

Clinical Psychology Postdoctoral Residency Program - Neurodevelopment
Department of Pediatrics
West Virginia University School of Medicine
Morgantown, WV

Fellowship Handbook
2023-2024

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West Virginia University School of Medicine
Clinical Psychology Postdoctoral Residency - Neurodevelopment

The Department of Pediatrics at West Virginia University School of Medicine offers a one or two year fellowship program in Pediatric Clinical Psychology, with an emphasis in Neurodevelopment. One resident position is offered each year, with the option of a 2nd year pending agreement between the resident and Fellowship Director.

Description of Training Program

The Postdoctoral Residency in Neurodevelopment has been designed to provide trainees with expertise and clinically relevant experience within the field of neurodevelopment, specifically the diagnosis and treatment of children with developmental delays and disorders. The goal of the program is to prepare trainees for independent practice as a psychologist working within the field of neurodevelopment. Trainees will become familiar with treatment options for developmental disorders including behavioral and medical modalities.

Trainees will become proficient in the assessment and diagnosis of Autism Spectrum Disorder and other neurodevelopmental disabilities and developmental delays. To this end, the core rotation of the program includes participation in WVU Medicine Children's multidisciplinary Neurodevelopment Program at the Neurodevelopmental Center (NDC). As part of this rotation, the trainee will receive in depth training and supervision related to the provision of comprehensive psychological evaluations. Additional rotations within the program will be assigned throughout the year and will include leading group psychotherapy and social skills groups, individual behavior therapy, observation of Applied Behavior Analysis, and involvement in specialty care pediatric clinics (e.g., craniofacial and cerebral palsy).

In addition, the trainee will receive educational experiences to complement knowledge of neurodevelopment, Autism, and related comorbidities. Additional rotations within the Department of Pediatrics may include the interdisciplinary feeding clinic, co-treatment with Occupational, Speech, and Physical therapy providers (NDC), and pediatric integrated care services.

Four days per week will be spent in clinical services with ½ day allocated for education/didactic, and ½ day for research or EPPP/Licensure preparation. The trainee will become involved ongoing grant projects and QI initiatives.

Clinical supervision is provided by Jenna Wallace, Psy.D. and Claire Baniak, Psy.D. Additional research and professional supervision is provided by Christina Duncan, Ph.D, and Krestin Radonovich, Ph.D.

Didactics

The resident will attend Pediatric Grand Rounds, weekly Neurodevelopment didactics, and Behavioral Medicine Grand Rounds. They will also participate in didactic trainings alongside psychology residents and interns in the Departments of Behavioral Medicine and Pediatrics.

Supervision Experience

The fellow serves as a supervisor for psychology interns and practicum students as part of a vertical training model, in conjunction with the Department of Behavioral Medicine and Psychiatry's APA- Accredited Clinical Child Psychology Internship program and WVU's Clinical Psychology Ph.D. program.

Research

The resident is expected to become involved in ongoing research or generate new research projects. A research contract is developed for each project at the beginning of the training year with specific goals and timelines. At the end of the year, the resident will present findings to the faculty and submit the work for presentation/publication. One ½ day per week is allocated for protected research time.

Licensure

Residents are encouraged to obtain a license to practice psychology in the state of West Virginia. Taking and passing the EPPP written examination is encouraged by the end of the first year. Study materials are provided and fees are paid by the department.

Salary and Benefits

The current salary is \$44,000 for the first year and \$46,000 for the second year. Health insurance is available for family or single at a reasonable rate. The resident receives a minimum of \$750 a year for conference expenses. Vacation, sick leave, and professional leave are standard.

Admission Requirements

A PhD or PsyD in clinical or counseling psychology from an APA/CPA-approved program with an APA/CPA-approved internship is required.

Apply

The program follows rolling admissions. Applicants are welcome to apply beginning 11/01/2021. Applications will be reviewed and candidates will be invited to interview virtually after this date. Interview dates will be at the end of January/beginning of February. Applications will continued to be accepted until the position is filled. The position may be offered to an applicant earlier than the 2/22/22 notification date if an excellent candidate is identified. For this reason, submitting applications as soon as possible on/ after 11/01/21 is strongly encouraged. To apply, submit a CV, a de-identified assessment report sample, and cover letter to pedpsychfellowship@hsc.wvu.edu. No other materials are required.

APPIC will transition to the Postdoctoral Selection Standards and Common Hold Date (CHD) for the 2022-2023 postdoctoral selection cycle. The Common Hold Date approach mirrors the widely-practiced graduate school admissions process. It allows postdoctoral programs to make offers at any time following the completion of interviews; applicants can then accept, decline, or hold an offer until the designated CHD of Monday, February 27, 2023. Consequently, as the offer and acceptance process naturally unfolds, it is expected that most offers and acceptances will occur prior to the CHD.

West Virginia University is an Equal Opportunity/Affirmative Action Employer and the recipient of an NSF ADVANCE award for gender equity. The University values diversity among its faculty, staff and students, and invites applications from all qualified individuals, including minorities, females, individuals with disabilities and veterans.

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Rotations

The fellowship is organized around Major Rotations (4 days per week) and Minor Rotations (1/2 to 1 day per week for 12 months). Major rotations can be combined to allow for participations in rotations simultaneously.

Pediatric Developmental Assessment Clinic

Supervisors: Jenna Wallace, PsyD, and Claire Baniak, PsyD

Location: WVU Medicine Children's Neurodevelopmental Center or WVU Medicine Physician Office Center

Fellows provide assessment and behavioral consultation to patients and families ages 0-5 with a wide range of presenting problems, including suspected Autism Spectrum Disorder, Global Developmental Delay, and medical diagnoses. Fellows will have regularly scheduled intakes and new patient evaluations throughout the rotation, both individually and alongside the medical team (Pediatric Neurologist, Pediatric Nurse Practitioner, Pediatric and Psychiatry Residents, and Psychology Trainees).

Pediatric Psychological Assessment Clinic

Supervisor: Jenna Wallace, PsyD, and Claire Baniak, PsyD

Location: WVU Medicine Children's Neurodevelopmental Center

Fellows provide psychological assessment to children age 5 and older for a broad range of psychiatric and neurodevelopmental concerns, including Autism Spectrum Disorder, Intellectual Disability, Attention-Deficit Hyperactivity Disorder, and learning concerns. Fellows will complete assessments, integrating data from various aspects of the patient's life, and provide feedback to families and medical teams regarding assessment results and recommendations for future care.

Individual and Group Therapy

Supervisor: Jenna Wallace, PsyD, and Claire Baniak, PsyD

Location: WVU Medicine Children's Neurodevelopmental Center

Fellows are encouraged to have a mixture of both short-term and long-term therapy cases. Fellows receive supervision primarily from a Behavioral orientation for younger patients/families and Cognitive Behavioral orientation for older pediatric patients. We are able to select specific patient populations or disorders of interest in order to advance a fellow's training in a specific area or to address any gaps in training.

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

Major Rotation Components:

Individual Therapy: Fellows 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. A strong emphasis is placed on conducting empirically supported treatments from a behavioral/cognitive behavioral perspective, both brief and more long-term interventions.

Evaluation/Assessment: Fellows 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 supervisors in his/her area of specialization. As the fellow progresses, the fellow will shift to performing evaluations independently with supervision. The most common problems

evaluated are for Autism Spectrum Disorder, Global Developmental Disorder, childhood anxiety, and disruptive behavior disorders. The fellow has ample opportunity to work with specialists in neurology, neurosurgery, and plastic surgery on multidisciplinary neurodevelopmental and craniofacial teams.

Group Therapy: Fellows may participate as therapist or co-therapist in group therapy experiences. These may focus on parenting children with developmental disabilities or the treatment of disruptive behavior, anxiety, social skills deficits, etc.

Behavioral Consultation: The fellow will provide behavioral consultation to parents during initial evaluations and follow up appointments within the multidisciplinary neurodevelopment team. He/she also has the opportunity to provide brief behavioral consultation to patients in the Pediatric Neurology Clinic at WVU Medicine, as desired, as well as other specialty care clinics throughout the Department of Pediatrics.

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

Minor Rotation Experiences

Fellows 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, 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 training experience. Minor rotations are individualized, with the specific composition of the experiences determined based on the interests and training needs of the individual fellow. Efforts will be made to honor the fellow's preferences, but cannot be guaranteed. Experiences may be brief observational (such a 1 time observation), or last for up to 3 months. The minor rotation plan may be modified as the training year progresses.

At the beginning of the training year, fellows 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 fellow, and the overall schedule. 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:

- Pediatric Neurology
- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Cleft Palate Team
- Pediatric Craniofacial Team
- Pediatric Primary Care
- Pediatric Palliative Care
- Psychiatry Consultation and Liaison
- Family Medicine
- Adult Neuropsychology

Training Objectives

Clinical Care

Postdoctoral training in psychology occurs under the supervision of licensed psychologists and occurs over a one to two year period. Based upon West Virginia state law and the criteria for listing in the Association of Psychology Postdoctoral and Internship Centers (APICC), there are not year specific objectives for training. Our program at WVU Medicine Children's has the following goals and objectives that are forwarded to the State Board of Examiners of Psychologists each year when the program reports the individuals under supervision for the upcoming year. Specifically, at the conclusion of training (1 – 2 years):

- The fellow will be able to provide clinical care that is based in theoretical and empirical knowledge bases.
- The fellow will be able to provide clinical care in a manner, which is sensitive to individual differences of all persons, is non-discriminatory, and which respects and protects human and civil rights.
- The fellow will be able to provide clinical care only within the context of a professional relationship and according to American Psychological Association Ethical Codes and standards.
- The fellow will know and apply the rules governing Psychologists under West Virginia Psychology Law.
- The fellow may participate in umbrella supervision in accordance with West Virginia law.
- The fellow will be able to interact professionally and responsibly with colleagues from other disciplines.
- The fellow will provide professional consultation in a manner that respects and protects the individual differences of humans.
- The fellow will show a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult.
- The fellow will know procedures for addressing any personal signs of impairment in self, colleagues, and faculty.

Core Competencies

1. Science and Practice: Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level. Fellows will demonstrate the ability to think critically about existing literature and apply scientific knowledge to clinical practice, as well as allow clinical practice to inform research questions.

2. Ethical and Legal Standards: Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence in accordance with the APA Ethical Principles of Psychologists and Code of Conduct and relevant laws, regulations, rules, policies, standards, and guidelines.

3. Individual and Cultural Diversity: Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Fellows will demonstrate sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Additionally, Fellows will demonstrate a continued willingness to explore their own cultural background and how this influences their

personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision.

4. Professional Values and Attitudes: Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one's personal and professional functioning, and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training year. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist".

5. Communication and Interpersonal Skills: Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows will also be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, timely, appropriately reflective of the needs of the anticipated audience, and demonstrate a thorough grasp of professional language and concepts.

6. Assessment: Fellows will develop competence in diagnostic interviewing, and will be able to appropriately assess, evaluate, and conceptualize a broad range of neurodevelopmental patients and patients with complex medical histories. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient), as well as skills related to medical record review, team consultation, and provision of feedback in a manner that is clear and understandable by the patient and/or the patient's family. Fellows are expected to interpret and synthesize

assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.

7. Intervention: Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in individual and group formats. Fellows will demonstrate competence with the types of therapies required for a given behavioral and/or developmental presentation. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

8. Supervision: Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct practice via the provision of supervision to a more junior trainee. The fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them.

9. Consultation and Interprofessional Skills: Fellows will develop advanced competence working in interdisciplinary teams. Fellows receive supervised experiential learning and didactics in these areas and will demonstrate skill in understanding the role of a psychologist within an Academic Medical Center and communicating and collaborating with other providers as part of an interdisciplinary team. This may be demonstrated by, for example, contributing to team meetings or case presentations through the communication of important information about patients, engaging in co-treatment, consulting directly with patients' other providers (either effectively seeking consultation or offering consultation/teaching), being sensitive to and responding

appropriately to the needs of other team members, and using skills as a psychologist to facilitate team functioning.

| <u>Sample Schedule</u> | | | | | |
|-------------------------------|----------------------|-----------------------|-------------------------|------------------------|----------------------|
| | <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
| 8:00 am | Psych Eval 1 | Dev Eval 1 | Ped Grand Rounds | | Psych Eval 2 |
| 9:00 am | Psych Eval 1 | Dev Eval 1 | | Team Eval 1 | Psych Eval 2 |
| 10:00 am | Psych Eval 1 | Dev Eval 2 | Dev Eval 3 | | Psych Eval 2 |
| 11:00 am | Psych Eval 1 | Dev Eval 2 | Dev Eval 3 | Team Eval 2 | Psych Eval 2 |
| 12:00 pm | | | | | |
| 1:00 pm | RPV 1 | | BMED Grand Rounds | BMED Didactic | Report Writing |
| 2:00 pm | RPV 2 | | Research | Didactic | RW |
| 3:00 pm | RPV 3 | Group Therapy | Research | Didactic | RW |
| 4:00 pm | RPV 4 | Group Therapy | Research | Didactic | RW |

Supervision

- Fellows meet with each of their supervisors for a total of 2 or more hours per week of individual supervision. This time is regularly scheduled. Fellows 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 Fellow will sign all work with the title line Psychology Fellow *and* Supervised Psychologist.
- The supervisor will specify arrangements for fellow 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), fellows will be provided with observation of their work, either through co-evaluations/therapy or through video supervision using the Zoom software.
- Supervisors will communicate expectations for case load/evaluations at that start of each rotation.
- Fellows will receive communication at the start of each rotation regarding the process for assessment and expectations regarding progress.
- The supervisor will provide timely and constructive feedback to the fellow. The fellow will be provided formal written evaluation at end of each quarter or trimester (depending on track) using the Fellow Evaluation Form (Appendix, Fellow Evaluation). This will be reviewed with the fellow. Fellows 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.

Supervising Faculty

- Jenna Wallace, PsyD
- Claire Baniak, PsyD

Teaching Faculty

- Jodi Lindsey, MD (Pediatric Neurology)
- Elizabeth McQuade, MD (Pediatric Neurology)
- Maggie Jaynes, MD (Pediatric Neurology)
- Alfred Balasa, MD (Pediatric Neurology)
- David Huss, MD (Pediatric Neurology)
- Christina Duncan, PhD (Pediatric Psychology)
- Krestin Radonovich, PhD (Pediatric Neuropsychology)

Didactic Courses and Meetings

Fellows may participate in any of the following didactics over the course of the 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. Psychiatry OR Pediatrics Grand Rounds and General Psychology Didactic are required.

Neurodevelopment Didactic

The overall goal of the seminar is to increase to an advanced level the fellows' knowledge and skill in the practice of professional psychology, specifically in reference to the evaluation and treatment of individuals in a medical setting. Seminar topics vary by month (e.g., Autism Across the Lifespan, Rural Health, Telehealth) and include didactic teaching from guest speakers, journal club, media week, diversity, and self-care. Fellows are expected to be active discussants in the seminar, integrating theory with practice. They present in the seminar several times per year.

Cultural and Individual Diversity

This seminar aims to advance the fellow's knowledge, awareness, and sensitivity to issues relevant to the practice of psychology with individuals from diverse groups. Fellows 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, fellows 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 fellows are good consumers of clinical outcomes research. To accomplish this, fellows 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 fellows serve as presenters.

Professional Development

This seminar discusses important issues in professional development designed to advance the skills and knowledge base of clinical psychology fellows in a range of areas particularly important to their continued professional success after completion of fellowship. 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, fellows 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. Fellows 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/Pediatrics Grand Rounds

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

Requirements for Fellowship:

Presentation: Fellow presentations are required in Psychiatry OR Pediatrics Grand Rounds (once during the fellowship year), in Clinical Psychology Didactic (Case Conceptualization) and the Research Outcomes Seminar (if attending); 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 fellowship seminars, the Department of Behavioral Medicine Psychiatry Residency Program offers a host of didactic training opportunities. If a fellow is interested in a didactic opportunity, participation is welcome as long as it can be accommodated within the fellow's clinical schedule. This year's didactic schedule is included below for your reference.

Research Component

In keeping with the scientist-practitioner training model, fellows participate actively in research projects during the course of their year. The goal of the research component of the fellowship is to develop the fellow's capacity to interpret, critique, and conduct research. Fellows 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 fellows to complete a research project.

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

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

Requirements for Fellowship:

- **Research project**
 - Fellows 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 fellow complete his/her research project before the fellowship 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 fellowship
- The fellow's existing dissertation does not fulfill the research project requirement.
- Supervisors will integrate fellows into research meetings early in the fellowship.

Project plan

- Prior to beginning work on the research project, the fellow and research supervisor will meet to set a specific research plan. The plan must specify roles for the fellow 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.
- It is recognized that the plan may need to be revised as the project progresses. Any new goals that are set for the fellow will not be more burdensome than those agreed upon at the outset.

Outcome

- Evaluation of the fellow'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 Fellow Research).

- Satisfactory completion of the research project requirement will be demonstrated by the end of the training year by:
 - Presentation by the fellow of the research project/results in Grand Rounds or other meeting
 - 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 fellow may choose to continue working with the supervisor on a research project but is not required to do so.
 - Fellow progress in research will be reviewed by the Fellowship Training Committee and the Committee will vote to determine whether the fellow has successfully met the research project requirement.
- **Outcomes seminar (if applicable)**
 - Supervision: The seminar is organized and coordinated by faculty.
 - Outcome: Fellows 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 fellows' 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 fellows, residents, and faculty to meet and discuss various aspects of conducting and consuming research. Fellows are encouraged to attend.

Teaching Opportunities

While not required to complete the fellowship program, we offer a variety of opportunities for fellows to be involved in clinical teaching and dissemination of evidenced-based assessment/ intervention to a wide range of health care professionals:

- Medical Student Lectures or Pediatric Resident Lectures on Developmental Topics
- Lecture undergraduate disability course at WVU
- Teaching at Neurodevelopmental Center to multidisciplinary staff during noon conference - MD, Occupational Therapy, Speech Therapy, Physical Therapy, Applied Behavior Analysis, graduate students in psychology, medical residents

Activity Reports/ Maintenance of Records

Activity Reports (Record of Fellow Activities):

At the end of each month, fellows complete a quarterly report to be submitted to WV Board. Quarterly Reports are completed by the supervisee. The supervisor signs off on these reports prior to them being submitted to the Board office. There are reports designed for psychologist supervisees and for school psychologist supervisees. Copies of these reports and the instructions are below.

<https://psychbd.wv.gov/supervisor/Pages/For-the-Supervisee.aspx>

INSTRUCTIONS FOR COMPLETING QUARTERLY INDIVIDUAL SUPERVISION REPORT

General Rules

1. The report must be submitted by no more than 31 days after the quarter ends.
2. For full-time workers, the minimum total quarter hours must be:
 - (a) Twenty-four (24) hours of individual face to face supervision.
 - (b) Two hundred eighty-eight (288) hours of direct and related psychological work, including the individual supervision hours.
3. Round all time recorded to the nearest half hour.
4. Signatures of the supervisee and supervisor are required.
5. Years of supervision and total hours required: Doctoral with Internship: 1 year, 96 supervision hours, 1152 direct and related hours

Definitions

- Date Week Begins: The date of the first Monday of the first month of the quarter.
- Supervised Hours: The number of hours spent in face to face individual supervision with board approved supervisor(s). For each full time week this figure should be 2. Over the course of the quarter, it should average 2 hours per week. It is permissible to have one hour for one week if it's made up the next week. The minimum number of total supervision hours for the quarter is 24. This number will be recorded in the "sub-total" box on the right side of the form.
- Suprv Total: Total number of supervised hours for the quarter. Assessments: Hours administering, scoring, interpreting, or conducting psychological tests, interviews, mental status examinations, etc.
- Cognitive/Achievement: Wechsler, Stanford-Binet, and other IQ tests; Woodcock-Johnson, and other achievement tests. Personality Tests: MMPI-2, MCMI-III, 16PF, Rorschach, Thematic Appreciation Test, etc.
- Neuropsychocial: Halstead-Reitan, Luria-Nebraska, and other brain impairment tests.
- Forensic: Commitment, criminal, civil, custody, etc.
- Write/Call/Meet, etc.: Writing test reports, letters; and notes; meeting and telephone calls with others to schedule, discuss results, or otherwise talk about assessments; depositions and/or court testimony on test results; and communicating via fax, email, or mail regarding the assessment results.
- Psychotherapy: Providing face to face psychotherapeutic treatment for individuals, couples, families, and groups.
- P-Write/Call/Meet, etc.: Completing insurance forms, including credentialing, writing letters to insurance companies; writing treatment notes, intake reports, discharge reports, treatment summaries, and writing letters about patients; telephone conversations with patients, professionals, and others regarding patients; and corresponding with others about patients via

mail, fax, and/or email. Consultation: Providing professional advice and/or training; making interventions, facilitating, mediating, for government and community agencies, businesses, organizations, schools, court, lawyers; and etc.

- C-Write/Meet/Call: Writing consultation reports, letters, and plans; calls and meetings with others about consultations; and corresponding with others about consultation via mail, fax, and email.
- Miscellaneous – Direct psychology work not covered previously. Please detail this in the box provided on the bottom left side of the form. Examples include Behavioral Management, Programming, Analysis, and Intervention. Include hours spent writing, calling, or meeting about this type of work.
- Total Hours/Week: This figure includes the sum of all hours recorded in each column above, including the supervision hours.
- Q: This is the column in which the hours are totaled across each row. Grand Total: The total of direct and related psychological hours plus individual supervision hours. Note: The sum of the Q column and the row of total hours/week together equal this figure.

Maintenance of Records of Fellow Performance:

All information relating to a fellow's record is maintained in a hard copy file for each fellow. This file includes supervisor's performance evaluation of fellows, fellow's evaluations of rotations, seminar evaluations, training notes, fellow's research plan and evaluations, leave slips, and fellowship correspondence. A hard copy file is also maintained for formal complaints. This information is stored in a file cabinet reserved for fellowship-related documents, which is located in the Training Director's office and fellow office. The cabinet is locked and the training director is the only individual with the key in her office. All records are permanently maintained.

Policy for Written Documentation

FELLOWSHIP POLICY- Documentation Guidelines

1. At this time all documentation must be done in the Electronic Medical Record according to department and hospital guidelines.
2. It is the interns or Fellows responsibility to monitor the completion of their patient's medical charts.
3. All outstanding medical chart work must be completed as a condition for graduation from the training program.
4. Current documentation Timeliness Standards are:
 - a. Outpatient encounters must be completed and closed within 48 hours to ensure proper billing and an accurate historical reflection of the nature of the encounter.
 - b. Inpatient encounters are due same day of service, prior to 5pm.
5. Interns or Fellows with notes not completed in 7 calendar days are subject to verbal warning of the pending deficiency and will be sent warning notices in their EPIC in baskets.
6. Interns or Fellows with notes not completed in 14 calendar days are subject to a written warning that will become a part of the resident or fellow's permanent file. Per WVU Healthcare Medical Staff guidelines, at 14 days providers who have not completed chart work will be considered delinquent and subject of administrative suspension from clinical duties. Residents and Fellows

are also subject to having their meal cards suspended. This should be considered a NEVER event. (Note: providers are exempt from administrative suspension if they have a professional absence, vacation or illness provided they make the appropriate personal aware of the leave.)

7. Interns or fellows with repeated incidences of delinquent chart work may face probation or suspension from the training program until the documentation deficiency is corrected. Additional remediation on medical record documentation may be required before the trainee's privileges can be reinstated. Training time lost during the suspension may need to be made up beyond the normal length of the training program. This will be at the training director's discretion in collaboration with the ITC.
8. One or more written warnings of poor documentation completion may lead to a probationary period or suspension from the training program according to guidelines set forth by the GME office. Graduation may be delayed or payment of salary may be affected.

By our signatures we certify that the information on this form is accurate and true:

(Grand
Total)

(Supervisor
Signature)

(Date)

(Supervisee Signature)

(Date)

**Scan and Email Reports to psychbd@wv.gov or
kathy.g.lynch@wv.gov
Fax Completed Reports to 304-558-0608**

| |
|----------------------|
| Other/Miscellaneous: |
| |
| |
| |
| |

Feedback and Evaluations

Evaluation of fellows. The fellowship program is designed to provide constant feedback to the fellows and is open and responsive to fellow-to-program feedback as well. More formal evaluations occur on a bi-annual basis for fellows. At the end of every quarter or trimester, supervisors will meet individually with fellows to provide feedback on the fellow's performance using the attached "Fellow Evaluation" form, See Appendix, Fellow Evaluation. Evaluation forms should be signed by the fellow and supervisor, indicating that the form has been discussed.

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

Year-end Evaluation of Program

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

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

WVU Wellbeing Policy

West Virginia University School of Medicine
Clinical Psychology Internship
Clinical Health Psychology Fellowship- Bariatrics
Neuropsychology Postdoctoral Fellowship
Neurodevelopment Postdoctoral Fellowship

Intern/ Fellow Well-Being Policy

I. Purpose: The program recognizes that psychology trainees are at increased risk for depression and burnout. In conjunction with our central GME office we are committed to prioritizing and fostering intern/fellow well-being while still ensuring the competency of our trainees. We recognize the importance of physical health, emotional health, and social support and engagement in this endeavor.

II. Definitions:

- a. FSAP: Faculty and Staff Assistance Program. A free, confidential, off-site resource for interns, fellows, and their dependents to seek care for depression, anxiety, burnout, and other stressors. Phone: (304) 293-5590
- b. Spiritual Care: Hospital chaplains available 24/7 within the hospital for counseling. It is important to remember that chaplains do not bring up spirituality unless the intern/fellow requests it. Pager number is 0590
- c. The Wellness Center: A resource offered to interns/ fellows and their dependents that offers a wide variety of opportunities for promoting wellness.

III. Process:

- a. Physical Health
 - i. Interns/ fellows are encouraged to establish with a Primary Care Physician. Options to establish care include:
 - i. WVU Primary Care. 855-WVU-CARE, or schedule an appointment online: <https://wvumedicine.org/ruby-memorial-hospital/services/wvu-medicine-primary-care/>
 - ii. Mon Health Primary Care: 304-599-9400 for the Mon Health Wedgewood Suncrest Location . <https://www.mongeneral.com/main/locations/mon-health-primary-care-morgantown-7>
 - ii. Interns will not be discouraged from scheduling appointments with physicians, dentists, or other healthcare providers.
 - iii. Routine appointments can be scheduled during normal business hours. If you plan to be out for an appointment, please ensure that this does not disrupt patient care, and you inform all supervisors and TD. Please fill out a leave slip for the time out prior to leave.
 - iv. Appointments for acute issues can be scheduled when needed and the program will provide work coverage. Inform supervisors and the TD as soon as possible if you need to be out.
 - i. Urgent care is also an available option for acute issues. WVU Urgent Care in Suncrest is open 7:45am to 8pm seven days per week. <https://wvumedicine.org/ruby-memorial-hospital/services/urgent-care/>
 - ii. Mon General Urgent care is also open 8:00am to 8pm seven days per week. 956 Maple Dr, Morgantown, WV 26505
 - v. The Wellness Center offers access to a fitness facility on the 4th floor of the HVI. Interns/ fellows are encouraged to make use of this resource as well as fitness classes. Discounted membership is also offered at the WVU Rec Center.

- vi. Interns/ fellows should not be pressured to work when physically ill. If you are not able to work, contact the callout line (304) 598-4402 and NDC front desk (304) 598-4402 as soon as possible to re-schedule your clinic. The front desk will usually be able to be reached by 7:30. **You must ensure that you actually speak to someone at the NDC and that they receive the message.** Do not assume that if you leave a message it is sufficient. Please also inform your TD asap; Please text/call Jenna Wallace and your direct supervisors. When you return, fill out a leave slip for any sick time.
- b. Emotional Health
 - i. GME Orientation
 - i. All incoming interns attend lectures related to the practitioner health program, education about burnout, substance abuse, and mental health. Interns/ fellows are familiarized with institutional resources to address these issues.
 - ii. Interns are encouraged to utilize The Wellness Center for free classes on burnout mitigation, meditation, mindfulness, etc.
 - ii. Program Specific Lectures
 - i. Wellness and self-care, Professional Development Series
 - iii. Program intern meetings to assess for burnout, etc.
 - i. Intern/ Fellow well-being is assessed/ discussed at regularly scheduled weekly TD meetings
 - ii. The program director will address burnout, adjustment, social support as needed/ indicated at regular Internship Training Meetings or Supervision of Fellows
 - iv. Interns/Fellows in crises
 - i. Interns/ fellows in obvious crises will be removed from clinical duties immediately if patient care is at risk.
 - ii. It is recommended that a FSAP appointment is scheduled within 48 hours.
 - iii. Interns may return to work when the training program, in collaboration with FSAP, has deemed it appropriate and safe for patient care.
 - iv. If there is a concern for alcohol or drug abuse, a drug and/or alcohol screen may be considered based on the situation. This can be completed at Employee Health same day.
 - v. If there is concern for acute intern/fellow safety, the Program Director or their designee appointee will take the intern to the ED for an immediate evaluation.
 - vi. If the situation requires leave, the intern/ fellow may be granted for medical and personal reasons as specified in the Policy on Extended Leave.
 - vii. If the situation generates behavior of concern as indicated in Due Process Procedures, (ie, Violation of the ethical standards for psychologists as established by the American Psychological Association, in either the provision of clinical services or research activities; Behavior(s) that are judged as currently unsuitable and which hamper the intern's professional performance, etc.), due process procedures will be enacted. The concerns may be brought to the Internship Training Committee or Fellowship Committee, who will review the information and render a decision as outlined in the due process procedures.
 - c. Social Support and Engagement
 - i. Interns/ fellows will be connected with one another (if given approval to the TD) prior to starting the training year to foster connection and support
 - ii. Interns/ Fellows are strongly encouraged to attend team building events with the residents during orientation
 - iii. Interns/ fellows are encouraged to participate in social, networking, and community events.

Leave Policy

Fellows 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 fellows to take 3 weeks of combined leave plus a week of professional time within the framework of their fellowship year. Extenuating circumstances are covered under the policy on extended leave (below).

Leave Forms for Time Off:

Fellows 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), i.e., 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 fellow 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 fellow has a medical disability, or

2) The fellow 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 fellowship requirements within a 24 month period. The fellow must complete the equivalent of a full training year to the satisfaction of the fellowship 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 fellow may be responsible for the continuation of insurance coverage.

e) The fellow'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 fellow 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 fellow 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 fellow is returning to the fellowship 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 fellowship should be made in writing to the Training Director as soon as the fellow is able to return to work. Requests to return in a subsequent fellowship 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 fellow is able to resume the duties of the fellowship.

Holidays for 2022-2023

State

| | | |
|-------------------|-----------------------------|-----------|
| January 17, 2022 | Martin Luther King, Jr. Day | Monday |
| April 15, 2022 | Spring Holiday | Friday |
| May 10, 2022 | Primary Election Day | Tuesday |
| May 30, 2022 | Memorial Day | Monday |
| July 4, 2022 | Independence Day | Monday |
| September 5, 2022 | Labor Day | Monday |
| November 8, 2022 | General Election Day | Tuesday |
| November 23, 2022 | Day Before Thanksgiving | Wednesday |
| November 24, 2022 | Thanksgiving | Thursday |
| November 25, 2022 | Lincoln's Day | Friday |
| December 23, 2022 | Winter Holiday | Friday |
| December 26, 2022 | Christmas (Observed) | Monday |
| December 27, 2022 | Winter Holiday | Tuesday |
| January 2, 2023 | New Year's Day (Observed) | Monday |
| January 16, 2023 | Martin Luther King, Jr. Day | Monday |
| April 7, 2023 | Spring Holiday | Friday |
| May 29, 2023 | Memorial Day | Monday |
| January 17, 2022 | Martin Luther King, Jr. Day | Monday |

| | | |
|-------------------|----------------------|---------|
| April 15, 2022 | Spring Holiday | Friday |
| May 10, 2022 | Primary Election Day | Tuesday |
| May 30, 2022 | Memorial Day | Monday |
| July 4, 2022 | Independence Day | Monday |
| September 5, 2022 | Labor Day | Monday |
| November 8, 2022 | General Election Day | Tuesday |

The holiday calendar is subject to change. Legislation may ensue, or additional days may be granted by the Governor and added at a later date, and the University's president may reallocate holidays within a fiscal year to better meet student and service needs.

Grievance Process

The faculty and fellows in our program strive to maintain an open relationship that is focused on the training goals of the fellows. When differences of opinion arise between an fellow and a supervisor, fellows are encouraged to address them directly with that supervisor. If there is a grievance, in which an fellow 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 fellow 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, Jenna Wallace, PsyD. If the issue is not reasonably addressed or the fellow does not feel comfortable discussing it with the training director, the director of the Neurodevelopmental Center, Jodi Lindsey, MD, 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, Chuck Mullett, MD, PhD. If a grievance arose that could not be solved by members of the training committee or section of neurodevelopment, or if the fellow felt they could not address the problem within the section, Dr. Mullett would become involved. If there was a conflict with Dr. Mullett's involvement or the fellow wished to appeal, then at the institutional level, the Dean of Graduate Medical Education, Norman Ferrari III, MD, 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, MD, 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

Pediatric Clinical Psychology Postdoctoral Residency Program - Neurodevelopment
Department of Pediatrics
West Virginia University School of Medicine

This document describes the due process policy that applies to the clinical psychology resident(s) in the Department of Pediatrics at West Virginia University School of Medicine. When a fellow 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 Fellowship 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 fellowship;
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 fellow's professional performance.

Any of the above concerns may be brought to the Fellowship Training Committee, who will review the information and render a decision. As part of the information-gathering process fellows 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 fellow 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 fellow 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 Pediatrics.
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 fellow will be informed of the Training Committee decision in a meeting with the Director of Training, and a letter of reprimand will be given to the fellow with a copy placed in his/her personnel file. If applicable, remediation will be recommended.

4. Probation: Under this finding, the fellow will continue to perform his/her duties, but his/her performance will be closely monitored for a 30-day period. If an fellow is placed on probation, he/she will be notified orally by the Director, and a letter will be given to the fellow (with copy to his/her file). A plan of remediation will be included. At the end of the probationary period, the committee will review the fellow's performance and decide whether:
 - a. to return the fellow 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 fellow 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 Fellowship Training Committee. A quorum of greater than 50% of the members is required at Due Process meetings. Regardless of the finding, the fellow 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 fellow's university shall also be notified.

Appeals

Actions 3, 4, and 5 by the Fellowship Training Committee shall be subject to appeal. If the fellow desires to appeal a decision, he/she must inform the Director of Fellowship Training in writing of his/her desires appeal within 20 days of the fellow'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 fellow has the right to be present at the appeal and witnesses may be called. Legal counsel shall not be present, although the fellow may be accompanied by an academic advisor of his/her choice. This advisor shall not speak on behalf of the fellow, 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 fellow is not satisfied with the result of this judgment, he/she may subsequently appeal to the Chairman of the Department. The fellow must notify (in writing), the Director of Fellowship 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 Fellowship Training Committee may elect to allow the fellow 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 fellow will not be permitted to continue his/her activities within the Department during the appeal process.

Phone/computer information

Helpful Numbers

| Supervisor | Office |
|-------------------|---------------|
| Wallace | 75908 |
| Poe | 78087 |
| Duncan | - |
| Lindsey | 77237 |

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.

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.

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.

EPIC

EPIC is the comprehensive electronic medical record system. You will use it to write your evaluations, therapy and group notes, to edit and finalize your 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. Dictation software is also available, if you choose to use it.

External gateway for Citrix Access: <http://apps.wvumedicine.org>

Medsite

Medsite is our old electronic medical record system. It can be accessed through EPIC. While much information from Medsite has been integrated into EPIC, 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

Zoom supervision: Zoom is a secure- HIPPA compliant web streaming program.

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

- Tisha Sutphin in the Department of Pediatrics
- Paperwork for graduate programs
- Information during orientation

Tina Podolinski, MBA

- Administrator, Pediatrics
- Patient care issues, department questions

William Bailey

- Budget Analyst – important contact for ordering supplies, conference travel planning

Lisa Morris

- Clinic manager – general information

Front Desk (Amanda McCoy, Kaitlyn Glotfelty, Sierra Romano)

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

Evaluation of Fellow Research

Fellow: _____ Supervisor: _____

Date of Evaluation: _____

RATE THE FELLOW'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.

Fellow Signature & Date _____

Presentation of Scholarly Work Evaluation Form

Date: _____

Fellow: _____ Evaluator: _____

RATE THE FELLOW'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 fellow 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**

Case Conference Evaluation Form

Date: _____ Fellow: _____

Presentation: _____ Evaluator: _____

RATE THE FELLOW'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 fellow'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:

Pediatric Clinical Psychology - Neurodevelopment Fellow Evaluation

Fellow: _____ 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 FELLOW'S ACTIVITIES IN EACH OF THE FOLLOWING AREAS DURING THIS QUARTER:

A. Clinical:

B. Research:

C. Educational:

RATE THE FELLOW'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 fellow'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:

III. INTERVENTION SKILLS

This area includes, but may not be limited to, an fellow'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:

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

This area includes, but may not be limited to, an fellow'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:

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

This area includes, but may not be limited to, an fellow'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 fellow'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 fellow'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. FELLOW'S SUPERVISION

This area includes, but may not be limited to, an fellow'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. FELLOW'S SUPERVISION/TEACHING OF OTHERS

This area includes, but may not be limited to, an fellow'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:

XI. PROFESSIONALISM/ PROFESIONAL DEVELOPMENT

This area includes, but may not be limited to, an fellow'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 fellow
- Accept feedback from supervisors and modify behavior accordingly
- Take an active role in learning and training
- Demonstrate improvement in skill and knowledge over fellowship year

Overall rating: _____

Strengths:

Areas for improvement:

XII. COMMUNICATION/ INTERPERSONAL SKILLS

This area includes, but may not be limited to, an fellow'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:

Fellow Evaluation of Supervision

Supervisor: _____ Fellow: _____

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 fellow'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

Fellow Evaluation of Rotation

Rotation: _____ Major Minor

Supervisor(s): _____ Fellow: _____

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?

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

Psychology Fellow 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:

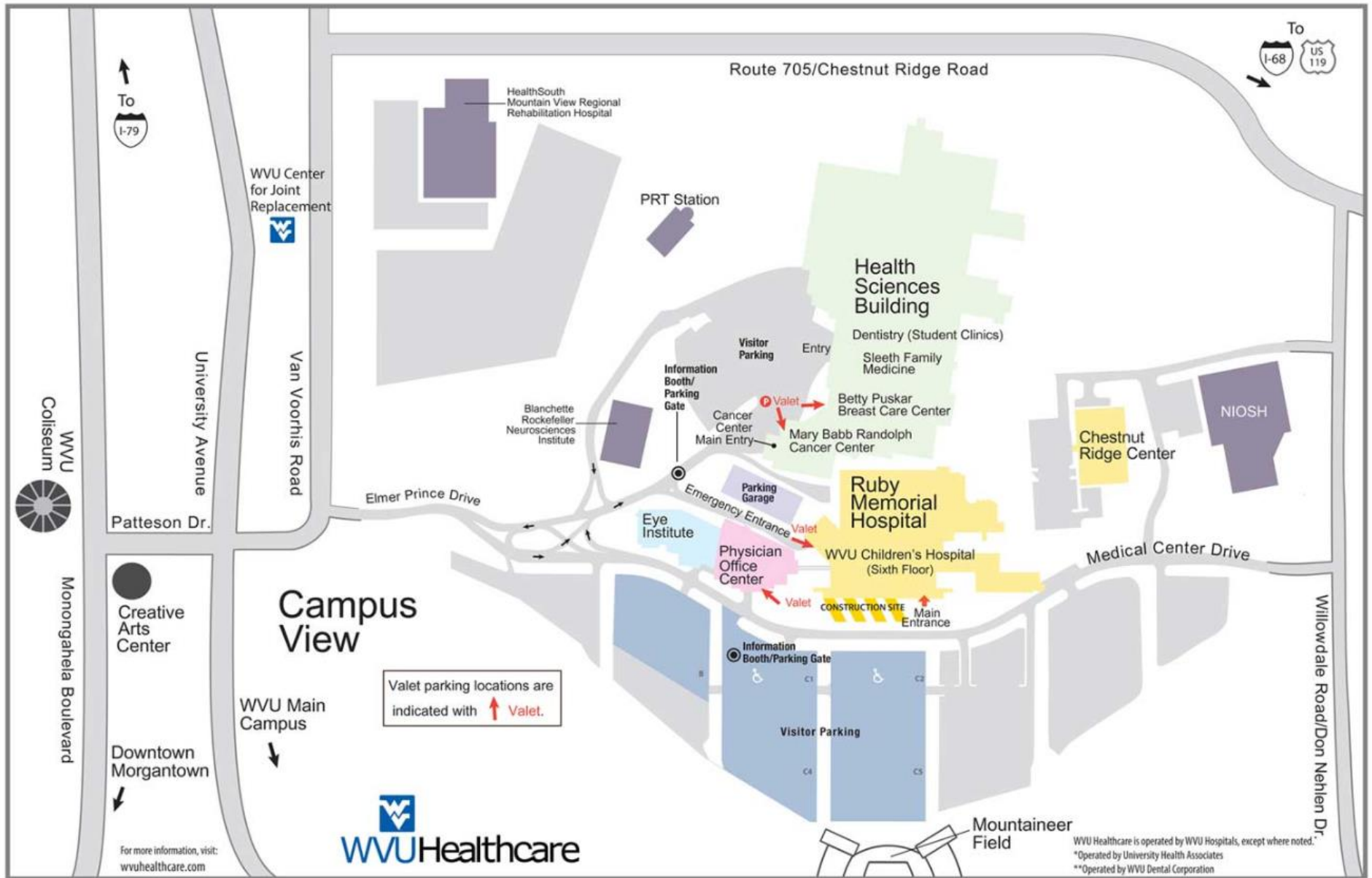
Names listed above

Course Coordinators

Outpatient Desk

Stephanie Cox

Map of WVU



Map of WV Counties

