Dartmouth-Hitchcock Postdoctoral Training Program in Psychology

Department of Psychiatry

Dartmouth-Hitchcock Medical Center

The Dartmouth-Hitchcock Postdoctoral Training Program in Psychology is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Psychology Training Leadership:

Vice Chair for Education, Department of Psychiatry: Julia Frew, M.D.

Director, Internship & Fellowship Training: Robert Brady, Ph.D.

Associate Director, Internship & Fellowship Training: James Craig, Ph.D.

Eligibility and Admission Requirements

All fellows accepted to the programs must meet the current requirements of Dartmouth-Hitchcock Medical Center for their specific appointment.

Completion of the doctoral degree from an APA- or CPA-accredited program.

Completion of an internship from an APA- or CPA-accredited doctoral internship program.

Applicants must submit: 1) cover letter of introduction describing background, professional interests, career goals, and reasons for interest in this fellowship training program along with an indication of which Fellowship you are applying for (Anxiety Disorders, Mood Disorders, or Behavioral Medicine), 2) curriculum vitae, 3) three letters of recommendation, and 4) graduate transcripts. Relevant manuscripts are encouraged, but not required. Materials should be addressed to

Robert E. Brady, Ph.D.

Department of Psychiatry

Dartmouth Hitchcock Medical Center

1 Medical Center Drive

Lebanon, NH 03756

Robert.E.Brady@hitchcock.org

Phone: 603-650-2554

All application materials should be received by January 4, 2022. After that date, the selection committee will begin considering applications and interviewing applicants until positions are filled. Late applications may not be reviewed.

Our selection criteria are based on a goodness-of-fit model. We look for applicants who possess the knowledge and skills necessary to contribute to and function well in our postdoctoral program. At the same time, we look for individuals whose professional goals are well suited to the experiences we have to offer so that our setting will provide them with a productive postdoctoral experience. Ideal candidates have demonstrated strengths in research productivity, academic preparation, personal characteristics, and clinical skills relevant to their professions.

Each application is initially reviewed for eligibility after all materials are received. A selection committee reviews all written materials and selects top candidates for individual telephone or in-person interviews. Final rankings and offers are determined by consensus of the committee based on written and interview information.

Dartmouth Psychology Postdoctoral Training Program Training Experiences:

- Training in one "major" and one "minor" specialty area:
- Anxiety Disorders
- Digestive Health
- Mood Disorders
- Two hours per week of regularly scheduled, face-to-face individual supervision.
- Two additional hours per week in learning activities.
- Minimum of 2000 hours completed in no less than 9 months and no more than 24 months.
- 20 hours of direct clinical service (evaluation and/or psychotherapy)
- Certificate of completion
- Due Process and Grievance Procedures

Training Site:

Adult Psychiatry Outpatient Clinic at DHMC: The Department of Psychiatry is an academic and service-oriented department within Dartmouth-Hitchcock Medical Center (DHMC). Department faculty and staff include psychologists, psychiatrists, social workers, and psychiatric nurses involved in research, education, and clinical service. The Department provides services at Dartmouth-Hitchcock Medical Center, the major medical center for a large geographic area that includes portions of New Hampshire, Vermont, and Maine. Our patient population includes individuals from diverse backgrounds who present with a variety of mental health concerns.

Supervisors:

Anxiety Disorders: Robert Brady, PhD

	Lauren Szkodny, PhD
Digestive Health:	Sivan Rotenberg, PhD
	Jessiy Salwen-Deremer, PhD
Mood Disorders	Sarah Roane, PhD
	Evan Bick, PsyD

Mission, Model of Training, Values and Goals

The mission of the Dartmouth Psychology Postdoctoral Fellowship is to train psychologists to meet general advanced practice competencies in their field and to function effectively as professional psychologists in a broad range of multidisciplinary settings. The 'Fellowship' focuses on clinical training and features major and minor training tracks with emphasis areas in anxiety disorders, behavioral medicine and mood disorders. Our program is dedicated to helping Fellows launch successful careers to benefit consumers of psychological services, as well as the field of clinical psychology. Fellows in our program will gain additional training in the practical provision of clinical services based on current advances in psychological science. Previous Fellows have gone on to work in a variety of professional settings, including research, education, and clinical practice services.

In line with our mission, our training program is committed to the practitioner-scholar model of training. The program emphasizes in all aspects of its training that the best practice must be solidly based in science. While we recognize the valid application of the "art" of psychotherapy and the practitioner's clinical judgment in using various appropriate skills and intervention techniques, we believe that the important hands-on experiential aspects of Fellowship training are grounded in the scientific literature. Fellows are challenged to systematically measure their assessment and intervention practices against an established knowledge base. Where possible, we advocate following the model of evidence-based practice, which combines use of scientifically supported approaches with the patient's preferences and culture, all of which are integrated by the clinician using sound ethical and clinical judgment in the context of collaborative decision-making involving the patient. Fellows are expected to utilize current literature in planning and delivering services, and simultaneously are expected to participate in research or educational projects with direct clinical implications that can potentially serve to expand knowledge and quality of care. Fellowship supervisors emphasize the importance of consulting the scientific literature when working with a new area such as specific population or intervention. In support of the fellow's development as a competent consumer of the scientific literature, training staff utilize individual supervision, training (which may be for all Fellows or specific to the track's emphasis), reading assignments, as well as online availability of medical and psychological journals, textbooks and reference materials, accessible from each Fellow's personal computer.

Our training program strives to be one where all staff and Fellows consistently treat each other with courtesy and respect, engaging wherever possible in collaborative interactions. We seek to provide a supportive environment for learning for the Fellow and a training program that training staff find rewarding in their work with Fellows and with each other. These training values and those of our parent facility guide our ongoing decisions. In addition, we always keep in mind that although training is an important mission of our program, our facility is here first and foremost to be of help to our patients.

Our training Fellowship has two overarching training goals:

Primary goal #1 of the clinical fellowship training program is the development and refinement of a broad range of professional skills necessary to function effectively as psychologists within an interdisciplinary context, the broader system of health-care, and the community.

Primary goal #2 of the program is training of psychologists in the delivery of quality, evidence-based health care within both primary and secondary emphasis areas, with a particular appreciation of the special needs of the patient.

Training Opportunities

The Post-Doctoral Fellowship at Dartmouth is designed to provide the most personalized training experience possible in the Adult Outpatient Service at Dartmouth-Hitchcock Medical Center. As such, Fellows are given the option of a "major" and "minor" clinical emphasis during their training year. The Fellow will have the opportunity to provide services for the full spectrum of clinical problems, but will prioritize those areas to gain expertise in the domain in which they intend to specialize, while also having the opportunity to develop competencies in another area in order to broaden their skill set. Minor tracks are currently available in the Anxiety Disorders, Mood Disorders and Digestive Health domains. For example, a Fellow may select Anxiety Disorders as the major emphasis, and Mood Disorders as a minor emphasis. Fellows will also have the opportunity to gain experience in teaching, research, and program development in order to fulfill their training needs.

The Anxiety Disorders Service provides assessment, diagnosis, and treatment of Anxiety Disorders, Obsessive-Compulsive Spectrum Disorders, and Post-Traumatic Stress Disorder. The supervisors for this service are Robert Brady, PhD and Lauren Szkodny, PhD. Fellows will receive advanced clinical service delivery training in exposure-based therapies, cognitive interventions, and acceptance-based interventions. Opportunities for experience in program development and research may also be available as part of Dr. Brady's ongoing research on anxiety disorders and physical health outcomes.

The Digestive Health Fellowship is located within the Behavioral Medicine Service. The Behavioral Medicine Service provides clinical services for chronic pain, insomnia, obesity, cardiology and oncology. The supervisors for this fellowship are Sivan Rotenberg, PhD and Jessiy Salwen-Deremer, PhD. The Behavioral Medicine Service also provides consultations and treatment to patients referred from multiple departments within the medical center and from the community, resulting in a rich diversity of presenting problems and learning experiences.

The Mood Disorders Service provides short-term therapies and evaluations for mood disorders including major depressive disorder, bipolar disorders, and persistent depressive disorder. The supervisors for this service are Sarah Roane, PhD and Evan Bick, PsyD. The Mood Disorders Service works closely with the interventional psychiatry clinic where transcranial magnetic stimulation and electroconvulsive therapy is provided in a physician-staffed clinic.

<u>Fellowship Goals</u>

The goal of our Fellowship is to provide excellent training opportunities that prepare clinical and counseling psychologists for the next stage of their professional life. Our training faculty aim to guide Fellows as they craft their career. Fellowships are designed for one year, with an option for a second year, contingent on successful completion of the first training year. Fellows will accumulate sufficient clinical hours for licensure by the State of New Hampshire Board of Psychologists by the end of the training year. Although research is not required for Fellows, successful graduates of the Fellowship training program will be able to contribute in a meaningful way to ongoing research, or to initiate a research program for their future professional settings.

At a minimum, graduates of our program are expected to utilize current psychological science in their clinical activities, including assessment, diagnosis, consultation and treatment. To achieve this goal, Fellows will participate in weekly didactic learning experiences provided by core faculty from the training program, adjunct faculty, and invited lecturers. Fellows are strongly encouraged, but not required, to demonstrate proficiency in scholarly activities through manuscript development, research proposals, and participation in the Departmental journal club.

Psychological Service Offices

Contact Information

Kay Jankowski, PhD, Director of Psychological Services, Department of Psychiatry, Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Lebanon, New Hampshire, 03756-0001.

Patients and research subjects should be directed to reception area 5D

5D Front Desk Phone Number: 603-650-7046, from your office 5-7046

Driving Directions:

http://patients.dartmouth-hitchcock.org/our_locations/lebanon/driving_directions_dhmc.html

DHMC is located off exit 18 on the I-89. From the exit ramp, take Route 120 North. Follow Rt. 120 for about 1.5 miles to the traffic lights with the "H" sign and make a left turn to the entrance of DHMC.

Once at DHMC:

Parking: Staff should park in assigned lots (e.g., lot 20), and may not park in the garage (though you usually can park there without problem during evenings and weekends). Patients may park in designated patient parking areas, including the parking garage.

Walk from main entrance: Take elevators near the main floor rotunda up to 5th floor, turn right outside of elevators and go down hall on your right. 5D will be on your right behind wooded panels.

Walk from east entrance: Turn right from entrance and walk to the area in front of the café. Turn left into the hallway there, and take elevator on your right up to the 5th floor. Turn right and walk a few steps down the hallway. 5D reception area is behind wooden panels on your left.

Walk from parking garage: Turn left from entrance to take elevators up to 5th floor. Turn left and walk down hallway. About halfway down, turn left into hallway and then turn left at rotunda to 5D reception area (behind wooden panels).

Staff and Important Contact Information

Faculty

Kay Jankowski, PhD	Associate Professor of Psychiatry
	Director of Psychological Services
Robert E. Brady, PhD	Assistant Professor of Psychiatry
	Director, Anxiety Disorders Service
	Director, Psychology Internship and Fellowship Programs
Sarah Roane, PhD	Assistant Professor of Psychiatry
	Director, Mood Disorders Psychotherapy Service
Sivan Rotenberg, PhD	Assistant Professor of Psychiatry
	Director, Behavioral Medicine Service
Dana Pilchik, PsyD	Assistant Professor of Psychiatry
	Staff Psychologist, Behavioral Medicine Service

Lauren Szkodny, PhD	Assistant Professor of Psychiatry
	Staff Psychologist, Anxiety Disorders Service
Jessiy Salwen-Deremer, PhD	Assistant Professor of Psychiatry
	Staff Psychologist, Mood Disorders Service
Evan Bick, PsyD	Assistant Professor of Psychiatry
	Staff Psychologist, Mood Disorders Service

Administrative Assistant for Psychology Fellowship Issues

Tiffany Gilbert (Tiffany.L.Gilbert@hitchcock.org) at 603-650-6437

Administrative, Department of Psychiatry

Name	Phone	Position
Alexander "AJ" Horvath	650-6404	Director of Psychiatry Administration
Kelly Ducharme	650-7549	Administrative Assistant to the Chair
Erika Pierce	650-9433	Grants Manager, Dept of Psychiatry
Jessica Young	650-6477	Medical Records Coordinator
Martha "Suzy" Catalona	650-8013	Practice Manager
Brittany Hathaway	650-6150	Administrative Supervisor

Support Staff

Clinician Communication with 5D Support Staff

Clinicians should communicate to support staff via eD-H Staff Message or email. Messages should be sent to both members of the office (Team A, Team B, Scheduling). Every effort will be made to ensure that both members are not out of office on the same day, but if this occurs, be aware that email may not be effective at reaching them in a timely fashion.

Reminder – please message **P DHMC PSYCH COVID SUPPORT** for all appointments you have verbally scheduled with your patient, with an appointment that has a specific date and time. Also include whether person is to be scheduled for telehealth, telehealth using 5D technology, or in person.

Schedulers' Office – All clinical schedule edits and established patient appointment requests

Office Calls: 5-7075

Emails to: Megan.L.Howard@Hitchcock.org or PsychiatryExitSchedulers@Hitchcock.org

eD-H staff messages to: P DHMC PSYCH SCHEDULERS

Support Team A – Child Psychiatry faculty and fellows, child therapy providers

Office Calls: 5-7075

Emails to: Brandy.L.Dempsey@Hitchcock.org and Dylan.C.Morong@Hitchcock.org or PsychiatryTeamASupport@Hitchcock.org

eD-H staff messages to: P DHMC PSYCH TEAM A

Support Team B – Adult prescribers, residents, adult therapy providers

Office Calls: 5-7075

Emails to: Kayla.J.Davis@hitchcock.org and Ashlie.A.DuBois@Hitchcock.org or PsychiatryTeamBSupport@Hitchcock.org

eD-H staff messages to: P DHMC PSYCH TEAM B

Resource Specialists – Adult, Crisis

Adult Recourse Specialist – Ashley Newcity

Office Calls: 5-6077

Email to: Ashley.M.Newcity@hitchcock.org

eD-H Staff Messages to: Ashley M. Newcity

Crisis Resource Specialist: Kristen Funari

Office Calls: 5-1898

Email to: Kristen.S.Funari@hitchcock.org

eD-H Staff Messages to: Kristen S. Funari

Psychiatry Nurse – Adult Services & Child Services

Calls: 5-0213 for Nurse line

Emails to: OutpatientPsychRN@hitchcock.org

eD-H staff messages to: P DHMC Psych Nurse

Maureen Ostertag (Team C) – Drs. Torrey and Finn

Calls: 5-6188

Emails to: Maureen.M.Ostertag@Hitchcock.ORG

eD-H staff messages to: Ostertag, Maureen

Adult Neuropsychology

Office Calls: 5-5824

Emails to: Katlin.J.Page@Hitchcock.org or NeuropsychologySupport@hitchcock.org

eD-H staff messages to: P DHMC PSYCH NEURO

Pediatric Neuropsychology

Office Calls: 5-5824

Emails to: Jessica.Lyn.Young@hitchcock.org or NeuropsychologySupport@hitchcock.org

eD-H staff messages to: P DHMC PSYCH NEURO

Medical Records – For all Outpatient Psychiatry records

Office Calls: 5-6477

Fax #: 603-650-5842

Emails to: Jessica.Lyn.Young@Hitchcock.org

eD-H staff messages to: Young, Jessica Lyn

Brittany Hathaway – Administrative Supervisor

Calls: 5-6150

Emails to: Brittany.E.Hathaway@hitchcock.org

eD-H staff Messages to: Brittany E. Hathaway

Suzy Catalona – Sr. Practice Manager

Calls: 5-8013

Emails to: Martha.S.Catalona@Hitchcock.org

eD-H staff messages to: Martha Catalona

General Summary of Support Functions

Clinical Support Teams (Team A, Team B, Neuropsychology) are responsible for completing all administrative support needs. Major components of their positions include phone support to patients (answering questions, relaying messages, transferring calls), new patient preparation (sending packets, scoring returned packets), referral management, scheduling new patient appointments, and no show/cancel less than 48-hour letters.

Schedulers are the responsible for all clinical schedule edits (vacations, meetings, CME, changes to available time) and appointment related tasks (cancelling, rescheduling, bump-list, and wait-list). They schedule all follow-up appointments.

Katy, Ellie, Julie, and Mary, Outpatient Psychiatry RN's, major functions include RX refills; medication questions/side effects, etc. They will be the middle person between the patient and doctor for clinical needs. They will follow up with patients on requests and relay information between provider and their patient.

The Resource Specialist role focuses on connecting patients with other facilities/providers. Each have tasks that are unique to their section, but tasks may consist of obtaining release of information, meet with families during or after their appointment about resources, send out welcome packets to adult patients, connect with new patients that are scheduled, etc. They may also join triage meetings and follow up with the patients to go over the recommendations and assist further.

Brittany Hathaway (Administrative Supervisor) supervises the support teams for Psychiatry, Team A, Team B, Exit Scheduling, Neuropsychology, and Medical Records. She also reviews clinic schedules for utilization and builds clinic templates.

Adult Psychology Track interns utilize the services of Team B. Child Psychology Track interns utilize Team A. Both Adult and Pediatric Neuropsychology utilize the Neuropsychology Team.

Emergency and Help Numbers

Psychiatry Primary Line:	5-7075 (press 7 for emergencies)
Psychiatrist on-call for psychiatric emergencies:	35-3350
DHMC Security:	5-7896 (after hours page 35-9381)
eD-H Help:	5-9060
Information Securities (Computer Helpdesk)	5-2222
Facilities Office	5-5738 (e.g., flooding)

New Fellows: Getting Oriented

Core Didactics and Meetings (times subject to change)

Psychiatry Grand Rounds	Tues 8:00 – 9:00 AM (September to June)
Research Seminar	Tues 8:00 – 9:00 AM (July to September)
Clinical Practice Didactic	Friday 8:30-10 AM (July to June)
Psychological Journal Club	First Monday 12-1 PM
Psychology Services Consult Group	Second Monday 12-1 PM
Professional Development Seminar	First Friday each month 10-11 AM

Psychiatry Department Policies and Procedures

The Psychiatry Department intranet (http://intranet.hitchcock.org/psych/) has a variety of information on department policies (e.g., missed appointments), safety, HIPPA regulations, various forms, holiday schedule, clinical referral sources, as well as research committee related materials. It is suggested that you familiarize yourself with these documents through the web site as soon as you can.

Mandatory Occupational Medicine Evaluation and Orientation for New Staff

Please note that you cannot officially start work until you have completed your Dartmouth-Hitchcock Medical Center _orientation_. These are held every other Monday and will be scheduled by Maureen Ostertag. *BUT, you cannot attend DHMC orientation until you have been cleared by Occupational Medicine*. You will need to contact them to set up an appointment as soon as you know when you are going to arrive in the area; these appointments may need to be scheduled a week or two in advance, and you need 3 days after the appointment to make sure your TB test is negative, before they will clear you to attend orientation. Call (603) 653-3850 to make an appointment with Occupational Medicine.

Maintenance of Clinical Contact Hours

Clinical post-doctoral fellows are expected to maintain a clinical caseload sufficient to provide 20 hours per week of direct clinical contact. Fellows are responsible for maintaining this level of clinical productivity. The first month of the fellowship will be spent building this caseload, and will require a higher number of new patient intakes than is expected in later months. Once a fellow has acquired a weekly contact rate of 20 hours of service, the frequency of new intakes will be reduced to one or two per week, depending on the frequency of patient turnover. As the training

period progresses, the fellow will likely find that the number of intakes needed to maintain 20 contact hours varies from week to week. *It is the fellow's responsibility to report to Brittany Hathaway any needed increase in intakes to maintain this expectation*.

Procedure for Recording Services

Please notify Jessica Young in Medical Records at 5D that you will be recording any service delivery. She will need your computer number to download and install encrypted software that reads and operates the recordings on your computer.

In the Medical Records office filing cabinet, there is a drawer marked recordings and in that drawer you will find copies of the Informed Consent for Trainee Clinician and Permission for Taping along with a recording sheet. We currently have three recorders that are always ready for use.

The recording sheets will need to be completed and returned with the recorder to Deb and she will download the recording and email the recording to you and your attending/supervising psychologist. Also, please return the Permission for Taping Consent which will be scanned into the patient's eD-H record.

Dress Code

In accordance with Dartmouth-Hitchcock Medical Center's Appearance Policy, The Department of Psychiatry is committed to making patients and their families feel comfortable and that they are being treated and/or helped by responsible professionals. Personal cleanliness and neatness is essential because we have direct contact with patients, visitors, and other Dartmouth-Hitchcock Medical Center employees. Psychiatry physicians, faculty and staff should be dressed in a neat, clean and appropriate style that is suitable to the professional business environment. All Psychiatry employees are expected to be well-groomed and without offensive body odor or excessive cologne, perfume, or any other fragrance.

Occasionally, fashion trends create an image that many patients and visitors perceive as less than professional. Extreme hair color, certain tattoos, non-professional attire (such as: blue jeans, shorts, tops with straps less than 2" wide, T-shirts with printed messages or slogans, sweat suits, sweat pants, warm-up suits, beach style flip-flops, clothing that is suggestive or revealing, mini-skirts or torn or ripped clothing) and visible body piercings (other than earrings) can create such an impression, and consequently will often be deemed inappropriate. Exceptions can be made at the department level for cultural, religious or other appropriate reasons.

All Psychiatry faculty and staff are expected to wear their photo ID badges while on the D-H campus (and its affiliated buildings). They are to be worn above the waist level with the picture side visible to patients and staff.

Supervisors will notify employees who appear inappropriately dressed. If an employee continues to dress in an unprofessional manner disciplinary action may result. Consult your supervisor if you have any questions as to what constitutes acceptable attire.

Leave Policy

The Department of Psychiatry utilizes a planned leave policy for clinical faculty and trainees. Planned leave includes vacations and conference time. The policy is intended to make it possible to take planned leave without adversely affecting patient care. Reasons for the policy are to be sure that there is always good coverage of the clinical services, to avoid cancelling and rescheduling clinical appointments, and to clarify the sign out and communication process for planned leave so that staff and patients know when someone is gone and who is covering. Postdoctoral Fellows are considered "staff" at DHMC and earn a total of 28 days of annual leave at a rate of 8.61 hours biweekly. This leave rate includes time covering paid holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day), sick leave, and vacation leave. Any leave time required for extended family and medical leave will be unpaid time consistent with the Family and Medical Leave Act (FMLA). Fellows can take leave for a maximum of five days in the final two weeks of training in order to prevent disruption of clinical services. Fellows will complete a leave request, to be approved by the Training Director. Please note, staff cannot go "negative" for their personal time; meaning that they cannot use time that has not yet been earned. Holidays can be taken regardless of amount of time earned. Unused personal time is paid out at the time of departure from the position. The fiscal year at DHMC runs July through June. New appointments that begin sometime other than July 1 receive pro-rated vacation for that fiscal year.

All requests for leave must be submitted to your supervisor as far in advance as possible, but no later than 12 weeks before the beginning of the planned leave. Cases of illness are an exception to this expectation.

Arranging to take leave:

Section Chiefs (Dr. Kay Jankowski, Psychology) must establish the minimum staffing level that supports quality clinical care and clinical supervision of trainees. This level must be approved by the Department's Medical Director (Dr. Torrey). Fellows should request planned leave **three months in advance of the leave** by e-mailing their primary supervisor. Leave requests must include who is going to provide the clinical or clinical supervisory coverage. Section chiefs can approve the leave requests if their section is adequately covered as defined above. Section chiefs must plan ahead to manage high need times. When the request has been approved, the Fellow will email the dates of leave to their support staff, covering clinician(s), and the clinic schedulers.

At the time of departure the clinician going on leave must:

- Verbally sign out patients to the person who will be covering highlighting at-risk individuals
- Communicate the leave and clinical coverage using eD-H.
- In eD-H, choose In Basket, then choose "Out."
- Choose "New"
- Edit comment (IE out of office, vacation, etc.)
- Choose dates.
- Choose delegates (you may have to type the name if it is not one you have used before)
- When done, choose accept.
- Create and e-mail "leave message" that includes clinical coverage.
- In Microsoft Outlook mailbox, click on File.
- Click on Automatic replies.
- Click on "Send Auto Replies" edit dates.
- Click on "Dates" and edit accordingly.
- Click on "Outside My Organization" and edit message accordingly. Click "OK" when done. This will send an automatic reply to any e-mailers both within and outside of the Hitchcock.org email system. **These alerts will automatically shut off when the time you set expires.**
- Change pager to indicate leave
- Dial 37 from any house phone or 650-6650 from outside hospital
- Enter pager ID # followed by # sign
- Enter passcode (1234) followed by # sign
- Hit Option 1 for change status
- Choose Option 6, On Vacation
- Can also change to send pager to your phone message or cell phone
- Remember to CHANGE this when returning from vacation to Option 1, Available
- Operators will make requested changes if you just call them up, too.

Clinical coverage requirement in eD-H:

Clinical coverers have to remember that they are covering for someone since eD-H messages do not go directly to our in baskets.

To cover:

- Go to in basket
- At the bottom left hand column along with "my in basket" and "my out basket" it will say "attached in baskets." That is what you need to check to see the tasks to review.

Parking Permit

Parking is coordinated through the security office, 3rd Floor near main entrance. You can stop by the desk to quickly register your car any time after your General Orientation. You may call the desk at 5-7896 for information. Fellows are expected to park in lot 20. The parking garage is reserved for patients, and there is typically a parking guard present part of the day. This rule is relaxed in late afternoons, evenings, and weekends (per our experience).

Identification Badge

New staff will get their ID badge at orientation.

E-Learning Training

In order to get access to our medical record system (e-DH) you have to complete training (currently completed remotely). This is included in the orientation schedule that the Talent Acquisition staff send to fellows prior to General Orientation. Please note that you must arrive on time for this training or else risk having to reschedule to another week, potentially delaying your start of the training year.

Keys

You will need at least two keys. One key to let you into the department, and another key to let you into the office you're using (see Bill O'Donnell to obtain keys; William.C.O'Donnell@hitchcock.org).

Benefits

Benefits are handled by DHMC Human Resources. For new employees, benefits are discussed at length during orientation.

E-Mail

Your Outlook for email account should be set up for you automatically around the same time as all of your payroll information. You will receive a password during clinic orientation. You will have a *@Hitchcock.org* email address. You should *use the Hitchock.org address for all clinical work* as it is security protected via encryption.

Please use the following signature:

Joan Smith, Ph.D./Psy.D.

Clinical Psychology Postdoctoral Fellow

Department of Psychiatry

Dartmouth-Hitchcock Medical Center

One Medical Center Drive

Lebanon, NH 03756

When you set your Preference for sending e-mail, please ensure the following is added to your signature:

IMPORTANT NOTICE REGARDING THIS ELECTRONIC MESSAGE

This message is intended for the use of the person to whom it is addressed and may contain information that is privileged, confidential, and protected from disclosure under applicable law. If you are not the intended recipient, your use of this message for any purpose is strictly prohibited. If you have received this communication in error, please delete the message and notify the sender so that we may correct our records.

Voice Mail

If you don't know the voice mail code on your phone, you can still set up your own voice mail account. The DHMC phone directory provides instructions or you can call the Communications Department within the hospital (5-5432). They will instruct you how to set up a new account.

Pagers

Pagers are used for brief notifications that require your attention or action. Your pager number is located on the back of your pager and available via the Citrix phone book accessible on your desktop. Your pager must be turned on at all times during normal clinical operation hours (i.e., Monday-Friday, 8am-5pm) unless you are on vacation or home sick or otherwise off-duty. A full description of the process for signing off on your pager is available in the staff leave procedures below.

Mailboxes

You will have a Psychiatry Department mailbox in the Psychiatry common room (the large open room with the photocopier). The Psychiatry mailboxes get re-alphabetized every July when the largest staffing turn-over occurs, so the location of your mailbox may change.

Phone Numbers

Within the hospital, there are two types of numbers: 650-xxxx and 653-xxxx. For numbers beginning with the extension 650, within DHMC dial 5-xxxx.For 653 numbers, dial 3-xxxx. To call the college, you must always dial the whole phone number preceded by 9 for an outside line.

CITI Required Research Training

If you want to be involved in research here, either involving direct subject contact or database mining only, you are required to complete a CITI research training course. This can be done online. Our grants management staff (Erika Pierce) can help you access this training.

CPR Training

CPR Training is not required for trainees at this time; however, you can complete this during the year at your choice and time. Contact LifeSupport@hitchcock.org to arrange for training and the associated written and practical examination, if you do not have a valid CPR certification at this time.

Supplies

Office supplies are stored in two closets. Ask Bill O'Donnell to show you where they are. If you need something that's not regularly stocked, speak to your Support Team. Kleenex boxes are in the common room on a shelf above the fax machine.

Web Sites

DHMC web site is: http://www.dartmouth-hitchcock.org/

The Dartmouth Medical School Department of Psychiatry web site is: https://geiselmed.dartmouth.edu/psych/

Library and Bibliographies

The Health Sciences Library (Matthews-Fuller) is on the 5th floor of the hospital. There are several other libraries on campus. Interlibrary loans are free and can be set up in the library or through the library web site:

http://www.dartmouth.edu/~dartdoc/

Furthermore, you have access to a large number of journals on-line through http://library.dartmouth.edu/. The biomedical libraries also maintain useful access information (http://www.dartmouth.edu/~library/biomed/), and OVID in particular is a good source for literature searches in medical fields (including psychology) and allows you access to full-text articles.

Computer Orientation

The Dartmouth-Hitchcock Computing Help Desk is staffed from 8am - 5pm to assist you with your general computer support needs. You can contact them for assistance by either emailing IS-Support@hitchcock.org or calling 603-650-2222 (5-2222 from a DHMC phone). Email is preferred as it immediately puts your information in ticketing system, ensuring the fastest response and helping triage your call against other incidents around the medical center.

In most cases, each staff-member is assigned a desktop computer, and in rare instances a laptop. Taking hard copy clinical work home is forbidden because doing so contradicts HIPAA regulations. Everyone is encouraged to read up on HIPAA. Each person is provided their own individual user name. Breaches of HIPAA regulations are potentially vulnerable to severe fines and penalties.

Spyware and viruses are of great concern. Some general advice: do not install software that may interfere with your computer's normal operation, including add-ons like Google Desktop. If you have any questions about what software might fall under this category, it is best to discuss it with IS Support. Do not disable or remove anti-virus or backup tools. Installing personal software is a frequent source of system degradation and failure, and is consequently discouraged.

Cancellation / No-Show Policy

Late cancellations and missed appointments contribute to inadequate access to services and unfilled provider time. In order to better address the existing demand for services and efficiently manage limited and costly resources, it is essential to minimize late cancellations and missed appointments. A late cancellation or missed appointment is defined as a missed appointment without 48 hours notification. Patients can call and leave a message with support staff 48 hours prior to their scheduled appointment to notify us of the need to cancel an appointment. The patient will receive an appointment letter generated by the scheduling system 7 – 30 days prior to the appointment and an automated appointment reminder call 3 days prior to the appointment giving them the option to confirm or cancel the appointment at the time of the call. When a patient cancels an appointment, support staff will inform the provider of the cancellation via eD-H Staff Message and include the time of the call, the reason for cancellation, and date of rescheduled appointment if applicable.

INITIAL EVALUATIONS:

If a patient misses an evaluation appointment, support staff will send the patient a letter from eD-H noting the missed appointment and invite them to call to schedule another appointment. The patient will be reminded that if a second such appointment is missed, we will be unable to schedule another appointment for a period of 6 months after the second missed appointment. A copy of the missed appointment policy explanation will accompany this letter.

If the patient misses the second evaluation appointment, support staff will send the patient a letter from eD-H noting the missed appointment, and confirming that we will be unable to schedule another appointment for a period of 6 months from the date of the last missed appointment. Another copy of the missed appointment policy explanation will accompany this letter. Support staff will notify the Administrative Manager that a DNS [Do Not Schedule] warning is needed. The Administrative Manager will then input the DNS warning in eDH.

FOLLOW-UP APPOINTMENTS:

When a patient no shows, the provider should use that unfilled time to research the patient's frequency or pattern of late cancellations and no shows. This can be done via eD-H or the provider can request an attendance history report from support staff via eD-H Staff Message at any time. This information can then be used by the provider to guide discussions with the patient about attendance, determine the need to issue a warning, or to terminate treatment.

If the provider chooses to issue a warning letter or a termination letter they will make this request of support staff via eD-H Staff Message. Support staff will create the requested templated letter in eD-H type in the provider's name in lieu of signature, attach a copy of the missed appointment policy, print and mail to the patient and document the type of letter sent in eDH. If the provider wishes to customize the departmental letter template, they should discuss this with their supervisor before proceeding. The provider will document in the medical record that a letter was sent and the rationale for doing so.

A warning letter will note the missed appointment, warn them of the possibility of termination if they continue to miss appointments, and stress the need for them to call at least 24 hours in advance to cancel if necessary in the future. A termination letter will note the missed appointment and confirm that we will be unable to provide that service for them for 6 months from the date of the last missed appointment as stated in the policy. If a termination letter is sent, support staff will cancel any subsequent appointments with that provider, and notify the Administrative Manager that a Do Not Schedule (DNS) warning is needed.

If the patient has already been scheduled for another appointment for a date that would not allow adequate time for them to receive the termination letter, the provider will attempt to contact the patient by phone to cancel the appointment and explain the rationale. If unable to reach the patient, the next appointment will remain in the schedule and can be used to discuss termination if the patient arrives for the appointment.

After 6 months from the date of the last missed appointment, the patient will be allowed to call to make an appointment for a new evaluation to begin treatment with a D-H Psychiatry provider. If, during those 6 months, the patient chooses to receive treatment elsewhere, referral options and prescriptive services will be offered for a period of 30 days while the patient establishes care with a new provider. Missed appointments will not exclude the patient from accessing emergency services.

Fellow Attendance

Post-doctoral fellows and all faculty are expected to be on-site for any planned services. Exceptions to this policy include unplanned illnesses and unavoidable family emergencies. All planned absences should be made in accordance with the leave policies described below. This is to prevent patients from being unable to access needed services and to ensure consistency with productivity requirements.

Policy on the Provision of Outpatient Services to Department of Psychiatry Employees

As a general rule, Department of Psychiatry providers will not provide outpatient adult or children's services to Departmental clinicians and staff, Department trainees, or to their spouses and children. Receiving outpatient psychiatric services from one's employer and/or close colleagues is fraught with potential complications that can leave employees with less than optimal care and/or less than optimal work situations. Departmental access services will actively aid employees, Department trainees, and their children or spouses to obtain needed services from skilled providers outside of our system of care. This policy covers adult and child outpatient

services. Crisis services, inpatient/partial services, ECT services, psychological testing, and sleep services are not covered by this policy. This policy does not pertain to treatment that is currently actively underway. For extraordinary circumstances, exceptions to this policy can be made by approval of the Department Medical Director (Dr. Torrey).

Clinical Documentation Timeliness Standards

Timely completion of clinical documentation is important for a host of reasons including 1) service to referrers, 2) clinical communication, 3) risk management, 4) billing requirements, and 5) the fact that notes are often better and take less time to write when the clinical event is fresh in our mind.

For each major kind of clinical documentation the standard spells out desired, expected and out of bounds timeframes:

Desired: This is the best time to write (or dictate) the note for clinical communication, memory efficiency, and risk management reasons.

Expected: This is the standard expectation

Out of bounds: This marks when the note is significantly overdue and, aside from special exceptions, signals a system or individual performance problem.

Outpatient services:

	Desired	**Expected**	**Out of bounds**
Initial evaluations	Date of service	Within three days of service	One week after the service
Follow-up visits	Date of service	Within three days of service	One week after the service

Services Provided Off Campus

Patients with anxiety and related disorders often benefit from exposure-based interventions that require direct contact with a feared situation or stimulus. It is frequently infeasible to reproduce these situations in the clinical setting. The standard of care is to provide this service in the situation in which the fear response occurs (e.g., a crowded shopping mall), or in a situation that closely approximates the situation (e.g., a crowded wholesale store). In the event that a service is provided off-campus (e.g., a driving exposure with a panic disordered patient; a home visit with a hoarding patient), the Fellow should notify the supervising clinician at least one week in advance of the planned session. The Fellow and supervisor will review the necessity of the service need and consider any alternatives that would be clinically feasible before granting the

request. The Fellow should also notify their support staff, to minimize any missed communication about other patient care. The Fellow will keep their pager in the 'on' position and on their person, just as they would when on the DHMC campus, and will carry their personal cell phone with them for the duration of the service. Fellows are prohibited from transporting any patient in their own vehicle, but may arrange to meet the patient by car at predetermined location. Fellows may accompany the patient in the patient's own vehicle, but may not operate the patient's vehicle.

Evaluation and Due Process Procedures

The postdoctoral fellow's adequacy of preparation for the program begins with the standardized application process, a thorough evaluation of credentials, and responsiveness to questions upon admission interview. Careful consideration is made of match between the candidate's background and interests and program goals and resources. The postdoctoral fellow's training goals are initially assessed during the interview phase of the fellow application process. This is also when the program informs all potential fellows of the training and performance requirements. A more formal presentation regarding the training and performance requirements is made during an orientation session immediately upon entry into the program. Additionally, this orientation session provides in-depth coverage of the program's policies and the ethical principles of psychologists and code of conduct. All fellows are also provided with a copy of the APA's Ethical Principles of Psychologists and Code of Conduct.

Training supervisors are accessible to the fellows and provide them with a level of guidance and supervision that actively encourages timely and successful completion of the program. The supervisors provide appropriate professional role modeling and engage in actions that promote the fellows' acquisition of knowledge, skills, and competencies consistent with the program's training goals. After the initial orientation, fellows' continued compatibility with training goals and progress in the program is assessed semi-annually. The program provides postdoctoral fellows immediately upon entry with written grievance and conflict resolution procedures and policies regarding program requirements, and expectation for fellows' performance and continuance in, or termination from, the program. The nature and structure of supervision are reviewed early in the program.

Fellows receive at least semi-annual systematic written feedback on the extent to which they are meeting these performance requirements and expectations. Fellows' clinical performance is evaluated through ongoing supervisory sessions in the fellows' major and minor practice areas. Substantive knowledge is assessed by performance in training and academic seminars. Fellows routinely present at clinical case conferences and clinical research seminars providing faculty with frequent opportunities to assess progress in the program. Ascertainment of fellows' goals, objectives and views is a routine part of the ongoing individualized evaluation process. Evaluation sessions are conducted by the primary supervisor with input from the other faculty supervisors. Insufficient achievement of the expected level of competency may initiate Due Process procedures in the event that the fellow's professional behavior is inconsistent with

those competencies. Fellows are afforded sufficient time to address these behaviors in the course of due process.

Feedback should address the fellows' performance and progress in terms of professional conduct and psychological knowledge, skills and competencies in the areas of psychological assessment, intervention and consultation, and should include the following: an initial written evaluation provided early enough in the program to serve as the basis for self-correction (if needed). A second written evaluation which occurs early enough to provide time for continued correction (if needed) or development will be completed. Discussions and signing of each evaluation by the fellow and supervisor and timely written notification of all problems that have been noted, the opportunity to discuss them and guidance regarding steps to remedy them will be provided. Finally, substantive written feedback on the extent to which corrective actions are or are not successful in addressing identified problems will be given. Fellows are also involved in evaluation of the programs.

The adequacy and sufficiency of training resources, processes, procedures and methods are evaluated annually in relation to our training goals and outcomes. These issues are formally examined by the psychology faculty. Information provided by these formal examinations is used for decision making to make appropriate changes in the program regarding resource allocation and training design.

The graduate education committee of the psychology training program has specific disciplinary - grievance procedures for all trainees. In the case of psychology fellows this procedure would only become relevant if the basic procedures for evaluation and conflict resolution by the psychology training director and the psychology faculty had failed.

The program issues a certificate of completion to Postdoctoral Fellows successfully completing the training program.

The program documents and permanently maintains records of the fellows' supervised training experiences and evaluations for future reference, certification and credentialing purposes. In all matters relevant to the evaluation of fellows' performance our program adheres to our sponsor institutions' regulations and local, state and federal statutes regarding due process and fair treatment.

Successful completion of the fellowship

In addition to all other requirements (e.g., meeting criteria on competency evaluations at year's end, etc.), the fellowship requires a full year (2000 hours) in order to qualify as successfully completing the fellowship. Fellows should plan their use of annual leave over the course of the year carefully, and minimize leave during the last week of the fellowship. Fellows are expected to be present at Dartmouth-Hitchcock Medical Center on the last day of their appointment in order to go through all appropriate termination procedures.

Learning Plans

In addition to the clinical rotations, training experiences outside of the required didactic seminars will be an expected part of each fellows learning plan. Fellows are to familiarize themselves with the options for professional development outside of the required didactic offerings and select options that meet their needs accordingly. These choices should be reflected through regular updates to the Fellow's learning plan and approved by the fellow's track director.

No later than the end of the two-week orientation period, Fellows will design initial learning plans for their training year and present them to their training committee for approval, based on requirements specified by each track and the Fellowship. Learning plans will be working documents, developed throughout the training year by negotiating with potential supervisors in accordance with track-specific parameters. Before creating the initial learning plan, each fellow will complete an initial self-assessment of their competencies using the fellow competency evaluation form.

Due Process: Procedures for handling fellow deficiencies

A. Problem Behaviors

The purpose of this policy is to delineate due process procedures related to fellows who encounter difficulties in performance or who evidence other problematic behaviors during the fellowship year. Fellows who are having difficulties may be the subject of remediation efforts and/or sanctions including being placed on probation and/or dismissed from the program due to academic or non-academic deficiencies.

Problematic Behavior 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) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning.

It is a professional judgment as to when a fellow's behavior becomes problematic rather than just "of concern." Trainees may exhibit actions, attitudes, or characteristics that, while requiring attention, are not unexpected or excessive for professionals in training. These issues are addressed through on-going supervision and teaching efforts which are a regular part of the training program. Problem behaviors typically become identified as impairments when they include one or more of the following characteristics:

- The fellow does not acknowledge, understand, or address the issue when it is identified;
- The issue is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
- The quality of services delivered by the fellow is sufficiently negatively affected;
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required; and/or
- The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures of Due Process

Fellows may fail a specific training experience and/or the entire Fellowship, and/or they may be terminated from the program prior to completion, although it is expected that any of these will be highly unusual events. Failure and/or termination may occur for any of the following reasons; reasons are not limited to this list:

- Incompetence to perform typical services in this setting and inability to attain competence during the Fellowship.
- Violation of professional ethical standards.
- Failure to meet the minimum standards for patient contact, didactic training, supervision, or maintenance of appropriate professional records.
- Behaviors judged as unsuitable by Fellowship training committee and Training Director and which hamper the Fellow's professional performance.
- Inability to meet the minimum competency standards established by the program and consistent with the professional standards designated as such by the American Psychological Association. These may be determined in the course of regular evaluations throughout the course of fellowship training, or when training faculty are alerted to behavior that substantially deviates from those expected competencies.

Fellows have a right to a hearing and opportunity to appeal decisions of the training faculty and Training Director, along with the responsibility to document the reasons for the hearing and/or appeal. Similarly, the program faculty have a right and responsibility to execute corrective actions (e.g., remediation plans) to address unsatisfactory fellow behavior up to and including termination from the program. The training program has the responsibility to document these procedures and to inform the fellow of those actions as they occur. In the event that a supervisor and Training Director determine that an event or other behavior has met the criteria to initiate Due Process, the Training Director will provide notice within 48 hours.

Notice: A supervisor who becomes aware of a problem area or deficiency should initially work with the fellow to resolve the problem, providing timely feedback early in the process.

If a performance problem persists, or if a performance problem occurs which seems not to be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Training Director, who may choose at this point to involve other supervisors who are working with the fellow (e.g., supervisor of another rotation, if any). In many cases, informal discussion among members of this group may result in effective suggestions for resolving the problem.

However, if the situation warrants it, those staff involved in the informal discussions will work to develop a specific, written performance improvement plan to remedy the problem or deficit (i.e., a remediation plan). Such plans include clear behavioral goals and timelines and may include increased observation of cases, decreased case load, specific skill practice, readings, or any other relevant method. In all such cases, the fellow must be informed that this is happening and

be given the opportunity to participate in the process of creating the performance improvement plan. If the performance improvement plan is successful, all requirements are met and the process is complete.

Hearing: If the performance improvement plan is not met, the concern is taken to the Training Committee for review and recommendation. A formal hearing attended by the trainee and faculty will be held to appraise the performance concerns, evaluate the process executed to that point, and determine need for dismissal. This will include documentation and review of trainee and program rights and responsibilities during the process to ensure that these have been appropriately secured. The trainee will have the opportunity to respond to these concerns during the hearing. The hearing occurs within one week of notification that the remediation plan was not successfully completed.

Appeal: Should failure or termination be recommended by the Psychology Training Committee, the fellow may appeal the decision to the Training Director, with further appeal through the Vice Chair of Education, and finally through the Chair of the Department of Psychiatry. The fellow may also initiate an appeal of prior components of due process including initiation of a remediation plan or other corrective action. The fellow has two weeks to appeal each action. The training program will abide by the decision of the appeal process.

If the issue is a violation of medical center regulations or an ethical breach, the Director of Training will be informed immediately. Depending on severity of the incident, the Training Director will involve the Training Committee, Director of Psychology, Vice Chair for Education, or other appropriate facility or regional entities for immediate action.

Fellow grievances

There may be occasions when a fellow has a complaint against a supervisor, or when the fellow has a complaint about some other aspect of the training experience, such as the behavior of another fellow or staff member, or disagreement with the decision of program faculty. In such cases, we encourage the following sequence of actions.

Efforts to resolve an identified problem within a training experience will be made by supervisory staff and the involved trainee in a timely manner. Initially, the fellow is encouraged to raise the issue with his/her supervisor or the other party involved, in an effort to resolve the problem. This fits with the approach of professional ethical codes, in which professionals are encouraged to first attempt to deal directly with others when they have concerns before taking the problem to another level. In most instances, a frank, collaborative and assertive discussion can lead to resolution. Supervisors are expected to work in a sensitive and collaborative manner with the fellow in addressing any concerns.

If informal efforts at problem resolution are unsuccessful, or the fellow has reason to be concerned about retaliation or abuse of authority, a more formal and transparent process will ensue. Efforts to resolve such a problem within a training experience will be made by supervisory staff and the involved trainee in a timely manner.

If the problem is not resolved at the supervisory level, the fellow and/or supervisor shall immediately communicate the problem to the Training Director for assistance. If that step fails to resolve the matter, the Training Director will bring the matter to the Psychology Training Committee.

If unresolved at this level, or if the concern relates directly to the Training Director, the concern will be referred to the Vice Chair for Education.

The Vice Chair for Education for the Department will be the final level for an unresolved grievance. In the event of an extreme or unusual circumstance, it may be necessary to communicate with the Chair of the Department or with Medical Center administration for resolution. Problem resolution options also can be explored via a program within APPIC designed for this purpose.

Getting involved in Research with Program Faculty

All postdoctoral fellows are expected to get involved in research being conducted within the Department of Psychiatry. While keeping up with one's clinical duties is essential, each fellow is encouraged to speak to faculty members and attend lab research meetings to learn more about ongoing and planned projects, as well as available datasets. Your primary supervisor and mentor will help to facilitate these interactions as needed. Fellows are encouraged to start learning about opportunities as early as possible during their fellowship in order to have the maximal time possible for completing a project.

There are several avenues possible for getting involved in psychiatry research:

You may already have a percent of your effort dedicated to working on a funded project with a specific faculty mentor.

Full-time clinical fellows may explore with faculty the possibility of "buying out" some of their clinical time for their second year of fellowship; that is, a faculty member pays part of the fellow's salary through a grant and the fellow works on assigned projects with that faculty member. Please note that any arrangements made for buying out effort during the second year of fellowship <u>must</u> be confirmed before the new recruitment cycle begins (approximately December of the fellow's first training year), and ideally as much before that as possible.

Full time clinical fellows can also get involved in research via one of these means:

Identify an area of research in the lab (e.g., schizophrenia and substance use, obesity and mood disorders, health anxiety, etc.) that is of particular interest to you and speak to the faculty about getting involved. This would include helping out with a project, as well as developing a research idea typically based on existing data or writing a review paper, with the expectation that the work will result in at least one manuscript submitted to a peer reviewed journal before the end of your fellowship.

Speak to faculty about looking at data across projects with the expectation that the work will result in at least one manuscript submitted to a peer reviewed journal before the end of your fellowship.

Speak to faculty about novel research ideas that could feasibly be implemented during your fellowship.

Assist in the development of a grant-funded research project, including assisting with the writing of the grant.

Interested fellows are encouraged to speak to faculty about research funding opportunities. There are several agencies that award research grants, and mentorship for grant writing is available. Again, speak to faculty early during your fellowship if this interests you as the fleshing out of a research idea and grant proposal can take quite a while. It is important to speak to faculty as early as possible about possibilities for buying out clinical time, if you should be awarded a grant, before you start working on a proposal as this has broader implications for staffing.

Local, and Not Quite Local, Activities

Grocery Stores

No lack of places to shop for groceries in the area. There are three Co-Op stores, one in Centerra Parkway across from the DHMC entrance off Rt 120, one in Hanover, and one in Vermont across the bridge from NH to VT in White River Junction. There is a Price Chopper on Mechanic Street in Lebanon and one in West Lebanon. West Lebanon also has a Shaw's and a Hannaford's.

Restaurants

These are just a selection of your choices.

West Lebanon

Plainfield Road (Rte 12A; the main street through West Lebanon) in West Lebanon has fast food and a variety of fast casual restaurants. The Weathervane, a seafood restaurant, is at the end of the street as you pass by the Denny's off Plainfield Road.

The Salt Hill Pub is located at 100 Plainfield Road Colonial Plaza. You can see it right next to where the main shopping street in West Lebanon (Plainfield Road) and the I-89 intersect. Decent food and beer.

Men at Wok is a small Chinese food restaurant with just a few tables located in Glen Road Plaza (facing the Powerhouse Mall). Reasonably priced combination platters.

Yama is a Korean/Japanese place located on North Main Street in a small plaza where H&R Block is located; there is a similar restaurant in Hanover on Main Street.

Italian: Lui Lui's located on the grounds of the Powerhouse Mall.

Hanover

Dirt Cowboy Café on Main Street near the corner of West Wheelock: Coffees, juices, pastries and desserts. Opens early and closes late, but not very late.

Lou's on Main Street is a Hanover tradition. Great breakfasts, and now lunch, as well as their famous crullers (glazed, cinnamon sugar, jelly, chocolate covered, or maple covered) and cakes. Usually is quite crowded.

[The Jewel of India](): 27 Lebanon St. Hanover, 643-2217. Indian food with a sit-in room or you can get take-out. It is located in a large white house across from the stadium.

[Murphy's On The Green]() is on Main Street near West Wheelock and is the other bar in Hanover. http://murphysonthegreen.com/

Molly's: Part of sister restaurant Jesse's. A nice bar overlooking downtown Hanover and pleasant back porch for outdoor meals. The menu ranges from burgers and brick oven pizza to steaks and salads. http://www.mollysrestaurant.com/

Ramunto's Brick Oven Pizza has a place in Hanover. http://www.ramuntos.com/

Lebanon

Salt Hill is a popular pub with food and live entertainment on the Lebanon Green.

Three Tomatoes is across the way on the Lebanon Green; good Italian food, inconsistent service.

Village Pizza / The Cave is located just off the Lebanon green. Wide range of choices, has a bar, and karaoke on Friday nights. http://www.villagepizza.net/Lebanon/index.html

Jesse's Restaurant has steaks, salad bar, and seafood. A bit more upscale. Located on Route 120 just north of DHMC entrance off Route 120. http://www.jesses.com/sublevel.aspx?ref=4

Peking Tokyo (45 Hanover St # 6, Lebanon): Chinese and Japanese food, including sushi. They also deliver to DHMC. (http://www.pekingtokyorestaurant.com/).

Nearby Vermont

China Moon Buffet is located in White River Junction VT next to the Greyhound bus station (exit 11 off the I-91). Unlike in many cities, this bus station is not seedy.

Farmer's Diner is located at Quechee Gorge Village: Serves lots of local produce.

Big Fatty's is a small BBQ place. Very little seating, so think take-out. Located at 1547 Maple Street (route 14) in Hartford Vermont (802-295-5513).
http://www.maplestreetcatering.com/piggery.html

The Simon Pearce glass factory not only sells lovely in-house made glassware, but also has a nice restaurant. Cheaper at lunch than dinner, and has terrace overlooking a waterfall. Nice romantic setting if that is what you are looking for.
http://www.simonpearce.com/CSTM_Restaurants.aspx

Ice cream

Dairy Twirl is a seasonal ice cream shop located at 39 Mechanic Street in Lebanon (603- 448-9959), open Mother's Day to Labor Day.

The Fore U ice cream shop is located across the parking lot from the Home Depot (usually open until late October).

There is also a gelato place on Main Street in Hanover, and the Dirt Cowboy café there also has gelato

Other

Inn at Danbury located in Danbury New Hampshire serves German food
http://www.innatdanbury.com/dining.htm

Elixir Restaurant & Lounge 180 S. Main Street, White River Junction. 802-281-7009

Located across the street from the American Legion and behind New England Kitchen Depot. An old brick freight house featuring two drink specials and munchies on some nights, musicians play, and light dining.

Movie Theatres

There are two main movie theatres in the local area. There is an Entertainment Cinemas on Miracle Mile Road in Lebanon (http://www.entertainmentcinemas.com/) and the Nugget Theatre (http://www.nugget-theaters.com/) on Main Street in Hanover. The Hopkins center, which faces the Dartmouth Green, also shows movies, usually those that have been out of mainstream theatres for a while or independent or foreign films.

The Arts

The Hopkins Center for the Arts (http://hop.dartmouth.edu/) has a museum, movie theatre (see above), frequent art exhibits, as well as hosting performances such as theatre performances, comedians and dance troops.

Shopping

Most of the major chain stores are located in West Lebanon (I-89 exit 20) including Wal-Mart, K-Mart, Home Depot, JC Penny and the like. On Main Street in Hanover you can find a Barnes and Noble, as well as Left Bank Books which sells used books. Big shopping malls are located in Burlington Vermont and Manchester New Hampshire, a smaller one in Concord (the closest Target store).

Health

There are several gyms in the local area. CCBA in Lebanon near the green (http://www.ccba-leb.com/), the River Valley Club in Centerra Park just across from the hospital (http://www.rivervalleyclub.com/), and the Upper Valley Aquatic Center. Prices vary considerably between these locations.

Fun for Kids

The Montshire Museum of Science (http://www.montshire.org/) in Norwich Vermont, about 10 minutes from DHMC, is a great place for kids to see some kid friendly, hands-on science exhibits. It also has several nature trails.

Billings Farm and Museum located in Woodstock Vermont http://www.billingsfarm.org/

Quechee Gorge Village is located in Quechee about 20 minutes from DHMC. Take I-89 North to exit 1, turn left off the exit ramp then just follow the road for about 5 minutes. It will be on your left. It has a diner, gift shop, small toy museum, as well as a small train that kids can ride depending on the season.

Summer and fall usually bring a number of fairs to the area. For example, the Cheshire Fair which takes place in summer, and the Harvest Festival at the Shaker Museum
(447 NH Route 4A, Enfield, NH) which happens in October
Poverty Lane Orchards (http://www.povertylaneorchards.com/) offers apple picking in the heart of Lebanon (98 Poverty Lane. 603-448-1511).

Edgewater and Riverview Farms: Route 12 (south of West Lebanon on the way to Plainfield). Has stand that sells flowers and fruits, and can also do own picking of flowers and fruit (apples, strawberries, blueberries, depending on season) (turn right just before the farm stand).

Canobie Lake Park [85 N. Policy Street, (Exit 2 off I-95) Salem, NH 03079; Phone: 603-893-3506]; about 90 minutes from DHMC. It has over 85 rides, games, live shows and attractions. http://www.canobie.com/

Outdoor Activities

There are many outdoor activities in the area, many of which are available through Dartmouth or through which discounts can be provided, so check out the college web site. Some examples are:

Mini-Golf: There is a mini-golf located in West Lebanon just south of the Home Depot. Take the entrance to Home Depot and go through parking lot towards your left. The mini-golf is just past the Home Depot building.

Outdoor Swimming: There are a number of beaches in the area including Storrs Pond in Hanover (also has a pool) and Lake Sunapee. You can find info on each of these online.

Storrs Pond in Hanover: Has a pool and beach, as well as picnic and camping areas. (http://www.storrspond.org/)

Lake Sunapee (about a 25 minute drive from DHMC) has a beach and snack bar, as well as many other outdoor activities. (http://www.newlondonareanh.com/)

 Lots of hiking trails, Ask around our staff who likes to hike, as there are often groups of people who go together.

Skating in local arenas and outdoor at Occum Pond in winter

Cross country skiing is available in Hanover and elsewhere, like the Dartmouth skyway (http://www.dartmouth.edu/~skiway/). Downhill skiing is available at several sites within reasonable driving distance in New Hampshire and Vermont.

Rowing Club at Dartmouth and Morton Farm horseback riding

Dartmouth-Hitchcock Medical Center, Department of Psychiatry, Psychology Fellowship Training Program

Fellow: _____   Fellowship Start Date: _____

_____

Primary Mentor(s): _____

Self-assessment of Competencies (At Program Entry)

<u>Very briefly</u> describe your experience and training needs in the competency areas and provide one copy to your primary mentor(s) and one to the Fellowship Training Director (Robert Brady) by the end of the first 2 weeks of fellowship. Your clinical rotation supervisor may request a separate self-assessment. This will help you and your mentor(s) determine what may be important to include in your mentoring plan.

Competency	Prior Experience	Training Needs in this Area
Scholarly Inquiry -Conducting Research -Integrating Research and Practice		
Assessment, Diagnosis and Intervention		
Consultation, Supervision, and Teaching		

Organization, Management, Administration, and Program Evaluation		
Professional, Ethical, and Legal Issues		
Cultural and Individual Diversity		

FELLOW MENTORING PLAN AND PROGRESS MONITOR

Trainee & Credentials: _____   **Training Start Date:** _____

Identification of Mentoring Team and Distribution of Mentoring Responsibilities

Mentor, Credentials	Date [1]	Type [2]	Mtgs [3]	Career & Professional Development	Diagnosis; Assessment	Intervention Skills	Teaching; Presenting Skills	Publishing & Writing Skills	Personnel Mgmt Skills	Other

Trainee Goals

Description of Long-Term Career Agenda

Date	Long-Term Career Agenda

Clinical Training Goals

Date	Clinical Emphasis	Clinical Supervisor	Clinical Goals		Status

Presentations

Planned Presentations							
Date	Planned Presentation	Conference		Date	Status	Planned or Actual Conference or Venue	Conference Type

Publications

Planned Publishing						
Date	Planned Manuscripts	Targeted Journal		Date	Status	Targeted or Published Journal (if published, include year)

Academic Development Goals

Date	Goals	Plan (Course, Guided Reading, etc.)		Date	Status

MENTORING PLAN AND PROGRESS MONITOR INSTRUCTIONS

General: Each trainee must complete a Mentoring Plan, typically within 1-2 months of their start date. Optimally, each trainee and each associated mentor should complete a needs assessment for the trainee at the time of appointment and facilitate a discussion between mentors and trainees regarding the trainee's training and development needs and aid in the development of the Mentoring Plan. In order to monitor trainee progress, the Mentoring Plan will be reviewed by the mentors and trainee at the trainee's appropriate evaluation periods. The Mentoring Plan will serve as the benchmark against which trainee progress is measured, so trainees should develop these plans in conjunction with mentors. Additional rows may be added to expand each section as needed.

Identification of Mentoring Team and Distribution of Mentoring Responsibilities:

Mentor Configuration: Trainees always have at least one mentor and sometimes more. Mentors can be added to help the trainee gain specific method, content, or other expertise as training progresses and additional needs are identified. Though all mentors may offer advice or guidance regarding overall trainee development, most mentors take on a number of primary responsibilities, depending on the trainee's specific needs. As specific trainee needs are identified, the trainee and mentors should ensure that sufficient mentoring is available to meet those needs.

Section Instructions: Please complete the table, identifying each mentor with whom you are specifically working, the date you began working with them, the type(s) of mentors they are, and their responsibilities.

1: You may add mentors during training period as needed for content, method, etc.; a date permits tracking of those additions. Month and year are sufficient.

2: Types of mentors may include more than one notation; some suggested notations include (I) for an Internal mentor, (E) for External mentors (be sure to include department), (C) for Content mentor, (M) for Method mentor, (P) for Primary mentor.

3: You should have regular meetings with your mentors. Suggested notations for planned meeting schedules include (W) for each week, (BW) for bi-weekly meetings, (M) for monthly meetings and (PRN) for meetings as needed.

4: This section is to help ensure that all identified needs are being mentored in some way. A check off for each mentoring responsibility is fine, though for some areas (e.g., content, methods, career) a keyword may be helpful. Depending on your specific needs, not all responsibilities may be checked.

Trainee Goals: Trainee goals should be developed with both fellow needs and training requirements in mind. This section lets you both identify specific goals and then track your progress during your tenure as a trainee.

 Fellows Requirements: Postdoctoral fellows have specific clinical requirements as well as additional expectations, including clarification of long-term clinical and career agenda, understanding of the integral practice and scientific concepts in clinical practice through attendance at seminars, and participation in the research process for their own project or a mentor's projects. Some trainees will also have academic development goals.

Section Instructions: Please complete the table for each sub-section (IIIa-IIIe) that is applicable to your training experience.

IIIa.   **Long-Term Career Agenda**: Fellows should be able to identify their long-term career agenda in a sentence or two. At initial planning stages, please indicate the date and your career agenda. At appropriate evaluation times (e.g., six months, completion of fellowship), we will ask you to do so again, with a new date. We anticipate that over the training experience, trainees should gain clarity and focus in their long-term agendas.

IIIb.   **Advanced Clinical Training Goals**: Fellows are required to complete 50% time in a clinical role. To ensure a diverse and rich fellowship experience, we encourage fellows to have 2 areas of clinical emphasis during their fellowship. In this mentoring plan, we ask that they discuss their clinical plans with their primary mentor to make sure they are in line with their ultimate career goals. This may include learning specific therapy techniques or assessment procedures, or program development projects.

IIIb.   **Academic Development Goals**: Some fellows will have significant academic development goals, such as development of a new clinical skill set, career-relevant learning opportunity, or development of specific content areas. As each goal is set, you should indicate the date, the specific goal, and your plan for meeting the goal. Plans for goals attainment will depend on the trainee's specific needs, but typical plans include guided readings, participation in formal course work or conference workshops, etc. <u>At appropriate evaluation times</u> (e.g., one year, completion of fellowship), in the space to the right of the darker column bar, you should indicate the date of the evaluation, as well as the status of the goal. Appropriate notations for status include MET (completed the planned activities/met the goal), INP ("in progress" and currently carrying out the planned activities) or UNMET (not having started the planned activities).

IIIc.   **Presentations**: As fellows develop their clinical skills and knowledge base during their tenure, they should pursue presentation of the work at conferences and teaching settings. This section allows documentation of those planned pursuits. In the planning stages, indicate the title or content of the presentation, and the targeted conference or teaching opportunity. Conference acronyms are sufficient. Appropriate notations for status include (D) for presentations in drafted abstract or presentation form but currently not submitted to conference for review; (UR) for presentations under review by conference planning committees; (DE) for presentations submitted but declined by the conference planning committee; (DEP) for presentations declined but in preparation for submission to another conference; (AO) for presentations accepted as an oral presentation; (AP) for presentations accepted as a poster presentation; and (P) for presentations that have been completed since the previous evaluation or planning date.   For presentations that are accepted or completed, please indicate what conference was attended (conference acronyms are sufficient). For presentations declined, but in preparation for another conference, please indicate the planned conference. Please also indicate what type of conference was attended or is planned for, using this notation (N) for National conferences, (R) for regional conferences, (L) for local conferences, and (I) for any presentation that was invited.

IIId.   **Publication**: As fellows develop clinical expertise and/or research interests during their tenure, they should pursue publication of their efforts. This section allows documentation of those planned pursuits. In the planning stages, indicate the title or content of the planned manuscript, and the targeted journal. PubMed journal abbreviations are sufficient.   <u>At appropriate evaluation times</u>, in the space to the right of the darker column bar, you should indicate the date of the evaluation, as well as the status of the planned publication. Appropriate notations for status include (D) for manuscripts in drafted form but currently not submitted to any journal for review; (UR) for manuscripts under review; (DE) for manuscripts submitted but declined; (RR) for manuscripts for which a "revise and resubmit" was requested and the manuscript is either in preparation for resubmission or resubmitted; (A) for manuscripts accepted for publication or in press; and (P) for manuscripts that have published since the previous evaluation or planning date.   For manuscripts that are accepted or published, please indicate the journal. For manuscripts declined but in preparation for another journal, please indicate planned journal for next submission.

Dartmouth-Hitchcock Psychology Fellowship Competencies Evaluation

Fellow: **Discipline:**   **Training Year:**

Major/Minor Emphasis: **Primary Supervisor/Rater:**

Date of Evaluation: Initial/Self: **Midpoint:**   **Final:**

Please indicate below the sources of information used to arrive at ratings. **Check all that are applicable**:

☐ Direction observation in supervision

☐ Review of written documentation & work samples)

☐ Direct, live observation (e.g., during team meetings, while co-leading services, in supervision, etc.)

☐ Role play or response to vignettes

☐ Audiotape review

☐ Videotape review

☐ Consultation with team members/other staff

☐ Consultation with other clinical supervisor(s)/mentor(s):

☐ Other:

Scale for Rating Fellow Competencies	
5	*Well above* expected level of competency – routinely demonstrates outstanding, advanced and independent performance of ability in area being evaluated; seeks consultation as needed
4	*Above* expected level of competency – frequently demonstrates advanced and independent performance of ability in area being evaluated; seeks consultation as needed
3	*At* expected level of competency – regularly demonstrates advanced and independent performance of ability in area being evaluated; seeks consultation as needed
2	*Below* expected level of competency – infrequently demonstrates advanced and independent performance of ability in area being evaluated; supervision often needed
1	*Well below* expected level of competency – rarely demonstrates advanced and independent performance of ability in area being evaluated; supervision and remediation required
N/A	Not Applicable or not demonstrated on this learning experience

Instructions: At the beginning of the fellowship, each fellow, in consultation with supervisor, conducts a self-assessment via ratings in the "Initial" column (baseline ratings at start of year). For mid-year ("midpoint") and end-of-year ("final") evaluations, the fellow and primary supervisor review each competency and objective together. Competencies are evaluated at a minimum of each 6 months.   Supervisor provides ratings of how frequently and competently the objectives are demonstrated based on the specific behavioral criteria listed alongside each rating. Always include specific examples in the comment sections. By the end of the year, it is expected that Fellows will have ratings of "3" or higher on all (not counting N/A's) items and no ratings of 2 or 1. The fellow should have consistently displayed the specific quality/skill in every clinical area and/or know when he/she needs to consult, within the past month to obtain a rating. In addition, the standard for demonstrating competencies is considered to be that of a first-year post-graduate fellow, and beyond that expected of an intern completing a graduate program. **For any competency in which the fellow receives a rating of 1 or 2, a specific plan to address the deficiency should be provided. If appropriate, recommendations for remediation should be addressed and discussed with the training committee.**

Foundational Competencies

	Initial:	Midpoint:	Final:
Professional Values, Attitudes, and Behaviors: Professional values & ethics as evidenced in behavior and comportment that reflects the values & ethics of the fellow's discipline, integrity, & responsibility. Professional characteristics include but are not limited to: sensitivity to moral and ethical practice issues, empathy with patients and their families, responsibility for one's actions, self-confidence, ability to recognize own limitations, being open-minded and non-judgmental, and no display of arrogance.			
Integrity - Honesty, personal responsibility, and adherence to professional values; continually monitors and independently resolves situations that challenge professional values and integrity Deportment - Consistently conducts self in a professional manner across and settings and situations; demonstrates professional responsibility: on time for appointments, documents clinical work in a timely way, prepared for supervision, follows program procedures, self-directed/able to function independently within the scope of competence. Accountability - Independently accepts personal responsibility across settings and contexts Concern for the welfare of others – Independently acts to safeguard the welfare of others Professional Identity - Consolidation of discipline-specific professional identity; knowledgeable about issues central to the field			
Comments (include date of comments):			
Research: Respect for and a competent consumer of scientifically derived knowledge. Applying scientifically derived information to clinical and professional practice. Knowledge and competent application of evidence-based practice.			
Scientific Mindedness- Knowledge of core psychological science and process of generation of scientific knowledge			

Scientific Foundation of Professional Practice - Knowledge and understanding of scientific foundations independently applied to and integrated with practice Case conceptualization - Demonstrates a systematic, hypothesis-driven approach to case conceptualization and treatment. Scholarly Activity - Prepares presentations, professional papers, or engages in other scholarly activity as a means for dissemination of relevant professional information.			
Comments (include date of comments):			
Communication and Interpersonal Skills: With regard to others (staff, colleagues, groups, individuals, community members, etc.), relates effectively and meaningfully, listens attentively, asks/answers questions in a positive manner, assists in encouraging positive team dynamics, and contributes to problem-solving. Treats others with respect and is sensitive to their needs. Is accessible when needed.			
Interpersonal Relationships - Develops and maintains effective relationships with a wide range of patients, colleagues, organizations and communities Affective Skills – manages difficult communication; possesses advanced interpersonal skills Expressive Skills - Effective command of language and ideas			
Comments (include date of comments):			
Individual and Cultural Diversity: Awareness, sensitivity & skill in working professionally with diverse individuals, groups & communities who represent various cultural & personal background & characteristics defined broadly (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status).			
Self as shaped by individual and cultural diversity and context - Demonstrates knowledge of cultural and other diversity issues and of how self and others are impacted in professional contexts.			

Application of knowledge - Applies knowledge of cultural and other diversity issues in broad range of professional services.			
Comments (include date of comments):			
Ethical & Legal Standards: Awareness and balanced application of ethical concepts & legal issues in all professional activities with individuals, groups, and organizations. Shows ability to balance potentially competing ethical principles; seeks consultation for ethical dilemmas.			
Knowledge of ethical, legal and professional standards and guidelines - Routine command and application of the APA Ethical Principles and Code of Conduct and other ethical, legal and professional standards and guidelines Awareness and Application of Ethical Decision Making - Commitment to integration of ethics knowledge into professional work, exercising critical thinking in appropriate balancing of competing ethical principles. Ethical Conduct – Independently and consistently integrates ethical and legal standards with all foundational and functional competencies			
Comments (include date of comments):			
Consultation and interprofessional/interdisciplinary skills: Incorporates knowledge of key issues and concepts from related disciplines. Identifies and interacts effectively with professionals in multiple disciplines. Provides expert guidance or professional assistance to assist in helping another individual or group meet their needs or goals. Identifies own role & that of others, forms collaborative relationships, effectively presents clinical issues.			
Knowledge of the shared and distinctive contributions of other professions - Working knowledge of differing theoretical perspectives, professional standards, and contributions across contexts and systems, intermediate level knowledge of common and distinct roles of other professionals Functioning in multidisciplinary and interdisciplinary contexts - Basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning, such as communicating psychological concepts with minimal jargon, dealing effectively with disagreements about diagnosis or treatment goals, supporting and utilizing the perspectives of other team members			

Comments (include date of comments):

Functional Competencies

	Initial:	Midpoint:	Final:
Assessment & diagnosis: Assessment & diagnosis of problems, capabilities & issues associated with individuals, groups, and/or organizations. Competent and effective communication of findings.			
Measurement, Psychometrics & Evaluation - Independently selects and implements multiple methods of assessment/evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups, and the context in which these present Diagnosis - Utilizes case formulation and diagnosis for intervention planning with attention to stages of human development and diversity, and the context in which the presenting problems occur Communication of Findings - Communication of results in written and verbal form clearly, constructively, and accurately in a conceptually and contextually appropriate manner			
Comments (include date of comments):			
Intervention: Utilizes interventions to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. Provides increasingly skilled interventions, and demonstrates specialty procedures and techniques well. Establishes therapeutic alliance, attends to interpersonal processes, conceptualizes problems and designs interventions within evidence-based framework using best-practices standards.			
Knowledge of Interventions - Applies evidence-based intervention strategies, based on empirical bases of intervention strategies, evidence-based principles of change, and patient preferences Intervention planning - Independent intervention planning, including conceptualization and intervention planning specific to case and context			

Skills - Clinical skills and judgment in the application of specific techniques Progress evaluation - Evaluate treatment progress using empirically-supported assessment techniques and measures, and modify planning as indicated			
Comments (include date of comments):			
Supervision: Collaborates effectively in supervision as both a supervisor (when appropriate) and supervisee, with development of knowledge and skills in supervision. Communicates expectations of self to supervisor, actively seeks guidance in development of clinical skills, seeks specific, appropriate practice opportunities, identifies own strengths and weaknesses, provides frequent feedback to supervisor with specific requests for further development, prepares for difficult clinical situations, well prepared for learning opportunities, open to supervisory feedback for professional growth.			
Expectations and Roles - Understands basic supervision concepts and principles, and the developmental process of clinical supervision. Processes and Procedures - Knowledge of procedures and practices of supervision Skills Development - Engages in professional reflection about one's clinical relationships with supervisors and supervisees, as well as their own and supervisees' relationships with their patients Participation in Supervision Process - Provides supervision to others in routine cases as available; maintains effective role as supervisee in own supervision Ethical and Legal Issues - Essential Component: Command of and application of relevant ethical, legal, and professional standards and guidelines			
Comments (include date of comments):			

GOAL FOR FELLOW EVALUATIONS AT MID-YEAR

All competency areas will be rated by the supervisor at a level of competence of **3** or higher. No competency areas will be rated as **2** or **1**.

☐ The Fellow HAS successfully completed the above goal.

☐ The Fellow HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the Fellow will be re-evaluated.

Supervisor _____   Date _____

Comments:

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

GOAL FOR FELLOW EVALUATIONS AT END OF YEAR

All applicable competency areas will be rated by the supervisor at a level of competence of **3** or higher. No competency areas will be rated as **2** or **1**.

☐ The Fellow HAS successfully completed the above goal.

☐ The trainee HAS NOT successfully completed the above goal, and will not graduate from the fellowship program, unless a specific remedial plan is approved. Such a plan would extend training beyond 1 year.

Comments:

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

ACKNOWLEDGEMENT: Per my signature below, I acknowledge that the information in this document has been reviewed and discussed between the fellow and supervisor in an effort to assist in the fellow's professional development and the training program's continued improvement. Fellow's signature does not denote agreement with evaluation and fellow may add their own comments to the evaluation.

	BASELINE	MID-YEAR	FINAL
Fellow signature/ **date**			
Primary Supervisor signature/ **date**			
Director of Fellowship signature/ **date**			