

**Kennedy Krieger Institute  
The Johns Hopkins School of Medicine  
Center for Child and Family Traumatic  
Stress**

**Postdoctoral Fellowship Program**

*Policies and Procedures/  
Postdoctoral Fellow  
Handbook*

**2025 - 2026**



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Center for Child and Family Traumatic Stress  
at Kennedy Krieger Institute



**JOHNS HOPKINS**  
M E D I C I N E

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## Program Overview and Description

The Kennedy Krieger Institute/Johns Hopkins School of Medicine Postdoctoral Fellowship within the Center for Child and Family Traumatic Stress is an APPIC member. This handbook includes overall policies and procedures for the postdoctoral programs within the Department of Neuropsychology.

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This handbook includes policies and procedures for the postdoctoral fellowship program at the Center for Child and Family Traumatic Stress.

Kennedy Krieger Institute (KKI) is a specialty pediatric and rehabilitation hospital with an international reputation for treating children with developmental disabilities. Clinics within KKI serve as training locations for the fellowship. These include the Center for Child and Family Traumatic Stress and the Developmental Behavioral Health program. Kennedy Krieger Institute is affiliated with the Johns Hopkins Medical Institutions in downtown Baltimore, Maryland. Fellows have their clinical appointment with the title “Postdoctoral Fellow” through the Johns Hopkins University School of Medicine (JHUSOM). The fellow’s clinical training is located at one primary site throughout the training year five days per week. Office space, computer access, and administrative/scheduling support are provided for the fellow.

The core faculty of the postdoctoral fellowship is made up of four licensed psychologists. All of the training supervisors specialize in the assessment and treatment of children and families, each having particular expertise in specialty areas. The fellowship is funded as part of the operating budgets of the KKI departments. Fellows receive a stipend for the training year in addition to paid

medical and dental benefits for the fellow, vacation and sick leave, five days for professional leave, and a \$500 stipend for conference attendance. The one-year postdoctoral training program typically begins on the first Tuesday in September following Labor Day and ends on the Friday prior to Labor Day on the following year. Fellows receive 2,000 hours of supervised training experience, with approximately 50% of their time spent in direct patient contact.

## Individual and Cultural Diversity:

The program recognizes the importance of cultural and individual differences and diversity in the training of future psychologists and their supervisors. Our training program follows Kennedy Krieger Institute's policy, as an equal opportunity employer, of commitment to diversity at all levels. The training program welcomes and encourages qualified individuals to apply and enter on the basis of demonstrated ability, performance, and merit, and embraces cultural and individual differences included but not limited to age, disability, ethnicity, gender, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, veteran status, and socioeconomic status. The Department of Family and Community Interventions/ Center for Child and Family Traumatic Stress and the Institute's Diversity Committees organize presentations to increase multicultural competence for our supervisors and fellows. The Training Committee meets regularly to identify ways to further promote individual and cultural diversity, and to provide a supportive environment for our diverse faculty, staff and fellows.

## Financial Assistance

1. Postdoctoral fellow stipend level is based on NIH's National Research Service Award doctoral stipend level.
2. Fellows receive health insurance through the Johns Hopkins University School of Medicine's Student Health Plan. The Department pays the premium for all postdoctoral fellows. If interested in having dependents covered, the fellow is responsible for paying the difference between what KKI pays for the individual policy and the cost for two party or family coverage. Fellows are required to show comparable coverage for any dependents, otherwise fellows must either sign a waiver or provide coverage for dependents through the JHSOM Student Health Plan.
3. Fellows receive 15 vacation days, 5 professional days, and 10 sick/safe days in addition to regular Kennedy Krieger holidays. Please see the Postdoctoral Fellow Vacation/Professional Leave/Sick Policy below and JHH postdoctoral fellows Health Care and Sick Leave for additional details. [Policies | The Office of Graduate Medical Education \(hopkinsmedicine.org\)](#)
4. Postdoctoral fellows receive a stipend for attendance at professional meetings and conferences. The current stipend is \$500. Please see Conference Attendance Policy for additional details. Fellows also receive up to \$150 for office supplies and educational materials.

## Vacation/Professional Leave/Sick Policy:

### Postdoctoral Fellowship Leave Policy

1. Understanding that fellows are expected to complete 2,000 training hours during their internship year, fellows are granted the following leave:
  - a) 15 vacation days
  - b) Regularly scheduled Institute holidays
  - c) Up to 5 professional days
  - d) 10 sick and safe leave days

Vacation days: must be approved by primary supervisors in advance

Institute holidays: see the Kennedy Krieger Institute Holiday schedule for specific days.

Professional days: refer to Professional Days policy.

Sick and safe days: to be used when the fellow is contagious or has an illness/injury preventing them from performing their job. Sick days are not to be used as additional vacation or professional development days. Sick days should be used only when necessary, as they subtract from the fellow's total training time. If a fellow takes 4 sick days within a 3-month period, the supervisors, Training Director, and intern will meet to discuss how absences will affect completion of training. Other eligible reasons for which accrued, paid sick leave can be used has been expanded to include certain absences related to: domestic violence, sexual assault or stalking against an employee, or against the employee's family member, as well as maternity or paternity leave.

Bereavement Policy: In the unfortunate event that a fellow needs to attend the funeral of a family member or support a family member who is ill, the intern may use up to three sick days and would then use any other requested days as vacation. Extenuating circumstances will be discussed on a case-by-case basis.

2. In the event that all professional days are exhausted, the fellow will be required to use vacation days for all remaining professional activities. If all professional and vacation days are exhausted and additional professional time is necessary, it is up to the discretion of the supervisor as to whether or not the intern may take time off.
3. As per Institute-wide policy, a fellow may be asked to present his/her supervisor with a physician's letter stating the nature of the illness/injury. If the fellow misses three or more consecutive calendar days, he/she will need a physician's letter providing the date of return to work.
4. **Your supervisor must approve all requests for time off in advance.** The fellow must first receive approval from supervisor, complete the Request for Leave form, and then email this form to Jamie Sharkey – sharkey@kennedykrieger.org
5. Extenuating situations will be reviewed on an individual basis with the intern, supervisors and Training Director.
6. Fellows must be physically present on their final training day to complete the exit process.

### Professional Days

Professional days are vital to postdoctoral fellow professional development and allow fellows to focus on relevant career-building activities. Fellows receive five (5) professional days

throughout each year. Additionally, professional days may be granted as needed based on individual circumstances.

The following are acceptable activities that can be used as professional days:

- Traveling to and attending a conference/training.
- Attending local training/workshop.
- Traveling to and participating in a job talk/interview or post doc interview. Half-travel day permitted on either end, if needed.
- Preparation for or taking the EPPP or state exam.
- Job interviews

### **Conference Attendance Policy**

1. Fellows will receive \$500 to attend one conference or training per year.
2. Fellows will be reimbursed up to the allotted amount, with any expenses above this stipend to be paid for by the fellow. In the event that the fellow received a travel advance and final expenses totaled less than the travel advance, the fellow will be required to return the difference.
3. The completed reimbursement form goes directly to the Training Director. Fellows should read and follow the guidelines for Institute's Travel Reimbursement prior to incurring any expenses.
4. Request for time off to attend a professional conference must be approved by the fellow's supervisor and the Training Director. Requests for time off should conform to the guidelines for leave described above.

## **Evaluation and Feedback**

### Postdoctoral Evaluations

1. Fellows receive written evaluations quarterly during training (Appendix A). Evaluations are discussed in person between the fellow and supervisor(s). The fellow must obtain a minimum rating of “Needs Occasional Supervision” on all rated competency areas to successfully complete the postdoctoral fellowship program.
2. Evaluations are based on progress towards the program-specific competencies.
3. Fellows typically work with more than one primary supervisor at a time. All supervisors working with a fellow should actively work together as a supervisory team when evaluating fellows and providing feedback
4. Fellows design an Individual Development Plan with professional development goals that are tracked and facilitated by supervisors and fellows during the training year.
5. Fellows participate in an exit interview with the Training Director of their program and are given the opportunity to share their opinions about the program strengths and weaknesses as well as recommendations for improvements. The fellows are also asked about the degree to which the training program met their goals and prepared the fellows for the stated competencies. This meeting occurs at the end of each training year.

## Supervision

1. Fellows receive a minimum of 2 hours individual supervision and 2 hours of group supervision per week. Fellows are responsible for tracking their supervision hours each week.
2. Supervisors are licensed psychologists in the state of Maryland and credentialed psychologists through the KKI Medical Staff Office.
3. Supervision focuses on the application of psychological concepts and current scientific knowledge, principles, and theories to the professional delivery of psychological services. Supervision also provides an opportunity for discussion of individual and cultural considerations, professional conduct, professional development and ethics and standards for providers of psychological services.
4. Individual supervision time is protected each week. That is, it is scheduled in advance so that both fellow and supervisor can depend on that time for supervision. Fellows should understand that supervision will occasionally get interrupted or will need to be rescheduled. Supervisors should minimize interruptions as much as possible and should make up any missed supervision as soon as possible.
5. Group supervision may consist of clinic meetings or co-leading groups, journal clubs, or case conferences. Events such as grand rounds and didactic presentations are considered knowledge-based training opportunities and do not qualify as supervision.
6. Supervision also occurs throughout each week via electronic feedback on case-related products (e.g., evaluation, progress notes, case summaries, case-related data, etc.).
7. Supervisor availability outside of regularly scheduled supervision occurs through an “open door” policy so that fellows can meet with supervisors on an as needed basis as situations arise.

Individual supervision is face-to-face, one-on-one, and, most of the time, in-person.

Group supervision is any experience with the supervisor, fellow, and other fellows or professionals that allows for discussion of ideas regarding cases or professional development.

### **Tele-supervision Policy:**

Consistent with Kennedy Krieger and departmental policies, most of our clinicians and fellows work on a hybrid basis, coming into the office 2 or more days per week and participate in other meetings and services remotely. Given the proliferation of telehealth services and the implementation of PSYPACT, it is evident that telehealth psychological services have become a mainstay of psychological clinical practice. Accordingly, it is important for fellows to have experience receiving (and providing) supervision through both in-person and tele-supervision modalities. We also recognize the benefits of in-person clinical work and supervision to facilitate personal and professional teambuilding, attunement to subtle non-verbal cues, and socialization to the profession. Thus, we continue to use a hybrid approach, balancing the provision of in-person and tele-supervision.

**Training aims and tele-supervision:**

Because consistent access to and continuity of supervision is foundational to health service psychology training and practice, the program has adopted this Tele-Supervision Policy. The policy is in line with our current program aims and KKI hospital policy by providing intensive supervision to our fellows even if that cannot always occur in person due to any potential issues with accessibility (e.g., COVID, weather, health needs, scheduling changes).

**How and when tele-supervision is utilized in clinical training:**

Tele-supervision will not account for more than one hour of the minimum required two weekly hours of individual supervision and two hours of the minimum required four hours of total weekly hours of supervision.

**How it is determined which fellows can participate in tele-supervision:**

At the start of training, all fellows are eligible and participate in both tele-supervision and in-person supervision. However, if specific circumstances require greater in-person supervision, the Training Committee will review the case and discuss any needed modifications to the fellow's supervision plan.

**How the program ensures that relationships between supervisors and fellows are established at the onset of the supervisory experience:**

To promote the establishment of a positive relationship at the onset of the supervisory experience, all supervisors are involved in providing the in-person fellow orientation sessions, attending group welcome events, fall retreats, and other frequently-occurring social events. When possible, the supervisors also meet in-person with their supervisees on days when they are in the office.

**How an off-site supervisor maintains full professional responsibility for clinical cases:**

All supervisors access the electronic medical record (EPIC) used at Kennedy Krieger Institute. They sign off on all patient contacts, ensuring professional responsibility for clinical cases.

**How non-scheduled consultation and crisis coverage are managed:**

While regular supervision sessions are scheduled throughout the week, fellows are directed to call their supervisor in times of needed non-scheduled (non-emergency) consultation. The supervisor will reach out to the fellow to schedule a time to discuss the case over and above regularly scheduled supervision. In cases of emergency during regular office hours, fellows are directed to contact the supervisor, and if unavailable, the onsite beeper team (senior clinical staff on-call) for consultation and support. After hours, the fellows are directed to call the supervisor and if needed, to consult with after-hours emergency on-call staff.

**How privacy and confidentiality of the client and fellows are assured:**

All telehealth and tele-supervision is conducted by a synchronous audio and video, secure Zoom Healthcare link that provides end-to-end encryption and meets HIPAA standards.

**The technology and quality requirements and any education in the use of this technology that is required by either fellow or supervisor:**

During their orientation, fellows receive telehealth training as part of onboarding and have access to telehealth IT support. Fellows are provided with an encrypted Kennedy Krieger laptop that is used for remote telehealth and tele-supervision activities during the course of their training year. During orientation they receive training on remote use of the EPIC medical records system and secure use of Zoom. Kennedy Krieger staff and fellows receive continuing education and training on providing services in a teleconferencing environment. Individual supervisors review the Tele-supervision Policy with the fellow at the time the standard Supervision Agreement is completed.

### **Administrative Assistance**

1. Fellows have private offices with a desk, computer and a telephone equipped with voice mail. Computers provide access to email and the internet.
2. Institute Network. All fellows have either a desktop computer and/or laptop with internet access and necessary software programs (e.g., Microsoft 365).
3. Fellows have access to office supplies and machines such fax, copy, and shredders, which are located throughout the Institute.
4. When completing any work offsite that involves PHI, fellows should remotely access their desktop. Fellows should not save any documents with PHI to personal devices. If additional assistance is needed, the IT Helpdesk number is 443-923-4357 (HELP); their general business hours are from 8:30 a.m. to 5:00 p.m.
5. Fellows have access to the libraries at Johns Hopkins University. Additionally, fellows are able to access electronic databases (e.g., Medline, PsycInfo, PubMed, and ERIC), electronic journals, and other electronic references via the Johns Hopkins Medical School's Welch Library.

## **Fellow- Supervisor Conflict Resolution**

In the event that a problematic situation arises between a supervisor and a fellow, the following steps should be taken (in the sequential order provided below). NOTE: These steps are meant as a guide for negotiating fellow and supervisor concerns unrelated to fellow performance. If difficulties are not satisfactorily resolved by these means, the fellow may choose to initiate a formal grievance (see Grievance Policy)

1. The fellow will schedule a meeting with the supervisor and discuss the grievance/problem in sufficient detail so that the supervisor will have a complete understanding of the situation. During this meeting, the fellow and supervisor should discuss potential solutions to the problem and develop a plan to resolve the conflict.
2. If the fellow feels intimidated by such a meeting, they may choose to have an initial meeting with the program's Training Director, the AVP for psychology, the Vice President/ Department Director, the Chief Clinical Officer of the Kennedy Krieger Institute, or the Vice President of Training. Subsequent meetings that include the supervisor will be held if necessary.
3. If the fellow or supervisor is not satisfied with the solution proposed to the problem, the fellow will notify the training director. Examples of problems may include but are not limited to the following:
  - a) A psychological or physical concern the fellow/supervisor is experiencing that is interfering with the fellow or supervisor's capacity to successfully perform responsibilities
  - b) Personality conflict between supervisor and fellow such that neither party can satisfactorily give/receive feedback or instruction to work out the problem
  - c) Harsh treatment that is not consistent with Kennedy Krieger's Culture of Respect, Civility and Safety.
  - d) Illicit use of drugs/alcohol
  - e) Any other situation in which the fellow/supervisor feels threatened or unable to carry out the requirements necessary to successfully complete/supervise the rotation in question
  - f) Discrimination or sexual harassment\*
4. The Training Director will meet with the fellow and document the problem in as much detail as possible.
5. The Training Director will meet with the supervisor and document the problem from the supervisor's perspective in as much detail as possible.
6. The Training Director will meet jointly with the fellow and the supervisor and assist in formulating a plan for resolving the problem.
7. The Training Director will follow up with the fellow and the supervisor at two weeks and again at one month to assess progress toward the resolution of the problem. The process will end if a mutually agreed upon plan is successfully carried out during both assessments by the Training Director.
8. The Training Director will inform the AVP for psychology and the Vice President/ Department Director if the conflict is not resolved within one month or if a change in the fellows' status is requested (i.e., change in typical responsibilities of rotation or permanently moved off rotation).
9. If the conflict is not successfully resolved:
  - a) The Training Director will meet with the AVP for psychology and Vice President/ Department Director and review the problematic situation from the perspective of the

fellow and supervisor and will recommend specific guidelines for how the situation should proceed.

b) The AVP for psychology and Vice President/ Department Director will provide feedback to the Training Director after reviewing the situation.

c) A final plan will be developed. During this time, the fellow may be given responsibilities with another supervisor until the AVP for psychology, Vice President/ Department Director and Training Director meet and the final plan is developed.

d) The Training Director will meet with the fellow and supervisor and discuss the recommendations of the AVP for psychology and Vice President/ Department Director

e) Follow-up will occur once per week for the first month and once per month for the duration of the rotation.

f) If consensus cannot be reached by either or both parties on how the situation should be resolved, the fellow will a) be removed from supervision by the supervisor, b) be placed with a new supervisor and/or possibly moved to a new rotation.

g) Written documentation of the situation will be placed in the fellow's file.

10. If there is a conflict of interest (e.g., Training Director is also involved as a supervisor) or if there continues to be no satisfactory resolution, the fellow may discuss concerns with the department director, chief clinical officer and/or vice president of training.

12. If the Fellow finds that the situation is not resolved or at any other time, the fellow may submit a grievance (See Grievance Policy), more formal avenues that can be pursued through the School of Medicine. (Grievance Procedure for Faculty, Fellows, and the Student Body).

13. The fellow can also seek support through APPIC's Informal Problem Consultation at any time <https://www.appic.org/Problem-Consultation>

14. The supervisor can communicate with their own departmental supervisor if not satisfied with the resolution of a conflict.

\*JHU will not tolerate harassment, sexual harassment (including sexual violence), discrimination or retaliation in the workplace or educational environment whether committed by managers, faculty, administrators, staff, or students, or by visitors to our institution of higher learning. To file a complaint through official university channels, go to: <https://oie.jhu.edu/discrimination-and-harassment>.

## **Policy for Fellows Who May Need Accommodations**

The purpose of this policy is to assist fellows who may need accommodation to access or obtain support necessary to successfully complete the training program. Every reasonable effort will be made to meet the needs of the fellow so that the fellow can successfully complete the postdoctoral fellowship. A fellow may be in need of accommodation due to a situation, event, or condition that precludes or interferes with the fellow's completion of their training responsibilities. Examples may include but not be limited to substance abuse, a psychological or psychiatric problem, acute or chronic medical conditions, illegal activities, and civil litigation.

1. If a fellow requests accommodation from a supervisor, the supervisor and fellow should discuss the fellow's perceived needs. The fellow and supervisor should construct a list of the fellow's needs.
2. The supervisor and fellow should have a frank and open discussion regarding confidentiality, including how information will be provided to the Training Director. The supervisor will inform the fellow that the fellow will be notified. If the fellow requests that some or all of the information discussed remain confidential (beyond the supervisor and the fellow), the supervisor and fellow will honor this request if the concerns can be resolved in a timely manner without placing anyone (e.g., patients, staff, and other fellows) at risk and if it is within the purview of the supervisor and the fellow to make the changes requested by the fellow. If the supervisor and the fellow believe that the issues resulting from the fellow's condition are serious and cannot be resolved in a timely manner, or that the fellow requires resources that are not within the supervisor's and/or fellow's purview, the supervisor and the fellow will inform the fellow that it will be necessary to involve additional individuals. The supervisor and the fellow will inform the fellow regarding what information will be disclosed and to whom it will be disclosed. Even in this case, the supervisor and the fellow will make every reasonable attempt to keep the information as confidential as possible by only involving those individuals who are necessary to resolve or manage the topic of discussion. The supervisor, fellow, and if necessary, other faculty will construct a plan to meet the fellow's needs. In constructing a plan, consideration will be given to the fellow's needs, the requirements of the training program, and the impact on staff, patients, and other fellows. When circumstances preclude the department from making modifications requested by the fellow, these issues will be discussed with the fellow and every reasonable attempt will be made to meet the fellow's needs in some other way.
3. If the fellow requests time off (above and beyond the time allotted for fellows), every reasonable attempt will be made to accommodate the fellow, while insuring that the requirements of the training program are met and preventing any negative impact to staff, patients, and other fellows. The fellow and supervisor will construct a plan in writing for how the fellow will meet the training requirements considering scheduled time off. A copy of this written plan will be given to the fellow to ensure uniform application of policies across fellows.
4. If a supervisor suspects a fellow may need an accommodation plan, or another fellow, staff member, or patient's parent reports concerns regarding the fellow, the reporting party will be asked to discuss this with the fellow. If the reporting party is unwilling to discuss

the issue with the fellow, the recipient of the report will discuss the issue with the fellow. The fellow will discuss the issue with the fellow's supervisor.

5. If the supervisor and fellow determine that the issue does not require intervention, they will develop a plan to monitor the situation.
6. If the fellow and supervisor determine that the issue is serious enough to warrant action, a plan will be developed to resolve the issue. In general, a faculty member will be identified by the fellow who knows the fellow well (i.e., has developed a positive rapport with the fellow) and who can address the issues with the fellow in a sensitive and empathetic manner. This faculty member will meet with the fellow. The faculty member will inform the fellow that the purpose of the meeting is to provide support to the fellow in order to assist the fellow in completing the fellowship successfully. The faculty member will discuss with the fellow that some concerns have been expressed about the fellow. The faculty member will outline the data that led to the concerns. The faculty member will ask the fellow to work with him or her to adequately address these concerns. The faculty member and fellow will devise a plan for addressing the fellow's needs.
7. If the fellow disputes the allegations, and the issue is not affecting the fellow's performance, the supervisor and fellow will develop a plan to monitor the situation. If the fellow disputes the allegations, and the issue is affecting the fellow's performance, the supervisor and fellow will identify the areas in which the fellow's performance is being affected. They will develop a plan to improve these particular areas of performance deficit. The supervisor will make recommendations for the fellow to receive additional assistance (e.g., drug counseling) when appropriate.
8. In the event that further action is necessary, please see the Remediation Plan Policy.

## Support Plan

The program understands that additional support, beyond what is programmatically provided through the postdoctoral program, may be necessary if a fellow's performance drops below that expected of the fellow. To ensure all fellows have sufficient support to develop skills necessary for entry to practice, the following Support Plan policy is to be followed and is based on the guidelines set forth by the Kennedy Krieger Institute and The Johns Hopkins University School of Medicine.

The threshold for a support plan varies across fellowship programs. See specific competency benchmarks for each program for more information. When a fellow falls below the benchmark at the specified time, a written support plan is implemented.

- a) Written support plan to be implemented including:
  - i. an operational definition of the fellow's behavior that needs improvement.
  - ii. actions needed by the supervisor to support the fellow in correcting deficit.
  - iii. the timeline for reviewing progress (suggested, two to four weeks).
  - iv. action that will be taken if performance does not improve.
  - v. notification that the fellow has the right to request a review of this action.
  - vi. the supervisory team, fellow, and fellow sign the written plan.
- b) If performance has improved, the supervisory team and fellow agree to continue with the support plan and agree to monitor performance in specified (suggested, two to four week) intervals until satisfied that performance has returned to expected levels. Performance is then tracked according to the usual policy. Supervisory teams can decide to implement more frequent evaluations. Written feedback is provided to the fellow within 2 weeks of supervisor/fellow satisfaction that performance has returned to expected levels, documenting that a) performance has improved to expected levels, and b) including whether additional evaluations are planned beyond the quarterly evaluations.
- d) If performance has NOT improved and it is determined that this is not because of the supervisor not following through with assistance, additional supports may be determined or the fellow may be placed on a Remediation Plan (see Remediation Plan for additional guidance). Written feedback is provided to the fellow within 2 weeks of the decision by the supervisors and fellow that performance has not improved, indicating that a) performance has not improved to expected levels, b) additional supports are needed, and the specific nature of supports to be implemented, and c) whether or not a Remediation Plan will be implemented and the details of the Plan.
- e) In the case of a fellow displaying poor performance from the start of the training year, the supervisory team will share specific concerns (verbally and in written form) with the fellow and inform the fellow that the fellow's performance will be evaluated at the end of the first month of the training year, such that the fellow can work on deficit areas prior to the first evaluation.

Note: In all cases, it is imperative that supervisors take a nurturing, non-threatening, helpful approach with the fellow. If a supervisor feels unable to do so (personality conflicts, etc.),

when feasible, another supervisor should become involved with the fellow.

## Remediation Plan

The Kennedy Krieger Institute recognizes the prerogative of the training leadership to appoint and terminate postdoctoral fellows. It is the policy of the department to employ procedural fairness in all matters, which may lead to termination. For the protection of all concerned (the fellow, the department, and the Institute), the following policy for remediation and disciplinary action for fellows is to be followed and are based on the guidelines set forth by the Kennedy Krieger Institute and The Johns Hopkins University School of Medicine. A Remediation Plan should be developed when the fellow exhibits concerning behavior (e.g., unprofessional) or has failed to meet the requirements of a Support Plan (see Support Plan for more details).

*Remediation and Sanction Alternatives* - It is important to have meaningful ways to address a problem once it has been identified. In implementing remediation, the training staff must be mindful and balance the needs of the fellow, the clients involved, members of the fellow's training group, the training staff, and other agency personnel, the department and Institute. In the case that a problem with a fellow is identified, the following procedures will be initiated:

1. Verbal Warning to the fellow is conducted by the supervisor(s) responsible for the area of the fellow's work that is noted to be unsatisfactory, emphasizing the need to discontinue the inappropriate behavior under discussion. The fellow should be provided with written documentation of the date and nature of all verbal warnings given to fellows. In the case of co-occurring behavioral deficiencies, the fellow should be given specific instructions regarding what to improve.
2. Written Remediation Plan is developed by the supervisory team in collaboration with the Training Director when the inappropriate behavior was not modified following the verbal warning. The Plan will contain:
  - i. a description of the fellow's unsatisfactory performance;
  - ii. actions needed by the fellow to correct the unsatisfactory behavior;
  - iii. actions needed by the fellow to support the fellow in correcting the problem;
  - iv. the timeline for correcting the problem;
  - v. action that will be taken if the problem is not corrected;
  - vi. notification that the fellow has the right to request a review of this action and if the fellow disagrees with either all or part of the negative performance evaluation or the remediation plan, the fellow may seek due process (see Due Process Policy) to resolve the concern.

**If performance has improved and/or inappropriate behavior discontinued or resolved** following the Remediation Plan, written notification developed by the supervisor in collaboration with the Training Director is provided to the fellow within 2 weeks of attaining expected levels of performance. Documentation includes that performance has improved and details any additional evaluations that are planned beyond the regular evaluations.

**If performance does not improve**, the Remediation Plan may be continued for an additional four weeks. The fellow will receive written notice within two weeks of the determination that the performance is not at expected levels, and that additional remediation is necessary. The written notice will detail the additional supports provided and the expected level of performance.

3. Schedule Modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the fellow to a more fully functioning state. Modifying a fellow's schedule is an accommodation made to assist the fellow in responding to personal reactions to environmental stress, with the full expectation that the fellow will complete the fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include, but are not limited to:

- i. increasing the amount of supervision, with the same or other supervisors
- ii. change in the format, emphasis, and/or focus of supervision
- iii. recommending personal therapy
- iv. reducing the fellow's clinical or other workload
- v. requiring specific academic coursework

The length of a schedule modification period will be determined by the Training Director in consultation with the supervisory team. The termination of the schedule modification period will be determined, after discussions with the fellow, by the Training Director in consultation with the primary supervisor. If the Training Director determines that there has not been sufficient improvement in the fellow's behavior to remove modified schedule, the Training Director will discuss with the supervisory team possible courses of action to be taken. The Training Director will communicate in writing to the fellow that the conditions for revoking the modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Training Director will communicate with the Psychology Lead/Chief and the Vice President of Training that if the fellow's behavior does not change, the fellow will not successfully complete the postdoctoral fellowship.

4. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the fellow to complete the fellowship and to return the fellow to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors the degree to which the fellow addresses changes and/or otherwise improves the behavior associated with the inadequate rating over a specific length of time. The postdoctoral fellow is informed of the probation in a written statement, which includes the following:

- i. the specific behaviors associated with the unacceptable rating;
- ii. the recommendations for rectifying the problem;
- iii. the time frame for the probation;
- iv. the procedures to ascertain whether the problem has been rectified.

If the Training Director determines that there has not been sufficient improvement in the fellow's behavior to remove the probation, the Training Director will discuss with the supervisory team possible courses of action to be taken. The Training Director will

communicate in writing to the fellow that the conditions for revoking the probation have

not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Training Director will communicate to the fellow, the Psychology Lead/Chief, and the Vice President of Training that if the behavior does not change, the fellow will not successfully complete the fellowship.

5. Suspension of Direct Service Activities requires a determination that the welfare of the fellow's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director and Psychology Lead/Chief in consultation with the Vice President of Training. At the end of the suspension period, the fellow's supervisor in consultation with the Training Director will assess the fellow's capacity for effective functioning and determine when direct service can be resumed.
6. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. Administrative leave would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the fellow is unable to complete the fellowship due to physical, mental or emotional illness.

Note: If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the fellow's fellowship, this will be noted in the fellow's file, and the fellow will not receive a certificate of completion. The Training Director will inform the fellow of the effects the administrative leave will have on the fellow's stipend and accrual of benefits.

7. Dismissal from the Postdoctoral Fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the fellow is unable or unwilling to alter their behavior, the Training Director will discuss with the Psychology Lead/Chief, training committee, department directors and the director of training administration the possibility of termination from the training program or dismissal from the agency. Dismissal would be invoked in cases of failure to respond to several remediation attempts, severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or the fellow is unable to complete the fellowship due to physical, mental or emotional illness. Before taking final action, the Psychology Lead/Chief and the Training Director shall meet with the fellow. A written summary statement will be prepared by the Training Director in consultation with the Training Committee, Psychology Lead/Chief, and Vice President of Training defining the problem, warnings issued, and the proposed mechanism for resolution (probation or termination), and a specific statement as to the action to be taken on stipend, benefits and training certification. In cases of termination, ordinarily salary and benefits will terminate as of the effective date, and training certification may be granted for the period of months of acceptable service. Health insurance benefits may be maintained at the option of the individual beyond the termination date so as to provide an orderly transition. The fellow should be informed of the right to appeal available to them under due process (See Due Process policy) and applicable procedures of Johns Hopkins University School of Medicine. Approved written decisions should be emailed to the fellow and sent by

certified mail; return receipt requested.

Note: In all cases, it is imperative that supervisors take a nurturing, non-threatening, helpful approach with the fellow. If a supervisor feels unable to do so (personality conflicts, etc), another supervisor should become involved with the fellow. Nonetheless, everyone involved in the remediation process must *be clear* that this is a serious process, and that the fellow is at risk of dismissal.

## Due Process

### Purpose

On occasion, the Training Program may identify performance or behavior in a fellow that does not meet expectations and requires correction or remediation. Due process ensures that such decisions about fellows are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all fellows and provide appropriate appeal procedures available to the fellow. These procedures may be implemented if a fellow fails to meet established competency milestones and/or in response to problematic behavior. All steps need to be appropriately documented and implemented.

### Fellows' Rights and Responsibilities

- a) Fellows have the right to receive information regarding the program's expectations and procedures for evaluation and due process during the orientation period.
- b) Fellows have the right to receive timely and regular feedback regarding their performance and any concerns for problematic behavior.
- c) If due process procedures are initiated, fellows have the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- d) Fellows have the right to receive information regarding due process decisions within the timeline outlined below.
- e) Fellows have the right to respond to and appeal the program's actions. Adequate time will be provided to formulate a response or appeal. When a challenge is made, the fellow must provide information supporting his/her position or concern.
- f) Fellows have the responsibility to interact with the training program in a respectful, professional, and ethical manner, make every reasonable attempt to remediate behavioral and competency concerns, and strive to meet the aims and objectives of the program.

### Postdoctoral Fellowship Program's Rights and Responsibilities

- a) The program has the right to implement these Due Process procedures when they are called for as described below.
- b) The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical.
- c) The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy.
- d) The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the maximum extent possible in successfully completing the training program.

### Definition of a Problem

For purposes of this policy, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) a failure to meet competency milestones as delineated on the postdoctoral fellowship evaluation form at the scheduled rotation, quarterly, or annual reviews; and/or 3) an

inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

- a) the fellow does not acknowledge, understand, or address the problem when it is identified;
- b) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- c) the quality of services delivered by the fellow is sufficiently negatively affected;
- d) the problem is not restricted to one area of professional functioning;
- e) a disproportionate amount of attention by training personnel is required;
- f) the fellow's behavior does not change as a function of feedback, and/or time;
- g) the problematic behavior has potential for ethical or legal ramifications if not addressed;
- h) the fellow's behavior negatively impacts the public view of the agency;
- i) the problematic behavior negatively impacts other fellows;
- j) the problematic behavior potentially causes harm to a patient; and/or,
- k) the problematic behavior violates appropriate interpersonal communication with staff at Kennedy Krieger Institute or Johns Hopkins University.

#### General Due Process Guidelines Include:

- a) Presenting to the fellows during the orientation period the program's expectations related to professional functioning in writing and discussing these expectations in both group and individual settings.
- b) Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- c) Articulating the various procedures and actions involved in making decisions regarding impairment.
- d) Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- e) Providing a written procedure to the fellow that describes how the fellow may appeal the program's action. Such procedures are included in the fellow handbook provided to the fellow and reviewed during orientation.
- f) Ensuring that fellows have sufficient time to respond to any action taken.
- g) Using input from multiple professional sources when making decisions or recommendations regarding the fellow's performance.
- h) Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

#### Due Process Procedures

When a matter cannot be resolved between the training director and fellow or staff through Fellow- Supervisor Conflict Resolution efforts (see policy on Fellow-Supervisor Conflict Resolution), the steps to be taken are listed below:

- a) Notice - Once a need for due process has been identified, the fellow will receive verbal and written notification within 5 business days from the training director that a hearing

will be held. Reasons to move to due process may include but are not limited to lack of improvement, the fellow not benefitting from accommodation and/or support plans, as well as other unsuccessful efforts by the training program to assist the fellow in ameliorating the situation.

b) Hearing/Review Panel and Process

- i. The VP/Department Director will convene a review panel. The panel will consist of three faculty members/supervisors selected by the VP/Department Director with recommendations from the supervisor, training director, and the fellow involved in the complaint. The fellow has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- ii. Within 5 business days, a hearing will be conducted in which the challenge is heard and relevant material is presented. Within 3 workdays of the completion of the review, the review panel submits a written report to the VP/Department Director that includes any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
- iii. Within 3 business days of receipt of the recommendation, the VP/Department Director will either accept or reject the review panel's recommendations. If the VP/Department Director rejects the panel's recommendations due to an incomplete or inadequate evaluation of the dispute, the VP/Department Director may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.
- iv. If referred back to the review panel, the panel will report back to the chief psychologist within 5 business days of the receipt of the VP/Department Director's request for further consideration. The VP/Department Director, in conjunction with the AVP for psychology, then makes a final decision about what action is to be taken.
- v. The training director informs the fellow and supervisor of the decisions made.

c) Appeal

- i. If the fellow wishes to formally challenge the Due Process decision, the fellow must inform the training director in writing of such a challenge within 5 business days of receipt of the training director's decision. When a challenge is made, the fellow must provide information supporting the fellow's position or concern.
- ii. If the fellow wishes to appeal this decision, they can address the appeal in writing to the Vice President of Training.
- iii. The fellow has the right to contact APPIC at any point to obtain support.

## **Grievance Policy**

The Kennedy Krieger Institute seeks to provide a supportive educational, training, and professional environment. The Institute provides several avenues of redress for individuals who believe they have been treated unfairly by any employee at the Institute. The purpose of this procedure is to provide a formal mechanism to report and resolve grievances that are not addressed through the supervisors/fellow conflict or the due process policy.

### General Overview of Grievance Policy

In the event that a problematic situation arises between a fellow and an Institute employee or if a fellow has a significant concern about the program, the following steps should be taken:

1. The fellow is strongly encouraged to first attempt a verbal resolution through verbal discussion with the parties involved (e.g., directly with the staff member for an interpersonal conflict or with the program training director for issues related to the program). If the fellow prefers, they may choose to share their concerns verbally with the AVP for psychology, the Vice President/ Department Director, the Chief Clinical Officer of the Kennedy Krieger Institute, or the Vice President of Training.

For workplace conflicts, the fellow can also seek support through the JHSOM Office of Postdoctoral Affairs <https://www.hopkinsmedicine.org/som/offices/pda/policies.html#Workplace-Conflict>.

2. If the fellow is dissatisfied with the outcome of the attempt at a direct verbal resolution with the parties involved or if the fellow fears retaliation with direct verbal discussion, the fellow should submit a written grievance and summary of the attempt to verbally resolve the grievance to interested, but uninvolved parties (e.g., the program training director(s), the AVP for psychology, or one of the department co-directors). This written grievance and summary should be submitted within seven working days of the failed verbal meeting.

3. Upon receiving the written grievance, the leader(s) who received the written complaint may request a meeting with the fellow and may convene a small committee (possible members include AVP for psychology, department co-directors, chief clinical officer, and/or vice president of training) to determine the best next steps for resolving the grievance. A written response to the grievance will be shared with the fellow within 7 days.

5. Lastly, the Johns Hopkins School of Medicine has a grievance procedure for faculty, residents, fellows, and the student body to address serious matters which are not resolved using the procedures above. For more information go to:

[https://hpo.johnshopkins.edu/som/policies/501/37864/policy\\_37864.pdf](https://hpo.johnshopkins.edu/som/policies/501/37864/policy_37864.pdf)

If, after meeting with the above, the fellow finds that the situation is not resolved or at any other time, the issue can be brought to the Johns Hopkins University Associate Dean for Postdoctoral Affairs, Dr. Dana Boatman. The office of postdoctoral affairs will attempt to counsel and mediate conflicts through informal discussion, decision-making, and goal

setting. If these are not successful, there are more formal avenues that can be pursued through the School of Medicine. (Grievance Procedure for Faculty, Fellows, and the Student Body).

*\*JHU will not tolerate harassment, sexual harassment (including sexual violence), discrimination or retaliation in the workplace or educational environment whether committed by managers, faculty, administrators, staff, or students, or by visitors to our institution of higher learning. To file a complaint through official university channels go to: <https://oie.jhu.edu/discrimination-and-harassment/>*

## **Policy on Maintenance of Records**

1. Fellow Training records including the following are permanently and securely stored electronically in a secure electronic folder that only a few administrators have access to for future reference by the fellow or by confirmed written release to licensing and credentialing bodies:
  - a. Dates of training
  - b. Names of supervisors and training track(s)
  - c. Midterm and final evaluations
  - d. Grievances
  - e. Due process documentation
  
2. The Institute Training administration also maintains names, training programs, and dates of training for all Institute fellows.

APPENDIX A  
Post-Doctoral Fellow Competency Assessment Form

Fellow \_\_\_\_\_

Supervisor \_\_\_\_\_

Rotation: **Sep.-Nov. Dec. -Feb. Mar-May Jun-Aug**  
2022\_\_\_\_\_

Training Year \_2021-

Training Experience/Rotation: Center for Child and Family Traumatic Stress at Kennedy Krieger Institute.

**Fellows must obtain “Needs Occasional Supervision” or “Ready for Autonomous Practice” rating on each competency in order to successfully complete the training program.**

General Professional Competencies

**1. Competency Goal:** The fellow demonstrates good knowledge of **ethical principles** and consistently applies them appropriately, seeking consultation as needed.

\_\_\_\_\_ **Ready for autonomous practice**

Spontaneously and consistently identifies ethical issues, effectively resolves issues using consultation and supervision as needed

\_\_\_\_\_ **Needs occasional supervision**

Consistently recognizes ethical issues, appropriately asks for supervisory input.

\_\_\_\_\_ **Needs regular supervision**

Generally recognizes situation where ethical issues might be pertinent, is responsive to supervisory input

\_\_\_\_\_ **Needs remedial work**

Often unaware of important ethical issues, disregards supervisory input.

**2. Competency Goal:** The fellow seeks **consultation or supervision** as needed and uses it productively.

\_\_\_\_\_ **Ready for autonomous practice**

Actively seeks out professional consultation as needed when treating complex cases. Makes generally accurate self-appraisal, recognizes tendencies to misjudge abilities and shows particular care in those areas.

\_\_\_\_\_ **Needs occasional supervision**

Open to feedback when offered, tries new ideas and behavior with varying degrees of comfort and success. Shows awareness of strengths and weaknesses, uses supervision well for clarification of areas of uncertainty.

\_\_\_\_\_ **Needs regular supervision**

Accepts supervision in many areas, but occasionally shows defensiveness. Needs supervisory input for determination of readiness to try new skills.

\_\_\_\_\_ **Needs remedial work**

Frequently defensive or confused by feedback, resists use of important and necessary feedback, overly dependent on habitual ideas and behavior. Seriously misjudges strengths and/or important limitations.

**3. Competency Goal:** The fellow **interacts professionally** and appropriately with treatment teams, peers and supervisors at all times. The fellow seeks peer support as needed.

\_\_\_\_\_ **Ready for autonomous practice**

Develops smooth working relationships, effectively relates to team members in accordance with their unique roles, effectively uses team format in the service of treatment needs. Develops positive alliances with other fellows and colleagues, handles differences openly.

\_\_\_\_\_ **Needs occasional supervision**

Actively participates in team meetings, but input is circumscribed. Seeks input from supervisors to cope with rare interpersonal concerns.

\_\_\_\_\_ **Needs regular supervision**

Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.

\_\_\_\_\_ **Needs remedial work**

Personal characteristics or dysfunctional behaviors significantly limit the fellow's ability to participate in team model, e.g. withdrawn, overly confrontational, insensitive. Has hostile interactions with colleagues.

**4. Competency Goal:** The fellow **takes on responsibility** for key patient care tasks, autonomously ensuring that tasks are completed promptly. The fellow demonstrates the necessary **self-direction**, with regards to gathering clinical and research information, to practice independently and competently as a professional psychologist.

\_\_\_\_\_ **Ready for autonomous practice**

Takes initiative in ensuring that key tasks are accomplished, seeks responsibility. All reports and progress notes are filed promptly. Deadlines not needed. Fully dedicated to expanding knowledge and skills, seeks out and takes specific steps to follow through on learning opportunities.

\_\_\_\_\_ **Needs occasional supervision**

Systematically attends to all details with few prompts. Occasional deadlines needed to complete tasks. Shows initiative, eager to learn, beginning to take steps to enhance own learning.

\_\_\_\_\_ **Needs regular supervision**

Completes work effectively when given prompts or deadlines. Open to learning, waits for supervision to present ideas.

\_\_\_\_\_ **Needs remedial work**

Overly dependent on prompts or deadlines or frequently misses deadlines. Needs too much direction from supervisor, uninvolved.

**5. Competency Goal:** The fellow demonstrates **positive coping strategies** to manage personal and professional stressors to maintain professional functioning, so that quality patient care continues uninterrupted. The intern copes with professional challenges such as new responsibilities or patient crises.

\_\_\_\_\_ **Ready for autonomous practice**

Exhibits good awareness of any personal and professional problems, impact of stressors on professional practice is limited to subtle effects such as inefficiency. Seeks supervision and/or personal therapy to resolve issues if needed. Level of confidence accurately matches current abilities, experiences minor stress handling crises or major new responsibilities.

\_\_\_\_\_ **Needs occasional supervision**

Has good insight into the impact of stressors on professional functioning, seeks supervisory input to minimize this impact. Confident in practiced areas of competence, needs supervisory encouragement to venture into new areas.

\_\_\_\_\_ **Needs regular supervision**

Fellow needs significant supervision time to minimize the effect of stressors on professional functioning. Confidence fluctuates, seeks reassurance from supervisor.

\_\_\_\_\_ **Needs remedial work**

Ongoing stresses significantly hamper professional functioning. Personal problems significantly disrupt professional practice, fellow denies problems when brought up by supervisor. Lack of confidence is communicated to others in a manner that undermines the quality of work.

**6. Competency Goal:** The fellow consistently achieves a **good rapport** with patients.

\_\_\_\_\_ **Ready for autonomous practice**

Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and spontaneously makes adjustments.

\_\_\_\_\_ **Needs occasional supervision**

Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.

\_\_\_\_\_ **Needs regular supervision**

Actively developing skills with new patient populations. Relates well when has prior experience with the population.

\_\_\_\_\_ **Needs remedial work**

Has difficulty establishing rapport, alienates patients or shows little ability to recognize problems when they occur.

**7. Competency Goal:** The fellow maintains **sensitivity to cultural and other individual differences** in clinical work (assessment, consultation, and intervention), in the research context, and in the context of didactic and case presentations.

\_\_\_\_\_ **Ready for autonomous practice**

Spontaneously raises issues relating to individual differences with patients as appropriate, conveys ease in working with a range of backgrounds, aware and sensitive to individual differences, accurately self-monitors own responses to differences.

\_\_\_\_\_ **Needs occasional supervision**

Initiates supervisory discussion regarding areas of inexperience in personal differences when needed.

\_\_\_\_\_ **Needs regular supervision**

Has discomfort with some patients, resolves such issues effectively through supervision.

\_\_\_\_\_ **Needs remedial work**

Has difficulty recognizing or working around prejudices, holds some beliefs which limit effectiveness with certain patients, unable to surmount these problems to date in supervision.

**8. Competency Goal:** The fellow **gathers relevant interview data** promptly, appropriately evaluating immediate concerns such as suicidality, homicidality, and any other safety issues. The fellow makes appropriate contingency plans with patient regarding **safety issues** if needed. The fellow discusses all **confidentiality issues** openly with patients.

\_\_\_\_\_ **Ready for autonomous practice**

Fellow autonomously demonstrates above professional competencies.

\_\_\_\_\_ **Needs occasional supervision**

Fellow needs guidance regarding interview of complex cases. Fellow is aware of how to cope with safety issues, but continues to need reassurance in supervision. May occasionally forget to discuss confidentiality issues promptly.

\_\_\_\_\_ **Needs regular supervision**

Intern recognizes potentially problematic cases, but needs guidance regarding detailed evaluation. Detailed discussions are needed to cope with safety issues; fellow handles them well. Occasionally needs prompting to discuss confidentiality issues with patient.

\_\_\_\_\_ **Needs remedial work**

Fellow delays in questioning patient about immediate concerns. Fellow forgets to ask about important safety issues or makes inadequate assessment or plan. Fellow does not remember to address confidentiality issues, needs frequent prompting.

## Competence in Psychological Assessment

\_\_\_\_\_ This section not applicable to this Supervision rotation

**1, Competency Goal:** The fellow **promptly and proficiently administers** commonly used tests in his/her area of practice, autonomously choosing the tests to be administered appropriately.

\_\_\_\_\_ **Ready for autonomous practice**

Proficiently administers all tests. Completes all testing efficiently. Chooses appropriate tests to answer referral question.

\_\_\_\_\_ **Needs occasional supervision**

Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.

\_\_\_\_\_ **Needs regular supervision**

Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.

\_\_\_\_\_ **Needs remedial work**

Test administration is irregular, slow. Often needs to recall patient to further testing sessions due to poor choice of tests administered.

**2, Competency Goal:** The fellow autonomously **interprets** the results of psychological tests used in his/her area of practice.

\_\_\_\_\_ **Ready for autonomous practice**

Skillfully and efficiently interprets tests. Makes independent diagnostic formulations on a variety of syndromes with confidence. Accurately interprets and integrates results prior to supervision session.

\_\_\_\_\_ **Needs occasional supervision**

Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.

\_\_\_\_\_ **Needs regular supervision**

Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.

\_\_\_\_\_ **Needs remedial work**

Significant deficits in understanding of psychological testing, over-reliance on computer

interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

**3. Competency Goal:** The fellow writes a **well-organized psychological report**, answering the referral question clearly and providing the referral source with specific **recommendations** for patient care.

\_\_\_\_\_ **Ready for autonomous practice**

Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.

\_\_\_\_\_ **Needs occasional supervision**

Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.

\_\_\_\_\_ **Needs regular supervision**

Fellow uses supervision effectively for assistance in determining important points to highlight.

\_\_\_\_\_ **Needs remedial work**

Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.

Competence in Psychotherapeutic Interventions

\_\_\_\_\_ This section not applicable to this rotation/experience

**1. Competency Goal:** The fellow formulates a useful **case conceptualization** that draws on theoretical and research knowledge.

\_\_\_\_\_ **Ready for autonomous practice**

Fellow independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Overt emotional issues are accurately and consistently identified, plans and reflects appropriately on deeper issues between sessions.

\_\_\_\_\_ **Needs occasional supervision**

Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification.

\_\_\_\_\_ **Needs regular supervision**

Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues.

\_\_\_\_\_ **Needs remedial work**

Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues.

**2. Competency Goal:** The fellow formulates appropriate therapeutic **treatment goals** in collaboration with the patient. The fellow collaborates with patients in crisis to make appropriate **short-term safety plans**, and intensify treatment as needed.

\_\_\_\_\_ **Ready for autonomous practice**

Consistently sets realistic goals long-term in accordance with patients' needs and desires. Can autonomously work with patient in crisis to establish appropriate short-term plan.

\_\_\_\_\_ **Needs occasional supervision**

Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals. Shows good professional skills, but needs occasional reassurance after coping with patients in crisis.

\_\_\_\_\_ **Needs regular supervision**

Requires ongoing supervision to set therapeutic goals aside from those presented by patient. Needs to refine crisis plans in collaboration with supervisor.

\_\_\_\_\_ **Needs remedial work**

Fails to set any goals without prompting from supervisor. Fear overwhelms abilities in patient crises.

**3. Competency Goal:** The fellow presents **interventions** that are well-timed, effective and consistent with empirically supported treatments.

\_\_\_\_\_ **Ready for autonomous practice**

Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

\_\_\_\_\_ **Needs occasional supervision**

Most interventions and interpretations facilitate patient acceptance and change. However, fellow requires supervisory assistance with the timing and delivery of more difficult interventions.

\_\_\_\_\_ **Needs regular supervision**

Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.

\_\_\_\_\_ **Needs remedial work**

Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.

### Competence in Group Psychotherapy Skills

\_\_\_ This section not applicable to this Supervision rotation

**Competency Goal:** The fellow appropriately copes with **group therapy challenges** and complications.

\_\_\_\_\_ **Ready for autonomous practice**

Consistently manages issues as they arise in group, builds cohesiveness while dealing with complications. Aware of own strengths and weaknesses as a group leader.

\_\_\_\_\_ **Needs occasional supervision**

Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses.

\_\_\_\_\_ **Needs regular supervision**

Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader.

\_\_\_\_\_ **Needs remedial work**

Responses to patients and management of group process indicates significant inadequacy in the theoretical understanding and implementation of group process. Defensive or not insightful when discussing strengths and weaknesses.



## Competence in Professional Consultation

\_\_\_\_\_ This section not applicable to this rotation/experience

**Competency Goal:** The fellow performs an **assessment** of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to **answer the referral question**.

\_\_\_\_\_ **Ready for autonomous practice**

The fellow is able to choose appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.

\_\_\_\_\_ **Needs occasional supervision**

Occasional input is needed regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer the referral question

\_\_\_\_\_ **Needs regular supervision**

Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.

\_\_\_\_\_ **Needs remedial work**

Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

## Scholarly and Research Competencies

**1. Competency Goal:** The fellow **seeks out professional writings** regarding assessment and/or treatment cases as needed to enhance knowledge about the patient's psychological status.

\_\_\_\_\_ **Ready for autonomous practice**

Fellow independently seeks out and reads professional writings pertaining to cases at hand.

\_\_\_\_\_ **Needs occasional supervision**

Fellow identifies areas of knowledge that need enhancement with a particular patient and asks for suggestions regarding readings.

\_\_\_\_\_ **Needs regular supervision**

Fellow readily accepts and reads professional writings as assigned by the supervisor.

\_\_\_\_\_ **Needs remedial work**

Fellow procrastinates regarding professional readings assigned by supervisor to learn essential treatment-oriented competencies.

**2. Competency Goal:** The fellow is able to develop a plan for research or other professional writing.

\_\_\_\_\_ This section not applicable to this rotation/experience

\_\_\_\_\_ **Ready for autonomous practice**

The fellow, alone or in conjunction with a colleague, is a full participant in development of the plan.

\_\_\_\_\_ **Needs occasional supervision**

The fellow provides substantive input into the plan.

\_\_\_\_\_ **Needs regular supervision**

The fellow provides helpful suggestions regarding design and implementation of a colleague's plan.

\_\_\_\_\_ **Needs remedial work**

The fellow does not follow-through with responsibilities in development of plan.

Supervisor Comments

**Summary of Strengths:**

**Areas of Additional Development or Remediation, including Recommendations:**

Conclusions

**Competency Goal for evaluations done at 3, 6 or 9 months:** All competency areas will be rated at a level of competence of **Needs regular supervision** or higher. No competency areas will be rated as **Needs remedial work**.

**Competency Goal for evaluations done at 12 months:** At least 80% of competency areas will be rated at level of competence of **Needs occasional supervision** or higher. No competency areas will be rated as **Needs remedial work**. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, training director and fellow agree that a level of **Needs regular supervision** is appropriate for that particular rotation, e.g., a neuropsychology major rotation for a general track fellow.

\_\_\_\_\_ The fellow HAS successfully completed the above competency goal. We have reviewed this evaluation together.

\_\_\_\_\_ The fellow HAS NOT successfully completed the above competency goals. We have made a joint written remedial plan as written below, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Fellow \_\_\_\_\_

Date \_\_\_\_\_