the above scale:**

\_\_\_\_\_: Clearly articulates research question based on previous literature review. This includes articulating an argument in support of the current research project.

\_\_\_\_\_: Presents relevant findings of previous literature. Demonstrates ability to critique previous literature including gaps in research.

\_\_\_\_\_: Identifies research questions and hypotheses.

\_\_\_\_\_: Discusses design of the research methodology and how chosen methodology addresses research questions.

\_\_\_\_\_: Discusses implementation of research methodology

\_\_\_\_\_: Articulates statistical methods used to evaluate data.

\_\_\_\_\_: Clearly presents research findings and conclusions.

\_\_\_\_\_: Discusses limitations in current research and suggests areas for further study.

\_\_\_\_\_: Receptive to feedback.

\_\_\_\_\_: Overall communication skills- clear and effective presentation

\_\_\_\_\_: Overall Rating

This evaluation was reviewed with me:

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Case Conference Evaluation Form

Date: \_\_\_\_\_ Intern: \_\_\_\_\_

Presentation: \_\_\_\_\_ Evaluator: \_\_\_\_\_

**RATE THE INTERN'S PERFORMANCE DURING THIS QUARTER USING THE FOLLOWING SCALE:**

**1 = Performs task with advanced skill, exceeds expectations**

**2 = Performs task with intermediate skill, meets expectations**

**3 = Performs task at a novice level, below expectations**

**4 = Basic training is needed to perform task, remediation may be required**

**NA = Not applicable/ insufficient information**

**Please rate the intern's performance using the above scale:**

\_\_\_\_\_: Identifies, applies, and integrates literature relevant to clinical cases

\_\_\_\_\_: Discusses presenting problem or goal of case conference

\_\_\_\_\_: Provides overview of case or problem to be discussed

\_\_\_\_\_: Provides appropriate background information of the case

\_\_\_\_\_: Discusses course of treatment or assessments used. Presents justification of interventions or assessments used

\_\_\_\_\_: Provides case conceptualization based on treatment or assessment information

\_\_\_\_\_: Discusses relevant research to the case, assessment, or intervention

\_\_\_\_\_: Presents conclusions of the case and suggests areas for further study.

\_\_\_\_\_: Receptive to feedback.

\_\_\_\_\_: Overall communication/ interpersonal skills- clearly articulates case and supporting data

\_\_\_\_\_: Addresses ethical/ legal issues related to case or relevant research

\_\_\_\_\_: **Overall Rating**

Comments:

This evaluation was reviewed with me:

\_\_\_\_\_

Intern Signature

\_\_\_\_\_

Date

## Intern Activity Report

Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_/20\_\_\_\_

### I. CLINICAL ACTIVITIES

#### A. Outpatient intakes/ therapy (Individual)

<u>Pt.</u> <u>Initials</u>	<u>Age</u>	<u>Diagnosis</u>	<u>Supervisor</u>	<u># Sessions</u>	<u>Diversity/</u> <u>Minority</u>

#### B. Outpatient Therapy (Group)

<u>Type of Group</u>	<u>Supervisor</u>	<u># Pts.</u>	<u># Sessions</u>	<u>Diversity/</u> <u>Minority</u>

#### C. Outpatient Evaluation (MMPI, Neuropsych, etc.)

<u>Pt.</u> <u>Initials</u>	<u>Age</u>	<u>Diagnosis</u>	<u>Supervisor</u>	<u>Type of Eval.</u>	<u>Diversity/</u> <u>Minority</u>



D. Inpatient (Individual)

<u>Pt.</u> <u>Initials</u>	<u>Age</u>	<u>Diagnosis</u>	<u>Supervisor</u>	<u># Sessions</u>	<u>Diversity/</u> <u>Minority</u>

E. Inpatient (Groups)

<u>Type of Group</u>	<u>Unit</u>	<u>Supervisor</u>	<u># Pts.</u>	<u># Sessions</u>	<u>Diversity/</u> <u>Minority</u>

F. Inpatient Evaluation (MMPI, Neuropsych, etc.)

<u>Pt.</u> <u>Initials</u>	<u>Age/Unit</u>	<u>Diagnosis</u>	<u>Supervisor</u>	<u>Type of Eval.</u>	<u>Diversity/</u> <u>Minority</u>

## G. Supervision

- |                         |                      |
|-------------------------|----------------------|
| 1. Individual Scheduled | (Average hrs/week):  |
| 2. Individual Impromptu | (Estimate hrs/week): |
| 3. Group Supervision *  | (Average hrs/week):  |
| 4. Co-Evaluations **    | (Average hrs/week):  |
| 5. Co-Therapy **        | (Average hrs/week):  |

- Include case conference, team meetings, rounds, etc. if discussion of specific patients occurs.

\*\* Include observation by you of supervisor and observation by supervisor of you.

## II. DIDACTIC EXPERIENCES

<u>Conference/ Seminar</u>	<u>Dates Attended</u>

## III. PRESENTATIONS

<u>Conference/ Seminar</u>	<u>Title</u>	<u>Date</u>

## IV. RESEARCH (Describe activities; List supervisor)

## V. OTHER

## Clinical Competency Evaluation (CCE) Form

Date: \_\_\_\_\_

Intern: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Setting:      Inpatient Unit: \_\_\_\_\_      Outpatient      Day Hospital      Other

Rating Scale:

- 1 = Performs task with advanced skill; exceeds expectations; special strength
- 2 = Performs task with intermediate skill; meets expectations for graduating intern
- 3 = Performs task at a novice level; below expectations; area needs continued work
- 4 = Basic training is needed to perform task; remediation may be required
- NA = Not applicable/ insufficient information

---

*Rate the intern's performance on the CCE in each competency area, using the rating scale above. Examples of abilities that may be considered in each area are provided, but are not limited to those listed.*

### 1. ASSESSMENT SKILLS

- Establishes good rapport
- Effectively manages interview
- Elicits relevant patient history and relevant information on current symptoms
- Appropriately evaluates mental status of patient

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

### 2. DIAGNOSTIC SKILLS

- Demonstrates knowledge of DSM criteria
- Makes appropriate diagnoses (including differential diagnosis)
- Considers the subtleties and relevance of endorsed symptoms

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

### **3. CONCEPTUALIZATION SKILLS**

- Observes and integrates data about patient behavior in interview
- Understands the symptoms in the context of the whole person
- Understands the effects of medical problems on psychological functioning

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

### **4. INTERVENTION SKILLS**

- Chooses appropriate assessment strategies
- Formulates appropriate treatment plan
- Integrates knowledge about evidence-based practice and research into plan
- Provides appropriate rationale for treatment plan
- Requests consultation (medication, testing, etc.) when appropriate

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

### **5. EVIDENCE-BASED PRACTICE**

- Integrates knowledge about evidence-based practice and research into assessment, conceptualization, treatment plan

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

### **6. CULTURAL AND INDIVIDUAL DIVERSITY**

- Demonstrates sensitivity to issues of cultural and individual diversity
- Considers diversity in assessment, diagnosis, treatment plan
- Recognizes the patient's cultural concepts of distress (e.g., idioms, perceived causes)
- Demonstrates knowledge of diversity issues

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

## **7. ETHICS AND LEGAL STANDARDS**

Appropriately discusses confidentiality

Appropriately considers issues of suicidality, dangerousness, duty to warn

Conducts self in ethical manner

Demonstrates knowledge of APA Ethical Principles

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

## **8. PROFESSIONALISM**

Conducts self in professional manner

Accepting of feedback from evaluators

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

## **9. COMMUNICATION/ INTERPERSONAL SKILLS**

Clearly communicates important and relevant findings about patient

Clearly articulates case conceptualization and provides supporting data

Overall rating: \_\_\_\_\_

Strengths/areas for improvement:

## Intern Evaluation

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rotation: \_\_\_\_\_ Major Minor

Date of Evaluation: \_\_\_\_\_ Quarter: 1 2 3 4

---

Supervision Format (circle all applicable):

Individual

Group

Informal

Co-therapy

Observation

Audiotape

Videotape

Hours/Week of Supervision: \_\_\_\_\_

Number of Cases Supervised: \_\_\_\_\_ Age range: Child Adolescent Adult

Number of Cases with diverse backgrounds or members of ethnic minority: \_\_\_\_\_

---

PLEASE GIVE A BRIEF OVERVIEW OF THE INTERN'S ACTIVITIES IN EACH OF THE FOLLOWING AREAS DURING THIS QUARTER:

A. Clinical:

B. Research:

C. Educational:

**RATE THE INTERN'S PERFORMANCE DURING THIS QUARTER USING THE FOLLOWING SCALE:**

**1 = Performs task with advanced skill, exceeds expectations**

**2 = Performs task with intermediate skill, meets expectations**

**3 = Performs task at a novice level, below expectations**

**4 = Basic training is needed to perform task, remediation may be required**

**NA = Not applicable/ insufficient information**

**I. ASSESSMENT AND DIAGNOSTIC SKILLS**

This area includes, but may not be limited to, an intern's ability to:

- Establish good rapport with patient/family
- Appropriately discuss confidentiality and its limits
- Elicit pertinent/relevant information
- Effectively manage interview
- Choose appropriate assessment strategies
- Integrate and conceptualize data from standardized psychometric instruments
- Demonstrate knowledge of DSM criteria and make appropriate diagnoses (including differential diagnosis)
- Appropriately consider issue of suicidality, dangerousness, duty to warn
- Understand the effects of medical problems on psychological functioning
- Effectively present findings (dx) and recommendations to patient
- Provide well-written reports
- Provide reports in a timely manner
- Provide appropriate oral formulation of initial patient presentation (at staff meetings, supervision, etc.)
- Request consultation (medication, testing, etc.) when appropriate

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

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**III. INTERVENTION SKILLS**

This area includes, but may not be limited to, an intern's ability to:

- Formulate appropriate treatment plan (knowledge)
- Select appropriate strategies to monitor patient's progress
- Use monitoring strategies consistently
- Implement treatment plan appropriately (skill)
- Modify case conceptualization as needed
- Follow treatment plan but modifies when needed
- Document current status and treatment plan
- Complete paperwork (billing, treatment plans)

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

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**IV. SCHOLARLY INQUIRY IN CLINICAL PRACTICE/ EVIDENCE-BASED PRACTICE**

This area includes, but may not be limited to, an intern's ability to:

- Identify literature relevant to clinical cases
- Apply current research and literature to cases
- Integrate literature with cases during presentations, didactics and case conferences
- Demonstrate knowledge of theory and research behind psychological tests

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

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**V. CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS**

This area includes, but may not be limited to, an intern's ability to:

- Gather appropriate information to prepare for consult (review medical records, contact person requesting consult, etc)
- Interact and communicate appropriately with other professionals
- Provide feedback to referral source
- Recognize and be sensitive to the responsibilities, boundaries, and role of the consultant

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

---

**VI. CULTURAL AND INDIVIDUAL DIVERSITY**

This area includes, but may not be limited to, an intern's ability to:

- Demonstrate knowledge of diversity issues
- Demonstrate sensitivity to individual and cultural diversity when interacting with patients
- Consider diversity in assessment and diagnosis



- Consider diversity when planning treatment

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

---

### **VIII. ETHICS AND LEGAL STANDARDS**

This area includes, but may not be limited to, an intern's ability to:

- Demonstrate knowledge of APA Ethical Principles
- Demonstrate knowledge of legal standards impacting the practice of psychology
- Adhere to Ethical/Legal Principles in clinical work (i.e., confidentiality, informed consent, etc.)

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

---

### **IX. INTERN'S SUPERVISION**

This area includes, but may not be limited to, an intern's ability to:

- Keep supervision appointments
- Be prepared for supervision
- Accept feedback
- Modify behavior based on feedback
- Raise questions and problems appropriately

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

---

### **X. INTERN'S SUPERVISION/TEACHING OF OTHERS**

This area includes, but may not be limited to, an intern's ability to:

- Demonstrate knowledge of principles and methods of supervision
- Develop an effective supervisory relationship with trainees
- Demonstrate flexibility in training methods in response to the level of ability of the trainee (e.g. modeling, observation, feedback)
- Consider issues of diversity in supervision of others
- Clearly communicate important ideas in didactic presentations
- Be open to differing opinions in didactic presentations
- Engage the audience in didactic presentations

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

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## **XI. PROFESSIONALISM/ PROFESIONAL DEVELOPMENT**

This area includes, but may not be limited to, an intern's ability to:

- Complete documentation (reports, notes) thoroughly and in a timely manner
- Complete paperwork (billing, treatment plans)
- Conduct self in professional manner
- Interact professionally with patients, families, supervisors, colleagues, staff
- Attend and participate in required didactics
- Demonstrate stage-appropriate professional identity
- Demonstrate knowledge of issues relevant to professional development
- Fulfill role expectations for an intern
- Accept feedback from supervisors and modify behavior accordingly
- Take an active role in learning and training
- Demonstrate improvement in skill and knowledge over internship year

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

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## **XII. COMMUNICATION/ INTERPERSONAL SKILLS**

This area includes, but may not be limited to, an intern's ability to:

- Clearly communicate important and relevant findings about patient to supervisor and in documentation
- Individualize communication with patient/families to their level of understanding
- Use the patient's idiom of distress
- Effectively present findings (dx) and recommendations to patient
- Provide well-written reports and other documentation
- Clearly communicate important ideas in didactics/case conferences
- Interact professionally with patients, families, supervisors, colleagues, staff

Overall rating: \_\_\_\_\_

Strengths:

Areas for improvement:

## Intern Evaluation of Supervision

Supervisor: \_\_\_\_\_ Intern: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Rotation: \_\_\_\_\_ Major Minor

---

Supervision Format (check all applicable):

Individual	Group	Informal	Co-therapy
Observation	Audiotape	Videotape	

Hours/Week of Supervision:

Number of Cases Supervised: Child Adolescent Adult

---

Please provide a general description of your experiences with this supervisor and note any recommendations for changes or improvements.

PLEASE USE THE FOLLOWING SCALE TO RATE THIS SUPERVISOR DURING THIS REPORTING PERIOD AND MAKE ANY COMMENTS IN SPACE PROVIDED:

1 = very true  
2 = somewhat true  
3 = not true at all  
SS = special strength (double-coded with "1")  
NA = not applicable/insufficient information

1. Keeps supervision appointments
2. Available for impromptu supervision
3. Models desired clinical skills

4. **Provides helpful readings/references**
5. **Provides constructive feedback on written reports**
6. **Provides constructive feedback on intern's clinical skills and knowledge**
7. **Uses supervision time effectively**
8. **Encourages active participation in case conceptualization and treatment planning**
9. **Provides opportunities for co-assessment and co-therapy**
10. **Models desirable professional interactions**
11. **Provides feedback and guidance on professional development**
12. **Demonstrates sensitivity to issues of individual and cultural diversity**

revised 6/2008

## **Intern Evaluation of Rotation**

**Rotation:** \_\_\_\_\_ **Major** **Minor**

**Supervisor(s):** \_\_\_\_\_ **Intern:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

**1.) Did this rotation meet your expectations? (Please explain)**

**2.) What are the strengths of this rotation?**

**3.) What are the weaknesses of this rotation?**

**4.) What are your suggestions for changes to improve this rotation?**

## Evaluation of Internship Program

Please rate *how well your internship training prepared you for independent practice* in regards to each of the following training goals. For ratings of 3 or less, please suggest ways in which the internship could have prepared you better. Feel free to provide any additional comments. Please also send a copy of your CV.

### 1. Ability to provide assessment, diagnosis, empirically-supported intervention, and consultation for individuals with a variety of presenting problems

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

### 2. Ability to engage in evidence-based practice

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

### 3. Ability to participate in and/or independently conduct research

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

### 4. Ability to apply understanding of cultural and individual diversity to all aspects of professional activities

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

### 5. Ability to understand and adhere to ethical standards in all aspects of professional activities

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

### 6. Ability to train and supervise others in clinical practice and/or research

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

**7. Ability to show appropriate professional growth and professional identity**

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

**8. Overall, how well did your internship training prepare you for the next stage in your career?**

1	2	3	4	5
Not at all	Minimally	Adequately	Well	Very Well

Comments:

**9. Please provide any recommendations you have for improving the internship program**



**WEST VIRGINIA UNIVERSITY  
SCHOOL OF MEDICINE  
Department of Behavioral Medicine & Psychiatry**

**Psychology Intern Leave Form**

**NAME** \_\_\_\_\_

**DATES OF SCHEDULED LEAVE** \_\_\_\_\_

**Telephone in case of emergency** \_\_\_\_\_

**TYPE OF LEAVE**

VACATION

PROFESSIONAL

SICK

**Clinical or other Responsibility**

**Person Providing Coverage**

1. Phone Messages

1.

2.

2.

3.

3.

4.

4.

**Didactic Scheduled**

**Course Coordinator**

1.

1.

2.

2.

3.

3.

4.

4.

\_\_\_\_\_/\_\_\_\_\_  
Major Supervisor                      Date

\_\_\_\_\_/\_\_\_\_\_  
Stephanie J. Cox PhD, Director of Training      Date

\_\_\_\_\_/\_\_\_\_\_  
Minor Supervisor                      Date

\_\_\_\_\_/\_\_\_\_\_  
Cathie Danko-Johnston                      Date

*Copies should be distributed to:*

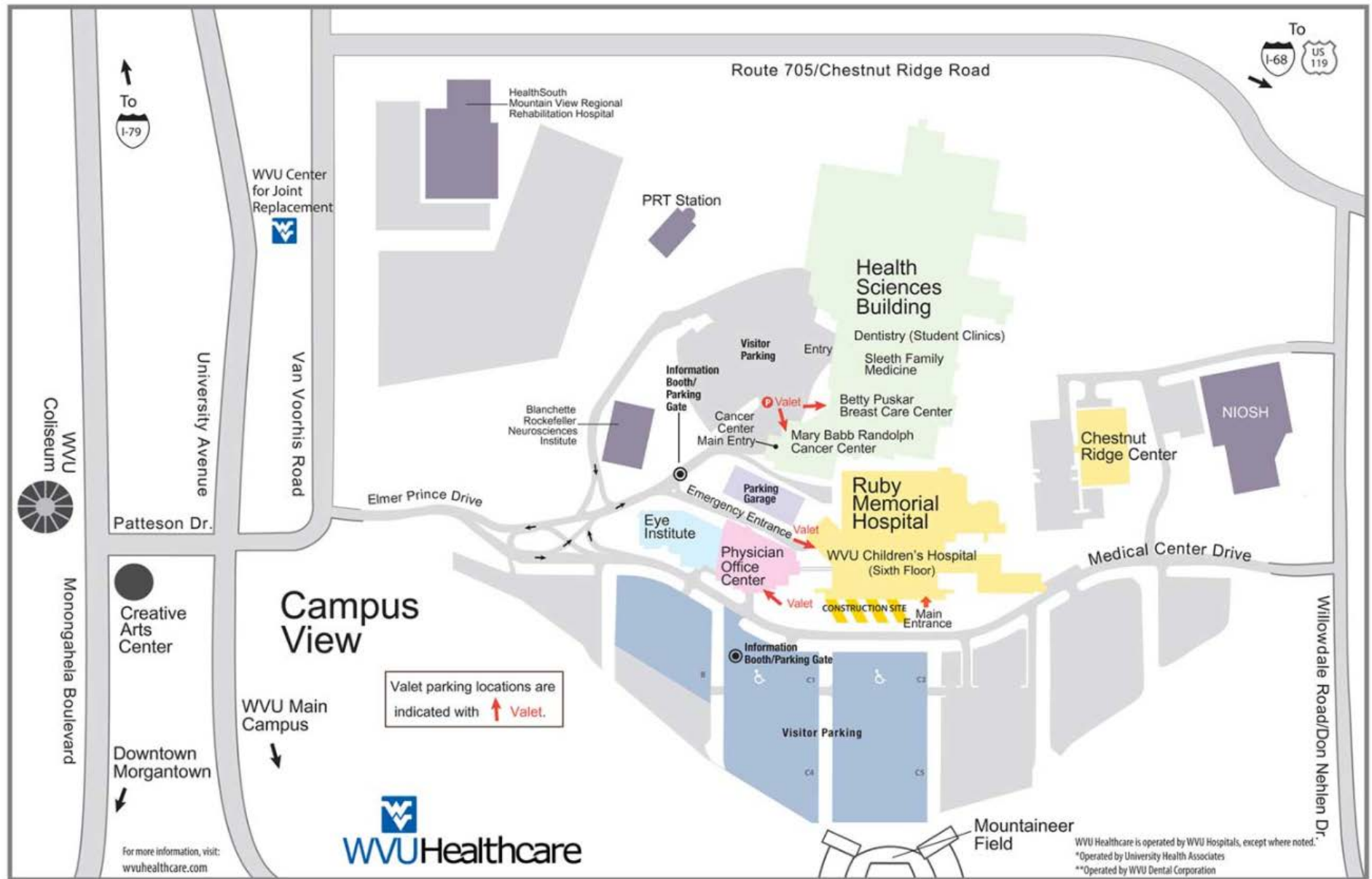
Names listed above

Course Coordinators

Outpatient Desk

Stephanie Cox

## Map of WVU



Map of WV Counties

