

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

Intern Handbook
2024 – 2025 v.7.2.24

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Program Philosophy/ Training Goal

The Clinical Psychology Internship Program, emphasizes broad and general training in health service psychology with areas of emphasis in behavioral medicine, neuropsychology, and child/pediatric psychology within an academic medical center. Our goal is to prepare interns to be successful in the 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 at WVU Medicine, WVU Childrens 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 areas including bariatrics, integrated care, pediatric psychology, neurodevelopment and evaluation prior to High Frequency Ultrasound or Deep Brain Stimulation. 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, scholarship, consultation, and program evaluation/ development. 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 are committed to developing an individualized and tailored training experience for the intern. We have three interns annually: one in clinical/behavioral medicine, one in child/pediatric psychology, 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. Additional 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.

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:		
Competency:	<i>(i) Research</i>	
Elements associated with this competency from IR C-8 I	<ul style="list-style-type: none"> • Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. 	
Program-defined elements associated with this competency (see table description above)	<ul style="list-style-type: none"> • 	
Required training/experiential activities to meet each element.	<ul style="list-style-type: none"> • Participation in internship research project • Participation in Research Outcomes Seminar • Participation in Program Evaluation Seminar • Presentation of internship research project to faculty at end of year 	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: <ul style="list-style-type: none"> • Evaluation of performance on internship research project • Completion of Research Outcomes Seminar • Completion of Program Evaluation Seminar • Evaluation of presentation of scholarly work 	Evaluation tool and self-study location: <ul style="list-style-type: none"> • Research Evaluation Form • Research Outcomes Seminar Evaluation Form • Program Evaluation Seminar Evaluation Form • Presentation of Scholarly Work Evaluation Form
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> • Successful completion of internship research project as determined by the research supervisor and ITC, including written and oral presentation • Overall rating of 1 or 2 (intermediate to advanced skill) of research abilities on Research Evaluation form • Successful completion of Research Outcomes seminar, with a minimum rating of satisfactory on the Research Outcomes Seminar evaluation form • Successful completion of Program Evaluation Seminar, with a minimum rating of satisfactory on the Program Evaluation Seminar evaluation form • Overall rating of 1 or 2 (intermediate to advanced skill) on Presentation of Scholarly Work evaluation form 	
Competency:		
<i>(ii) Ethical and legal standards</i>		
Elements associated with this competency from IR C-8 I	<ul style="list-style-type: none"> • Be knowledgeable of and act in accordance with each of the following: • the current version of the APA Ethical Principles of Psychologists and Code of Conduct; • Relevant laws, regulations, rules, and policies governing health service psychology at the 	

	<p>organizational, local, state, regional, and federal levels; and</p> <ul style="list-style-type: none"> • Relevant professional standards and guidelines. • Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. • Conduct self in an ethical manner in all professional activities. 	
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> • 	
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> • Completion of Clinical Competency Examination (CCE) • Participation in rotations and supervision • Demonstrate ethical behavior in research by participation in Internship Research Project • Demonstrate recognition of ethical principles in presentation of cases during General Clinical Psychology Didactic as Case Conference 	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ul style="list-style-type: none"> • Quarterly evaluations by each supervisor, with ratings in area of Ethics and Legal Issues • CCE ratings under Ethics and Legal Standards • Evaluation of intern research • Evaluation of demonstrated adherence to ethical/ legal principles during case conference presentation 	<p>Evaluation tool and self-study location:</p> <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form • Research Evaluation Form • Case Conference Evaluation Form
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> • Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Ethics and Legal Issues • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant item from Ethics and Legal Standards • Rating of 1 or 2 (intermediate to advanced skill) on relevant item from Research Evaluation Form • Rating of 1 or 2 (intermediate to advanced skill) on relevant item for ethics from Case Conference evaluation form 	

Competency:	<i>(iii) Individual and cultural diversity</i>
Elements associated with this competency from IR C-8 I	<ul style="list-style-type: none"> • An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. • Knowledge of the current theoretical and empirical knowledge base as it relates to addressing

	<p>diversity in all professional activities including research, training, supervision/consultation, and service.</p> <ul style="list-style-type: none"> • The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. • Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. 		
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> • 		
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> • Completion of Clinical Competency Examination (CCE) • Participation in rotations and supervision • Participation in Cultural Diversity Seminar 		
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<table border="1"> <tr> <td> <p>How outcomes are measured:</p> <ul style="list-style-type: none"> • Completion of Cultural Diversity seminar • Quarterly evaluations by each supervisor, with ratings in areas of Cultural and Individual Diversity • CCE rating under Cultural and Individual Diversity </td> <td> <p>Evaluation tool and self-study location:</p> <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form • Cultural Diversity Seminar Evaluation Form </td> </tr> </table>	<p>How outcomes are measured:</p> <ul style="list-style-type: none"> • Completion of Cultural Diversity seminar • Quarterly evaluations by each supervisor, with ratings in areas of Cultural and Individual Diversity • CCE rating under Cultural and Individual Diversity 	<p>Evaluation tool and self-study location:</p> <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form • Cultural Diversity Seminar Evaluation Form
<p>How outcomes are measured:</p> <ul style="list-style-type: none"> • Completion of Cultural Diversity seminar • Quarterly evaluations by each supervisor, with ratings in areas of Cultural and Individual Diversity • CCE rating under Cultural and Individual Diversity 	<p>Evaluation tool and self-study location:</p> <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form • Cultural Diversity Seminar Evaluation Form 		
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> • Successful completion of Cultural Diversity seminar, with a minimum rating of satisfactory on Cultural Diversity seminar evaluation form • Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the areas of Cultural and Individual Diversity • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Cultural and Individual Diversity 		

Competency:			
Competency:	<i>(iv) Professional values, attitudes, and behaviors</i>		
Elements associated with this competency from IR C-8 I	<ul style="list-style-type: none"> Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Actively seek and demonstrate openness and responsiveness to feedback and supervision. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. 		
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> 		
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> Completion of Clinical Competency Examination (CCE) Participation in rotations and supervision Participation in Professional Development Seminar 		
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> How outcomes are measured: <ul style="list-style-type: none"> CCE, both general performance and specific rating under Professionalism/ Professional Development Quarterly evaluations by each supervisor, generally and with specific ratings in areas of Professionalism/ Professional Development Completion of Professional Development seminar </td> <td style="width: 50%; vertical-align: top;"> Evaluation tool and self-study location: <ul style="list-style-type: none"> CCE Evaluation Form Intern Evaluation Form Professional Development Seminar Evaluation Form </td> </tr> </table>	How outcomes are measured: <ul style="list-style-type: none"> CCE, both general performance and specific rating under Professionalism/ Professional Development Quarterly evaluations by each supervisor, generally and with specific ratings in areas of Professionalism/ Professional Development Completion of Professional Development seminar 	Evaluation tool and self-study location: <ul style="list-style-type: none"> CCE Evaluation Form Intern Evaluation Form Professional Development Seminar Evaluation Form
How outcomes are measured: <ul style="list-style-type: none"> CCE, both general performance and specific rating under Professionalism/ Professional Development Quarterly evaluations by each supervisor, generally and with specific ratings in areas of Professionalism/ Professional Development Completion of Professional Development seminar 	Evaluation tool and self-study location: <ul style="list-style-type: none"> CCE Evaluation Form Intern Evaluation Form Professional Development Seminar Evaluation Form 		
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> Improvement in general on intern rotation evaluations and CCE ratings from 1st quarter to end of the training year Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant item from Professionalism/ Professional Development Ratings of 1 or 2 (intermediate to advanced skill) on year-end rotation evaluations in relevant items in the areas of Professionalism/ Professional Development Successful completion of Professional Development seminar, with minimum rating of satisfactory on Professional Development Seminar evaluation form 		

Competency:		<i>(v) Communications and interpersonal skills</i>	
Elements associated with this competency from IRC-8I	<ul style="list-style-type: none"> • Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. • Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. • Demonstrate effective interpersonal skills and the ability to manage difficult communication well. 		
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> • 		
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> • Completion of Clinical Competency Examination (CCE) • Participation in rotations and supervision • Demonstrate communication skills during General Clinical Psychology Didactic as Case Conference 		
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: <ul style="list-style-type: none"> • CCE, both general performance and specific rating under Communication/ Interpersonal Skills • Quarterly evaluations by each supervisor, generally and with specific ratings in areas of Communication/ Interpersonal Skills • Communication skills during presentation at case conference 	Evaluation tool and self-study location: <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form • Case Conference Evaluation Form 	
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant item from Communication/ Interpersonal Skills • Ratings of 1 or 2 (intermediate to advanced skill) on year-end rotation evaluations in relevant items in the areas of Communication/ Interpersonal Skills • Rating for 1 or 2 (intermediate to advanced skill) on overall rating from Case Conference evaluation form at year-end. 		

Competency:		<i>(vi) Assessment</i>	
Elements associated with this	<ul style="list-style-type: none"> • Select and apply assessment methods that draw from the best available empirical literature 		

competency from IRC-8 I	<p>and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</p> <ul style="list-style-type: none"> • Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. • Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. 	
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> • 	
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> • Completion of Clinical Competency Examination (CCE) • Participation in rotations and supervision 	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ul style="list-style-type: none"> • Clinical Competency Evaluation (CCE) • Quarterly evaluations by each supervisor, with ratings in area of Assessment and Diagnostic Skills 	<p>Evaluation tool and self-study location:</p> <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> • Successful completion of CCE by year-end • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Assessment • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Diagnostic Skills • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Evidence-Based Practice • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Conceptualization Skills • Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations for Assessment Skills • Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Scholarly Inquiry 	

Competency:	<i>(vii) Intervention</i>
Elements associated with this competency from IRC-8 I	<ul style="list-style-type: none"> • Establish and maintain effective relationships with the recipients of psychological services. • Develop evidence-based intervention plans specific to the service delivery goals. • Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

	<ul style="list-style-type: none"> • Demonstrate the ability to apply the relevant research literature to clinical decision making. • Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. • Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation. 		
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> • 		
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> • Completion of Clinical Competency Examination (CCE) • Participation in rotations and supervision 		
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<table border="1"> <tr> <td>How outcomes are measured: <ul style="list-style-type: none"> • Clinical Competency Evaluation (CCE) • Quarterly evaluations by each supervisor, with ratings in area of Intervention </td> <td>Evaluation tool and self-study location: <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form </td> </tr> </table>	How outcomes are measured: <ul style="list-style-type: none"> • Clinical Competency Evaluation (CCE) • Quarterly evaluations by each supervisor, with ratings in area of Intervention 	Evaluation tool and self-study location: <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form
How outcomes are measured: <ul style="list-style-type: none"> • Clinical Competency Evaluation (CCE) • Quarterly evaluations by each supervisor, with ratings in area of Intervention 	Evaluation tool and self-study location: <ul style="list-style-type: none"> • CCE Evaluation Form • Intern Evaluation Form 		
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> • Successful completion of CCE by year-end • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Intervention Skills • Final CCE ratings of 1 or 2 (intermediate to advanced skill) on relevant items from Evidence-Based Practice • Ratings of 1 or 2 (intermediate to advanced skill) on year-end evaluations on relevant item related to Intervention Skills on Intern Evaluation forms • Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Scholarly Inquiry 		

Competency:	<i>(viii) Supervision</i>		
Elements associated with this competency from IR C-8 I	<ul style="list-style-type: none"> • Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. 		
Program-defined elements associated with this competency	<ul style="list-style-type: none"> • 		
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> • Participation in rotations and supervision • Participation in Supervision Seminar 		
How outcomes are measured for each training/experiential activity	<table border="1"> <tr> <td>How outcomes are measured: <ul style="list-style-type: none"> • Completion of Supervision seminar </td> <td>Evaluation tool and self-study location: <ul style="list-style-type: none"> • Intern Evaluation Form </td> </tr> </table>	How outcomes are measured: <ul style="list-style-type: none"> • Completion of Supervision seminar 	Evaluation tool and self-study location: <ul style="list-style-type: none"> • Intern Evaluation Form
How outcomes are measured: <ul style="list-style-type: none"> • Completion of Supervision seminar 	Evaluation tool and self-study location: <ul style="list-style-type: none"> • Intern Evaluation Form 		

listed above. List where in the self-study all associated evaluation tools are located.	<ul style="list-style-type: none"> Quarterly evaluations by each supervisor, with ratings in area of Supervision of Others 	<ul style="list-style-type: none"> Supervision Seminar Evaluation Form
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> Successful completion of Supervision seminar as evaluated by the instructor, with a minimum rating of satisfactory on Supervision seminar evaluation form Ratings of 1 or 2 (intermediate to advanced skill) on year end Intern evaluations in the area of Supervision Ratings of 1 or 2 (intermediate to advanced skill) on year-end Intern evaluations in the area of Supervision of Others (if applicable) 	

Competency:	<i>(ix) Consultation and interprofessional/interdisciplinary skills</i>	
Elements associated with this competency from IR C-8 I	<ul style="list-style-type: none"> Demonstrate knowledge and respect for the roles and perspectives of other professions. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. 	
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> 	
Required training/experiential activities to meet elements	<ul style="list-style-type: none"> Participation in rotations and supervision 	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: <ul style="list-style-type: none"> Quarterly evaluations by each supervisor, with ratings in area of Consultation and Interprofessional/ Interdisciplinary Skills 	Evaluation tool and self-study location: <ul style="list-style-type: none"> Intern Evaluation Form
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> Ratings of 1 or 2 (intermediate to advanced skill) on year end Intern evaluations in the area of Consultation and Interprofessional/ Interdisciplinary Skills 	

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, behavioral medicine, child/pediatric 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.

Behavioral Medicine Major Rotations

Bariatric Surgery

Supervisors: Stephanie Cox, PhD, ABPP, Laura Aylward, 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.

Primary Care Behavioral Health

Supervisors: Barbara Cubic, PhD; Ruben Tinajero, PhD, Cassandra Homick, PhD

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

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. The intern will participate in a variety of integrated primary care experiences including:

Integrated Outpatient Clinic: Behavioral health care is integrated into our primary care clinics within the patient-centered medical home model. 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: Family Medicine patients can continue to receive care by their primary care providers when they are admitted to Ruby Memorial Hospital. The intern has the opportunity to participate as a member of this multidisciplinary inpatient team (alongside residents, medical students, pharmacy, social work, etc.), providing consultation regarding psychological concerns and/or delivering brief psychological interventions in an inpatient setting.

Family Medicine Specialty Clinics: The Department of Family Medicine offers several clinics to provide patients with specialty care to address their specific need. These clinics include the Medical Weight Management Clinic, Diabetes Clinic, and COPD clinic (depending on availability/scheduling). The intern, as a member of these multidisciplinary teams, 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 and increase adherence to prescribed treatment regimens. The intern provides consultation and brief assessment or intervention as needed.

Transplant

Supervisor: Laura Campbell, PhD

Location: Virtual/Ruby Memorial Hospital

Interns will have the opportunity to provide pre-surgical assessment for patients in the WVU Medicine Transplant program. The transplant team currently performs kidney and heart transplants. Interns will have the opportunity to participate in transplant team meetings.

Adult Clinical Health Evaluation and Intervention

Supervisors: Stephanie Cox, PhD, ABPP; Colleen Lillard, PhD

Location: Chestnut Ridge Center

Interns will have the opportunity provide assessment for patients with a variety of clinical health presentations including, evaluation of patients with chronic pain conditions prior to implantation of medical devices and patients considering genetic testing. Additionally, interns have the opportunity to follow-up on treatment recommendations/ engage in short-term intervention.

Behavioral Medicine Adult/ Young Adult Outpatient Psychology

Supervisors: Stephanie Cox, PhD, ABPP; Colleen Lillard, PhD; Jennifer Ludrosky, PhD, Laura Aylward, PhD

Location: Chestnut Ridge Center

Interns provide assessment and evidence-based treatment to patients across the life-span 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.

Pediatric and AYA (adolescent/young adult) Behavioral Medicine/ Psychology Clinic:

Supervisors: Jennifer Ludrosky, PhD; Stephany Lora, PsyD; Jonathan Perle, PhD, ABPP; Janelle Mentrikoski, PhD

Location: Chestnut Ridge Center

Interns will have the option to participate in fully integrated pediatric clinic(s), child/adolescent psychiatric consultation and liaison. Options include:

Pediatric GI Clinic: Interns will attend a half-day pediatric GI clinic (ages 0-18) in order to provide assessment, team consultation, and brief intervention for children and adolescents who present to Gastroenterology. Intervention areas frequently include anxiety, functional abdominal pain, adherence, adjustment to diagnosis, dietary change, encopresis.

Pediatric Nephrology Clinic: Interns will attend a half-day pediatric Nephrology clinic (ages 0-21) in order to provide assessment, team consultation, and brief intervention to children and adolescents who present to Nephrology. Intervention areas include adjustment to diagnosis, complex dietary change, adherence. Interns will practice using MI and stages of change with complex medical patients.

Pediatric Cleft Palate Clinic: Interns will attend a half-day pediatric Cleft Palate clinic (ages 0- 21) in order to provide psychology assessment and intervention to every clinic patient. Interns will become familiar with important concepts in the treatment of Cleft Lip and Palate and will work closely with large multidisciplinary team to provide high level care for children. Interns will also have the opportunity to gain skills in procedure management, as patients frequently have to undergo in-office procedures.

Attention Deficit/Behavior Clinic (AD/BC): Interns will attend a half-day pediatric clinic (ages 2-10) where they will learn to (1) provide diagnostic assessment of ADHD/disruptive behavior and comorbid

challenges, as well as (2) how to implement parent management training strategies; one of the most effective evidence-based interventions for childhood disruptive behavior that is designed to improve compliance, on-task behavior, and parent-child relationships, while reducing problematic behaviors such as defiance and aggression.

Outpatient Pediatric Clinic: 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. Clinic can be focused on specific populations.

Neuropsychology Major Rotations

The West Virginia University School of Medicine provides a 50% neuropsychology internship training program that is in accordance with the Houston Conference Guidelines.

Throughout the 12 months, the intern will complete three, 4-month rotations, working directly with one faculty supervisor for each of the four-month periods. Interns conduct two neuropsychological evaluations per week and participate in feedbacks, psychotherapy, and, at times, cognitive rehabilitation. The intern participates and gets exposure to awake craniotomy language mapping, WADA evaluations, observation of various neurosurgeries, and participation in several multidisciplinary teams. Interns will participate in weekly neuropsychology-focused case conference, multidisciplinary team meetings, and professional development and Board exam preparation activities. Pediatric neuropsychology rotations are available, but not required, for the training year.

Major Rotations (4)

The intern will work with four supervisors:

James J. Mahoney, PhD
Liv E. Miller, PsyD, ABPP-CN
Cierra M. Keith, PhD
David Scarisbrick, PhD, ABPP-CN
Nicholas Jasinski, PsyD, ABPP-CN/FP
Alexandria Perle, PsyD
Holly Phelps, PhD
Ben Eschler, PhD
Krestin Radonovich, PhD – Pediatric Neuropsychology
Sam Eckrich, PhD – Pediatric Neuropsychology
DJ Bernat, PhD – Pediatric Neuropsychology

All rotations will focus on the evaluation of primarily outpatients with neurological, medical and psychiatric diseases(s). Some evaluations are also performed with inpatients in the psychiatric hospital and occasionally in consultation to various services in Ruby Memorial Hospital. Selection of rotations will be based on intern interest, training needs, and supervisor availability.

Our clinic offers experience with a rich and diverse patient population, including, but not limited to, individuals with various neurodegenerative conditions, traumatic brain injuries, brain tumors, strokes, movement disorders, cardiovascular disease, learning and attention disorders, and patients diagnosed with severe mental illness and substance abuse. 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. 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 participating in Wada evaluations. Pre- and post-surgical DBS evaluations of patients with Parkinson's disease and essential tremor are also frequently performed. In addition, interns may have the opportunity to observe patient rounds, bedside evaluations, neurobehavioral evaluations in multidisciplinary clinics, including ALS clinic, and provide cognitive rehabilitation with select patients. Finally, the breadth and depth of clinical experiences is enhanced by weekly didactics including Neuropsychology Case Conference including Boards preparation, Neurology Grand Rounds, Psychiatry Grand Rounds, Neuromodulation Team meetings, Epilepsy Boards, and Brain Tumor Boards.

The pediatric neuropsychology rotation includes evaluation of children ages 3 to 16 with complex medical conditions. Referrals include, but are not limited to brain injury, epilepsy, cancer, and neurodevelopmental disorders. Available pediatric didactics include conferences and grand rounds in epilepsy clinic, craniofacial team, neurology, and the neurodevelopmental center.

Child/Pediatric Major Rotations

Child and Adolescent Outpatient Psychology/Psychiatry

Supervisors: Jennifer Ludrosky, PhD; Stephany Lora, PsyD; Jonathan Perle, PhD, ABPP, Janelle Mentrikoski, PhD, Maria Khan, PhD

Location: Chestnut Ridge Center

Interns provide assessment and evidence-based treatment to children, adolescents, and families 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, Family Systems, 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. Specialty clinic opportunities include:

Parent Management Training (PMT) Clinic: Interns will attend a half-day pediatric clinic (predominantly ages 2-10, but opportunities for older children) where they will learn to (1) provide brief diagnostic assessment of ADHD/disruptive behavior and comorbid challenges, as well as (2) how to implement parent management training strategies; one of the most effective evidence-based interventions for childhood disruptive behavior that is designed to improve compliance, on-task behavior, and parent-child relationships, while reducing problematic behaviors such as defiance and aggression.

ADHD Assessment Clinic: Interns will attend a half-day pediatric clinic (ages 4-11) where they will learn how to conduct in-depth evaluations to determine the presence of ADHD and comorbid psychiatric challenges. Interns will conduct assessment procedures (e.g., interviews, observations, questionnaires), create diagnostic reports, and provide feedback/recommendations.

Child and Families Multidisciplinary Training Clinic: 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 in a team setting 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 other

trainees conducting individual and family therapy as well. MDT clinic services highly complex, multi-problem families from CBT, trauma-informed and family systems frameworks.

Outpatient Pediatric Clinic: 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. Clinic can be focused on specific populations.

Trauma-focused Treatment: Interns provide assessment and evidence-based treatment to children, adolescents, and families who have experienced adverse childhood experiences (ACEs) or complex trauma and are presenting with traumatic stress and related psychosocial difficulties. 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 from a trauma-informed and cognitive-behavioral orientation, integrated with other evidence-based approaches including attachment, family systems, mindfulness-based, and acceptance and commitment therapy.

Pediatric Subspecialty Clinics

Supervisors: Jennifer Ludrosky, PhD; Stephany Lora, PsyD, Janelle Mentrikoski, PhD

Location: WVU Medicine Children's Hospital; J.W. Ruby Memorial Hospital

Interns on this rotation will provide assessment and evidence-based treatment to children, adolescents, and families in integrated pediatric subspecialty clinics. Interns will also provide consultation to medical staff, provide crisis intervention, and link to appropriate external services. Interns will gain knowledge of complex medical conditions, psychology needs of pediatric patients, and models of integration and multidisciplinary practice. Interns will have the opportunity to experience a variety of subspecialties, including:

Pediatric GI Clinic: Interns will attend a half-day pediatric GI clinic (ages 0-18) in order to provide assessment, team consultation, and brief intervention for children and adolescents who present to Gastroenterology. Intervention areas frequently include anxiety, functional abdominal pain, adherence, adjustment to diagnosis, dietary change, encopresis.

Pediatric Nephrology Clinic: Interns will attend a half-day pediatric Nephrology clinic (ages 0-21) in order to provide assessment, team consultation, and brief intervention to children and adolescents who present to Nephrology. Intervention areas include adjustment to diagnosis, complex dietary change, adherence. Interns will practice using MI and stages of change with complex medical patients. Interns will also have the opportunity to join research projects, including examining the link between hypertension and anger in children, and the impact of COVID-19 on blood pressure in children and adolescents.

Pediatric Cleft Palate Clinic: Interns will attend a half-day pediatric Cleft Palate clinic (ages 0- 21) in order to provide psychology assessment and intervention to every clinic patient. Interns will become familiar with important concepts in the treatment of Cleft Lip and Palate and will work closely with large multidisciplinary team to provide high level care for children. Interns will also have the opportunity to gain skills in procedure management, supporting children and families during in-office procedures.

Pediatric Cystic Fibrosis Clinic: Interns will attend a half-day pediatric Cystic Fibrosis (CF) clinic (ages 0-21) to provide assessment and brief interventions to every clinic patient. Interns will consult and collaborate with a large multidisciplinary team, including respiratory therapy, social work, dieticians,

pharmacy, physical therapy, and physicians. Targeted areas of intervention include adherence to treatment regimens, adjustment to chronic illness, and emotional and behavioral concerns impacting care.

Pediatric Endocrinology Clinic: Interns will attend a half-day pediatric Endocrinology clinic (ages 0-18) to provide assessment and brief interventions with patients who are diagnosed with diabetes. Interns will consult and collaborate with a multidisciplinary team. Targeted areas of intervention include adherence to treatment regimens, adjustment to chronic illness, and emotional and behavioral concerns impacting care.

Family Weight Management Clinic: Interns will attend a half-day family-focused clinic focused on providing behavioral support to families desiring change in health-related behaviors. Interns will have the opportunity to complete intake and follow up visits with children and families, observe specialty physician and dietician visits, and take part in team planning for patient care.

Pediatric C/L Service: Interns will spend one half day working with the multidisciplinary C/L service to provide initial consultations as well as follow-up short term intervention, team support, and provider-family liaison for children and adolescents in the WVU Children's Hospital.

Neurodevelopment – Assessment and Intervention

Supervisors: Krestin Radonovich, PhD, Colleen Butcher, PhD

Location: WVU Medicine Children's Neurodevelopmental Center

Interns on this rotation will provide assessment to children ages 0-12 for a broad variety of presenting neurodevelopmental and early childhood concerns. Interns will operate within the neurodevelopmental team, which is comprised of pediatric psychology and pediatric neurology (with neurodevelopmental specialty, NDD) to provide comprehensive evaluations and care for patients.

Options are also available for the intern to provide individual and group therapy to children ages 0-12 with neurodevelopmental disabilities. 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 Cognitive-Behavioral and Behavioral orientations. 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. Cases using Parent-Child Interaction Therapy (PCIT) are also available to those interns with prior PCIT training and experience.

Minor Rotations – all tracks

Functional Movement Disorder (FMD) Interdisciplinary Treatment Clinic

Supervisor: Nicholas Jasinski, PsyD, ABPP

Location: Virtual/RNI Innovation Center

Interns have the opportunity to participate in intake biopsychosocial assessments to establish the appropriateness of clinic services for the adult patient, observe and possibly co-lead a weekly FMD therapy group, and attend monthly team meetings attended by neurologists, psychiatrists, clinical therapists, and physical therapists. Interns will become familiar with theoretical models of FMD, assessing factors associated with FMD, and the unique elements of working with this population in a treatment capacity.

Resilience After Complex Trauma (ReACT) Clinic:

Supervisor: Maria Khan, PhD

Location: Chestnut Ridge Center

Interns will attend a half-day clinic for children (ranging in age from 2-17) and families who have experienced complex trauma and adverse childhood experiences (ACEs). Interns will gain exposure to a host complex difficulties including but not limited to, PTSD and symptoms of traumatic stress, anxiety and mood disorders, early childhood abuse and neglect, impact of caregiver substance use and substance exposure in-utero, foster care placement difficulties, loss and traumatic grief, emotional and behavioral difficulties related to traumatic experiences, attachment and parent-child relationship difficulties, parenting challenges and intergenerational trauma/attachment-related concerns, and medical trauma. Interns will learn evidence-based trauma-focused strategies including trauma-focused cognitive behavioral therapy (TF-CBT), while receiving support through individual reflective supervision as well didactic learning and multi-disciplinary group case consultation.

Child and Families Multidisciplinary Training Clinic

Supervisor: Maria Khan, 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 in a team setting 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 other trainees conducting individual and family therapy as well. MDT clinic services highly complex, multi-problem families from CBT and family systems frameworks. 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.

Forensic Psychology

Supervisor: Colleen Lillard, PhD

Location: Chestnut Ridge Center

The goal of this rotation is to provide interns with an introduction to forensic psychology. At WVU, the forensic section primarily conducts court-ordered evaluations in the following areas: competency to stand trial, criminal responsibility (NGRI), dangerousness, sex offender risk assessment, and fitness for duty. Interns will also be provided didactics in many areas of forensic psychology. This experience is an excellent opportunity for interns from both tracks to learn more about the role a psychologist conducting forensic evaluations and strengthen assessment skills. Additionally, this rotation exposes interns to the state hospital system and strengthens diagnostic and assessment skills working with individuals who have severe mental illnesses.

Behavioral Sleep Medicine

Supervisors: Amy Fiske, PhD

Location: Quinn Curtis Center

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 provides supervision/ oversight for WVU Clinical Psychology graduate students, and also receives training regarding their own supervision skills (“supervision of supervision”).

Hospital-Based Psychiatry Consultation and Liaison (General Clinical Team)

Supervisors: Psychiatry attending

Location: Chestnut Ridge Center/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.

Hospital-Based Psychiatry Consultation and Liaison (Substance Use Disorder Team)

Supervisors: Psychiatry attending

Location: Chestnut Ridge Center/Ruby Memorial Hospital

The Psychiatry Consultation and Liaison/ Substance Use Disorder team assists in diagnosis and treatment of substance use disorders in medically ill patients, who are currently admitted to the hospital. More specifically, the intern functions as a member of the multidisciplinary team in providing substance use treatment programming to patients hospitalized with injection drug use-associated infective endocarditis along with other medical conditions.

Hospital-Based Psychiatry Consultation and Liaison (Pediatric Team)

Supervisors: Stephany Lora, PsyD

Location: Chestnut Ridge Center/WVU Children's Hospital

The 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, as well as participate in a multidisciplinary team.

Outpatient Substance Use Disorders- COAT Program/ MAT Program

Supervisors: Psychiatry Attending

Location: Chestnut Ridge Center

The intern participates in our intensive outpatient treatment program for Opioid Use Disorders including our Comprehensive Opioid Addiction Treatment (COAT) Program and Medication Assisted Treatment (MAT) Program. These treatment programs include the provision of group medical visits/ medical management for substance use disorders in combination with group therapy sessions. This program is an innovative and successful approach to recovery which has been nationally recognized. The intern participates in observation of group medical visits and can assist in co-leading/ leading groups related to life enrichment skills, relapse prevention, communication skills, and self-esteem skills help individuals get back on track to a healthy, fulfilling life. Groups include Beginners, Intermediate, Advanced recovery group as well as a group for expecting mothers addressing the special clinical needs of women who are pregnant.

Inpatient Substance Use Disorders- Dual Diagnosis Unit

Supervisors: Psychiatry Attending

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.

VA Medical Center-Home-Based Primary Care

Supervisor: Rebecca Burnheimer, PhD

Location: based out of Louis A. Johnson VA Medical Center, Clarksburg WV

Interns will work within the VA's Home-Based Primary Care program, providing services to veterans within the veterans' homes. The patient population primarily consists of older adults with complex medical and psychiatric comorbidities who may be homebound due to chronic medical conditions, physical disability, and/or limited resources. Interns can tailor the training experience to fit their interests and professional goals, with both

assessment and intervention opportunities available. If interested, interns may participate in capacity evaluations, where psychologists must make ethically challenging decisions that have a direct, profound impact on their patients' lives. A developmental supervision model is employed, with interns initially shadowing the supervisor, and then participating in cases as they become comfortable working in this unique setting. Interns will also have the opportunity to participate in multidisciplinary team meetings (schedule permitting), collaborating with physicians, nurses, pharmacists, occupational therapists, dietitians, and social workers to provide comprehensive care to their patients.

VA Medical Center-Mental Health Residential Rehabilitation Treatment Program

Supervisors: Timothy Swiger, PhD, C.R.C.

Location: Louis A. Johnson VA Medical Center, Clarksburg WV

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 various evidence-based psychotherapies. In addition, interns will be involved in interdisciplinary morning rounds.

Expanded Research Minor

Supervisors: Research Mentor or Psychology Faculty Member

Location: Chestnut Ridge Center

In addition to the longitudinal research minor (1/2 day per week throughout the year), interns may have the option to devote additional time to research in the 3rd or 4th quarter in order to expand their development in this area. Interns may be allocated an additional 1/2 day for 3 months in order to expand upon an existing project or develop additional skills. Participation in an expanded research minor is contingent upon the intern demonstrating intermediate to advanced competency in other domains (as evidenced by the Clinical Competency Evaluation and Quarterly Evaluations) and completion of dissertation prior to January 1 of the training year.

Additional Minors

Interns can choose as minor experiences many of the major experiences that are offered to the other tracks. Specific offerings will be decided based on availability, timing, and scheduling for each intern.

GME and Program Diversity Policy

The Clinical Psychology Pre-doctoral Internship Program makes a concerted effort to ensure an encouraging and supportive learning environment for diverse individuals. The program embodies the values of the GME policy on diversity (full policy below). Respect for diversity is a central tenet of the training program and is reflected in the inclusion of issues regarding cultural and individual diversity in the various program didactics and supervision. In addition, the close working relationship among supervisors, the Training Director, and the interns allows for monitoring and discussion of diversity, both of the interns and their patients, and related issues. The Department has trainees from different racial, ethnic, and cultural backgrounds, which provides peer support for diverse individuals. Respect for diversity is exhibited formally by the formation of the departments Diversity, Equity, and Inclusion Committee and informally by the Chairman's inclusion of diversity issues in every training program within the department.

Diversity in Recruitment and Retention

The Internship Training Committee has made a commitment to ensure that recruitment and retention of diverse individuals receives ongoing attention within the internship program and the psychology section as a whole. We advertise for and consider diversity in our decisions to offer positions and in ranking decisions. The Internship Training Committee regularly reviews, evaluates, and adjusts our efforts to assure that recruitment and retention of diverse individuals receives ongoing attention within the internship program and the psychology section as a whole. The Internship Program and the Department of Behavioral Medicine and Psychiatry works to provide an encouraging and supportive learning environment for diverse individuals. The Department has trainees from different racial, ethnic, and cultural backgrounds, which provides an atmosphere in which diversity is the norm. In addition, respect for diversity is exhibited by the inclusion of diversity issues in all training programs within the Department.

Diversity in Clinical Training

Cultural and individual diversity is also addressed through the clinical populations served. As a tertiary care center, patients come from a wide range of backgrounds to WVU to receive treatment. Although the state as a whole is primarily White, Morgantown includes a more diverse racial and cultural population. In addition, the regional culture, rural population, and Appalachian heritage provide exposure to unique cultural elements. As many graduate programs are located in metropolitan areas, many interns have limited experience with working with our particular rural Appalachian population.

Diversity in Didactics

The Cultural diversity seminar is designed to supplement the training experiences of the interns. More specifically, this year long seminar reviews topics related to our unique Appalachian culture, rural communities, health literacy and practice issues in rural locations, as well as topics such as age, gender, race, dis/ability. The program includes relevant topics on cultural and individual diversity in seminars including Research Outcomes, Professional Development, Supervision, and the Clinical Psychology didactic. These didactics throughout the year foster a discussion of various ethical challenges that may arise due to value conflicts or other tensions. Issues related to cultural diversity are also considered as part of the intern's research project. Training related to difficult situations related to ethical challenges is provided throughout supervision as well.

Compliance

It is the policy of West Virginia University to comply with the Americans with Disabilities Act (ADA). The Division of Diversity, Equity and Inclusion has administrative responsibility for ensuring compliance with the ADA/ Rehabilitation Act for all programs at WVU including Chestnut Ridge Center. This division has responsibility for ensuring program accessibility, removing existing architectural and physical barriers, ensuring that capital projects are in compliance, arranging for accessible transportation, providing ongoing education and training, and ensuring compliance in employment practices. Consultation on disability-related issues is also available. A Grievance Procedure is also established to meet the requirements of the ADA (see Appendix I.B.5.1.1 for WVU ADA Grievance Procedure). It may be used by anyone (students, employees, visitors, contractors, etc.) who wish to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by West Virginia University.

Graduate Medical Education (GME) Diversity Policy for Recruitment of Residents/Fellows, Faculty and Staff

Background: West Virginia has a population of approximately 1.8 million and is a highly rural state with one of the oldest populations in the country. Geographically, it is the only state that rests entirely within the Appalachian mountain region. Historically, large numbers of its citizens have been employed in the extractive industries—mainly timbering and coal mining. This lack of

economic diversity has resulted in a weak economy, poor socioeconomic status, and low educational attainment. The state's demographics reflect a small percentage of traditionally underrepresented in medicine.

Policy: The WVU School of Medicine is the flagship institution of medical education, healthcare, and research for the state of West Virginia. As a land grant institution, our goal is to improve the health and wellness of West Virginia residents. The School endeavors to select a gender-balanced, diverse, and tolerant graduate student body, faculty, and staff. Our priority is to recruit key, value-added, underrepresented in medicine groups that include African-Americans, Hispanics, LGBTQ, and Native Americans/Pacific Islanders. The WVU School of Medicine also aims to recruit residents/fellows who are included in the socioeconomically and educationally disadvantaged rural Appalachian population.

The School's endeavors are congruent with the strategic plan of the School, the Health Sciences Center, and the University. The School believes the recruitment and accommodation of key value-added groups greatly enriches our educational and research missions; the environment for our students, residents/fellows, faculty, and staff; and our goals in improving the healthcare of the citizens of West Virginia.

This policy is implemented to ensure there are no quotas or set-asides. Regardless of an applicant's characteristics, they are considered in the same competitive pool using the same application of University policies and procedures. Each graduate medical education program is required to have their own program specific Diversity Policy as well as monitor their diversity against goals and national statistics for their specific program. Furthermore, GME will evaluate recruitment efforts centrally by monitoring the number of offers made to our defined value-added groups, the number of individuals who decline offers, and the number of individuals who choose to be employed by or be a resident/fellow at West Virginia University's School of Medicine.

Academic and Learning Environments

Graduate Medical Education (GME) ensures its educational program occurs in a professional, respectful, and intellectually stimulating academic and clinical environments; GME recognizes the benefits of diversity; and promotes resident's/fellow's attainment of competencies required of future physicians.

Diversity/Pipeline Programs and Partnerships

GME has effective policies and practices in place and engages in ongoing, systematic, and focused recruitment and retention activities to achieve mission-appropriate diversity outcomes among its residents/fellows, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

Curricular Content

GME faculty will ensure that the graduate medical curriculum provides content of sufficient breadth and depth to prepare graduate medical trainees for entry into the contemporary practice of medicine.

Cultural Competence and Health Care Disparities

GME faculty will ensure that the graduate medical curriculum provides opportunities for residents/fellows to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The graduate medical curriculum includes instruction regarding the following:

The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

The basic principles of culturally competent health care.

The recognition and development of solutions for health care disparities.

The importance of meeting the health care needs of medically underserved populations.

The development of core professional attributes (e.g. altruism, accountability) needed to provide effective care in a multidimensional and diverse society.

Supervision

- Interns meet with each of their supervisors for up to 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 Zoom software (see telesupervision policy).
- 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.

WVU SOM Clinical Psychology Pandemic Response Plan

Full Health Science Center Guidelines as of 10/25/21 can be found at

<https://www.hsc.wvu.edu/hub/coronavirus/wvu-medicine-student-experience-guidelines/>

And

<https://wvumedicine.policytech.com/dotNet/documents/?docid=24141&anonymous=true>

Guidelines are continually being updated to reflect best current practices and the constantly changing nature of global health needs. At this time, the following guidelines are in place. These may not reflect changing guidelines over time.

The following clinical protocol will be followed:

- All students learning in the clinical learning environment are prohibited from direct contact with patients who are people under investigation (PUI) or patients confirmed to have COVID-19 or other highly infectious disease.
- Any student who is exposed to a patient who becomes a PUI in the course of their care is to notify their team and instructor, self-quarantine away from the clinical environment, and notify the WVU Student Health office at (304) 285-7200.
- If you have a health condition that puts you at higher risk (you are immunocompromised, on immunosuppressive drugs, have a chronic pulmonary condition) or have unique circumstances (you are living with someone who is immunosuppressed, you are pregnant), please contact your instructor so they can help identify educational experiences that reduce your risk while meeting educational requirements.
- Additional information for healthcare professionals is included in the Healthcare Providers section of <https://portal.wvumedicine.org/FAQs?a=30>

Guidelines Per GME:

Residents are valuable members of the health care team. We appreciate all you do to care for our patients and teach our students. Students in learning in the clinical learning environment are prohibited from direct contact with patients who are people under investigation (PUI) or patients confirmed to have COVID-19. Anyone who is exposed to a patient who becomes a PUI in the course of their care is to notify their attending physician and program director, and self-quarantine away from the clinical environment. If a resident has a health condition that puts her/him at higher risk (including but not limited to immunocompromised, on immunosuppressive drugs, has a chronic pulmonary condition, etc...) or has unique circumstances (living with someone who is immunosuppressed, or pregnant), please contact the program director so they can identify educational experiences that reduce your risk while meeting educational requirements. Alterations may result in a need to extend training based on ability to meet expectations of the curriculum and your certifying board.

Health Sciences Professionalism Policy

Many activities occur daily within the Health Science Center, including provision of direct patient care, research, and didactic and laboratory based education. Students enrolled in Health Sciences degree programs or working in the Health Sciences Center encounter other students, faculty, staff, and patients on a regular basis. Failure to adhere to guidance related to public health, including but not limited to, appropriate use of personal protective equipment; social distancing; instructions for gathering in campus buildings; instructions for gathering when off campus; reporting of possible

exposure; cooperation in contact tracing efforts; and instructions for self-isolation could result in illness or death of high risk patients, faculty, staff, or classmates; interruption of educational activities for large groups of students; or significant disruption to research activity within Health Sciences.

Students enrolled in Health Sciences degree programs or working in the Health Science Center are expected to abide by University, Health Sciences Center, [WVU Research Office](#), and program-specific requirements related to public health and professionalism.

Students who interact with patients on clinical rotations and participating in practice laboratories are expected to wear, at a minimum, a facemask and protective eyewear/face shield. Individual rotation environments and practice laboratories may have additional PPE requirements (e.g., N95 mask) due to the types of procedures performed which may lead to increased risk of transmission, and students are required to follow any additional requirements in those environments.

When students are off campus, they are expected to follow [local ordinances](#), [state mandates](#), and [CDC recommendations](#) regarding use of PPE and social gatherings.

Failure to follow these requirements is a violation of the WVU [Campus Student Code](#) and the professionalism codes of HSC degree programs. Alleged violations will be reported, investigated, and handled in accordance to with program policies and procedures.

These health and safety policies are for the protection of the University community, as well as patients and their families. Following these policies will help mitigate the spread of COVID-19. However, it is inevitable that individuals within our community will test positive for COVID-19, and all students are expected to treat all other students, faculty, staff, and patients with respect. Alleged behavior that creates a hostile environment or constitutes retaliation, as outlined in [BOG Rule 1.6](#), will be reported, investigated, and handled in accordance to with program policies and procedures.

Students found responsible for refusing to comply with requirements or engaging in prohibited behavior will be subject to professionalism sanctions, up to and including program dismissal. Students may be concurrently subject to University sanctions based upon University policies.

Because failure to comply with these policies place students and other individuals on campus at significant risk, students failing to comply may be subject to interim measures, including interim suspension, as described in the WVU [Campus Student Code](#) or individual program policies.

WVU What You Need to Know

Students are expected to review university level rules and guidance related to COVID-19. Updated information regarding academics, campus safety, public health, student life, testing can be accessed through the [What You Need to Know](#) webpage.

Special Considerations for Healthcare Professionals

Additional information for [healthcare professionals](#) is available through the CDC.

The following examples of behavior could result in sanctions, as put forth in this policy. This list is not an all-inclusive list. We are asking you to embrace these public health policies related to COVID-19 transmission and spread as part of your oath of professionalism and shared responsibility as a member of the Health Sciences community.

1. Failure to disclose positive test result or providing false information about activities or travel to program administrators or during contact tracing.
 - o Failure to disclose a positive test result or providing false information will be considered a serious violation of professional standards.
2. Failure to follow quarantine guidelines in place at the time you travel.

- While students may travel for personal reasons, all students must observe quarantine guidelines regardless of reason for travel.
 - If you miss classes for quarantine due to personal travel, faculty are not obligated to make up material.
 - Failure to proactively disclose travel will be considered a serious violation of professional standards.
3. Failure to follow local restrictions in place for social gatherings while off-campus.
 4. Not wearing a face covering while in the Health Sciences Center.

Exposure:

Healthcare Professional (HCP) with Potential Exposure in the Healthcare Setting or the Community: Please note the following guidelines assume the HCP has no active symptoms of COVID-19.

- Employees fully vaccinated (14 days after last COVID vaccine series), if an exposure occurs, no quarantine is necessary for the HCP.
- If the HCP tested positive for COVID, if an exposure occurs within 3 months of initial diagnosis, no quarantine is necessary for the HCP. If it is after the 3 months and they are exposed, please follow the exposure guidance below.

Did the HCP or the confirmed/ documented COVID-19 person wear a mask within 6 ft for 15 minutes or longer*?

If YES, No work restrictions

If NO, Self-quarantine/self-monitor for 5 days, get tested on day 6 and return to work on day 8 if negative and asymptomatic.

Did the HCP have close contact with a confirmed/documentated COVID-19 person, while undergoing an aerosolizing procedure who did not wear a respirator level protection (PAPR, CAPR, fit-tested N-95) and protective eye wear?

If YES - Self-quarantine/self-monitor for 5 days, get tested on day 6 and return to work on day 8 if negative and asymptomatic.

If NO – No work restrictions

*15 mins can be consecutive or cumulative over a 24 hr period.

Illness:

If you're feeling sick, call first before seeking medical care.

- WVU Faculty and staff should reach out to their primary healthcare provider or call WVU Medicine's line at 304-598-6000 (Option 4).
- To contact the Monongalia County Health Department, call 304-680-4357.
- Additional resources are also available through the West Virginia Department of Health and Human Resources.
- If you have a specific question regarding general University procedures moving forward, please direct it to coronavirus@mail.wvu.edu.

Return to Work with Exposed or Confirmed COVID -19

We follow guidelines for return to work as instructed by WVU in collaboration with local, state, and national agencies, as well as recommendations per Council of Chairs of Training Councils:
<https://appic.org/Portals/0/downloads/COVID-19/CCTCStatementonReturntoIn-PersonServicesAndTraining-5-8-2020.pdf>

GUIDELINES FOR EMPLOYEES WITH NOVEL CORONAVIRUS

SCOPE: West Virginia United Health System, Inc. (“WVUHS”)

PURPOSE: To establish guidelines regarding healthcare workers (HCW) returning to work who have been exposed to or have had confirmed COVID-19.

POLICY: This guidance reflects current recommendations from the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), available information on the incubation period and infectivity associated with COVID-19, and the local workforce needs for healthcare providers to care for patients across WVUHS.

PROCEDURE:

Criteria for HCW Exposed to Confirmed COVID-19:

- o If HCW or the confirmed/ documented COVID-19 person did not wear a mask and was within 6ft for 15 minutes or longer then they must self-quarantine/ self-monitor for 14 days. Fifteen minutes can be consecutive or cumulative over a 24-hour period. If the employee remains asymptomatic at the end of 14 days they will return to work, masked.
- o If HCW or the confirmed/ documented COVID-19 person wore a mask while within 6ft for 15 minutes or longer they will return to work with no restrictions.
- o If the HCW had close contact with a confirmed/documented COVID-19 person, while undergoing an aerosolizing procedure and did not wear a respirator level protection (PAPR, CAPR, fit-tested N-95) with protective eye wear they must self-quarantine/ self-monitor for 14 days. If the employee remains asymptomatic at the end of 14 days they will return to work, masked. o If the HCW had close contact with a confirmed/documented COVID-19 person, while undergoing an aerosolizing procedure and wore a respirator level protection (PAPR, CAPR, fit-tested N-95) with protective eye wear they will return to work with no restrictions.
- o If HCW has been fully vaccinated (14 days after the last dose in the COVID series) and had close contact with a confirmed/ documented COVID-19 person, they will return to work with no restrictions, masked.
- o If HCW tested positive for COVID, if an exposure occurs within 3 months of initial diagnosis, no quarantine is necessary for the HCP. If it is after the 3 months and they are exposed, please follow the exposure guidance above.
- o If the employee remains asymptomatic at the end of 7 days after an exposure and receive a negative test result (test must occur on day 5 or later) they can return to work.

Criteria for HCW with Laboratory-Confirmed COVID-19:

- Symptomatic HCW with laboratory-confirmed COVID-19.

Exclude from work until:

- o At least 24 hours have passed since recovery defined as marked improvement of symptoms and resolutions of fever without the use of fever-reducing medications and at least 10 days have passed since symptoms first appeared

- Asymptomatic HCW with laboratory-confirmed COVID-19.

Exclude from work until:

- o 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

Return to Work Practices and Work Restrictions

- Employee must contact their local Employee Health and the Employee Health Hotline at (304)-974-3200 prior to returning to work.
- After returning to work, the HCW should:
 - o Wear a facemask at all times, and other PPE as indicated per situation, while in the healthcare facility.
 - o Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 10 days after illness onset.
 - o Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
 - o Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

REFERENCE: 1. Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> 2. Occupational Safety and Health Administration. Occupational Exposure to COVID-19; Emergency Temporary Standard. Updated June 21, 2021. <https://www.federalregister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary->

Clinical Care:

We have employed telehealth and have full capability to complete clinical care, didactics, and internship tasks via telehealth. We have various options for work from home experiences if necessary. Clinical rotations as listed are all maintained, but some experiences may be impacted or adapted. In particular, group-based care may be altered or transitioned to telemedicine and involvement in higher-risk rotations (i.e., Hospital Based C&L) may be considered on a case-by-case basis with input from the service at that time.

There is no impact to the start date or anticipated length of the training year as we are able to navigate disruptions with telehealth. All benefits are preserved including stipends, benefits, and leave.

Safety:

Regarding safety, we adhere to all CDC guidelines and direction provided by WVU Medicine in collaboration with our state/national agencies.

Didactics/ Supervision:

All Didactics, meetings, and supervision have the capacity to be transitioned to Zoom. Meetings, didactics, and supervision will be held in the appropriate format in response to current University and hospital guidance in place at the time of the event.

Visit the [Information Technology Services](#) website for more information.

When on-site, social distancing is recommended, which includes maintaining at least 6 feet when interacting with your colleagues. Also, remember the importance of thoroughly washing your hands and not touching your face. View this [fact sheet](#) for more information.

Trainee Anxiety:

We are highly mindful of recognizing trainee anxiety and worry related to health. Each trainee has different level of concerns and different factors that affect their level of distress/discomfort. We maintain regular contact

as well as regularly scheduled TD meetings. Interns also have access to all resources through our EAP and through Faculty Staff Assistance. Additionally, we provide support with formal and informal presentations in our didactic series.

Telemedicine/ Tele-Supervision Policy

Telemedicine and telesupervision are integral parts of internship training. Telesupervision is maintained at the same standard or above as in-person care.

Provision of Services by Supervised-Psychologists via Telehealth

The intern is able to provide clinical services via telemedicine via EPIC MyChart Video. This system is HIPPA compliant, not public facing, encrypted, and provides all consents for the patient. When providing tele-services, the intern must obtain:

- Documented verbal consent. The patient gives verbal consent and the intern documents this in the record.
- An alternative contact number if the patient is disconnected.
- The patient's current location.

The intern will use the documentation .telemedicinedocumentation in the EPIC documentation.

Telesupervision

Interns may receive supervision via virtual means for no more than 2 hours per week.

Supervision will take place via Zoom Pro (encrypted HIPPA Complaint Platform).

Additionally, supervisors may observe clinical encounters via Zoom Pro (encrypted HIPPA Complaint Platform), or via EPIC MyChart Video.

Supervisors will continue to staff encounters as they would for in-person visits. Including review of the case with the intern, review of the plan with the patient and intern via MyChart Video.

In addition, Supervisors will perform regularly scheduled supervision via Zoom Pro.

Telesupervisors maintain full responsibility for clinical cases through supervision sessions with Interns, in-person meetings (when permitted), through direct observation of Interns, review and co-signing of all reports and documentation, and regular email and phone contacts.

TELE-Testing/ Assessment

Tele-testing via the above described acceptable video computer platforms is approved. It is expected that this would be limited to a mental status examination, clinical interview, self-report inventories, and intake forms.

Supervision Experiences

Interns obtain competency in supervision through participation in didactic education/ training, which includes simulated practice exercises. Additionally, they may also participate in direct supervision of others in their rotation experiences. First, regarding didactics/ training, interns must successfully complete the Supervision Seminar, which includes 1 month of didactics and training focused on development of competence and skill in supervision. This seminar includes a didactic component, discussion and simulated practice with six faculty supervisors. Regarding the simulated practice experience, we model various supervision scenarios and have the interns practice by engaging in “supervision vignettes” to practice various supervision skills. Interns must receive a satisfactory rating on the Seminar Evaluation Form (See Intern Handbook 2017-2018; Appendix I.C.1.2.2, Intern Seminar Evaluation Form, page 45) in order to successfully complete the seminar.

Second, interns receive direct practice in supervision of others through experiences on their rotations. Several different rotations provide a supervision component of the rotation, see below. Interns will choose one or more of the following supervision experiences in order to obtain direct supervision experience:

- Behavioral Sleep Medicine/ Supervision Training
- Multidisciplinary Training Clinic
- Supervision of Clinical Psychology Graduate students in Pediatrics clinics and neurodevelopment
- Supervision of Clinical Psychology Graduate Students in Primary Care

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 for adults and children (i.e., Suicide Screening and Assessment)
- C&L and Medical Services for adults and children (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

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 Track:

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.

Child/Pediatric Track:

Pediatrics Grand Rounds

Weekly departmental Grand Rounds. Goal of GR is to understand basic and clinical aspects of a pediatric

practice; utilize better methods to come to a specific diagnosis; and recognize various conventional and advanced techniques treatment of children

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

TBD

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.

Clinical Teaching

We offer a variety of opportunities for interns to be involved in clinical teaching and dissemination of evidenced-based assessment/ intervention to a wide range of health care professionals:

All interns will participate in an Interprofessional Teaching experience early in the internship year. The experience will consist of 2-3 meetings and discussion with faculty about interprofessional teaching, creation of teaching materials, and the provision of 1-2 hours each of lectures to psychiatry residents on the topic requested.

Other clinical Teaching Requirements/ Presentations Required for Internship:

- Grand Rounds Presentation
- Presentation of Scholarly Work
- Presentation in Clinical Psychology Didactic- case presentation, practice of grand rounds, and others as assigned
- Presentation in Neuropsychology Case Conference as assigned.

Additional experiences for teaching are available, but not required, include

- Medical Student Lectures on Disordered Eating, Cognitive Disorders, and/or Psychotherapy
- WV Project ECHO (Pain)- meets 2x month – 12:15 on 1st and 3rd Thursday at noon. Brief presentation regarding Pain Psychology to Multidisciplinary group with Pharmacy, Chiropractic, Pain Physicians and psychology.
- Teaching in Pain Center to multidisciplinary staff- Tuesdays 12pm- MD, Chiropractic, Advance Nursing Professionals, Massage Therapy, Dietician, Graduate students in psychology
- Teaching topic for Multidisciplinary Training Clinic didactic (occurs weekly 12-1pm Monday and Tues, could be a topic of choice relating to child, family, or adult psychotherapy).
- WV Project ECHO (psychiatry)- meets 2x per month, 1st and 3rd wed at 12.

Activity Reports/ Maintenance of Records

Activity Reports (Record of Intern Activities):

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.

Maintenance of Records of Intern Performance:

All information relating to an intern's record is maintained in a hard copy file for each intern. This file includes supervisor's performance evaluation of interns, intern's evaluations of rotations, seminar evaluations, CCE performance evaluations, training notes, intern's research plan and evaluations, leave slips, and internship correspondence. A hard copy file is also maintained for formal complaints. This information is stored in a file cabinet reserved for internship-related documents, which is located in the Training Director's office and intern 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

INTERNSHIP/ 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 much 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.

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 exercise provides an opportunity for the intern to display critical knowledge and skills important in the practice of Health Service Psychology, particularly skills related to biopsychosocial assessment, case formulation, differential diagnosis, consultative recommendations, and treatment planning. A benchmark 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. Interns who do not meet intermediate to advanced levels of competency in skill areas during the second CCE will receive a remediation plan to address skill deficits and the CCE will be repeated until passing levels are achieved.

Format: Interns will be assigned to an evaluation team (CCE committee) comprised of two faculty members. The Exam will take place following a "fact finding" or "standardized case integration" format similar to those used by various board certification exam boards.

At the start of the exam, the intern will be presented a case, including basic information regarding the patient's age, presenting complaint, and purpose. The intern should consider themselves as performing an initial psychological consultation on the problem in question. The task is to obtain additional information by questioning the examiners so as to gain a full understanding of the problem, develop a case formulation, make a differential diagnosis, and make recommendations and a treatment plan. Interns will have 60 minutes to collect information.

This is not a role-playing or acting exercise (i.e., neither the intern nor the committee is acting a "role" of psychologist or patient). The committee has a considerable amount of information, all of which is available to the intern. The information the intern can request includes anything which would be readily available in the daily practice of Health Service Psychology and consists of relevant historical, demographic, and medical data. The information available may also include psychological test data. The intern should request all relevant information by asking the committee specific questions. If the intern does not ask, the committee won't provide the information. The committee is not allowed to volunteer information. If the questions are too general, the intern will be asked to make them more specific. If the committee tells the intern there is not information in an area inquired about, the intern should trust the examiner and move on to a more productive line of questioning. Interns may not ask for the committee's opinions or conclusions. The intern is permitted to bring pad and paper to take notes during this part of the examination. Interns are encouraged to spend a few minutes writing out an outline for the interview. 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 CCE committee to provide a brief case summary, their case formulation, differential diagnosis, recommendations, and an initial treatment plan. Interns should explain their reasoning in presenting their conclusions.

The intern's presentation will be followed by an oral examination by the two faculty members of the CCE committee. The committee is interested in seeing how the candidate collects information, evaluates and integrates the information that is provided, conceptualizes the case, constructs a list of differential diagnoses, and makes recommendations for managing the problem.

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 Internship 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 their CCE chair and/or the Training Director.

Satisfaction of requirement: Satisfactory completion of the CCE requirement is met when the intern demonstrates intermediate to advanced competency (ratings of 1 or 2 on the evaluation form) in all areas evaluated *and* a majority of Internship Training Committee members deem that the exercise has been successfully completed. The CCE will be repeated until this goal is met.

CCE Policy

- A) Each intern will be assigned a CCE committee, consisting of a primary (in training track) and two secondary faculty members (3 total).
- B) A total of 2- 2½ hours should be set aside for the exam.
- C) At the start of the exam, interns will receive basic demographic information of the case (age, presenting problem, referral question). Committee members have a large amount of additional information available about each case.
- D) Interns will have 60 minutes to elicit relevant information about their case by asking faculty members specific questions. The information the intern can request includes anything which would be readily available in the daily practice of Health Service Psychology and consists of relevant historical, demographic, and medical data. The information available may also include psychological test data. If the intern does not ask, the examiner won't provide the information.
- E) The examiner is not allowed to volunteer information. If the questions are too general, the intern will be asked to make them more specific. If the examiner tells the intern there is not information in an area inquired about, the intern should trust the examiner and move on to a more productive line of questioning.
- F) Interns may not ask for the examiner's opinions or conclusions.
- G) The intern is permitted to bring pad and paper to take notes
- H) Interns will be given 10 minutes following completion of interview to gather thoughts and then give a brief presentation
- I) The intern will be asked to present the following and then will have oral examination by the faculty
 - a. Brief case summary
 - b. Case formulation
 - c. Differential diagnosis
 - d. Recommendations
 - e. An initial treatment plan.Additionally, neuropsychology interns should present
 - f. Underlying neuroanatomical considerations
 - g. Possible etiologies
- J) Interns are encouraged to share their thought processes and reasoning for decision making.
- K) Each faculty member will complete the CCE evaluation (see following pages) of the intern's performance. The committee chair will create a composite evaluation which will be presented to the Internship Training Committee and included in the intern's file.
- L) The initial CCE evaluation will be conducted near the beginning of the internship year (e.g., August) to provide training goals for the intern regarding interview/diagnostic skills.
- M) The CCE will be conducted again after the midpoint of the year (e.g., February) to ensure competency with regard to the relevant skills.
- N) The CCE may be repeated as many times as necessary to demonstrate the appropriate competencies and must be passed to successfully complete the internship.

CCE Tips for Interns

- Time management is your responsibility. Interns will have 60 minutes to elicit information.
- We encourage you to take the first 5 minutes to write down a list of questions/format that you want to ask.
- In particular, it is helpful to write out the key topic areas (e.g., safety concerns, educational history, medical history, etc.), behavioral observations, and (especially for neuropsychology interns) specific test domains. Although this sounds overly cautious, you will be surprised how easy it is to forget questions that you ask every day. Some examinees leave space after each part of the outline so that they can fill it in as they go.
- What's most important is that you develop and master an outline/approach with which you are comfortable. Examiners will not look down on you if you take a few minutes to collect your thoughts.
- Plan on spending 5-10 minutes to formulate questions specific to the case presented, 50- 55 minutes to ask questions. Afterward, you will have about 10 minutes to collect your thoughts and prepare your conclusions. You should plan for 10-15 minutes to present conclusions and recommendations to the committee. The Committee may then use some time for further questions and discussion.
- When collecting information about the case, ask about major categories of clinical history and functioning (as well as neuropsychological domains for neuropsychology interns). You do not need to ask test-by-test for assessment results; the examiner will give you screening and assessment results from entire domains on individual sheets of paper if they are available.
- Provide your conclusions and reasoning in the following areas:
 - Brief case summary
 - Case formulation
 - Differential diagnosis
 - Recommendations
 - An initial treatment plan.
- In your case formulation, in addition to the above conclusions, address the following areas:
 - Neuropsychology: recommendations for testing battery based on information provided; possible neuroanatomical considerations, etiologies
 - Child: Biopsychosocial contributors; recommendations for further assessment or collateral information that would be helpful to collect going forward.
 - Adult: Recommendations for further assessment or needed collateral information
- A goal of the examination is designed to elicit your differential diagnostic skills; thus, it is *important to share your thought processes*. If you rule out an etiology that seems obvious, be sure to state that out loud and why. Even if you arrive at an incorrect etiology, you can still pass the exam as long as your reasoning is sound.

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 and Child/Pediatric 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...

WVU Wellbeing Policy

West Virginia University School of Medicine
Clinical Psychology Internship
Clinical Health Psychology Fellowship- Bariatrics
Neuropsychology 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. <https://www.hsc.wvu.edu/fsap/>.
- 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 Cathie Danko (office: 304-293-0454 or cell: 724-998-4833), or the CRC front desk (304-296-4681) as soon as possible to re-schedule your clinic. Cathie and/or the front desk will usually be able to be reached by 7:30-7:45. **You must ensure that you actually speak to someone at CRC 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 Jennifer Ludrosky 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

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).

Requests for Time Off:

Please submit requests for time off with your supervisors, TD, and program manager.

It is generally the case that supervisors provide coverage for clinical responsibilities.

Please enter for sick leave time off 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

- JUL**04**2024 [Independence Day](#)
- SEP**02**2024 [Labor Day](#)
- NOV**05**2024 [General Election Day](#)
- NOV**27**2024 [Day Before Thanksgiving](#)
- NOV**28**2024 [Thanksgiving](#)
- NOV**29**2024 [Lincoln's Day](#)
- DEC**24**2024 [Winter Holiday](#)
- DEC**25**2024 [Christmas](#)
- DEC**26**2024 [Winter Holiday](#)
- DEC**31**2024 [Winter Holiday](#)
- JAN**01**2025 [New Year's Day](#)
- JAN**20**2025 [Martin Luther King, Jr., Day](#)
- APR**18**2025 [Spring Holiday](#)

Up to date holiday schedule can be found at: <https://talentandculture.wvu.edu/benefits-and-compensation/holiday-schedule>

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.

Questions may be directed to Benefits Strategy at (304) 293-8405 or email CentralBA@mail.wvu.edu.

Moonlighting Policy

The following rules and procedures are applicable to psychology-related moonlighting activity in the Department of Behavioral Medicine and Psychiatry:

1. **Clinical Moonlighting:** “clinical moonlighting” is defined as clinical work (patient care) for pay performed at a site that does not participate in the training program or work that is performed outside usual internship hours. Clinical moonlighting is not permissible during internship.
2. **Consulting Moonlighting:** Interns may not moonlight or provide paid consultations to private research corporations, pharmaceutical companies, insurance companies, or other similar entities per WVUH consulting policy.
3. **Teaching Moonlighting:** Interns may engage in paid teaching during their internship.
4. **Research Moonlighting:** Interns may engage in paid research assistant/lab manager, etc duties during internship.
5. Moonlighting, including travel to a moonlighting location, preparation for teaching, research writing, etc, may not occur during time assigned for duties or didactics at Chestnut Ridge Center, WVU Hospitals, or affiliated sites with the residency program. This is defined as 8am-5pm Monday to Friday.
6. Interns may not moonlight on days that are deemed vacation (PTO) days.
7. Moonlighting activity cannot interfere with training or patient care. If a moonlighting arrangement causes or contributes to fatigue or the Program Director/ Training Committee believe that moonlighting has caused or contributed to performance issues, the moonlighting activity must cease immediately.
8. There will be a periodic review of training performance per standard internship procedures. Any deficiency in performance will be addressed via internship procedures for remediation.

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, Jennifer Ludrosky, 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, Stephanie Cox, 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, James H Berry, DO. 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. Berry would become involved. If there was a conflict with Dr. Berry's involvement or the intern wished to appeal, then at the institutional level, the Assistant Dean & Designated Institutional Official for Graduate Medical Education, Manuel C. Vallejo, MD, DMD, is the administrator responsible for this program and could be contacted to discuss a problem that is not solved within our department. If additional involvement was necessary, the process would then move to the Dean of Graduate Medical Education, Norman Ferrari III, M.D. 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 individuals 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

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.

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 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.

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

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

Qgenda

Qgenda is the portal for time off requests or sick leave. <https://www.qgenda.com/>

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

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.

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

Tele supervision: Zoom Pro is a secure- HIPPA compliant web streaming program. To access WVU MDTV Zoom Account go to: <https://wvumdtv.zoom.us/>

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

Wes Foltz– Residency program manager- Foltz, Wesley E. <foltzw@wvumedicine.org>

Sophia Bienek-Cate, Residency Program manager for Psychiatry – 293-5312;

sbienkcate@hsc.wvu.edu

- Paperwork for graduate programs
- Information during orientation

Psychology Testing Laboratory

Coordinator: Dawn Clark – 304-598-2434; dawn.clark@wvuhealthcare.com

Lindsey Adams – lindsey.adams1@wvumedicine.org (office inside the mailroom)

- Office supplies

Tara Steed – 293-8824, tara.steed@hsc.wvu.edu

- General information

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

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

Outpatient Desk – 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: Mcmillen, Melanie M. <carrie.mcmillen@wvumedicine.org>

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

Judy Kisner - 598-4924

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

IT:

- For generic HSC user/ system issues and questions (non-emergencies) please email bmedsupport@hsc.wvu.edu. This will create a ticket for you on the HSC system.
- HSC ITS will be providing direct support for any issues related to Health Science Center users, software, and hardware (293-3631).
- WVU Medicine IT will continue to support clinical systems (598-4357).
- Audio/ Video support for Grand Rounds, group rooms, Tele psych, and Zoom will be supported by MDTV (293-7335).
- If issue is with Epic, once logged into the Epic-telemed that would be the Epic team. They can be reached at 598-4357 and option 2 or (helpdesk@wvumedicine.org).
- If it is related to HSC tele-medicine IT Support, email telemedsupport@hsc.wvu.edu for 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**

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:

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/ Minority</u>
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B. Outpatient Therapy (Group)

<u>Type of Group</u>	<u>Supervisor</u>	<u># Pts.</u>	<u># Sessions</u>	<u>Diversity/ Minority</u>
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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/ Minority</u>
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D. Inpatient (Individual)

<u>Pt.</u> <u>Initials</u>	<u>Age</u>	<u>Diagnosis</u>	<u>Supervisor</u>	<u># Sessions</u>	<u>Diversity/ Minority</u>
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E. Inpatient (Groups)

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

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

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

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

Conference/ Seminar

Dates Attended

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

III.

PRESENTATIONS

Conference/ Seminar

Title

Date

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

IV.

RESEARCH (Describe activities; List supervisor)

V.

OTHER

CCE Evaluation Form

Date: _____

Intern: _____

Committee Member(s): _____

CCE Case Number: _____

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.

Competency Area – ASSESSMENT SKILLS	No	Inc	Yes	Comments
Elicits basic demographic and referral information Age Grade Ethnicity Language (English 1 st ?) Reason for Referral Referral source Previous diagnosis (if any) Current clinical complaints				
Elicits Relevant History Birth history Early developmental history Family/Social history Medical history Educational history (performance, services, academic/learning difficulties) Previous psych history Previous evaluations Available sources of collateral information Other past interventions				
Elicits Mental Status/behavioral observations Appearance impressions Behavioral impressions Mood/affect Attention/concentration Motor activity SI				

HI Orientation to reality (if appropriate)				
Identification of Assessment plan Identifies what additional assessment information would be helpful for diagnosis Neuropsychology interns identify an appropriately-reasoned test battery to support eventual diagnosis				

Competency Area – DIAGNOSTIC SKILLS	No	Inc	Yes	Comments
Demonstrates knowledge of DSM criteria				
Makes appropriate diagnoses (including differential diagnosis)				
Considers the subtleties and relevance of endorsed symptoms				
Incorporates history, presenting problem, assessment data and collateral information into diagnosis				

DIAGNOSTIC SKILLS Overall rating: _____
Strengths/areas for improvement:

Competency Area – CONCEPTUALIZATION SKILLS	No	Inc	Yes	Comments
Solicits and integrates data about patient behavior				
Presents the symptoms in the context of the whole person				
Considers the effects of medical problems on psychological functioning				
Identifies sources of collateral information (e.g. school, grandparent, other providers, etc) and appropriately includes information in conceptualization				

CONCEPTUALIZATION SKILLS: Overall rating: _____

Strengths/areas for improvement:

Competency Area – INTERVENTION SKILLS	No	Inc	Yes	Comments
Chooses appropriate assessment strategies (via requests for assessment data)				
Formulates appropriate treatment plan				
Integrates knowledge about evidence-based practice and research into plan				
Provides appropriate rationale for treatment plan				

INTERVENTION SKILLS: Overall rating: _____

Strengths/areas for improvement:

Competency Area – EVIDENCE BASED PRACTICE	No	Inc	Yes	Comments
Integrates knowledge about evidence-based practice and research into assessment				
Integrates knowledge about evidence-based practice and research into conceptualization				
Integrates knowledge about evidence-based practice and research into treatment plan				

EVIDENCE BASED PRACTICE: Overall rating: _____

Strengths/areas for improvement:

Competency Area – CULTURAL AND INDIVIDUAL DIVERSITY	No	Inc	Yes	Comments
Demonstrates sensitivity to issues of cultural and individual diversity (language, identifying areas for questioning)				

Demonstrates knowledge of diversity issues				
Considers diversity in assessment, diagnosis, treatment plan				

CULTURAL AND INDIVIDUAL DIVERSITY Overall rating: _____

Strengths/areas for improvement:

Competency Area – ETHICAL AND LEGAL STANDARDS	No	Inc	Yes	Comments
Appropriately identifies issues of ethical concern, including: suicidality, dangerousness, duty to warn, custody, release of information, etc where appropriate				
Demonstrates knowledge of APA Ethical Principles independently				
Demonstrates knowledge of APA Ethical Principles when questioned				

ETHICAL AND LEGAL STANDARDS: Overall rating: _____

Strengths/areas for improvement:

Competency Area – PROFESSIONALISM	No	Inc	Yes	Comments
Conducts self in professional manner during the exam				
Accepting of feedback from evaluators				

PROFESSIONALISM: Overall rating: _____

Strengths/areas for improvement:

Competency Area – COMMUNICATION	No	Inc	Yes	Comments

Clearly communicates important and relevant findings about patient				
Clearly articulates case conceptualization and provides supporting data				

COMMUNICATION: 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:

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:

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:

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:

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:

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:

Training Plan

Competency	Foundational/ Functional?	Current areas of concern	Plan for additional learning opportunities	How will progress be measured?
			<p style="text-align: center;">Possible Training Plan Outcomes</p> <ol style="list-style-type: none"> 1. Satisfactory progress, goals met: training plan completed. Intern returns to standard training plan. 2. Some progress, goals not yet met: training plan extended. New goals/review plan established. 3. No progress towards goals or regression, evidence of boundary violations or ethical breach: escalates to Level 3 of Due Process/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. 	

I have read the above training plan and am in agreement with the plan as listed here.

Trainee

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?

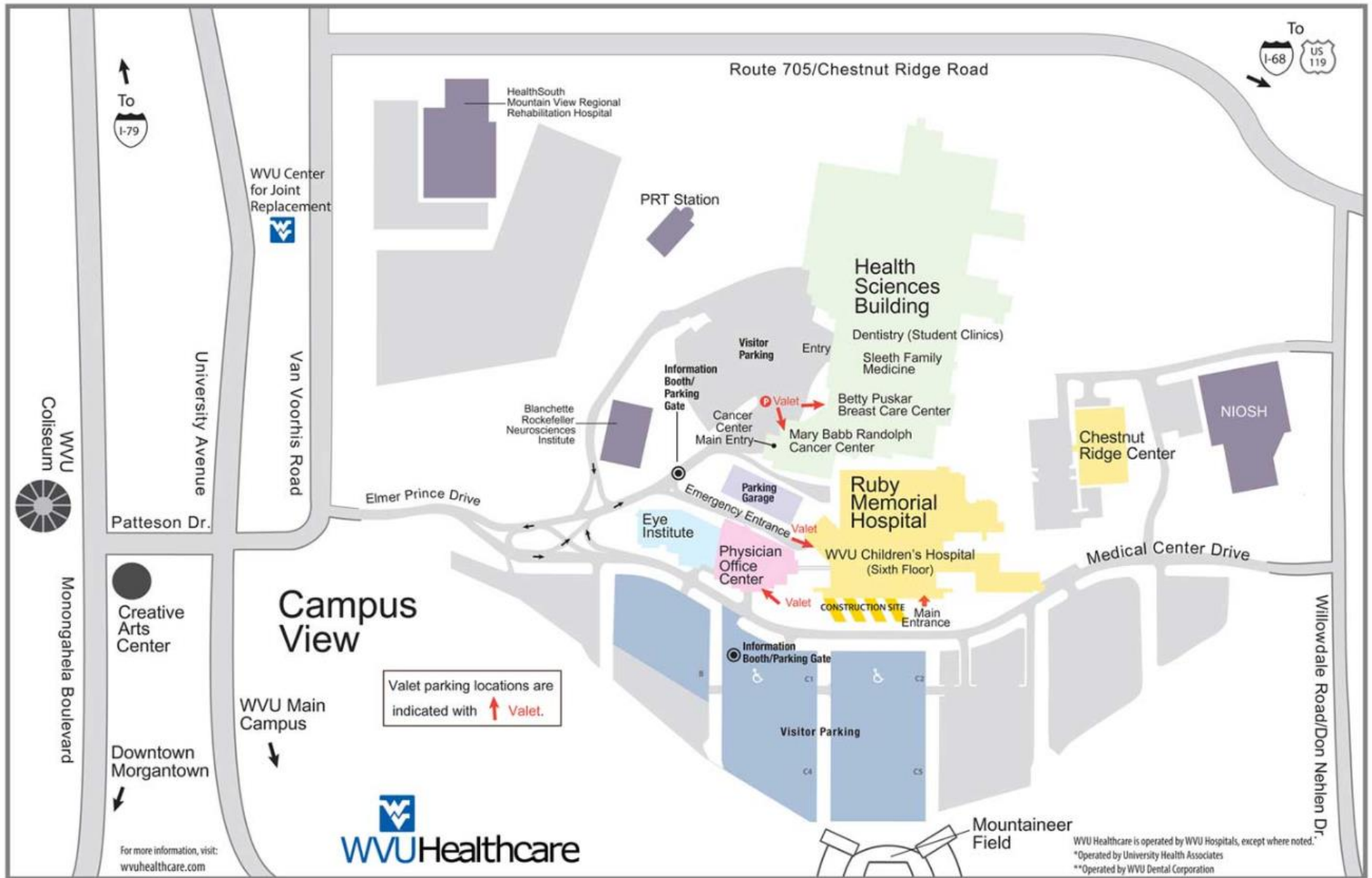
4.) What are your suggestions for changes to improve this rotation?

Evaluation of Internship Program

To be completed approximately one year after graduation of internship program:

<https://redcap.wvctsi.org/redcap/surveys/?s=PR8Y3LCKDA>

Map of WVU



Map of WV Counties

