



**Boston Children's Hospital**  
Until every child is well™



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

## **Internship Program in Health Service Psychology**

**Boston Children's Hospital/Harvard Medical School**

**Training Year: July 1 - June 30**

**Director of Psychology Education  
Chief of Psychology**

**Eugene D'Angelo, PhD, ABPP**

**[eugene.dangelo@childrens.harvard.edu](mailto:eugene.dangelo@childrens.harvard.edu)**

**Associate Director of Training**

**Erica Lee, PhD**

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**Associate Director of Training**

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**Associate Director of Training**

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**Program Manager**

**Courtney Kellogg**

**[courtney.kellogg@childrens.harvard.edu](mailto:courtney.kellogg@childrens.harvard.edu)**

APA Accreditation Information:

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

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street NE

Washington, DC 20002

202-336-9979

Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)



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## **Health Service Psychology Internship Brochure Boston Children's Hospital/Harvard Medical School**

Boston Children's Hospital (BCH) is the primary pediatric teaching facility of Harvard Medical School in Boston, Massachusetts. BCH has consistently been a leader among children's hospitals in the United States. Our Internship Program in Health Service Psychology is completely contained within this large teaching, research, and service facility. The mission of the hospital and program are as follows:

### **BOSTON CHILDREN'S HOSPITAL MISSION**

*The mission of the hospital is to provide the highest quality health care, be the leading source of research and discovery, educate the next generation of leaders in child health and enhance the health and well-being of the children and families in our local community.*

### **DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES MISSION**

*Promoting the well-being of children and families through excellence in behavioral health care, education, innovation, and advocacy.*

### **THE PSYCHIATRY DEPARTMENT'S EDUCATION PRIORITY**

*To prepare the next generation of leaders in behavioral health care; to support trainees and staff in learning how to deliver the highest quality care.*

### **THE MISSION OF THE PSYCHOLOGY INTERNSHIP**

*To educate psychologists who will become leaders in health service psychology, and to do so by facilitating their development of clinical skills and knowledge at the level of independent practice.*

*Boston Children's Hospital is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.*

## **PROGRAM AIMS**

### Five Aims of the Internship Program:

- A commitment to integrate the development of sensitivity to issues of cultural diversity into all aspects of the training program.
- An emphasis on training interns in the latest clinical techniques with a focus on selecting the most advantageous assessment protocol and/or intervention technique(s) with demonstrated efficacy for specific presenting problems.
- A focus on assuring that a developmental perspective underlies all teaching and supervision throughout the training program.
- To promote professional development and a sense of what it means to be an ethical, collegial, and responsible psychologist.
- To be able to work in an inter-professional environment, bringing the competencies of a health service psychologist to health organizations.

## DEPARTMENTAL HISTORY

The Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital dates back to 1953, when George E. Gardner, PhD, MD (a psychologist and psychiatrist), was asked to assume the position of Psychiatrist-in-Chief at Boston Children's Hospital. Dr. Gardner was also the acting Director of the neighboring Judge Baker Guidance Center. While maintaining his Judge Baker directorship, Dr. Gardner established the Judge Baker Children's Center's (JBCC) affiliation with the hospital. During that same year, Joseph P. Lord, PhD became Chief Psychologist at Boston Children's Hospital and organized the training program which has operated continuously since that time. The Psychology Internship Program was one of the earliest recipients of NIMH training support and was subsequently accredited by the APA in 1956.

Also holding the Director's role:

Julius Richmond, MD ~ BCH Psychiatrist-in-Chief and Director of JBCC  
Stanley Walzer, MD ~ BCH Psychiatrist-in-Chief and Director of JBCC  
Regina Yando, PhD ~ BCH and JBCC Chief of Psychology  
Gerald P. Koocher, PhD ~ BCH and JBCC Chief of Psychology

In 1993 the leadership roles in the Department of Psychiatry at Boston Children's Hospital and the Judge Baker Children's Center were separated and, in 1995, William Beardslee, MD became Chief of the Department of Psychiatry at Boston Children's Hospital. Later, Eugene J. D'Angelo, PhD, and Jessica Henderson Daniel, PhD became Co-Directors of Training in Psychology at both facilities. The formal relationship with Judge Baker Children's Center ended in 2000 when they could no longer financially support psychology training.

Dr. Koocher was Chief until June 2001 when he became the Dean of the Graduate School for Health Studies at Simmons College. He is currently Dean at DePaul University in Chicago, but commutes regularly to Boston. He remains on the teaching faculty at Boston Children's Hospital, and is a lecturer in the both the psychology internship and the postdoctoral fellowship.

Dr. D'Angelo became Chief of Psychology in June 2001, and Dr. Daniel became Psychology's Director of Training in 2002. In March 2017, Dr. Daniel was elected as President-elect of the American Psychological Association, and was appointed to the role of Director of Training in Psychology, Emerita.

Dr. D'Angelo assumed the role of Director of Training in Psychology, in addition to being the Division Chief.

Today, the Department of Psychiatry and Behavioral Sciences consists of more than 200 psychologists, psychiatrists, social workers, psychiatric nurses, and trainees in the various disciplines. The Internship Program blends traditional training approaches in child and family treatment, assessment, and consultation with state-of-the-art advances to problems at the interface of pediatrics and psychology.

## **DIVISION OF PSYCHOLOGY OVERVIEW**

The Division of Psychology is based within the Department of Psychiatry and Behavioral Sciences. All psychologists are appointed both to Boston Children's Hospital and Harvard Medical School, and are eligible to be promoted through the academic ranks contained within the Harvard system. The Division currently has 133 psychologists working in a variety of departments and research laboratories throughout the hospital system, including: Boston Children's at Waltham, our community satellite clinics and the service system in the Boston Public Schools.

The Psychology Internship Program at BCH adheres to the tradition of providing an intensive, high-quality training program to facilitate an intern's professional development in health service psychology.

Our internship is based in psychological science which underlies quality clinical care. Evidence-based practices, both assessment and treatment, are significant emphases of this program, as well as the capacity to adapt these practices in a patient-centered manner *and* with regard to culture, gender, age, socioeconomic status, and developmental functioning of the patient and their caregiver(s). The training program is graduated and sequential in nature. Interns learn through a competency-based process: exposure to specific objectives and associated competencies through readings; observation of staff members in a specific clinical activity; collaborative engagement in that clinical activity by intern and supervisor; direct observation of intern by supervisor; and lastly the intern being responsible for the clinical activity with general oversight by supervisor. An intern will typically advance to the next aspect of his/her training sequence when competency at the earlier phase of the training in that particular clinical activity has been demonstrated.

The Division of Psychology of Boston Children's Hospital readily embraces the mission statement for the hospital. BCH is one of the largest sources for the training of child mental health professionals within the Harvard Medical School system. The current program continues to adhere to the tradition of providing intensive high-quality training of both breadth of experience and depth in teaching.

## **THE PSYCHOLOGY INTERNSHIP TRAINING PROGRAM**

The internship utilizes a common core program of seminars and training activities, guided by the profession-wide competencies.

The training year begins on July 1st and it is expected that by October, each intern will be delivering approximately 16 to 18 hours of direct clinical service per week. Another four to five hours will be spent in supervision, and an additional four to six hours are devoted to seminars/meetings. Additional time is spent writing evaluation and progress notes, preparing for treatment and collaborating with relevant collateral contacts. The program is designed to occupy forty hours per week of a intern's time, although some interns report investing additional time conducting literature searches and reading articles about particular diagnostic assessment procedures, treatments, or clinical conditions; completing reports and other paperwork; or attending special meetings, resulting in approximately a forty-five hour weekly involvement.

The internship is rounded out by a year-long assignment for every intern in the Outpatient Psychiatry Service rotation, where longer term treatment can be pursued as deemed appropriate for the patient.

The typical caseload for an intern includes three to nine weekly individual outpatient psychotherapy cases, plus approximately one neuropsychological/ general psychological testing assessment per month. Additional time is generally required for consultation with referral sources, community agencies, schools and co-therapists.

In addition, for a six-month time frame, every intern will participate in:

- The Psychiatry Consultation Service for four days each week.
- The Emergency Department for one afternoon a week.
- General Assessment and Neuropsychology Assessment.

When not on PCS, interns may elect to spend six months in the following clinic settings: Developmental Neuropsychiatry, Atopic Dermatitis, Primary Care through the Geraldine and Jonathan Weil Integrated Behavioral Care rotation, or the intern can spend an extra 6 months in Outpatient. Assignment to any of these electives is principally determined by the intern's stated preferences. Many of the programs have the capacity to provide a broad and intensive exposure to interns with special interests in a particular area (eg, trauma, adaptation to medical conditions), as well as a range of diagnoses commonly evidenced in youth.

All of the profession-wide competencies that serve as the rubric for the Internship Program can be attained through these electives, regardless of their location within the hospital. Here is a brief description of our core and elective rotations:

### **Outpatient Psychiatry Service**

The Outpatient Psychiatry Service (OPS) experience is designed to provide the intern with the necessary diagnostic and interventions skills for work with children, adolescents, and their families. It is a diverse experience involving the opportunity to conduct evidence-based diagnostic assessment and psychotherapy with a diverse population of children, adolescents and families, as well as crisis intervention, cognitive-behavioral therapy and evidence-based treatments. The Outpatient clinic serves the Boston Children's Hospital community, providing primary mental health care for metro-Boston and is a referral center for much of New England. ***All psychology interns will spend the year on this rotation, and can elect to have additional Outpatient cases in their training year (additional cases are assigned in the 6 months not on the PCS rotation).***

### **Psychiatry Consultation Service**

The Psychiatry Consultation Service provides an exciting opportunity to receive excellent training in pediatric psychology. Patient populations include: children, adolescents, parents and siblings facing the many issues of pediatric illness. The intern will work with patients facing acute or chronic medical or surgical conditions, children whose behaviors are negatively impacting their physical health, children with unexplained physical symptoms, and families facing challenging diagnoses and possible losses. Services provided include evaluation and psychotherapeutic intervention, consultation to hospital staff, and participation in treatment planning. The intern will see cases on the medical and surgical floors, as well as the intensive care unit. ***All psychology interns will spend six months on this rotation.***

### **Emergency Department**

Boston Children's Hospital maintains a busy emergency medical service where treatment is provided for both medical and psychological trauma. All interns rotate through the Emergency Department (ED) for a single afternoon shift during the year. Consultation may be requested by ER physicians to address such issues as suicide attempts, physical and sexual abuse, response to medical trauma, and violent acting-out behavior. ***All interns will spend six months on this rotation.***

## **Elective Rotations**

### **John and Geraldine Weil Integrated Behavioral Care**

The John and Geraldine Weil Integrated Behavioral Care Rotation training experience is located in the Boston Children's Hospital Primary Care Center and is designed to provide the intern with the necessary diagnostic and intervention skills for work with children, adolescents, families, and healthcare teams in a primary care setting. Emphasis is placed on learning cutting-edge consultative and intervention services relevant to this setting. The intern will train as an integral member of the healthcare team and deal with a range of behavioral, health and medical issues.

***This is an elective rotation.***

### **Developmental Neuropsychiatry Clinic**

The Developmental Neuropsychiatry Clinic is an outpatient clinic that offers both assessment and treatment services to three types of children: psychosis spectrum disorders (including those at risk for, or experiencing, early-onset psychosis), high-functioning autism spectrum disorders, and unusual neuro-psychiatric disorders. Interns will learn the latest techniques in the diagnostic evaluation, management, and treatment of these disorders.

***This is an elective rotation.***

### **Atopic Dermatitis Center**

The Atopic Dermatitis Center is an interdisciplinary outpatient medical clinic for infants, children and adolescents with severe atopic dermatitis, food allergies and other allergic conditions. The rotation is designed to develop assessment and intervention skills focused on child and family adherence to the medical regimes, symptom management and psychosocial adjustment to a chronic medical condition. The training experience provides involvement in interdisciplinary treatment planning and care. There is an emphasis on the developmental aspect of coping with medical conditions and use of evidence-based behavioral and cognitive-behavioral approaches. This elective brings with it an extra afternoon of Outpatient Clinic.

***This is an elective rotation.***



## **Neuropsychology and General Assessments**

### **Neuropsychology:**

This experience is designed to provide the intern exposure to patients with a myriad of presenting neuropsychological issues, and the vast array of testing available for an evaluation. Interns will work cooperatively with senior staff during the rotation. Interns observe staff clinicians, and then participate in reviewing records, interviewing/ taking the history, observing behavior, administering and scoring of tests. Interns and staff work together to interpret the clinical findings, formulate the diagnosis, develop recommendations, write the comprehensive report and communicate the findings to the parents/guardians and other professionals. ***All interns will spend six months on this rotation.***

### **General Assessment:**

In addition to the core neurodevelopmental assessments, interns will provide psycho-diagnostic assessments as referred from the hospital populations. The cases emanate from the clinical programs of the Department of Psychiatry. Interns will interview, observe behavior, administer, score and interpret a variety of measures, formulate diagnoses, develop recommendations, and write a comprehensive report based on their findings. Assessment sessions will be scheduled on an individual basis in each intern's schedule. Inpatient assessment includes psychological testing for inpatients on the Richmond Inpatient Psychiatry Service. Assessment is focal in nature and seeks to address specific diagnostic and/or treatment questions. ***All interns will spend six months on this rotation.***

### **DIDACTIC PROGRAM**

Interns participate in weekly didactics throughout the academic year. Didactics and training module topics include: cognitive behavioral treatment, evidence-based treatment, behavioral medicine techniques, racial and ethnic diversity, and professional development. The seminars serve as the basis for instruction in the profession-wide competencies, which are often presented in teaching module formats. When rotating in the Neuropsychology, the Emergency Department and Psychiatry Consultation Service, interns attend their rotation-specific didactics as well. Additionally, interns attend bi-monthly Psychiatry Grand Rounds lecture series and monthly department-wide Morbidity and Mortality Rounds.

## **SUPERVISION**

All interns receive extensive supervision for their diagnostic assessment, consultative, and treatment activities. Supervisory hours are scheduled to meet the intern's needs with additional guidance available as needed, depending on the intern's progress. A supervisor is available 24/7 for case consultation, including weekends and holidays. All supervisors work directly on the rotations in which they provide supervision. An intern will typically receive three to four hours of individual supervision each week, with additional individual and some group supervision also provided. In general, use of evidenced-based diagnostic and treatment approaches provide the theoretical framework for individual psychotherapy supervision. There is a major emphasis on all service planning to be patient/family-centered, impacted by cultural factors, and clinical progress systematically evaluated as the treatment proceeds. Supervision is provided primarily by psychologists, all of whom are licensed to practice in Massachusetts. Specialized supervision in some service units is provided by fully licensed senior social workers or staff psychiatrists.

## **MAINTENANCE OF RECORDS**

All intern files are kept in a locked file cabinet in a locked office which has limited access by any unauthorized personnel. Approximately ten years after completion of the Internship Program, these records, which include any correspondence with the doctoral program and/or any other parties on behalf of the intern, the Internship Competency Evaluation Forms, and application materials, are moved off-site and stored in a secure facility managed by Boston Children's Hospital.

## **TRAINING OUTCOMES**

All interns will have successfully completed all profession-wide competency requirements prior to the conclusion of the internship. As seen in the Post Internship table, our interns typically transition to postdoctoral fellowships after graduating from our program. Graduates of our program obtain positions in clinical service, research, and education.

## **STIPEND AND BENEFITS**

The current stipend is \$40,000 for the internship year. The program is a one-year, full-time training experience, and provides four weeks of personal and five days of professional leave time for conferences, dissertation work, or post-doctoral fellowship interviews. Interns are eligible for Dental Insurance, Disability Insurance, Health Insurance, and Life Insurance. Human Resources Department Personnel will attend the Orientation on the first day of internship to answer questions and finalize enrollment in your benefits plan. Each intern receives an appointment as a Clinical Fellow in Psychology, Department of Psychiatry at Harvard Medical School.

**POST-INTERNSHIP POSITIONS FOR THE PREVIOUS 3 INTERN CLASSES**

	2018-2019	2019-2020	2020-2021
Total number of interns in the year's cohort	7	7	7
Total number of interns who returned to their doctoral program to complete their degree	0	0	0
Type of postdoctoral fellowship or employment sought:			
Academic health center	6 (PD)	4 (PD)	5 (PD)
Academic university/department			1 (PD)
Veterans Affairs medical center			
Community mental health center			
Independent primary care facility/clinic			
Federally-qualified health center			
University counseling center			
Military health center			
Psychiatric hospital			
Other medical center or hospital	1 (PD)	3 (PD)	1 (PD)
Community college or other teaching setting			
Independent research institution			
Correctional facility			
School district/system			
Independent practice setting			
Changed to another field			
Not currently employed			
Unknown			

*Note: PD refers to a postdoctoral fellowship program; EP refers to an employed position*



**The internship begins on July 1 and ends on June 30**

## ***PSYCHOLOGY INTERNSHIP***

### ***SUPERVISORY FACULTY***

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#### **Eugene J. D'Angelo, PhD, ABPP**

Chief, Division of Psychology  
Director of Training in Psychology  
Linda and Timothy O'Neill Chair in Psychology  
University of Michigan  
Developmental Psychopathology;  
Clinical Outcomes

#### **Erica Lee, PhD**

Associate Director of Training  
University of California, Berkeley  
Evidence-based Treatment; Cultural and Individual Diversity

#### **Keneisha Sinclair-McBride, PhD**

Associate Director of Training  
Vanderbilt University  
Integrated Care; evidence-based treatment; Cultural and Individual Diversity

#### **Kevin K. Tsang, PsyD**

Associate Director of Training  
Virginia Consortium Program in Clinical Psychology  
Pediatric Psychology Consultation Services

#### **Rose Ashraf, PhD**

Southern Methodist University  
Multicultural & Immigrant Psychology;  
Acculturation Distress; Trauma

#### **Jane Holmes Bernstein, PhD**

University of Edinburgh  
Neuropsychology; Clinical Assessment

#### **Marcus Cherry, PhD**

Boston College  
Childhood Trauma; Individual and Cultural Diversity

#### **Yasmin Cole-Lewis, PhD, MPH**

University of Michigan & UNC – Chapel Hill  
Pediatric Psychology Consultation Services

#### **Alice Lowy, PhD**

Northeastern University  
Anxiety, depressive, trauma  
and eating disorders

#### **Kerry McGregor, PhD**

Regent University  
Gender Diversity and  
Management Issues

#### **Imari Ashley Palma, PhD**

Loma Linda University  
Pediatric Psychology  
Consultation Services

**Lauren DiLullo, PsyD**

Florida Institute of Technology  
Anxiety; Depression; Adherence Concerns;  
Medical Coping

**Jennifer LeBovidge, PhD**

Northwestern University Feinberg School of Medicine  
Medical Coping; Immunology

**Roxana Llerena-Quinn, PhD**

Boston College  
Latino Mental Health; Childhood Trauma

**Dorothy Loren, PhD**

Loyola University Chicago  
Medical/Pediatric Psychology

**Ferne Pinard, PhD**

University of Southern Mississippi  
Neuropsychology;  
Department of Neurology

**Heather Potts, PhD**

Syracuse University  
Complex ADHD

**Celiane Rey-Casserly, PhD, ABPP**

Boston University  
Neuropsychology;  
Hispanic Services

**Rachel Tunick, PhD**

University of Denver  
Integrated Behavioral Healthcare  
in Primary Care

**Carl Waitz, PsyD**

Azusa Pacific University  
Inpatient Psychiatry Service

## ATMs

There are three ATMs located on the first floor of the Fegan Building: one for Citizens Bank and two for Bank of America.

## Badges

You should wear your hospital badge anytime you are in BCH or on any BCH satellite campus. Badges are issued at the Security office, found down the hallway to the left of the Main Lobby Information Desk. Your badge will be coded by Security for appropriate hospital access. You need your badge to exit and enter the back entrance/employee shuttle area as well as to ride any BCH shuttle. If you lose your badge, you can go to Security to request another for a \$10 fee.

## Booking a room/meeting

Courtney Kellogg has access to Dr. D'Angelo's calendar and can help with you scheduling an appointment with him.

If you would like to reserve a flex room or meeting spaces at 2 Brookline Place, reach out to the Front Desk, they can help you. The listing of reserved office space in the Outpatient Psychiatry Services Clinic, called the Room Book, is found behind the Front Desk. There is a daily listing of all the offices/times/users. You should look for your name to see where you've been assigned. If you don't see your name, and a room isn't assigned, write your name on the appropriate room/time. If someone is in a room that's been assigned to you, you have every right to ask them to move.

## Cashier's Office

Is located on the first floor of the 300 Longwood campus; you can buy stamps here and have change made.

## Counseling Support

If you need support in dealing with a work-related issue, or even a personal situation, you may reach out to Lauren Coyne in the BCH Office for Clinician Support for an off-site referral at x56747, or you may contact Pam Peck at Beth Israel at: [ppeck@bidmc.harvard.edu](mailto:ppeck@bidmc.harvard.edu)

## Cycling

Feel free to save the planet by riding your bike to work, but make sure to have a secure lock (bikes have a tendency to walk). Bike racks are located throughout the campus.

## Dictation Software

The hospital offers Dragon as a dictation software platform for you to dictate your notes in case you prefer that to typing. This is the link to the hospital page with installation instructions:

<http://web2.tch.harvard.edu/champs/mainpageS2745P58.html>

## Dr. Foster ACTS

The following guidelines outline the process for management and containment of agitation and violence on the Outpatient Psychiatry Service.

*These are not a substitute for a clinician's judgment, but are intended as a guide.*

There are no algorithms that can anticipate all the complexities involved in controlling agitated or violent patients. Successful management of these situations depends on the judgment of the evaluating clinician along with numerous factors that will not always be under the clinician's control. Clinically, ethically, and legally, clinicians are required to take whatever reasonable steps they can to ensure the safety of themselves, the patient involved, other patients, visitors, hospital staff, and of the public at large.

### **Dr. John Foster ACTS procedure:**

- **Assess**
- **Call and contain**
- **Troubleshoot**
- **SERS (Safety Event Reporting System)**

### **No one should try to physically restrain a patient.**

The only exception is in the most dire situations where not restraining would result in immediate loss of life or very serious injury, and even then only if the relative size and strength of the patient is such that it is likely that you could successfully prevent the patient from seriously injuring him/herself or others (such as a very young child).

**When in doubt, call for help. If you feel uncomfortable or out of control, it is always better to enlist help in managing a situation immediately than to “wait and see” how it progresses.**

**A SERS report should always be filed when Dr. John Foster is called. If you witness or hear the events, you and the Clinic Director should file with SERS.**

### **If a patient becomes agitated or violent IN YOUR OFFICE:**

- Estimate the ability of your patient to flee or inflict harm to himself/herself and others.
- If you have any concerns or feel that the situation might get out of control, **call for help immediately**. Do not “wait and see” if you can help de-escalate the situation by yourself.
- Pay attention to countertransference feelings. The clinician's sense of fear is an important clue. This often means that the patient is feeling "out of control" and is the clue to start thinking of "protecting" oneself and the patient.
- These situations are best managed with others. If you feel the situation is beyond what you can handle yourself, ask for help by following the next steps:

- Immediately call the Front Desk (ext. 55662) to initiate the Dr. John Foster protocol:
  - Say “This is \_\_\_\_\_. Please call Dr. John Foster.” The Front Desk will be looking for your instruction as to whether or not to bring the patient’s family to your office to help contain the situation.
  - If you are unable to use the phone, open your office door and loudly state, “I need Dr. John Foster.”
  - If it is after clinic hours, call Security directly (ext. 56121).
- The Front Desk will call Security to your office and notify the Position in Charge (the Outpatient Director, Associate Director, or an Attending Physician, in that order).
  - The Position in Charge will come to your office door to check on the situation and offer help by saying “I heard you were looking for Dr. John Foster. I’m \_\_\_\_\_, is there something I can do to help?”
  - Enlist the help of the Position in Charge by giving a brief summary of the situation and telling him/her what help is needed (if any).
- Make a reasonable attempt to contain the patient.
- If a patient meets commitment criteria and is trying to flee, or is in imminent danger of hurting himself/herself or others, then:
  - Be firm in expressing to the patient that this cannot occur. Explain that it is expected that he/she will stop the behavior.
  - If the caretaker or family is present, involve them in developing a plan for containing the behavior. Inform them of any concerns and the need for the patient to stay in the office.
  - If the patient leaves your office, continue to try to verbally de-escalate the patient.
- Once Security is on the scene, and if there is a physical altercation underway, Security will immediately act to contain and de-escalate the situation.
- If there is no physical altercation underway and you decide you need them to intervene, **SECURITY EXPECTS TO BE DIRECTED IN THEIR ACTIONS BY THE PROFESSIONAL STAFF.**
- Often just the arrival or presence of the security officers is enough to help contain the patient’s behavior.
- If the patient does not de-escalate despite discussion and continues to agitate with increasing risk of danger or harm to self or others:
  - Instruct the security officers to physically restrain the patient.
  - Once the patient is physically restrained, instruct Security to move the patient to the Emergency Department for further assessment.
  - 911 will need to be called at 2 Brookline Place.
  - Call the Emergency Department prior to the patient’s arrival (ext. 56611).
  - The Outpatient clinician/s should transfer the case to the Emergency Department Psychiatry clinician on call at this time.
- If the patient should elope:
  - The clinician may follow the patient to guide the security officers in the management of the patient. This should occur only on hospital grounds.
  - Should the patient leave the hospital grounds then the clinician must notify the Boston Police by calling 911.
  - The clinician should not pursue beyond the hospital grounds, except in the gravest situations and then only if escorted by police.
- After the incident is contained, use the Safety Event Reporting System found on our homepage to document the event. You should file a SERS even if Security is not called.
- Debrief with all staff involved and with the Director, if not already present.



## Dress Code

Check with your clinic supervisor if you are unsure about a specific article of clothing; but the following are unacceptable attire: hats/caps unless part of a uniform; clothing with suggestive themes, slogans or political content; casual summer/beachwear (no tank tops, halter tops tube tops); shorts/pajama pants/athletic wear; torn or dirty clothing; and closed-toe shoes are a hospital must. Offensive tattoos must be covered.

## Email

When sending health information or communicating electronically with Boston Children's Hospital patients and families, it is required by federal and state law to use secure messaging systems. Currently, we do not have a secure texting system for communicating with patients and families. To ensure HIPAA compliance in our current environment, our policies prohibit texting or personal email use by individual providers to communicate with patients and families.

Any organization-wide texting programs—such as the appointment reminders sent by Boston Children's—have been carefully assessed and approved by Information Security and Compliance. In all other cases, the [MyChildren's Portal](#) should be used whenever you communicate electronically with patients and families. If a patient/family does not have access to the portal, using Boston Children's email with **#secure#** in the subject heading is acceptable for sending patient information. HIPAA privacy and electronic security laws require organizations to implement appropriate administrative, physical, and technical safeguards to prevent the inappropriate use or disclosure of protected health information. In addition to the legal requirements to protect patient privacy, Boston Children's advocates attention to work-life balance by establishing clear expectations for how we communicate with patients and families.

You should use the following as your signature for emails:

**<Firstname Lastname>**

<Title> | <Department>

[Boston Children's Hospital](#)

<Mailing Address, Mailstop, City, MA Zip>

t:<Phone> | f:<Phone> | m:<Phone>

[Twitter](#) | [LinkedIn](#) | [Facebook](#) | [Instagram](#)

## Encrypting cellphones and laptops

Most current cell phones are already manufacturer-installed encrypted. Online information for setting up email on your phone is here: <http://web2.tch.harvard.edu/ehelp/mainpageS2853P52.html>

Information on encrypting a Windows 10 laptop is here:

<http://web2.tch.harvard.edu/ehelp/Documents/InstallWindowsPro.pdf>

If you have a Mac laptop, call the Help Desk to be connected with the Mac Support team: 617-355-HELP.

## Faxing

There are two ways to fax from both OPS and PCS. You may fax through the actual fax machines or through the copiers. You are responsible for your own faxes.

**Fax Machines: you need to dial a 0 and 1 before the telephone number.**

Copiers: You will need to press the BCH APPS button the left side of the control panel. You will then be prompted to swipe your Employee ID Badge. If it is your first time using that copy machine, you will need to log-in with your BCH ID Number and your password.

This will bring you to a screen that will allow you to email – which is scanning, fax etc. You can scan (use the email button) a document to yourself or send an outside fax. You do not need to dial anything before sending a copy-machine fax AND you will receive an email when your fax is delivered.

**OPS Fax #: 617-730-0319, PCS Fax#: 617-730-0428**

## Harvard ID

Vivienne Tulloch will help you obtain your Harvard ID. The Harvard identification card affords access to numerous activities and locations on campus, including:

- entry into University buildings, offices, and parking facilities
- business transactions on campus
- ability to attend events that may be open only to the Harvard community, including Spring Fest, Head of the Charles events, university athletic competitions, and certain speaking events

## HI/SI/Violent Patient on OPS

See Dr. Foster ACTS

## Keys

Your badge will allow you access to all respective office spaces. If you are ever locked out of any room/facility, call Security (x56121) and give them your badge number and the room number. They'll send an officer to unlock the room.

## Lactation Rooms

A few lactation rooms are located throughout the main hospital campus and 2 Brookline Place, but you may find it easier to use an available room or office. You can work with the Front Desk to determine which room might be available when you need it, or check the room book, and if you see an open room, just write your name in for the hour..

## Mail

There is a public mailbox just outside of the Enders Building; it is much faster than using the hospital system. If you need to mail something hospital-related and it is time sensitive, you may get stamps from: the Front Desk in OPS, Liz Robinson or Courtney Kellogg in Admin. If your envelope isn't time sensitive, the Mail Room should be utilized. If you are on OPS, you can leave your envelope in the mailbox room behind the Front Desk in the cubby that says: outgoing mail. PCS Fellows can place outgoing mail in the respective bin in the Hunnewell mail/lunch room. INTER-OFFICE mail takes a few days to arrive. OPS Front Desk or Courtney Kellogg can get you inter-office envelopes. Incoming mail for Psychology Interns will be in your mailbox in the room just behind the Front Desk.

## Office Supplies

Depending on what you need, you can go to: OPS Front Desk, they stock all the basics or ask Mannely Goncalves or Courtney Kellogg. If we don't have what you are seeking, Mannely can order it for you.

## Outpatient Clinic

You will be assigned to OPS at some point in your training. You could have anything from evaluations to repeat patients. Either the Front Desk or Intake will book your appointments. If your patient is a new patient, he/she/parents will be asked to fill out New Patient Forms. Copies of the forms will be set aside for you – ask the Front Desk where your forms are (sometimes they are on the counter, sometimes at the actual desk, sometimes behind the Front Desk). If a parent gives you paperwork you wish to add to the patient's medical record, those forms go into the file for Medical Records.

## Pagers

The paging office is located in the hallway between the 300 Longwood employee shuttle area and the Cashier's Office on the first floor. If you have any trouble with your pager you can go here for help. You can also recycle your old batteries here and pick up new AA or AAA batteries. Lost pagers are replaced for a \$200 fee.

## Panic Buttons

Are located in every office space at 2 Brookline Place, and also on your security badge. Should you have to push the panic button and Security doesn't respond within four minutes, press it again.

## Parking Office

The Parking Office is located in the BCH parking garage on the third floor. Here you can purchase monthly garage passes, discounted day passes at a limited number of Children's garages, discounted MBTA passes as well as tickets to movies, amusement park and ski slopes. You will need to show your BCH ID.

## Payroll

Payroll is done via direct deposit, and you are paid two Friday's a month. Depending on your start date, you will be either paid in your first week of work or your third. If you have any questions, reach out to Edie Rosenberg at x56684.

## Poster Printing

PHD Posters is the company that is recommended for all your printing needs. You can access them at: [www.PHDposters.com](http://www.PHDposters.com) or their actual location at 375 Longwood Avenue.

## Security

Security is reached at x56121 from any phone; you will need to provide them with your room number (located outside each office/doorway) and your BCH ID#. If it's an emergency, and you need help ASAP, tell security you need **Dr. Foster**. You can also call the Front Desk and tell them to call Security for **Dr. Foster**; the Front Desk is x55662.

## Sick Day

Check with your supervisor as to how they prefer to be notified (some want a call, some an email). If you are sick in the morning and cannot make it into work, contact your supervisor as soon as possible (especially if patients need to be rescheduled). If you are on PCS, email Kari Lownes, Chase Samsel and the PCS Attending of the Day. If you are on OPS, email Oscar Bukstein, Courtney Kellogg and LuAnn French.

## Shuttle Service

You are able to ride any BCH shuttle as long as you have your BCH ID. Below are the shuttle stops and times:

### **Landmark/1295 Shuttle Schedule**

The Landmark/1295 shuttle from 7:00am to 6:00pm Monday thru Friday.

#### **Servicing:**

- 1295 Boylston
- Landmark Center
- Autumn Street
- Children's Way

### **Beacon Shuttle Schedule**

The Beacon shuttle runs mornings from 5:00 to 10:00am and from 2:00 to 11:40pm.

#### **Servicing:**

- Beacon Lot
- Kenmore Lot
- Landmark Center
- Trilogy Garage
- Children's Way

### **Renaissance Shuttle Schedule**

The Renaissance shuttle runs from 5:00am to 11:40pm.

**Servicing:**

- Renaissance Garage
- Ruggles Station
- Simmons College
- Children's Way

### **Ruggles Express Schedule**

The Ruggles Express shuttle runs mornings from 6:30 to 9:00am and from 3:50 to 6:00pm.

**Servicing:**

- Ruggles
- 1295 Boylston
- Landmark Center

### **North Station Shuttle**

The North Station shuttle runs mornings from 6:20 to 9:30 am and from 2:30 to 8:00 pm.

**Servicing:**

- North Station
- Children's Way

### **Waltham Shuttle**

The Waltham shuttle runs mornings from 5:30 to 8:45 am and from 3:20 to 7:10 pm.

**Servicing:**

- BCH Waltham Campus
- Children's Way

### **MASCO LMA Shuttles**

#### **LMA Shuttle Schedules**

**Servicing:**

- Kenmore Lot
- Beacon Lot
- Yawkey Way
- 1249 Boylston Lot
- Landmark Center
- Ruggles MBTA Station
- JFK/UMass MBTA Station
- Harvard Square (*ticket needed*)
- Chestnut Hill Lot
- Children's Way

## Technology Problems

If you have any problems with your desk telephone, your computer or your printer, reach out to the Help desk either via a “ticket” done online on your desktop, or you can call the Help Desk at: 5-HELP (54357). The Help Desk is usually quite responsive and should be in touch with you within 24 hours.

## Telephone

You should have the cellphone numbers for your classmates, as well as Courtney’s: 978-288-6441.

**The OPS back line, goes directly to a person at the Front Desk is: 55662.**

**Security: 56121      Fire: 56525      STAT Page: 55555**

**Code Blue (medical emergency): 55555**

To call a four-digit extension here on the Main Campus, dial a 5 first, then the four digit extension. To call Autumn Street, dial a 4 first, and then the four digit extension. To dial an outside number, dial 0, then 1, then your phone number.

*(Any extension that starts with a 5, like x54563, is long-version: 617-355-4563, and anything beginning with a 4 will be: x46112, 617-919-6112)*

## Time Off (for personal or professional events)

You are allotted 20 days of personal time per year and 5 days of professional leave. Please refer to the academic calendar for additional days off. Time-off forms will be emailed to you and also found in your offices; **you need to secure coverage for while you are away.** The form should be filled out, and signed by all of your supervisors. If you are taking time off on a clinic day, you need to have your schedule blocked by emailing: [psychiatrytemplateblocks@childrens.harvard.edu](mailto:psychiatrytemplateblocks@childrens.harvard.edu)

*Rotation-specific directors reserve the right to deny leave requests.*

A signed copy should be sent/given to Courtney Kellogg.

- Before you leave, make sure to put an *Out of Office* message on your voicemail, email and Patient Portal.

## Voicemail

Mannely Goncalves is responsible for helping set-up your voicemails and remote-access voicemail. She may be reached at x47716. If your telephone hasn’t already been assigned to you, she needs to know the number off the phone jack where the phone is actually plugged in, AND the five-digit number (beginning with a “5”) located on your telephone screen in the upper left corner. She’ll submit the request to have the phone assigned to you, and the Help Desk will send you instructions on personalizing your greeting.

## **PSYCHOLOGY INTERN AND SUPERVISOR RESPONSIBILITIES FOR PATIENT CARE**

*The Department of Psychiatry and Behavioral Sciences and Division of Psychology have developed supervisory guidelines for Psychology Interns and Postdoctoral Fellows in Psychology (both groups collectively labelled, "Psychology Trainees"). These are listed below and are provided to you on the first day of Orientation, along with an explanation of their nature and intent. Once signed, a copy will be placed in your Internship Folder and another copy given to you.*

### **Supervision Guidelines for Psychology Trainees**

#### **PURPOSE**

The Medical Staff Executive Committee has implemented guidelines for attending physician's responsibilities regarding the provision and supervision of care provided to patients by trainees. In the Department of Psychiatry and Behavioral Sciences, these guidelines are broadened beyond the attending (or staff) psychiatrist to include the attending clinician, who is defined as any staff psychologist or social worker who provides supervision to psychiatry, psychology, or social work trainees.

The objectives of the program encompass the specific competency-based goals of our Psychology Training Programs found in the Department's Psychology Training Handbook, the recommended guidelines for training in Child Clinical Psychology (Roberts et al., 1996), the recommended training guidelines for Pediatric Psychology (Spirito et al., 2003), and the guidelines set forth for training by the International Neuropsychology Society.

#### **OVERALL PRINCIPLES**

1. Each trainee who evaluates and/or treats a patient has an assigned attending physician/clinician (staff supervisor) who is responsible for the patient's care.
2. The attending physician/clinician has the ultimate responsibility for all psychiatric care decisions regarding all patients seen by trainees under her/his supervision.
3. The attending physician/clinician is responsible for providing oversight and supervision of all patient care provided by trainees.
4. The attending physician/clinician is expected to behave in a professional manner at all times in regard to trainee supervision, and is expected to encourage each trainee to seek guidance at any time the trainee believes it to be helpful in the care of the patient.
5. The attending physician/clinician is to make clear to each trainee that the failure to seek guidance will be considered problematic when they have any question or concern regarding a patient and her/his care.
6. Mental health clinicians at any level of experience must seek supervision and guidance from colleagues, and through the chain of command, when they need assistance and/or are questioning the care of a patient.

## **PHILOSOPHY**

Graduate education in professional psychology is a developing process in which psychology trainees gain experience with, and assume responsibility for, increasingly difficult patients and problems within their area of expertise. At the conclusion of their clinical and academic training, successful completion of their doctorate and postdoctoral training, and reception of a license to practice in the Commonwealth of Massachusetts as a licensed psychologist with health provider status, the psychologist is free to practice independently. To serve the public well in our training mission, we must train psychologists who, by their senior year(s) of training, can manage complex patients and problems independently. Psychology trainees may need proportionally more guidance and supervision, but should nonetheless be capable of managing straightforward-to-moderately complex problems. If psychology trainees are prohibited from managing progressively more difficult problems with some independence, they will not be able to function well after graduation, and we have failed the public in our training mission.

## **GUIDELINES**

1. Psychologists at any level of experience may at times encounter patients that challenge their knowledge and expertise. It is incumbent on every psychologist and psychology trainee, regardless of level of training, experience, or seniority, to recognize his/her limitations and to request supervision or assistance when managing problems which are unfamiliar or difficult. For all psychology clinicians, it is only the failure to seek guidance that will be considered problematic.
2. Every psychology trainee in the Department of Psychiatry and Behavioral Sciences is encouraged to request guidance by phone or in person, from an attending clinician on any occasion when they feel such guidance would be helpful, or when they feel uncomfortable about their level of training or expertise in managing a particular problem. When in doubt as to whether advice from an attending physician/clinician should be sought, the trainee should err on the side of requesting advice. For psychology trainees, it is only the failure to seek guidance that will be considered to be problematic.
3. As it is incumbent on psychology trainees to seek guidance responsibly, it is also incumbent on the faculty to ensure that guidance is always readily available and that psychology trainees are encouraged to call freely for guidance. Trainees should always feel that they are free to call for guidance. If a situation arises in which a trainee does not think that the Department has made guidance readily available, they should promptly notify the Training Director, Clinical Service Director, Division Chief, and/or the Department Chief so that the Department can take prompt corrective action.
4. If for any reason the responsible attending physician/clinician is unavailable, a trainee in need of immediate guidance should promptly attempt to contact the appropriate clinical program director or the on-call attending psychiatrist (24 hour/7 day availability accessed through the hospital page operator). If either of these is unavailable, the trainee should contact the emergency psychiatry services director who provides back-up to the on-call attending psychiatrist.
5. Trainees are encouraged to manage those situations and problems appropriate to their level of training and expertise, and which they have encountered before, without seeking immediate senior guidance.
6. Patients may be managed appropriately yet nonetheless develop complications of their disease process. Complications are not necessarily evidence of inappropriate management, nor of failure on the part of a trainee to recognize that senior guidance was needed. However, where complications or problems in treatment progress do occur, the attending physician/clinician and trainee should review the case with the service leadership, and the Psychiatry Quality Program for recommendations.



7. Guidelines cannot anticipate every situation. Mental health clinicians must always use best judgment to respond to unusual or emergency situations. In remarkable situations, actions that are appropriate and in the patient's best interest may differ from these guidelines. An example of such situation might be: if the trainee is called to assist with a psychiatric emergency where a patient is endangering self or others, this may require immediate action prior to speaking with the attending physician/clinician.
8. The attending physician/clinician and trainees are responsible for using culturally competent, evidenced-based approaches to achieve cultural competence in their practice and to work in partnership with patients, families, and communities.

### **SPECIFIC GUIDELINES FOR SUPERVISION**

1. The attending physician/clinician supervises, in whole or in part, the mental health management plan for each patient seen by a psychology trainee. The attending is responsible for ensuring that all trainees have appropriate experience and competence to undertake such management. Supervision occurs across outpatient, inpatient, consultation, and community settings in the Department of Psychiatry and Behavioral Sciences. The trainee and attending should always strive to engage in clear communication.
2. For all patients under his/her care, the psychology trainee should develop a plan for the mental health management of each patient in conjunction with the attending clinician/physician and any consulting services.
3. The psychology trainee is responsible for implementation of the plan of care, and for documentation of the plan in the medical record, in conjunction with the attending clinician.
4. Psychology trainees must notify the attending physician/clinician of significant changes in a patient's condition, regardless of the time of day or day of week.

Significant changes or events include, but are not limited to:

- a. all patients evaluated in the emergency room or emergency situations;
  - b. development of significant life-threatening psychiatric changes (e.g.: suicidal attempt or completion; behavior acutely endangering others);
  - c. major medication errors requiring acute clinical intervention (e.g.: emergency room medical assessment or hospitalization);
  - d. any boundary crossing/violation, or accusations by a child and/or his or her caregivers (e.g.: child alleges concerns about being "touched" to his or her parent), or by any care provider involved with the case;
  - e. development of major psychiatric treatment issues (e.g.: emergency 51A filing, running away)
  - f. emergency admission to a psychiatric or medical hospital.
5. All drafts and final copies of clinical notes, psychological assessment and testing reports, and correspondence with other parties involved in the care of the child, will be formally reviewed and co-signed by the attending physician/clinician for that particular patient.
  6. All psychology trainees are expected to confirm with their supervisors, and the specific clinical service director, which patients on that service will be supervised by a specific supervisor. Every attending clinician will confirm that they are supervising a specific trainee for a particular patient.
  7. A psychology trainee cannot provide any clinical care to a patient or family without reviewing the case with the specific attending clinician assigned to that patient.

8. All psychology trainees and attending clinicians should keep a written record of their shared cases, and that case log should be reviewed on a monthly basis for its accuracy and completeness.

I have received a copy of these guidelines, as well as an outline of the program's core competencies. I have read and understand them, and I recognize that these guidelines govern my training at Boston Children's Hospital.

Signature: \_\_\_\_\_

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

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

**Document Attributes**

<b>Title</b>	Supervision Guidelines for Psychology Trainees		
<b>Author</b>	David R DeMaso, MD	<b>Date of Origin</b>	2003
<b>Reviewed/ Revised by</b>	David R DeMaso, MD Eugene J D'Angelo, PhD	<b>Dates Reviewed/Revised</b>	7/07; 8/11; 6/12
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***This form is what your supervisor has received, reviewed, and signed; it is provided to complement the previous document.***

**Department of Psychiatry and Behavioral Sciences Responsibilities of Attending Clinician in Patient Care**

The Medical Staff Executive Committee has implemented guidelines for the responsibilities of attending physicians, regarding the supervision of care provided to patients by trainees. *(In the Department of Psychiatry and Behavioral Sciences, the definition of an attending physician (or psychiatrist) is broadened to attending clinician and includes any staff psychiatrist, psychologist, or social worker who provides supervision to psychiatry, psychology, or social work trainees.)* Each trainee who evaluates and/or treats patients has an assigned staff supervisor/attending clinician who is ultimately responsible for the patient's care.

**OVERALL PRINCIPLES**

- The attending clinician has the ultimate responsibility for all psychiatric care decisions regarding their patients.
- The attending clinician is responsible for providing oversight and supervision of all care provided by trainees.
- The attending clinician is expected to behave in a professional manner at all times in regard to trainee supervision, and is expected to encourage each trainee to seek guidance at any time the trainee believes it to be helpful in the care of the patient.
- The attending clinician is to make clear to each trainee that only the failure to seek guidance will be considered problematic.

**PHILOSOPHY**

Graduate medical education is a developing process in which mental health clinicians, over a period of several years, gain experience with, and assume responsibility for, increasingly difficult patients and problems within their area of expertise. At the conclusion of training, the mental health clinicians are free to practice independently. Therefore, to serve the public well in our training mission, we must train mental health clinicians who by their final year of training, can manage complex patients and problems independently. [Mental health clinicians in more junior years of training may need proportionally more guidance and supervision, but should nonetheless be capable of managing straightforward to moderately complex problems independently.] If mental health clinicians

in training are prohibited from managing progressively more difficult problems with some independence, they will not be able to function well after graduation, and we have failed the public in our training mission.

- It is incumbent on every mental health clinician, regardless of level of training, experience, or seniority, to recognize his or her limitations and to request supervision or assistance when managing problems, which are unfamiliar or difficult. Rigid guidelines for supervision can never replace good clinical judgment, and are not intended to do so.
- Every trainee in the Department of Psychiatry and Behavioral Sciences is encouraged to request guidance by phone, or in person, from an attending clinician **on any occasion** when they feel such guidance would be helpful, or when they feel uncomfortable about their level of training or expertise in managing a particular problem. When in doubt as to whether advice from an attending clinician should be sought, the trainee should err on the side of requesting advice.
- For trainees, it is only the failure to seek guidance that will be considered to be problematic.
- As it is incumbent on trainees to seek guidance responsibly, it is also incumbent on the faculty to ensure that guidance is always readily available and that trainees are encouraged and always free to call for guidance. If a situation arises in which a trainee feels that the department has not made guidance readily available, they should promptly notify the training director, program director, and/or the Department chair so that the Department can take prompt corrective action.
- If the attending clinician on call is temporarily unavailable for any reason (e.g.: accident, pager failure) a trainee in need of guidance should promptly attempt to contact another attending clinician, either by pager or by calling their home phone.
- Trainees are encouraged to manage those situations and problems appropriate to their level of training and expertise, and which they have encountered before, without seeking immediate senior guidance.
- Patients may be managed appropriately and nonetheless develop complications of their disease process. Complications are not in and of themselves evidence of inappropriate management, nor of failure on the part of a trainee to recognize that senior guidance was needed.
- Guidelines cannot anticipate every situation. These guidelines are not intended to prevent physicians from using their best judgment to respond to unusual or emergency situations. In unusual or emergency situations, actions that are appropriate and in the patient's best interest may differ from these guidelines. An example of such situation might include, but is not limited to:
  - ~ If trainee is called emergently to assist with a psychiatric emergency where a patient is endangering to self or others, this may require immediate action prior to speaking with the attending physician.
- Finally, we expect that our graduates will improve the quality of life for children, adolescents, and their families facing disabling illnesses. We expect that their efforts will encompass the full spectrum of clinical and research settings, will use evidenced-based approaches, will be culturally aware, and will empower patients, families, and communities alike. The objectives of the program encompass the ACGME specified and AACAP recommended core competencies of patient care, medical knowledge, interpersonal skills, practice-based learning, professionalism, and systems-based practice.

## **SPECIFIC RESPONSIBILITIES**

- The attending clinician should develop a plan for the psychiatric management of each patient in conjunction with the trainee and any consulting services.
- The attending clinician is responsible for implementation of the plan of care and for documentation of the plan in the medical record.
- If the attending clinician delegates, in whole or in part, the psychiatric management plan, the attending remains responsible for ensuring that all delegated trainees have appropriate training experience and competence to undertake such management.
- The attending clinician must communicate clearly to each trainee involved in the care of patients, when the attending expects to be contacted by the trainee. At a minimum, trainees must be told to notify the attending clinician of significant changes in the patient's condition, regardless of the time of day, or day of the week. Significant changes or events include, but are not limited, to the following:
  - ~ all patients evaluated in the emergency room or emergency situations;
  - ~ development of significant life threatening psychiatric changes (e.g.: suicidal attempt or completion; behavior acutely endangering others);
  - ~ major medication errors requiring acute clinical intervention (e.g.: emergency room medical assessment or hospitalization);
  - ~ any boundary crossing or violation accusations by a child and/or his or her caregivers (e.g.: child alleges concerns about being "touched" to his or her parent);
  - ~ development of major psychiatric treatment issues (e.g.: emergency 51A filing, running away)
  - ~ emergency admission to a psychiatric or medical hospital.

## **OUTPATIENT AND COVERAGE BY ATTENDING PSYCHIATRISTS**

- Psychiatry attendings serving in the outpatient department as the Attending of the Day (AOD) are responsible for all patients seen by residents/trainees in the Psychosocial Treatment Program (PSTP). These responsibilities include all the clinical aspects of patient care outlined above, as well as administrative duties such as co-signing clinical notes and billing slips.
- Psychiatry attendings serving in the outpatient psychopharmacology clinic are responsible for all patients seen by residents in that program. These responsibilities include all the clinical aspects of patient care outlined above, as well as administrative duties such as co-signing clinical notes and billing slips.

## **AFTER-HOURS, WEEKEND, AND HOLIDAY COVERAGE BY ATTENDING PSYCHIATRISTS**

In addition to the principles and responsibilities outlined above, the following are the responsibilities of attending psychiatrists when they are involved in after-hours, weekend, or holiday coverage:

1. ***The attending psychiatrist will preside over morning rounds for both the Psychiatry Inpatient and Consultation Services on weekends and holidays together with the on-call trainee.*** Specifically these rounds will include:
  - a. All psychiatry inpatients
  - b. All psychiatric "boarders" in medical/surgical or ED beds awaiting admission or transfer
  - c. All medical and surgical patients flagged in the PCS-log for follow-up
  - d. New psychiatry consultation cases
2. The attending psychiatrist is expected to remain available, and be responsive to the on-call trainee at all times, to return pages and calls promptly and to keep the trainee informed of contact information such as

pager and telephone numbers. All requests for assistance from the on-call trainee should be met by the attending with the assumption that the need is both real and immediate.

- 3. The attending psychiatrist is expected to remain in the hospital or come into the hospital when requested by the on-call trainee.**
4. The on-call trainee must notify the attending psychiatrist of significant changes in any patient's condition, regardless of the time of day. For each patient, the attending will review the clinical situation with the trainee and together they will determine the appropriate course of action. This course of action may include the onsite presence of the attending psychiatrist to assist the on-call trainee in the assessment and management of the patients.
5. In addition to the events already outlined above, the on-call trainee should notify the attending psychiatrist of the following:
  - a. Any new cases seen in the ED or on the Consultation Service;
  - b. Clinical situations where simultaneous requests for psychiatry services are required at multiple locations anywhere in the hospital, and an additional clinician may be required;
  - c. The on-call trainee feels for any reason that she/he requires the onsite presence of the attending psychiatrist.

## **REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE INTERNSHIP PROGRAM**

The psychology internship is guided by the profession-wide competencies that are incorporated into the Standards of Accreditation, Commission on Accreditation of the American Psychological Association. These competencies include:

- 1. Research**
- 2. Ethical and legal standards**
- 3. Individual and cultural diversity**
- 4. Professional values, attitudes, and behaviors**
- 5. Communication and interpersonal skills**
- 6. Assessment**
- 7. Intervention**
- 8. Supervision**
- 9. Consultation and inter-professional/interdisciplinary skills**

The internship program formally evaluates an intern's progress in attaining these competencies both at midyear, and at the end of the year. Evaluation ratings are important to note: first, the evaluation sets a Minimum Level of Achievement (MLA) on all 9 competencies in order to determine whether the appropriate levels of progress and/or completion of the internship have been met. In December, at the midyear evaluation, an intern is expected to have received a rating of "3" on all 9 competencies (a "3" indicates the intern uses that particular skill effectively most of the time, but still benefits from continued supervision and guidance). [*Two or more competency areas rated as "2" or below at the midyear evaluation would result in the creation of a Remediation Plan.*] By the end of the academic year, an intern should have attained a rating of "4" on all 9 competencies ("4" indicates the intern consistently uses the skill independently). Interns will meet with their supervisors to review and evaluate their performance.

While interns receive this formal assessment twice a year, there is often informal feedback provided during the course of supervision. The goal of the internship program is to work collaboratively between supervisors, seminar leaders, and the intern to successfully complete the internship. We feel fortunate that, to date, we have not had to utilize the formal remediation plan, placed any intern into a probationary status, nor ever terminated an intern from the Internship Program.



**Boston Children's Hospital  
Profession-Wide Competency Rating Form**

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

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

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

**Rotation:** Name of Rotation: PCS, OPS etc.

Mid-year Evaluation

End of Year Evaluation

**RATING SCALE:**

**N** = not yet/not applicable

**1** = basic knowledge, but not yet proficient

**2** = basic knowledge and skills, minimally proficient

**3\*** = applied in practice with much support/guidance (*satisfactorily proficient; uses the skill effectively most of the time but benefits from continued supervision and guidance*)

**4\*\*** = proficient and autonomous (*consistently uses this skill independently; ready for independent practice*)

**5** = highly proficient (*consistently uses this skill at an independent level and has the ability to teach it to others*)

\* this is a typical **mid-year** evaluation rating

\*\* this is the typical **end of the year** rating

**In each of these profession-wide competency areas, rank the intern's ability to:**

**RATING**

**RESEARCH**

(Intern demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings in all professional roles)

Demonstrates an ability to incorporate current, relevant research into clinical practice using a specific case. \_\_\_\_\_

Effectively participates in seminar discussions of current research articles chosen for relevance to our clinical practice, including rationale for choice, accurate evaluation of the research itself, and identifying ways to incorporate into practice. \_\_\_\_\_

Demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings. \_\_\_\_\_

**RATING**

**ETHICAL AND LEGAL STANDARDS**

(Intern demonstrates appropriate ethical and legal knowledge, skills and attitudes in all professional roles)

Describes clinical cases in a way that clearly identifies and integrates the ethical and legal issues involved, to include an ethical decision-making model. \_\_\_\_\_

Independently identifies and proposes resolution(s) related to an ethical and legal issue(s) on a complex clinical or professional situation utilizing good clinical judgment. \_\_\_\_\_

Demonstrates appropriate ethical and legal knowledge, skills and attitudes. \_\_\_\_\_

**RATING**

**INDIVIDUAL AND CULTURAL DIVERSITY**

(Intern demonstrates appropriate knowledge, skills and attitudes about individual and cultural differences in all professional roles)

Integrates use of diverse considerations in the approach to discussions about cases to a supervisor or in a clinical team meeting/rounds. \_\_\_\_\_



Demonstrates effective collaboration with patients/guardians during assessment and treatment planning in a manner sensitive to equity and issues of inclusion. \_\_\_\_\_

Reflects on the intersection of equity and inclusion factors, identifying the impact on the treatment process along with ways to address it  
(e.g. *culturally appropriate services, adapting one's manner, seeking consultation*) \_\_\_\_\_

Effectively negotiates conflictual, difficult or complex relationship situations with individuals/groups that differ significantly from one's self. \_\_\_\_\_

Demonstrates appropriate knowledge, skills and attitudes about the range of cultural issues and individual differences in multiple forms, including: racism, discrimination, acculturative distress, micro-aggressions, gender-bias, religious differences and socio-economic disparities. \_\_\_\_\_

**RATING**

**PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS**

(Intern demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession including the appropriate knowledge, skills and attitudes in: critically evaluating, reflecting on, and improving one's own professional performance)

Reflects upon, assesses strength and growth areas, and develops professional goals based on self-evaluation and feedback from supervisors. Utilizes this self-assessment to develop specific personalized goals for the cases on this rotation with each assigned supervisor. \_\_\_\_\_

Articulates a personal process of self-evaluation and a self-care plan, discussing some ways your supervisors could support you. \_\_\_\_\_

Identifies a personal statement of professional goals for the future, based on a self-assessment of competencies (taking supervisor feedback into account). The intern should also identify areas for future professional growth and plans to achieve them. \_\_\_\_\_

Responsibly meets all outpatient clinical documentation expectations, including timely record-writing that is concise yet contains all pertinent information. \_\_\_\_\_

Identifies, reflects upon, discusses and manages emotional reactions to challenging clinical or professional situations. \_\_\_\_\_

Monitors and reflects on one's attitudes, values and beliefs, both during and after professional activities, in a way that identifies challenges and conflicts (with those values), as well as ways to address them. \_\_\_\_\_

Advocates with compassion for difficult and challenging clients/families. \_\_\_\_\_

**RATING**

**COMMUNICATION AND INTERPERSONAL SKILLS**

(Intern demonstrates ability to communicate effectively, to interact appropriately and to develop meaningful and helpful relationships in all professional roles)

Demonstrates appropriate engagement in a new clinical case: greeting orienting, establishing empathy and asking sensitive questions, all the while reflecting on that process. \_\_\_\_\_

Demonstrates effective working alliance in at least two treatment cases. \_\_\_\_\_

Identifies any treatment ruptures, miscues or difficulties that emerge in a clinical service relationship, reflects on that process and plans a resolution. \_\_\_\_\_

Gives audience-tailored presentations at didactics/case conferences; gathers feedback from the participants and incorporates feedback into the service plan. \_\_\_\_\_

Demonstrates clarity and coherence in clinical documentation, as evidenced by a supervisor's chart review. \_\_\_\_\_

Demonstrates ability to communicate effectively, to interact appropriately and to develop meaningful and helpful relationships with: staff, patients, families/care-givers, administrative personnel, and community resource providers. \_\_\_\_\_

**RATING**

**SUPERVISION**

(Intern demonstrates appropriate knowledge, skills and attitudes regarding the instruction/oversight of trainees and other professionals)

Articulates a supervision model for oneself, with reflection on how it could be applied. \_\_\_\_\_

Demonstrates knowledge of supervision techniques. \_\_\_\_\_

Identifies relevant issues in colleagues' assessment cases. \_\_\_\_\_

Incorporates issues of diversity into the discussion about supervision. \_\_\_\_\_

Assists colleagues in developing strategies to provide feedback to patients, families and referral-sources. \_\_\_\_\_

Provides effective supervision to another intern, articulates an understanding of the complexities involved and shows an ability to reflect on the process as a whole. \_\_\_\_\_

**RATING**

**ASSESSMENT**

(Intern demonstrates appropriate knowledge, skills and attitudes in the selection, administration and interpretation of assessments, consistent with the best scientific research evidence and relevant expert guidance)

Independently completes a psychological assessment including solid diagnosis/conceptualization while addressing: ethics, diversity and interpersonal dynamics (under the observation of a supervisor). \_\_\_\_\_

Refines a referral question for a psychological evaluation and selects assessment tools to use, including reflecting on applicability and limitations of such assessment instruments, particularly if impacted by aspects of diversity. \_\_\_\_\_

Utilizes test results to address a patient's diagnosis and/or questions by the referring clinician. \_\_\_\_\_

Produces clinically useful report/feedback/consultation based on psych testing measures. \_\_\_\_\_

Independently and appropriately administers and interprets (for all referral parties involved): \_\_\_\_\_

- clinical questionnaires \_\_\_\_\_
- cognitive/neuropsychological assessment \_\_\_\_\_
- personality evaluation (e.g. MMPI-A) \_\_\_\_\_

**RATING**

**INTERVENTION**

(Intern demonstrates appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions, based on the best scientific research evidence, relevant expert guidance and respect for the client's values and preferences)

Independently creates a treatment plan that reflects successful integration of empirical findings and research, clinical judgment, diversity and client preferences. \_\_\_\_\_

Effectively designs and implements a treatment intervention for a case in four

Or more of the broad categories listed:

- ADHD \_\_\_\_\_
- Behavior Disorder \_\_\_\_\_
- Mood Disorder \_\_\_\_\_
- Trauma \_\_\_\_\_
- Medical Coping Issue \_\_\_\_\_
- Medical Consultation/Liaison Issue \_\_\_\_\_

Demonstrates the ability to integrate and reflect on the treatment process of assigned cases, areas of case-conceptualization, treatment goals, model, observations and interactions, and decision points in the session. \_\_\_\_\_

Effectively evaluates and manages risk or crisis situations with appropriate consultation. \_\_\_\_\_

Effectively manages an outpatient caseload, to include an overview of case decisions and choice points regarding: scheduling, outcomes, discharges etc. for the supervisor. \_\_\_\_\_

Integrates findings from outcome measure(s) into case decision making on all clinical cases. \_\_\_\_\_

Demonstrates appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of all interventions that are based on the best scientific research evidence, relevant expert guidance and respect for the client's values and preferences. \_\_\_\_\_

**RATING**

**CONSULTATION & INTER-PROFESSIONAL/INTERDISCIPLINARY SKILLS**

(Intern demonstrates appropriate knowledge, skills and attitudes regarding inter-professional and interdisciplinary collaboration in relevant professional roles)

Provides effective consultation and collaboration on a clinical case for each of the following systems, including identifying and addressing interpersonal and systemic challenges involved:

- A social service agency \_\_\_\_\_
- School \_\_\_\_\_
- Primary Care Physician \_\_\_\_\_
- Inter-professional healthcare team \_\_\_\_\_

Demonstrates appropriate knowledge, skills and attitudes regarding interdisciplinary collaboration in relevant professional roles. \_\_\_\_\_

\*\*\*\*\*

Date of Direct Observation by Supervisor: \_\_\_\_\_

Supervisor Comments:

Intern Comments:

Supervisor's Signature: \_\_\_\_\_

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

Training Director: \_\_\_\_\_

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

*Training Director's signature attests to review of this evaluation.*

## **GRIEVANCE, REMEDIATION AND DUE PROCESS PROCEDURES FOR THE PSYCHOLOGY INTERNSHIP**

The Psychology Training Programs are committed to responding to the concerns, complaints, or formal grievances of all individuals in training. Boston Children's Hospital ideally facilitates an environment which:

- maximizes the training experiences for each intern;
- reflects respect to all individuals regardless of age, gender, racial/ethnic background, religion, or gender preference;
- promotes collegial and professional interactions among staff and trainees;
- communicates clear expectations for patient care that is compassionate, and of highest quality;
- requires supportive but clear evaluation of each intern's progress that recognizes the development of clinical skills and the adherence to the ethical standards of practice in Psychology as set forth by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct.

As a training staff, we firmly believe that the development of a professional identity includes learning how to effectively resolve potentially problematic situations such as may result from some conflict, difference of opinion, or stress/discomfort in ongoing interactions. When interpersonal difficulty occurs between a trainee and staff member, we seek to help the parties resolve this problem in a mutually supportive and respectful manner. This can occur in one of the following approaches to resolution of the problem:

- An intern can meet on her/his own initiative with the staff person with whom the possible difficulty has occurred, with the hope that the discussion will result in a resolution of the problem.
- If this first option has proven to be unsuccessful or the intern feels uncomfortable initiating such a meeting, she/he can meet with the Service Director, Chief of Psychology, Training Director, their faculty advisor, or a trusted staff person/supervisor to discuss the matter and plan a suitable and supportive course of action. This could result in an initial meeting with the person who might be the source of the discomfort either alone or with the consulted staff member. It is also appropriate for the consulted staff person to meet separately with the perceived distressing party to discuss the problem if that would be preferable to the intern. A subsequent meeting between the intern and perceived aggrieving party could occur, either with or without the consulting staff person present.
- Should these efforts be unsuccessful in resolving the situation, the matter should be directed to the Chief of Psychology for review. In most circumstances, this review would take place in consultation with the Site Director and the aggrieved intern's supervisors. A corrective plan can be developed, discussed with all relevant parties, and carefully monitored. If the Chief of Psychology is considered to be the perceived aggrieving party, the concern can be expressed to the Chief of Psychiatry, and a similar plan can be undertaken. There is also the option to address these matters with the Ombudsperson of Harvard Medical School.
- If the situation arises where a formal grievance is to be undertaken, the grievance should be filed in accordance with Psychology Training Program policies. Information about filing a formal grievance can be obtained from the Chief of Psychology, Associate Chief of Psychiatry, or the Chief of Psychiatry. See "Problem Identification/Grievance Procedures".

The overriding goal of the Division of Psychology is to avoid or eliminate situations where interns feel so uncomfortable that their capacity to learn and/or to provide appropriate clinical care is compromised. All interns are encouraged to take the appropriate steps to identify possible problems quickly and to seek appropriate consultation or resolution so that their comfort can be restored in a timely manner.

## PROBLEM IDENTIFICATION/GRIEVANCE PROCEDURES

### Division of Psychology, Boston Children's Hospital

#### Intern grievances

We believe that most problems are best resolved through face-to-face interaction between intern and supervisor (or other staff), as part of the on-going working relationship. Interns are encouraged to first discuss any problems or concerns with their direct supervisor and advisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the intern, and to seek appropriate consultation. If these discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the intern.

**1. Informal mediation:** Either party may request the Chief of Psychology and/or Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the staff member. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations (if feasible/possible) in order to maximize the intern's learning experience. Interns may also request a change in rotation assignment if feasible/possible. Changes in rotation assignments must be reviewed and approved by the training faculty.

**2. Formal grievances:** In the event that informal mediation is not successful, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Training Director.

- a. The Chief of Psychology, the Training Director and the Service Director where the grievance has reportedly occurred can call a meeting of the relevant training faculty to review the complaint. The intern and supervisor will be notified of the date of the meeting, and given an opportunity to provide the training faculty with any information regarding the grievance.
- b. Based upon a review of the grievance, and all relevant information, the training faculty will determine the course of action that best promotes the intern's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.
- c. The intern will be informed in writing of the decision and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented. If the intern disagrees with the decision, they may appeal to the Chief of Psychology and/or Training Director. That staff member will render the appeal decision, which will be communicated to all involved parties.
- d. In the event that the grievance involves any member of the training faculty who would normally be involved in reviewing the grievance (including the Chief or the Training Director), that member will recuse himself/herself from serving on the committee due to a conflict of interest. A grievance regarding the Service Director may be submitted directly to the Chief of Psychology and/or Associate Chief of Psychiatry for review and resolution.
- e. Any findings resulting from a review of an intern grievance that involve unethical, inappropriate, or unlawful staff behavior, will be submitted for appropriate personnel action in accordance with Hospital policy.
- f. These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to BCH employees, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the Commonwealth of Massachusetts by contacting the office of the Board of Registration of Psychologists.

## **Disciplinary Actions and Psychology Internship Review Procedures**

Disciplinary action may be taken against an intern for due cause, including but not limited to any of the following:

- Professional misconduct, ethical violations, or conduct that might be inconsistent with, or harmful to good patient care or safety;
- Conduct detrimental to the reputation or standing of Boston Children's Hospital;
- Conduct that calls into question the integrity, ethics, or judgment of the intern or that could prove detrimental to the Hospital's employees, staff, volunteers, patients, visitors, or operations;
- Violation of the bylaws, rules, regulations, policies, or procedures of the medical staff, Hospital, Psychiatry department, Psychology Division, or training program.

Any allegation of misconduct in science or research involving an intern shall be addressed and resolved in accordance with Boston Children's Hospital policy.

### **Types of Formal Disciplinary Action and Due Process**

Formal disciplinary action may include, but is not limited to: probation, suspension, or termination of the intern from the training program.

Among the factors to be considered by the Chief of Psychology and/or the Training Director, Service Directors, and training faculty in determining the action(s) to be taken are: the severity and frequency of the offense, documented history of prior informal or formal disciplinary actions, and the intern's overall performance and conduct.



## **Probation and Termination Procedures**

**1. Problematic Performance or Conduct:** The internship program aims to develop professional competence. In rare cases, an intern could be seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge or due to problematic behaviors that significantly impact their professional functioning. In such cases, the internship program will help interns identify these areas and provide remedial experiences or recommended resources in an effort to improve the intern's performance to a satisfactory degree. Very rarely, the problem identified may be of sufficient seriousness that the intern would not get credit for the internship unless that problem was remedied.

Should this ever be a concern, the problem must be brought to the attention of the Service Director and the Chief of Psychology and the Training Director at the earliest opportunity, so as to allow the maximum time for remedial efforts. The Chief or Training Director will inform the intern of the staff's concern ("Notice") and call a meeting with the intern and relevant training faculty ("Due Process"). The intern and involved supervisory staff will be encouraged to provide any information relevant to the concern.

Problem behaviors are said to be present when supervisors perceive that an intern's behaviors, attitudes, or characteristics are disrupting the quality of his/her clinical services; his/her relationships with peers, supervisors, or other staff; or his/her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when an intern's problem behaviors are serious enough to fit the definitions of problematic performance or conduct, rather than merely being relative skills or competency deficits often found among interns.

Problematic performance and/or problematic conduct are present when there is interference in professional functioning that renders the intern: unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as problematic performance and/or problematic conduct when they include one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem when it is identified;
- The problem is not merely a reflection of a skill deficit that can be rectified by more intensive remediation related to academic or didactic training;
- The quality of services and patient care could be significantly affected;
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required;
- The intern's behavior does not change following feedback, remediation efforts, and/or time.

### **Steps to Address Problematic Intern Performance or Conduct**

- a) An intern identified as having a serious deficit or problem will be placed on probationary status by the Internship Program, should the training faculty determine that the issue is serious enough that it could prevent the intern from fulfilling the level of profession-wide competencies at the minimum level of achievement (MLA) in order to be officially recognized by the internship as having successfully completed the program.
- b) The internship faculty may require the intern to take a particular rotation, or may issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.

- c) The intern, the intern's supervisor, the Service Director, and relevant faculty will produce a learning contract/remediation plan specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem. This is to be reviewed and approved of by the Chief of Psychology and/or the Training Director.
- d) Once an intern has been placed on probation and/or a remediation plan/learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist in the intern's remediation. The new placement will be carefully chosen by the Service Director, the Chief of Psychology, the Training Director, and/or relevant faculty *and* the intern, to provide a setting that is conducive to addressing the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Service Director and Chief of Psychology, or Training Director to maintain the current assignment.
- e) The intern and the supervisor will report to the Chief of Psychology, the Training Director and the Service Director on a monthly basis, as specified in the contract regarding the intern's progress.
- f) The intern may be removed from probationary status by consensus of the Service Director, Chief of Psychology, the Training Director, and relevant supervisor when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship, or to be making expected progress towards achieving the minimum levels of achievement (MLAs).
- g) If the intern is not making progress, or if it becomes apparent that it will not be possible for the intern to complete the internship and achieve the exit criteria, the Chief of Psychology and/or the Training Director will so inform the intern at the earliest opportunity.
- h) The decision about whether the intern is removed from probation is made by majority vote by the Service Director, Chief of Psychology, the Training Director, and relevant staff. The vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract and performance on the profession-wide competencies.
- i) An intern may appeal the decision to the Chief of Psychiatry.
- j) The Chief of Psychology and/or the Training Director will render the appeal decision, which will be communicated to all involved parties.

**2. Illegal or Unethical Behavior:** Illegal or unethical conduct by an intern should be brought to the attention of the Service Director, Chief of Psychology and the Training Director in writing. Any person who observes such behavior, whether staff or intern, has the responsibility to report the incident.

- The Service Director, the relevant supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and action may become a permanent part of the intern's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director and/or Chief of Psychology, who will then notify the intern of the complaint. Per the procedures described above, the supervising staff member(s) will first notify all involved parties, including the intern and Associate Chief of Psychiatry, and then call a meeting of relevant faculty to review the concerns. All involved parties will be encouraged to submit any relevant information that bears on the issue, and will be invited to attend the meeting(s).
- In the case of illegal or unethical behavior in the performance of patient-care duties, the Associate Chief of Psychiatry may seek advisement from appropriate Boston Children's Hospital resources, including General Counsel.

- Following a careful review of the case, the Service Director, Chief of Psychology, Training Director, and relevant faculty may recommend either probation or dismissal of the intern. Recommendation of a probationary period or termination shall include the notice, hearing, and appeal procedures described in the above section on the problematic intern. A violation of the probationary contract would necessitate the termination of the intern's appointment at Boston Children's Hospital. This information would be communicated immediately to the Director of Clinical Training at the intern's academic institution.

**3. Suspension:** After careful review, an intern may be suspended from all clinical and administrative responsibilities and placed on an involuntary leave of absence for seriously deficient performance or seriously inappropriate conduct. The Chief of Psychology and/or Training Director shall notify the intern in writing of the decision to suspend the intern. The Chief of Psychiatry, the relevant faculty, and Office of Legal Counsel shall be informed. Such written notification shall advise the intern of the reasons for the decision, the date the suspension shall become effective, the required method and timetable for the correction, and a date upon which the decision will be re-evaluated. The written notification shall also advise the intern of his/her right to request a review of the suspension decision. Such a request for review must be submitted in writing to the Chief of Psychiatry within two (2) business days of the intern's receipt of notification.

In appropriate circumstances, at the discretion of the Chief of Psychology and/or the Training Director, an intern may be suspended, effective immediately. In situations involving immediate suspension, the Chief of Psychology and/or the Training Director shall provide written notification as described above within three (3) business days following the suspension. The intern shall have the right to request a review of the suspension in the same manner as described above. Except in unusual or exceptional circumstances, suspensions and involuntary leaves of absence are with pay. In the event that the Associate Chief of Psychiatry determines that a paid suspension or involuntary leave of absence is not appropriate, the intern may request a review of the issue by the Chief of Psychiatry by submitting a request for such review in writing. Psychiatry Department leadership shall decide the matter within three (3) business days.

#### **4. Appeal Procedures**

Interns who receive a notice of probation, suspension, or termination, or who otherwise disagree with any corrective action or faculty decision regarding their status in the program, are entitled to appeal the action. Within ten (10) days of the communication of change-in-status notice, an intern may submit a letter to the Chief of Psychology and/or the Training Director requesting an appeal.

1. Within five (5) working days of the receipt of the appeal request, the Chief of Psychology, the Training Director, the Postdoctoral Internship Training Director, two faculty members selected by the Service Director, and two faculty members selected by the intern will meet to discuss the request. The intern retains the right to hear all facts and the opportunity to dispute or explain his/her behavior.
2. At the faculty review committee meeting, the intern will be permitted to present any information or material which the intern considers pertinent to the inquiry, including any statements which the intern may wish to make, any written or other documentary material which the intern may wish to offer, and the statements of any individuals whom the intern may wish to present. The committee may seek the testimony of any persons it deems appropriate. The Chief of Psychology and/or the Training Director will conduct and chair the review hearing in which the intern's appeal is heard. The Review Committee's decisions will be made by majority vote. Within ten (10) days of completion of the review hearing, the Review Committee will prepare a report on its decisions and recommendations and will inform the intern. The Review Committee will then submit its report to the Associate Chief and Chief of Psychiatry.
3. The Chief of Psychology, the Training Director, and both the Associate Chief and Chief of Psychiatry will make the final decision, and the intern will be informed of any actions taken.

## **Procedures for Developing and Implementing an Internship Remediation Plan**

By the completion of the internship, our goal is to have trainees achieving the level of “Proficient and Autonomous” on all Profession-Wide Competency skills (PWCs); this indicates the intern consistently uses the skill independently and is ready for independent practice. Should an intern have difficulty developing to proficient-status, the following steps will be undertaken to aid in improvement:

1. Problem identification and an initial, informal focused plan. Identified areas of concern should be shared with an intern during the course of the rotation, or might be reflected in receiving a rating of “2” at the formal, mid-year assessment. Receiving a “2” in more than two areas of competency would result in a need for a formal remediation plan.
2. A formal plan would be made up of additional supervision, supplementary readings, added observations, and collaborations with supervisors, and should be established with the intern and used as a guide during supervision and/or direct observation meetings.
3. Formal Intern Competency Remediation Plan established.

### **Key features of a formal plan if probation-status is possible:**

- The plan should be specific about what competencies need to be developed;
- Specify what particular steps will be taken by the intern, the program and the supervisor(s) to help facilitate competency;
- Clearly state how the skill/competency will be measured;
- Identify the probation length of time and what specific improvement needs to be demonstrated;
- Be clear about the next steps, for example: if competency is not demonstrated, will the intern have a renewed probation, an extension in the training year, and/or termination from the internship.

## Intern Competency Remediation Plan

**Name of Intern:** \_\_\_\_\_

**Date of Remediation Plan meeting:** \_\_\_\_\_

**Primary Supervisor/Advisor:** \_\_\_\_\_

**List all staff present:** \_\_\_\_\_

\_\_\_\_\_  
**Date for follow-up meeting:** \_\_\_\_\_

*Please check all competencies whereby the Intern does not meet the benchmark at the expected level for this point in the training year:*

**PROFESSION-WIDE COMPETENCIES:**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Research                                     | <input type="checkbox"/> Supervision | <input type="checkbox"/> Intervention        |
| <input type="checkbox"/> Consultation                                 | <input type="checkbox"/> Assessment  | <input type="checkbox"/> Research/Evaluation |
| <input type="checkbox"/> Individual and Cultural Diversity            |                                      |  |
| <input type="checkbox"/> Communication and Interpersonal Skills       |                                      |  |
| <input type="checkbox"/> Professional Values, Attitudes and Behaviors |                                      |  |

Please describe the problems in each competency domain checked above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date the problem was identified to the Intern, and by whom: \_\_\_\_\_

\_\_\_\_\_

Steps already taken by the Intern to rectify the identified problem: \_\_\_\_\_

\_\_\_\_\_

Steps already taken by the supervisor/faculty to address the problem: \_\_\_\_\_

\_\_\_\_\_

Possible consequences if competencies have not been sufficiently developed from the remediation plan: \_\_\_\_\_

\_\_\_\_\_

My signature below indicates that I have reviewed the remediation plan with my primary supervisor/advisor, any additional faculty and the Training Director, and I fully understand the plan and process.

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

Service Director: \_\_\_\_\_ Date: \_\_\_\_\_

Training Director: \_\_\_\_\_ Date: \_\_\_\_\_

Intern to indicate:  I agree with the plan  I disagree with the plan

*(If the intern disagrees, comments including his/her rationale behind the disagreement, are required)*

Intern's comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All supervisors/faculty members with responsibilities or actions described in the above remediation plan agree to participate in the identified plan.

Please sign and date to indicate your agreement.

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_