



POLICY AND PROCEDURE MANUAL

Medical College of Wisconsin
Health Psychology Residency
2024-2025

Health Psychology Residency

Policy and Procedure Manual

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Introduction

It is the Medical College of Wisconsin's policy to comply with all laws, rules and regulations applicable to the Health Psychology Residency Program. The purpose of this manual is to provide copies of the relevant policies associated with the Health Psychology Residency Program and provide reference to the most up-to-date, relevant Medical College of Wisconsin (MCW), Froedtert Hospital (FMLH), and Children's Wisconsin (CW) policies and procedures. A list of the relevant MCW, FMLH, and CW policies will be provided herein; full and up-to-date medical school and enterprise policies and procedures can be accessed through the links below.

The manual includes policies and procedures adopted specifically for and applicable only to the Health Psychology Residency. In addition to the policies and procedures outlined in this manual, Health Psychology Residents are expected to follow all policies and procedures of the Medical College of Wisconsin (available via Intranet webpage, InfoScope, accessible via MCW network computers: <https://infoscope.mcw.edu/Corporate-Policies.htm>), Froedtert Hospital (available via the Intranet webpage, Scout, accessible via Froedtert Hospital network computers: <https://intranet.froedtert.com/policies>), and Children's Wisconsin (available via the intranet webpage, accessible via Children's Wisconsin computers and/or secure Citrix connection: <https://pnp.chw.org/Human%20Resources%20Published/Forms/Public%20View.aspx>).

Any questions related to these policies and procedures may be directed to the Training Director of the Health Psychology Residency Program.

Health Psychology Residency Program Policies and Procedures

Application and Selection Procedures

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

To ensure equal opportunity compliance for all individuals consistent with applicable State and Federal laws and other pertinent legislation, judicial mandates, and presidential executive orders.

Policy:

Qualified applicants will be students currently enrolled in an APA-accredited graduate program in clinical or counseling psychology. Applicants should have completed all coursework prior to internship/residency year. Preference will be given to applicants who have already proposed or defended their dissertation. Froedtert Hospital, MCW, and Children's Wisconsin encourage applicants from under-represented minority groups, women, and those with disabilities to apply.

Given the health psychology and academic medicine focus of this residency program, candidates with relevant training and practicum experience in health settings (e.g., hospitals, academic medical centers, integrated primary care settings) will be most competitive. A balance of psychotherapy, behavioral medicine interventions, and psychological assessment common in health psychology will be present in the most appropriate candidates. Applicants for the adult track will need to have significant experience working with adult patients with a comorbid medical diagnosis. Applicants for the pediatric track will need to have significant experience working with pediatric patients with a comorbid medical diagnosis.

This internship/residency seeks to train entry-level psychologists who will likely seek post-doctoral fellowship in academic health psychology (adult and/or pediatric); as such, the most competitive candidates will have an interest in practicing in--and will have relevant training and practicum experience in--healthcare settings (e.g., hospitals, academic medical centers, integrated primary care settings). Competitive applicants will have experience with a balance of psychotherapy, behavioral medicine interventions, and health psychology-relevant psychological assessment, with at least some clinical experiences with patients who have a comorbid medical diagnosis. A preferred candidate would have a breadth of experience in general mental health (assessment, testing, and therapy) as well as at least one practicum in a healthcare setting. Relevant health psychology and population health research is considered during the selection process, but clinical experience is more heavily weighted. Applicants likely to be reviewed will have a minimum of 400 hours of APPI intervention and ideally 50 APPI assessment hours.

Required qualifications:

- Enrollment in an APA-accredited doctoral program in clinical or counseling psychology;
- Completion of all doctoral coursework prior to internship year;
- Strong core clinical/counseling psychology psychotherapy and assessment experience; and
- Endorsement of doctoral chair for readiness for internship.

Preferred qualifications:

- One or more practicum(s) in a healthcare setting (e.g., hospital, academic medical center, integrated primary care);
- Interest in pursuing career in health psychology;

- Primary clinical experience/interest with adults (for adult track) and pediatrics (for pediatric track);
- Experience with empirically validated treatment approaches;
- Experience with health psychology behavioral interventions;
- Strong assessment background with experience in health psychology assessment;
- Dissertation proposed or defended prior to internship year; and
- Minimum of 400 hours of APPI intervention and 50 hours of APPI assessment hours.

Required materials to apply:

- APPIC Application for Psychology Internship (AAPI Online);
- Curriculum vitae illustrating past clinical and relevant research experience;
- Graduate transcript; and
- Three letters of recommendation.

Employment Eligibility Requirements:

MCW has eligibility requirements for employment. According to the Wisconsin Caregiver Law, any employer identified as a caregiver institution must conduct background checks. On background checks, applicants must disclose all crimes and offenses including all civil forfeitures, misdemeanors, ordinance violations, or fines. Applicants will also need to disclose any pending charges for crimes or offenses including civil forfeitures, misdemeanors, ordinance violations, or fines. Failure to disclose this information on your application or misrepresentation of a disclosure will be considered falsification and will remove you from eligibility for employment. Please refer to the Wisconsin Caregiver Background Regulations ([Background Check Requirements | Wisconsin Department of Health Services](#)) and the list of Offenses Affecting Caregiver Eligibility ([Offenses Affecting Caregiver Eligibility for Chapter 50 Programs, P-00274 \(wisconsin.gov\)](#)) to determine disqualifying events. All disclosures will be evaluated for relevancy to the job.

Based on the qualifications, a select group of applicants will be invited to interview virtually. Applicants who do not meet the required qualifications will not be considered for an interview and will be provided with proper notice. The Residency Selection Committee will review the other applications and rate them based on the above criteria. Interviews will be offered to applicants based on meeting qualifications and being identified as a good fit for the Residency. Notification of interview status will be given no later than December 1. Interview applicants will be rated based on the criteria above. The Residency Selection Committee will review the rating forms in a final ranking meeting and create the final rankings for the APPIC Match.

Applicants are asked to submit the following **required** application materials through the online APPIC application process. The application deadline is November 12. Included in the application materials are:

- APPIC Application for Psychology Internship (AAPI Online);
- Curriculum vitae illustrating past clinical and relevant research experience;
- Graduate transcript; and
- Three letters of recommendation.

A select group of applicants will be invited to interview virtually. Notification of interview status will be given no later than December 1. Interviews will be scheduled with the Health Psychology Residency Educational Coordinator.

Effective Date: September 1, 2022

Authorization to Exchange Information with Resident's Doctoral Program

I, _____, release the Medical College of Wisconsin Health Psychology Residency Program to communicate with my doctoral institution training director regarding information about my:

- Progress in the doctoral program;
- Progress in the psychology residency/internship;
- Past academic and clinical performance;
- Current academic and clinical performance;
- Job duties and performance;
- Formal residency evaluations; and
- Professionalism including but not limited to professional and interpersonal interactions/behaviors.

I understand that the Health Psychology Residency Program (Children's Wisconsin/Froedtert/MCW) Director of Clinical Training will regularly communicate information relevant to the items listed above to clarify my progress in the program and successfully completion of the health psychology residency/internship. I understand and agree to regular communication between the Health Psychology Director of Clinical Training and the Director of Clinical Training from my doctoral program to address routine development and progress as well as remediation or problematic competence.

Resident Name (print)	Resident Signature	Date
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Training Director (print)	Training Director Signature	Date
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Effective: July 1, 2018

Didactics Attendance Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

This policy sets forth the standards necessary for attendance at the didactic sessions of the program.

Policy:

Didactics are an integral part of the Health Psychology Residency Program, providing didactic training on multiple levels of entry level practice for health service psychology. As such, attendance and active engagement in didactics is essential to meeting the competency requirements for successful completion of residency/internship.

Didactics are scheduled on Wednesday mornings, typically at the MCW HUB location. However, occasionally, didactics will be presented using Video Conferencing technology. A didactics schedule will be provided to the residents at the beginning of the academic year. Revisions made to the schedule will be communicated to the residents via the Educational Coordinator.

Residents are required to attend all didactic sessions in person. Exceptions to in person didactic attendance includes vacation, illness, or family emergency. In these cases, it is the responsibility of the resident to inform the Director of Clinical Training, Pediatric Track Director (if applicable), and Program Coordinator at least 7 days prior to the absence, unless in the case of an emergency. It is the responsibility of the resident to obtain the readings, PowerPoint presentations, and information presented in the didactic session(s) missed.

In the event a resident misses 4 didactic sessions outside of excused absences from the office, a plan will be created with the training director to improve didactic attendance. Should this occur, the resident will also be responsible for a content paper on the topics missed in the didactics presentations to ensure adequate competence.

Effective Date: July 1, 2018

Dissertation and Professional Development Leave Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

This policy sets forth the standards for requesting dissertation and professional development release time.

Policy:

The MCW Health Psychology Residency Program values resident engagement with research, as well as successful completion of the resident's doctoral studies, and professional development. As such, dissertation release time, professional development leave time, and/or conference release time is available, typically not to exceed 5 business days per academic year, but up to the discretion of the training director. Dissertation release time, professional development leave time, and conference release time (up to 5 days) does not count against resident vacation and/or sick time.

To qualify for dissertation release time, a resident must be traveling to their home institution for a defense hearing or having a virtual defense hearing. Time to meet with faculty regarding dissertation and time to work on dissertation do not constitute dissertation release time. The resident should request dissertation release time in writing via the Time Off Request Form that will be submitted to the Director of Clinical Training and Program Coordinator at least 30 days in advance when possible. Time will be authorized by the Director of Clinical Training commensurate with the scheduling and travel requirements of the dissertation defense. Residents will be provided with notice via signed Time Off Request Forms if their request has been approved or denied.

In accordance with the Association of Psychology Postdoctoral and Internship Centers (APPIC) Policy, residents may also use professional development leave time for post-doctoral and job interviews. To qualify for professional development leave time, the resident must be traveling to or attending a job (post-doctoral fellowship or post-graduate job) interview (in person or virtually). Residents will be provided with notice via signed Time Off Request Forms if their request has been approved or denied.

To qualify for conference release time, the resident must be presenting at the conference. Residents should make a request to the Director of Clinical Training and Program Coordinator in writing via the Time Off Request Form and present the conference program to the Educational Coordinator. The Director of Clinical Training will authorize the leave commensurate with the educational and travel requirements of the conference. Residents will be provided with notice via the signed Time Off Request Form if their request has been approved or denied.

Effective Date: July 1, 2018

Grievance Policy and Procedures for Health Psychology Residency Program

Purpose:

The policy purpose is to afford residents a mechanism by which to raise and see to appropriate resolution certain grievances at the Medical College of Wisconsin (MCW).

Policy:

The Children's Wisconsin, Froedtert, and the Medical College Health Psychology Residency Program seek to review and resolve in an appropriate, effective and timely manner certain grievances, as described herein, raised by a resident. A resident may use the informal and/or formal grievance procedures set forth below.

This policy applies to the following types of grievances:

- Inappropriate conduct by MCW faculty or staff toward resident, including mistreatment and/or failure to abide by Program policies and procedures.
- Inappropriate conduct by MCW Affiliate (including Children's Wisconsin or Froedtert) staff toward resident
- Program non-compliance with the American Psychological Association (APA) Accreditation Standards or the Association of Psychology Postdoctoral and Internship Centers (APPIC) Policies and Procedures.

Grievances or concerns which are in response to competency, performance-related or professional actions taken, or decisions made by MCW in accordance with the Policy and Procedure for Management of Insufficient Competence, Due Process, and Appeal for Health Psychology Residents will be handled under and subject to such Policy, and the applicable institutional policy/ies as appropriate.

Grievances regarding content of Program policies or procedures, or accreditation guidelines, will involve review by and input from the Chair of the Department of Psychiatry and Behavioral Medicine and other institutional leaders, as appropriate.

Procedure:

Informal Grievance Procedures

If a resident has a grievance subject to this policy, the resident should first address this matter with an immediate supervisor as soon as possible (e.g., within 7 days). Residents may also consult with another clinical supervisor and/or the Residency Training Director on manners for informal resolution. If the resident is not comfortable bringing the issue to an immediate supervisor, the Resident may bring the matter directly to the Residency Training Director. If the matter remains unresolved, is not resolved to the resident's satisfaction, or if the resident is uncomfortable using these informal grievance procedures, the resident may file a formal grievance.

Formal Grievance Procedures

All formal grievances should be submitted in writing, not to exceed five pages single spaced, in reasonable size, color and style font, to the Residency Training Director unless the grievance involves the Residency Training Director, in which case the grievance should be submitted to the Vice Chair for Education in the Department of Psychiatry and Behavioral Medicine within 7 days of an occurrence. The person to whom the grievance is submitted (Training Director or Vice Chair for Education) will serve as the Grievance Committee Chair. The Grievance Committee Chair will make all efforts to assemble a three-person committee, which will be composed of

members for the Psychology Residency Training Committee, within five business days of the grievance being submitted. In the event assembly will exceed five business days, the resident will be informed of the same and provided an estimated timeframe by which assembly will occur. The Committee will be composed of one MCW Health Psychology faculty member who is chosen by the resident and two members appointed by the Grievance Committee Chair. The Committee will gather information regarding the grievance, inform the resident of the findings, and offer recommendations to the Grievance Committee Chair. In the event the grievance is about or directly pertains to a particular individual, such individual will not be part of the Committee.

Appeal

The resident has the right to contest any decision of the Committee. Should this occur, the resident can take the issue to the Chair of the Department of Psychiatry and Behavioral Medicine who will review the information collected by the Grievance Committee and render a final decision. The final decision will be communicated concurrently in separate written communications to the resident and other person(s) who are responsible for executing resolution.

All Grievance Committee Proceedings will have formal minutes taken, which will include date and time of the meeting, people in attendance, grievance brought forward, solutions attempted to date, and results of the review. The grievance, grievance procedure, documentation, evidence and attestations, and documentation of the Grievance Committee proceedings (minutes and documents reviewed) will be logged and maintained in a Grievance Log.

Disclaimer

Notwithstanding anything stated herein to the contrary, matters involving discrimination (including sex-based) will be handled under the applicable institutional policy(ies). See the MCW Anti-Harassment and Non-Discrimination Policy (AD.CC.050) and MCW Prohibiting Sexual Harassment and Abuse in Educational Programs Policy (AD.CC.080) for more information. Furthermore, MCW recognizes issues which may arise which contain components crossing multiple program and institutional policies. In such instances, MCW will respond in a manner and under the policy(ies) which, in its sole discretion, allows full compliance with applicable laws, rules and regulations.

Effective Date: July 1, 2018

Health Psychology Residency Diversity and Non-Discrimination Policy

Applies to:

Residents of the Health Psychology Residency Program

Purpose:

Outline the Program's mission statement on diversity and non-discrimination.

Policy:

The MCW Health Psychology Residency Program highly values the strength of diversity and believes in creating an equitable, respectful, professional, safe, and inclusive learning environment for all residents. Diverse experiences, backgrounds, and identities strengthen our safe and collaborative environment that promotes growth and optimal training. As such, the program strives to create and foster an environment of multiculturalism and respect of the unique experiences and identities of our residents, faculty, colleagues, and patients. As such, MCW Health Psychology Residency Program welcomes and encourages applicants from diverse backgrounds.

The MCW Health Psychology Residency Program is part of the Medical College of Wisconsin in sponsorship with Froedtert Hospital and Children's Hospital of Wisconsin. Froedtert Health, Children's Hospital of Wisconsin and MCW are dedicated to the creation and maintenance of a safe, diverse work environment. As such, all entities have non-discrimination policies in place that are provided as attachments to this policy. Our program standards meet and exceed the policies of all entities. Resident selection and evaluation are done on the basis of qualification and match with program objectives, competence related to program competencies, and quality of work.

The MCW Health Psychology Residency Program does not discriminate on the basis of race, color, national origin, religion, gender identity, pregnancy status, sex, physical or mental disability, medical condition, genetic characteristics, ancestry, marital status, age, sexual orientation, citizenship, service in the armed forces, and/or veteran status. Non-discrimination applies recruitment (i.e., interviews, selection, ranking), training practices (i.e., access to clinical opportunity, training, or evaluation), and benefits (i.e., salary, benefits, sick time, vacation time, dissertation release time, conference time, access to work-related resources).

Please refer to relevant Corporate Policies:

Anti-Harassment and Anti-Discrimination Policy (AD.CC.050): MCW Corporate Policies and Procedures (<https://infoscope.mcw.edu/Corporate-Policies.htm>)

Americans with Disabilities Act Policy (HR.EE.020): MCW Corporate Policies and Procedures (<https://infoscope.mcw.edu/Corporate-Policies.htm>)

Recruitment- Staff (HR.EE.030) Policy: MCW Corporate Policies and Procedures (<https://infoscope.mcw.edu/Corporate-Policies.htm>)

Prohibiting Sexual Harassment and Abuse in Education Programs (AD.CC.080): MCW Corporate Policies and Procedures (<https://infoscope.mcw.edu/Corporate-Policies.htm>)

Effective Date: July 1, 2017

Maintenance of Records Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

The purpose of this policy is to outline the procedures for maintenance of records related to the Health Psychology Residency Program in compliance with federal, state and other legal requirements as well as American Psychological Association Commission on Accreditation (CoA) for record retention.

Policy and Procedures:

Maintenance of Application Records:

For each applicant to the Health Psychology Residency Program, an application file will be created and maintained. The application file will consist of:

- AAPI
- Application Review Form (for applicants who are invited to interview)
- Interview Form (for applicants who interview)

Application files will be kept for all applicants indefinitely in electronic or paper form (if originally created in paper form). Application files kept in electronic form will include the AAPI and downloaded versions of the Application Review Form and Interview Form (for applicants who interview).

During interview season, the electronic application files, consisting of the AAPI, will be available to all members of the Core Training Faculty who will be reviewing applications the Admissions by Liaison portal. The faculty member assigned to the initial review of the applicant will complete the Application Review Form (via the Admissions by Liaison portal), which will become part of the application file. Any faculty member who interviews an applicant will complete an Interview Form that will also become part of the application file.

After interview season, electronic application files (including the AAPI, Application Review Form, and Interview Forms) will be kept in an archived file on a storage secure, confidential server, with only the Training Director, Pediatric Track Director, Associate Training Directors, and Educational Coordinator having access to the files. Application files kept in paper form (which is not currently standard) for the current year will be kept on site at the Department of Psychiatry and Behavioral Medicine in a secure, confidential, locked file cabinet and application files from previous years will be kept off site at a secure, confidential data management service, Coakley.

A summary data log will also be kept, which will include program related data included by not limited to number of applicants, number of applicants offered interview, and rank order list.

Maintenance of Training Files and Training Records:

Each Health Psychology Resident will have a separate training file and record that is kept in either electronic or paper form. For the purpose of this policy and program, a training file is a

file (both paper and electronic) that encompasses all elements of the resident's training including formal records and informal information, feedback, and informal remediation measures. Elements of the training file will remain confidential and not be released to third parties. A training record is a formal subset of the training file that includes formal information that may be released to third parties. Training files and folders kept in electronic form will be maintained on a secure, confidential archived server and training folders kept in paper copies (for all data created in paper form) for the current year will be kept on site at the Department of Psychiatry and Behavioral Medicine in a secure, confidential, locked file cabinet and application files from previous years will be kept off site at a secure, confidential data management service, Coakley. Training folders will be available to all members of the Core Training Faculty for review as needed. Training records will be kept indefinitely.

Training file will include:

- Release to discuss training with Doctoral Training Program;
- Quarterly evaluations made by rotation supervisors;
- Quarterly evaluations made by BMPC/PBMPC clinic supervisors;
- Summative evaluations made by Training Director/Track Director;
- Interactive Ethics Conference: Case Study Review and Discussion Evaluation;
- Resident Scholarly Project Evaluation Form;
- Resident Supervisor Evaluation Form;
- Notes from Training Committee Resident Review meetings;
- Copy of Certificate of Completion;
- Relevant email communications and/or written documentation regarding informal training issues to be addressed in supervision;
- Relevant written documentation of informal remediation procedures; and
- Information relevant to competency evaluations, including:
 - Informal plans for supervision on issues (see note below); and
 - Remediation plans.

Please note that information regarding informal plans to improve competence will not be noted in the file as remediation plans, but instead kept as additional information and correspondence that will not be released from the institution.

Training record will include:

- Release to discuss training with Doctoral Training Program;
- Quarterly evaluations made by rotation supervisors;
- Quarterly evaluations made by BMPC clinic supervisors;
- Summative evaluations made by Training Director;
- Interactive Ethics Conference: Case Study Review and Discussion Evaluation;
- Resident Scholarly Project Evaluation Form;
- Resident Supervisor Evaluation Form;
- Notes from Training Committee Resident Review meetings;
- Copy of Certificate of Completion; and
- Information relevant to competency evaluations, including but not limited to:
 - Development plans; and
 - Progress report on development plan.

Maintenance of Program Grievance and Due Process Records:

If a situation arises where a resident files a formal grievance against the program, a faculty member, a staff member, or the institution, a Grievance File or Appeal/Due Process File will be created. Grievance files and Appeal/Due Process files will be kept in paper form in a locked file cabinet with only the Training Director, Associate Training Director, and Educational Coordinator having access. Should the complaint be against any of those parties, the Grievance and/or Appeal/Due Process file will be kept in a locked file cabinet in the Office of the Vice Chair for Education.

The Grievance File will include (Please see Grievance Process in the Grievance Policy and Procedures for Health Psychology Residency Program for Details):

- Any grievance submitted to the training program;
- Evidence gathered by the Grievance Committee;
- Findings of Grievance Committee;
- Appeals made to the Grievance Committee finding;
- Written communication of Appeal Findings; and
- Grievance committee meeting minutes (date and time of meeting, people in attendance, results of the review).

The Appeal/Due Process file will include the following:

- Submitted written appeal;
- All documentation, information, and/or evidence gathered by the Review Panel;
- Information and evidence relevant to the initial decision made;
- Any oral or written testimony provided as part of Review Panel deliberation; and
- Review Panel Summary Report.

As part of the program records, the program will maintain an ongoing log, organized by training year, of any grievances or due process/appeals made by residents against the program, faculty, or institution.

The Grievance Log will include the following information:

- Date of grievance report;
- Person to whom grievance was made/reported;
- Date of occurrence (s);
- Person or entity grievance is filed against;
- Details of the incident(s);
- Program actions;
- Location of the grievance file/related information; and
- Outcome/results.

The Due Process/Appeals Log will include the following information:

- Date of appeal;
- Person to whom the appeal was made;
- Date of decision to be appealed;
- Details of original action/situation and decision;
- Details regarding rationale for appeal;
- Program actions;
- Location of associated file(s)/related information; and
- Outcome/result.

Log information on grievances and due process/appeal proceedings will be made available to accrediting bodies and site reviewing for regular monitoring.

Maintenance of Program Records

- The program will keep the following records for review by regulatory and accrediting bodies
 - Resident Application Data (collected yearly)
 - Applicants to the program (Phase 1)
 - Applicants submitted on APPIC rank order list (Phase 1)
 - Applicants to the program (Phase 2)
 - Applicants submitted on APPIC rank order list (Phase 2)
 - Residents who entered program full time
 - Residents who entered program part time
 - Residents who were funded
 - Residents who were not funded
 - Due Process Log
 - Please see above
 - Grievance Log
 - A log will be kept of all grievances made within the context of the program including but not limited to grievances against the program, supervisors, other staff members, or fellow residents.
 - In the case when a grievance is made, in addition to being logged in the Grievance log, a Grievance File will be created. Please see above for information kept in Grievance File.
 - Demographic information (matriculated students)
 - Racial/ethnic identification
 - Subject to Americans with Disabilities Act
 - Foreign Nationals
 - Program Evaluations
 - Supervisor evaluation forms
 - Rotation evaluation forms
 - Orientation evaluation forms
 - Program evaluation forms
 - Didactic evaluation forms
 - Alumni preparedness evaluation form (sent out 2 years after program completion)
 - Pre-internship experiences/education
 - Doctoral degree granting institution
 - Area of doctoral study (clinical, counseling, school)
 - Degree program (PhD, PsyD, EdD)
 - Resident Professional Activities (during internship year)
 - Member of professional or research society
 - Scientific presentation (workshops, oral presentations and/or poster presentations at professional meeting where student was an author or co-author)

- Scientific publications (books, book chapter, or articles in peer-reviewed professional/scientific journals of which a student was an author or co-author)
- Held leadership roles in state/provincial, regional or national professional organizations
- Outcome data
 - Resident initial employment after graduation
 - Resident initial job title
 - Resident current employment setting
 - Resident current job title
 - Year degree completed
 - Psychology licensure
- Supervisor Experience and Training
- Data will be kept primarily in electronic form on a secure server with only the Training Director, Associate Training Directors, and Educational Coordinators having access. Information created in paper form originally will be scanned into the electronic file and kept in paper form indefinitely with the current year information being kept on site in the Department of Psychiatry and Behavioral Medicine in a locked file cabinet and subsequent years being stored by a secure file management service, Coakley.

Effective: July 1, 2018

Management of Insufficient Competence, Due Process, and Appeal for Health Psychology Residents

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

To provide policy and procedures for fair and effective management of and response to employment issues and insufficient health psychology resident competence, including remediation, resident appeals, hearing, and due process. All residents are evaluated in accordance with the expectations and procedures outlined in the Resident Evaluation Procedure Policy, and with the employment expectations set forth in applicable institutional policies.

Policy:

The goal of this policy is to promote resident competency and performance in line with American Psychological Association Standards, APA Professional Ethics, applicable laws and MCW policies.

For purposes of this policy, references to competency matters mean those which are competency and academic progress in nature. Competency may involve professionalism components, which include but are not limited to those which are behavioral or attitudinal in nature. Professionalism issues may also arise separately from any competency issues. Finally, certain complex issues may contain both competency and professionalism components and may rise to a level requiring employment-related action or decisions (examples of which include, but are not limited to, suspension or termination). In all instances, MCW will respond to issues in a manner and under the policy(ies) which, in its sole discretion, allows full compliance with applicable laws, rules and regulations. Furthermore, any ambiguities in this policy will be construed in a manner allowing for full compliance with applicable laws, rules and regulations.

Rights and Responsibilities: Resident

The following are the rights and responsibilities of a Health Psychology Resident in the program:

- Rights
 - Residents have the right to ethical treatment under the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct
 - Residents have the right to be treated with professional respect.
 - Residents have the right to ongoing supervision (at least 4 hours per week) that meets APA Guidelines for Clinical Supervision in Health Service Psychology.
 - Residents have the right to clear description of training experiences (clinical, research, teaching) and clarification from training faculty and the Training Director if needed.
 - Residents have the right to fair, behaviorally defined, competency-based assessment and evaluation.
 - Residents have the right to ongoing competency-based feedback.
 - Residents have the right to early and behaviorally defined identification of problems with professional competence.
 - Residents have the right to have access to program faculty members and Training Directors.

- Residents have the right to have a representative participate in hearing or appeal meetings concerning problematic conduct.
- Residents have the right to initiate grievances about training or supervision.
- Residents have the right to a hearing should performance on a remediation plan or professional behavior warrant potential for a change in the normal training sequence.
- Residents have the right to an appeal should performance on a remediation plan or professional behavior warrant potential for a change in the normal training sequence.
- Responsibilities
 - Residents are expected to function within the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct.
 - Residents are expected to act in accordance with all relevant state and federal laws.
 - Residents are expected to act in accordance with the Policies and Procedures laid out in the Health Psychology Policy and Procedure Manual.
 - Residents are expected to demonstrate developmentally appropriate proficiency in the program competencies.
 - Residents are expected to communicate in a clear and professional manner in oral and written formats.
 - Residents are expected to integrate professional standards and behaviors consistent with the APA Profession-Wide Competencies into their repertoire of behaviors.
 - Residents are expected to approach clinical supervision from an open, growth-oriented manner and integrate feedback toward program competencies.

Rights and Responsibilities: Program

- Rights
 - All members of the program have the right to ethical treatment under the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct
 - All members of the program have the right to be treated with professional respect.
 - The Program has the right to evaluate the residents based on behavioral observations, review of resident work, observation of professional interactions, and discussion in clinical supervision in accordance with the program defined competencies (APA-Profession Wide Competencies).
 - The Program has the right to provide competency-based feedback to the resident in supervision and expect integration of supervisory feedback into clinical practice.
 - The Program has the right to intervene in clinical, research, or teaching practice where there is question as to whether a resident is demonstrating sufficient competence and/or where a patient or trainee may be harmed.
 - The Program has the right to address resident insufficient competence as outlined in the Policy and Procedure Manual.
- Responsibilities
 - The Program has the responsibility to provide ongoing supervision (at least 4 hours per week) that meets APA Guidelines for Clinical Supervision in Health Service Psychology.

- The Program has the responsibility for providing clear description of training experiences (clinical, research, teaching) and clarification when asked by residents.
- The Program has the responsibility to evaluate resident performance in a fair, behaviorally defined, competency-based assessment and evaluation manner.
- The Program has the responsibility for giving ongoing competency-based feedback.
- The Program has the responsibility to have supervisors and Training Directors available to the resident.
- The Program has the responsibility of early (as early as possible) and behaviorally defined identification of problems with professional competence.
- The Program has the responsibility to hear and respond to grievances about training or supervision in accordance with the Grievance Policy.
- The Program has the responsibility to follow the below described Due Process procedures should performance on a remediation plan or professional behavior warrant potential for a change in the normal training sequence.

Competence and Professionalism Issues

Health Psychology residents will be expected to develop their clinical competencies at an appropriate, expected pace throughout residency, including the development of professionalism, knowledge, and skills needed to competently practice health service psychology. A resident may demonstrate below-expected level competence across any of the outlined clinical competencies in general domains of professionalism, knowledge, and/or skills. Most below expected level competence can and, wherever possible, will be corrected through the standard supervisory process.

Should below expected level competence continue even after guidance in supervision, formal remediation may be required. This occurs specifically when a resident obtains a score on a formal evaluation form of at least 2 points below the expected Minimum Level of Achievement for the evaluation time point (please see the Resident Evaluation form and Evaluation Policy and Procedure for specific scores per evaluation time point). Additionally, some problems that are either of a sufficiently serious manner or not amenable to standard supervision or formal remediation, may prove irremediable.

Professionalism and insufficient competency problems typically reach the level of persistent problems if they include one or more of the following characteristics:

- Unwillingness to acquire and incorporate professional standards into professional behaviors;
- Inability to acquire sufficient professional skills to reach an acceptable level of competency;
- Inability to manage personal stress, psychological dysfunction, and/or strong emotional reactions that interfere with professional functioning;
- Resident does not acknowledge, understand, or address an identified problem;
- Problem requires a disproportionate amount of time to be addressed by the training staff; and
- Resident performance does not improve as a function of feedback or remediation efforts after a period of time identified for effective remediation.

Issues Requiring Employment-Related Action

When a resident demonstrates behavior that violates institutional policies and procedures or when there is a safety risk, MCW will evaluate whether employment related action is needed. Examples include but are not limited to:

- Resident actions result in a negative impact on the quality or safety of services provided;
- Resident violates an institutional policy that creates an unprofessional or unsafe work environment for patients or co-workers; and
- Problem is diffused and not restricted to one area of professional functions.

Procedure:

Informal Remediation

If, after prior discussion in supervision, a supervisor continues to observe behavior or performance that indicates the resident is exhibiting or experiencing professionalism issues, or is not achieving expected levels of competence, it is the responsibility of the supervisor to communicate written feedback, expectations and the consequences of uncorrected behavior in a specific and concrete manner. Concerns must be addressed in a consistent manner, free of prejudice and bias, and without discrimination.

The clinical supervisor should directly discuss the concern(s) with the resident in supervision. Should the concern(s) be identified by other faculty or staff members, the same should be reported to the clinical supervisor and/or Training Director. The insufficient competency and/or professionalism issues should be addressed by the most appropriate faculty member, either the clinical supervisor and/or Training Director within 5 business days of the concern being identified. When a resident is demonstrating below expected level of competence in need of informal remediation, feedback detailing the specific behaviors observed or omitted, the competencies and elements in need of development, and behavioral outcomes needed to demonstrate sufficient competence will be provided in writing and discussed in supervision. This documentation will be placed in the resident's training file (please see Clinical Supervision Form) and employment record, as appropriate.

Formal Remediation / Corrective Action

Should the problem persist, or should a problem be sufficiently severe to warrant immediate intervention, the Training Director will work with the clinical supervisor to develop a written Development Plan (as described in detail below) to facilitate improvement in the resident's performance. The Development Plan will be created within 5 business days of the concern being identified.

The Development Plan should be reviewed and discussed with the resident, supervisor, and Training Director. After verbal discussion, a signed and dated copy (signed by the resident, supervisor, and Training Director) will be given to the resident and placed in the resident's training record. The Program will also present a copy of the Development Plan to the Director of Clinical Training at the resident's academic program of origin and provide a copy of the same to the Office of Human Resources. The Developmental Plan is reviewed weekly with the resident while active and timeframe for Development Plan completion is outlined in the Development Plan and clearly linked with the resident concern.

If at any time during the review process the resident's performance is determined to be potentially threatening to patient care or the resident's personal welfare, the resident's work assignment/access to provide direct clinical care may be reduced or revoked for a specified period of time determined appropriate by the clinical supervisor, Training Director and the Office

of Human Resources. Should this occur, the resident's academic program Director of Clinical Training will be notified of this action. At the end of the specified period of time, the resident's primary supervisor in consultation with appropriate staff (including but not limited to the Office of Human Resources, the Training Director, and the Training Committee) will assess the resident's capacity for safe and effective functioning to determine whether work assignment with direct patient care will be restored or whether reduction in clinical exposure or removal from the program is appropriate.

MCW may determine, in its sole discretion, that certain issues warrant immediate intervention to ensure the safety of patients and/or a safe working or learning environment. MCW shall intervene as it deems appropriate for the circumstances. Furthermore, should a resident be charged with any crime, they must notify MCW of the same as soon as possible but no later than the next business day. This includes but is not limited to those crimes prohibited under the Wisconsin laws governing caregivers, and the related MCW Caregiver Background Checks Policy (HR.EE.050). Depending on the nature of the crime, this may result in immediate suspension until MCW can complete an investigation of all available information. If a resident is alleged to have had sexual contact with a patient, or alleged to have made a serious ethical violation, the resident may also be placed on immediate suspension with cessation of access to patient care, the medical record, computer systems, and Froedtert Hospital, Children's Hospital of Wisconsin and MCW facilities. The disposition of the resident will be determined by the Residency Training Director in consultation with the Residency Training Committee, following a full evaluation of all available information. In addition to consulting appropriate academic stakeholders, the Residency Training Director will also engage institutional stakeholders, including the Office of Human Resources and others as appropriate.

Notification and Remediation

It is the goal of the program to provide feedback about professionalism issues and insufficient competence as early as possible with the goal of remediation, unless remediation conflicts with MCW's primary obligation to ensure safe patient care, working and learning environments in which case(s) MCW will take all action necessary to preserve such environment(s). When a professionalism or competence matter is identified, and remediation is an appropriate objective, notification and remediation will move through the following levels:

Official Warning: This level of notification is appropriate for less serious professionalism or insufficient competence problems that can be remediated through education and supervision (i.e., informal remediation). The Official warning mechanism is receiving a Clinical Supervision Form in supervision. The Clinical Supervision Form will be given to and reviewed with the resident within 5 business days of the concern being identified. This mechanism is designed to be educative and directly linked to clinical competencies; this will be addressed in supervision. This level of warning (Please see Clinical Supervision Form) includes a clear description of the insufficient competence (including behavior, attitudes, and omissions) and will link directly to the program competencies and associated elements. The resident is provided with a clear description of expectations for improvement in professional behavior or sufficient competence. The problem may result in increased supervision time or other action as MCW deems appropriate. The supervisor will provide a copy of the Clinical Supervision Form detailing the aforementioned elements to the resident and place a copy in the resident's training file. This level of remediation is not part of the resident's permanent training record but will be retained as part of their training file, as appropriate.

Development Plan: This occurs when the professionalism or insufficient competence problem

does not resolve through an official warning or if a problem is moderately serious and a verbal warning does not, in MCW's discretion, constitute a sufficient response. In this case, the resident will be informed of the level of concern and a Development Plan will be developed. A resident will be informed of a development plan within 5 business days of identification of the concern. A Development Plan includes:

- List of problematic behavior, performance, or insufficient competence as well as how these map onto the specific competencies and elements outlined for the program.
- The date(s) when the problem was brought to the Resident's attention, who notified the Resident of the issue, and what steps have been taken thus far to rectify the problem
- Expectations for improvement or remediation;
- Resident responsibilities in development plan;
- Supervisor/Training Director responsibilities in development plan;
- Timeframe for acceptable performance;
- Assessment methods for determining acceptable performance;
- Dates of follow-up evaluation; and
- Consequences of unsuccessful remediation.

This level of remediation is documented in the resident permanent training record employment record and is also shared with the resident's academic program Director of Clinical Training.

Extension of Residency Training or Recommendations for a Second

Residency/Internship: This level of remediation is appropriate in instances where a resident has made progress toward remediation of insufficient competence, but insufficient progress prior to the end of the training year, and/or where a resident requires additional time to develop or improve professionalism and/or competency-related skills. The resident may be required to extend his or her residency at this site to complete relevant requirements. The resident may also be required to complete all or a part of another psychology residency/internship. In order to fulfill this level of remediation, the resident must sufficiently demonstrate among other things the willingness and capacity to engage in and progress through remediation. The resident's academic program Director of Clinical Training and Office of Human Resources will be notified and consulted on the training and employment aspects of the process, respectively.

Suspension or Dismissal: This level of remediation is considered under the following circumstances (this list is not exhaustive):

- Serious violations of APA Code of Ethics, state or federal regulations/statutes/laws
- Imminent harm to a patient;
- A pattern of unprofessional behavior; and
- Evidence of professional impairment including but not limited to professional impairment associated with substance abuse and mental illness impacting competency and/or qualification;
- Demonstrated inability to remediate a performance problem; and
- Any other situation that MCW deems a serious violation of policy, practice, or behavior.

Suspension is the mandated leave of absence without pay, release from clinical duties, and restriction of access to MCW/FMLH/CHW IT portals as well as the MCW/FMLH/CHW physical space for a designated period of time. Suspension for professionalism or insufficient

competence reasons must be approved by the Training Director and the Office of Human Resources. The Training Director must also consult through Association of Psychology Postdoctoral and Internship (APPIC)'s Informal Problem Consultation and work collaboratively with APPIC should a resident require suspension.

Dismissal is a permanent termination from the training program at MCW that includes termination of employment and non-completion of the training program at MCW. Dismissal for insufficient competence or professionalism reasons must be approved by the Department of Psychiatry and Behavioral Medicine Vice Chair for Education, and the Department of Psychiatry and Behavioral Medicine Chair, and the Office of Human Resources. The Training Director must also consult through Association of Psychology Postdoctoral and Internship (APPIC)'s Informal Problem Consultation and work collaboratively with APPIC should a resident require termination.

If a resident faces suspension or dismissal, the resident will be notified of this immediately and provided documentation of the reasons for the suspension or dismissal. The resident will then be provided with the procedure for appealing the suspension and/or dismissal.

Should the decision to suspend or dismiss a resident be made, the Residency Training Director will make all efforts to provide a written notification to the resident's academic program Director of Clinical Training within two working days after the decision was made. In the case of dismissal, the Residency Training Director will send written notification to the academic program Director of Clinical Training and include recommendations to the academic program regarding professional development options for the resident.

Due Process, Appeal, and Hearing Procedures for Residents

Notice, Appeal, and Hearing

Should a resident desire to appeal the notice of a problem with competency, performance or professionalism, the resident must use the appeal procedures outlined below.

Appeal Process

Professionalism and Insufficient Competence - Residents can appeal decisions or actions taken by a clinical supervisor, the Training Committee, and/or the Training Director as stated in the Grievance Policy for Health Psychology Residency Program. Decisions and actions respect competence, professionalism, program-related suspension/dismissal and exclude employment-only related suspension or dismissal, which shall be handled pursuant to the below section. All academic appeals are recorded in an Appeal Log, with the steps in the procedure being behaviorally and specifically documented. The copy of the Appeal will be provided to the resident and the Residency Training Director.

Employment – Appeals of employment-related decisions or actions will be handled under the MCW Staff Conflict Resolution Policy (HR.ER.080). Pursuant to such Policy, residents may appeal employment related corrective actions or terminations, provided the Resident has completed the six-month Trial Period with MCW successfully.

Appeal Procedures

- 1.) The resident must file an appeal of any competency decision or action in writing to the Residency Training Director or designee (the Department of Psychiatry and Behavioral

Medicine Vice Chair for Education if the complaint is against or otherwise involves the Training Director) within seven (7) days of the decision being appealed and/or action or event that took place. The appeal should include:

- a.) Reasons resident is filing the appeal
- b.) Documentation regarding the decision/event/action that is being appealed
- c.) Rationale for why the decision/action/appeal should be reconsidered or withdrawn
 - i.) Note- the resident will have access to all documentation used by the Clinical Supervisor, Training Committee, or Training Director in making their original decision the resident is seeking to appeal, unless otherwise protected or prohibited by law.

- 2.) Within five business days of when the written academic appeal was received, the Residency Training Director or his/her designee will appoint a Review Panel. The Residency Training Director (or designee) will chair the panel that will consist of two supervisory faculty members selected by the Chair and two supervisory staff members selected by the resident. All such individuals will be vetted for known conflicts of interest that may impair an objective review of the matter.

Hearing: The Panel Chair will secure all documentation related to the academic decision/action under appeal and will interview persons s/he believes who have information helpful to the Panel deliberation. The resident may, but is not required to, make an oral or written testimony as part of the deliberation process. Such oral testimony shall not exceed 15 minutes in duration, or if written five (5) pages single spaced, of reasonable font size, color and style.

The Panel Chair will present the findings and recommendations of the Review Panel in writing to the Chair of the Department of Psychiatry and Behavioral Medicine within five business days of adjournment of the Review Panel. A simple majority will decide all academic appeal decisions. The Panel Chair will cast the vote only in the event of a tied vote.

Final Adjudication: The Chair of the Department of Psychiatry and Behavioral Medicine will respond to the Review Panel's recommendations within five business days of receiving the Review Panel summary report. The Department of Psychiatry and Behavioral Medicine Chair may accept, modify, or overrule any of the Review Panel's recommendations in the event they determine such recommendation(s), or portion(s) thereof, resulted from arbitrary and/or capricious means; and/or a misapplication of relevant policies and/or procedures. The Residency Training Director and the Resident will be informed of the final decision by the Chair of Psychiatry and Behavioral Medicine.

Notice to Resident: The Resident appealing the academic action will be informed in writing of the outcome within five business days of the final decision being reached.

Notwithstanding anything stated herein to the contrary, matters involving discrimination (including sex-based) will be handled under the applicable institutional policy(ies). See the MCW Anti-Harassment and Non-Discrimination Policy (AD.CC.050) and MCW Prohibiting Sexual Harassment and Abuse in Education Programs (AD.CC.080) for more information. Furthermore, MCW recognizes issues which may arise which contain components crossing multiple program and institutional policies, or which are complex in nature. In such instances,

MCW will respond in a manner and under the policy(ies) which, in its sole discretion, allows full compliance with applicable laws, rules and regulations. Ambiguities under this policy will be construed in a manner allowing for the fullest compliance with applicable laws and institutional policies.

Effective: July 1, 2018

Clinical Supervision Form

Purpose: To provide specific, competency-based feedback on areas of needed growth to accomplish sufficient competence in the Residency Program.

Rotation Name:	
Date:	
Resident:	
Clinical Supervisor:	

Description of behavior not meeting expected level of competence. Please provide feedback in specific, behavioral terms (i.e., When observed, where observed, type of behavior).

Identification of **specific competency** and **elements** of the competency where work is needed to achieve the expected level of competence.

Description of behaviors that need to be observed by supervisor to demonstrate appropriate progress toward sufficient competence.

Timeline for review of progress toward sufficient competence.

Effective July 1, 2018

Orientation Policy and Procedure Verification

During the orientation for the Health Psychology Residency I, _____, received a copy of the policies and procedures related to the Health Psychology Residency program, policies, and completion criteria. I attest that these policies were reviewed in depth with me during the orientation.

Psychology Resident Name
(print)

Psychology Resident Signature

Date

Director of Clinical Training
(print)

Director of Clinical Training Signature

Date

Effective: July 1, 2017

Resident Evaluation Procedure Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

To set forth specific and measurable procedures for ensuring residents are progressing through their training and achieving training-level appropriate competency, so that they are competent for entry level practice as a health psychologist by the end of the training year.

Policy:

The MCW Health Psychology Residency Program is dedicated to helping residents work toward competency through frequent and transparent feedback and evaluation regarding clinical competencies.

Procedures:

Informal Evaluation Procedures

1. Clinical supervisors will provide real-time feedback to residents regarding their cases, skills, professionalism, and work toward competence:
 - a. Feedback will be given to residents based on (i) observation of clinical work, (ii) review of clinical work and case consultation, (iii) review of written work product, and (iv) observation of resident verbal presentation of clinical work;
 - b. Feedback on clinical skills will be provided verbally in clinical supervision and the supervisor will be available for discussion of the feedback; and
 - c. Feedback on written materials will be provided both in written form and in verbal feedback, depending on the level of graded independence the resident has demonstrated.
2. It is the responsibility of the resident to integrate feedback about their clinical and professional strengths and weaknesses and work toward developing competence.
3. Clinical supervisors will provide concrete feedback on how to develop competence; however, it is also the responsibility of the resident to request additional feedback from the supervisor as necessary regarding their own clinical work and professional development. It is also the responsibility of the resident to seek clarification on feedback as necessary to develop competence.

Formal Evaluation Procedures:

- 1.) Quarterly Evaluations by Clinical Supervisor:
 - a. Each resident will be formally evaluated by their clinical supervisors in both their specialty rotation and continuity clinic at least once every three months;
 - b. Because not every clinical competency will be included in every rotation of the Residency, quarterly evaluations will cover the clinical competencies generally applicable to the specialty rotation participating in the resident's evaluation. Residents will be informed as to which competencies are covered prior to the beginning of each specialty rotation; and
 - c. The clinical supervisor will complete the standard rotation evaluation form and discuss the numeric values as well as provide narrative feedback on suggested areas for continued growth throughout the rest of residency. The resident will have the opportunity to discuss and clarify their evaluation and request further narrative feedback.
- 2.) Monthly Review by the Training Committee and Ongoing Narrative Feedback:

- a. The Training Committee will convene monthly to discuss resident progress toward program-wide competencies, including areas of strength and areas for further training. The Training Committee will determine whether residents are on track for achieving sufficient competency by the end of residency or whether additional training and support may be needed:
 - b. The clinical supervisor working with the resident will share data from these meetings with the resident in clinical supervision on an ongoing basis in order to set goals for continued development of competence. This is not a corrective or formal feedback process, but instead will be used to facilitate progress toward competence:
 - c. Rotation supervisors will also provide written narrative feedback to the resident halfway through the rotation to help facilitate progress toward competence:
and
 - d. Should the clinical supervisor, Training Committee, or Training Director determine that a resident is not on track to meet competence by the end of residency, the informal and formal remediation process will begin immediately (please see remediation process policy).
- 3.) Bi-annual Program Evaluation:
- a. The Training Director will aggregate the four numeric evaluations (two from the clinical rotations and two from the continuity clinic) and Training Committee findings and provide relevant feedback to the Resident twice per year, at the mid-point and prior to graduation:
 - b. This will involve a formal summary evaluation, which will be discussed in a meeting with the Training Director:
 - c. Should any insufficient competency be identified by the clinical supervisor or Training Committee, the informal and formal remediation processes will begin immediately (please see remediation process policy): and
 - d. Bi-annual Program Evaluations will be shared with the resident's doctoral program training director at mid-year and end-of-year.
- 4.) Should the resident have a grievance with the evaluation procedure or any decision by the clinical supervisor, Training Committee, or Training Director, please refer to the Resident Grievance Policy and Procedure for the process related to grievances.
- 5.) Resident evaluation of the supervisor:
- a. Residents are encouraged to provide informal feedback to their clinical supervisor on supervisory style and resident training goals with the goal of improving clinical training:
 - b. Residents will complete a formal evaluation of each clinical supervisor at the end of the clinical rotation. Residents are encouraged to share the evaluation with their clinical supervisor and discuss in supervision with the goal of improving clinical supervision and training:
 - c. The resident may also provide feedback regarding their clinical supervisor to the Training Director. The Training Director will provide mentoring and guidance on how to communicate professionally and navigate conflict management between residents and supervisors: and
 - d. Residents will also provide feedback on supervisors at the end of the year that will be collected and managed at the programmatic level.
- 6.) Resident evaluation of the program:
- a. The resident will complete a rotation evaluation form two weeks after

completion of the rotation, which will be collated and presented to the rotation in summary at the end of the training year.

- b. The resident will provide feedback to the program in the form of a bi-annual written evaluation of the program;
 - c. Feedback will be used to determine resident perceptions related to the training program and its effectiveness in developing competence, and for ongoing program improvement; and
 - d. Should the resident feel uncomfortable providing feedback to the program, the resident should be advised to seek consultation with the Training Director or utilize the grievance procedure.
- 7.) Evaluation of Orientation and Onboarding:
- a. Residents will be asked to evaluate the orientation and onboarding process bi-annually, once after orientation and once at the end of the year; and
 - b. The goal of orientation evaluation is to assess comprehensiveness and appropriateness of the orientation material provided to ensure adequate training for residents to engage optimally in the residency training program.
- 8.) Requirements for Successful Completion of the Residency Program:
- a. Complete one year of full-time clinical work, averaging 40-45 hours per week. Resident vacation, sick time, and dissertation release time that is within the allowed limited outlined in the Stipend and Benefit Policy does not count against time required for successful completion;
 - b. Complete at least 500 hours of direct clinical work summed from across the five clinical rotations;
 - c. Complete at least 200 hours of clinical supervision;
 - d. Complete a Scholarly Project approved by a faculty mentor and the Training Director;
 - e. Completion of at least 96% didactic seminars from the Didactics Seminar Series, with the exception of allowed time out of the office;
 - f. Attend at least 95% of Group Supervision, Group Case Series, and Required Grand Rounds meetings, with the exception of allowed time out of the office;
 - g. Complete all required documentation, including clinical (i.e., reports, intake notes, progress notes, etc.) and administrative (i.e., data monitoring, evaluation procedures) documentation in a timely manner, which includes seeking appropriate supervisor sign off on documentation in a timely manner;
 - h. Attain supervisor evaluation forms demonstrating competence across all APA defined competency areas as demonstrated by:
 - i. Residents are expected to achieve on track or above ratings of competence on each element (2-3 by first quarter; 3-4 by mid-year; 4-5 by third quarter; 6 by end of year) at each evaluation point and **entry-level competency** by the conclusion of the residency year;
 - ii. Should a resident demonstrate below expected competence appropriate to his/her developmentally expected level, a Development Plan as outlined in the Remediation Process Policy will be promptly implemented; and
 - iii. Successful completion of any Development Plan should one be implemented.
 - i. Timely completion of all programmatic evaluation forms.

Responsible Use of Technology Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

To define appropriate use of electronic resources.

Policy:

Computer Usage

All health psychology residents may be assigned or check out an MCW Chromebook or Laptop for professional use. Chromebook and Laptop computers are to be used as portals to access the secure network (MCW servers, Froedtert Health Epic Medical Record, Children's Wisconsin Epic Medical Record). In order to ensure maintenance of security of patient health information, absolutely no documents are to be saved on the hard drive, desktop, or documents of the laptop computer.

All residents will be assigned a secured, remote drive where they will be able to save all data, including sensitive and other information.

Additionally, residents will submit work products (e.g., psychological reports, etc.) to their supervisors through a secure folder to which the resident and their supervisor will have access. Residents are not to send any work information (e.g., notes, psychological reports, information about patients) over non-MCW email. Notes, psychological reports, and communications about patients may be sent through the Epic secure messaging system or only from an MCW email account to another MCW email account. Best efforts should be made to use the Epic system and secure servers.

Use of Internet and Email

Residents are not to access, transmit, store or distribute any inappropriate materials or access any website that contains any inappropriate materials from their MCW laptop, any MCW desktop, Children's Wisconsin or Froedtert Health computer. Inappropriate materials may include, without limitation, content that is derogatory, sexually explicit, harassing, abusive, hateful, indecent, harmful, fraudulent or otherwise violates applicable law, including intellectual property laws, or the policies of MCW.

Use of Social Media

Residents will not use social media or other internet-based tools such as web browsers to interact with or gather information about patients without prior approval from their supervisor. If a patient asks a psychology resident to look at their social media profile, this will be done only after considering the clinical utility and done in the context of a therapeutic session on the patient's device. Residents will not seek out or accept social media contact with their patients, patients' family members, members of the Training Faculty, supervisors, or other faculty members during the training year. After completion of training, residents are strongly advised against connecting with patients and patients' families through social media. Residents and faculty members (either members of the training committee or general faculty) may engage in social media relationships to the extent that both are comfortable with the relationship and that there is no longer a current evaluative/supervisory relationship.

Residents are encouraged to review the security settings of all social media sites and profiles to

ensure they understand what information about themselves is publicly available. Residents must portray a professional and appropriate boundary via their social media presence.

Contact with Patients and Patients' Families

Residents should use only MCW/FMLH/CHW equipment (e.g., office phone; Doximity App; EPIC MyChart) to communicate with patients and patient families. Emailing and other forms of electronic communication with patients or their family members are generally prohibited and must be cleared with a clinical supervisor prior to communication.

Other Applicable Policies

Health Psychology Residents are also subject to the [MCW Use of Electronic Equipment Policy \(IT.IS.030\)](#) and [MCW Email Usage Policy \(IT.IS.040\)](#).

Use of Electronic Equipment Policy: MCW Corporate Policies and Procedures (<https://infoscope.mcw.edu/Corporate-Policies.htm>)

Email Usage Policy: Health Psychology Residency Policy and Procedure Manual.

Stipend and Benefits Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

To outline the Stipend and Benefits resources available to Residents

Policy:

Stipend

Residents will receive a competitive stipend paid in twelve monthly installments. The current stipend for a Health Psychology Resident is \$41,100 annually.

Benefits

Residents have access to benefits in line with exempt staff employees at the MCW. Benefits are modified yearly, and eligibility and offerings are described within the MCW Benefits Eligibility – Exempt Staff policy:

<https://infoscope.mcw.edu/Corporate-Policies/Benefit-Eligibility-Exempt-Staff.htm>

Health Benefits: Health insurance (for self, spouse, and legal dependents) is an included benefit of the residency program. Please refer to the link above regarding coverage and cost of health insurance.

Retirement Benefits: Residents are eligible to participate in the MCW voluntary retirement 403b plan. Residents may voluntarily elect to tax shelter non-matched contributions to an approved 403(b) account within IRS limits. Residents can begin and end this account at any time

Holidays and Leave: Residents receive 8 holidays per year. Additionally, residents accrue 1 hour of sick leave for every 30 hours worked, with a maximum of 56 hours banked at any given time. They also accrue or receive 20 vacation days per academic year.

In order to ensure sufficient training experiences, residents may not miss more than one week of training per quarter, excluding MCW observed holidays, (i.e., three days of rotation is one week; two days of BMPC/PBMPC is one week). Exceptions may be considered on a case-by-case basis as approved by the Rotation Supervisor and Training Director. Vacation leave is not automatically granted and must be negotiated with the Training Director in advance to ensure adequate schedule cancellation notification. Vacation will not be granted on the last day of the training year due to off-boarding requirements, excluding visa accommodations.

Authorized Absence

Authorized Absences are separate from the holiday and other leave set forth in the applicable MCW benefits policy(ies). Residents can be granted an authorized absence for professional conferences and workshops at the discretion of the Training Director. Presentation of scientific material and/or engagement in a professional activity is typically required for release time, although exceptions can be made if the conference activity furthers professional goals as a health service psychologist. Residents can also be granted authorized absence(s) for dissertation defense time. Dissertation defense time is used only for time involved in travel and defense of a dissertation. Residents are also granted authorized absence(s) (professional leave time) for post-doctoral fellowship and/or job interviews. Professional leave time should only be used for the time involved in travel and interviewing. All authorized absences should

not exceed five (5) workdays.

Clerical Support

The Health Psychology Residency Program is supported by two Educational Coordinators, one primarily for the Adult Track and one primarily for the Pediatric Track. The Educational Coordinators are available for assistance in coordinating time off from rotation, leave requests, or other administrative concerns. The Educational Coordinators will also (a) distribute necessary rotation information prior to rotation switch, (b) coordinate didactics schedule and communicate changes, (c) coordinate and communicate supervisory back up information, (d) coordinate and communicate sick time off from residency (although resident is responsible to contact Educational Coordinator and Clinical Supervisor), and (e) coordinate request for completion of forms and documentation (e.g., licensure, etc.).

Additional Clinical Resources

All residents will be assigned a pager/Voalte phone and lab coat/branded fleece jacket. Additionally, all residents have the ability to check out a Chromebook computer/laptop (pediatric track) (please see the applicable institutional policy(ies) governing computer usage) and will have access to a dedicated desktop computer on each clinical rotation (adult track). All residents will also have access to office supplies, printing, internet (in accordance with internet usage policies), office phones, and voicemail. Upon completion of the Residency program, residents must return all MCW property.

Liability Protection: When providing professional services on behalf of MCW, sponsored trainees acting within the scope of their educational programs are protected from personal liability under The Medical College of Wisconsin Professional Liability Insurance Program, as approved by the Wisconsin Commissioner of Insurance.

Effective Date: July 1, 2019

Supervision Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

To ensure the Residency Program is maintaining high standards for supervision in alignment with the Guidelines for Clinical Supervision in Health Service Psychology (APA, 2014).

Policy:

Definition: “Supervision is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession. Henceforth, supervision refers to clinical supervision and subsumes supervision conducted by all health service psychologists across the specialties of clinical, counseling, and school psychology.” (APA, 2014, p. 6).

Scope: A supervisory relationship is one where an evaluative relationship is established as part of the health psychology residency. Other members of the treatment team (e.g., physician colleagues, nurse colleagues, clinic managers, and other non-psychology medical colleagues) are not considered to be supervisors, although they may provide feedback to the resident’s supervisor regarding a resident’s performance across the range of competency domains. Faculty members consulting on the resident’s scholarly project may or may not be considered supervisors, depending on the extent of an evaluative role undertaken with respect to the project. For example, the major supervisor for the project would constitute a supervisory role, but a minor consulting faculty member would not. The Training Director can determine from time to time whether a relationship is supervisory and therefore whether the relationship is covered by this policy.

Exclusions: Absent an additional evaluative component, a supervisory relationship is not established between a resident and a faculty member providing primary didactic training related to the residency program (for example, under the core didactic series).

Supervision Requirements:

- Residents are required to complete at least four hours of supervision per week for every week they are present throughout the academic year.
- Residents are also required to have at least two of the four hour per week requirement to be 1:1 individual supervision with a Wisconsin State licensed doctoral level psychologist.
- To meet these requirements:
 - Residents will complete at least two hours per week of individual supervision with their major rotation supervisor.
 - Residents will complete at least one and a half hours per week of individual supervision with their continuity clinic (BMPC) supervisor.
 - Residents will complete at least one hour per week of group supervision with the Training Director and Pediatric Track Director.

- Residents will also complete at least 30 minutes per week providing supervision to their doctoral practicum student.

Supervision Coverage:

- There are two levels of supervision coverage to account for supervisor absences.
 - **Supervision coverage on rotations:** Each rotation has two faculty psychologists with supervisory responsibility. Should a faculty supervisor be absent for any reason, the resident will have the opportunity to meet with the other faculty members for supervision in lieu of their primary supervisor as needed. Given the need for ongoing management of a case, routine supervision will not be done when a resident is scheduled to be out of the office. Any missed supervision on weeks when the resident is working must rescheduled.
 - **Supervision coverage for immediate concerns:** The Program Coordinator will track the presence and absence of all faculty supervisors associated with the program. In the case when one faculty supervisor is absent, the other supervisor on the rotation will act as back up emergency supervisor and be available via pager and in person (on site) for supervision as needed. Should both faculty members on a rotation be absent on the same day, the Program Coordinator will communicate back up supervision for immediate concerns with the (a) resident and (b) another supervisor. A supervisor will at all times be available via pager and/or in person (on site) for supervision as needed.

Location of Supervision:

- All supervision for clinical work will be provided at the same location where such clinical services are provided.
 - Except in exceptional cases, scheduled 1:1 supervision will occur at the location where clinical services are provided.
 - Group supervision will be held at the Medical College of Wisconsin HUB Building.
 - Should the resident's primary supervisor be out of the office for any reason, an on-site, back-up supervisor will be provided.

Telesupervision:

- Given the integrated health psychology focus on the residency program, clinical practice and clinical supervision will be in person, on site at MCW, FMLH, and Children's Wisconsin. Remote telehealth clinical experience as well as remote telesupervision are utilized in specific situations. Please refer to the Telesupervision policy in the manual for the circumstances when telesupervision can be used.

Oversight of Supervision:

- The Training Director will have primary responsibility and oversight for supervision of the Health Psychology Residents. Should a resident not receive sufficient supervision, the Training Director will (a) provide corrective action toward the rotation providing insufficient supervision, and (b) provide supervision to the resident on cases where supervision is insufficient.
- The Training Director also provides general supervisory oversight of the residents through integration feedback from faculty supervisors as well as the Training Committee.

Supervisory Assignments:

- Residents will have the opportunity to work with both major rotation supervisors as well

as supervisors in the continuity clinic (BMPC/PBMPC).

- *Rotations Supervisors:* The establishment of the supervision relationship will be discussed at the beginning of each rotation with the resident. Residents will generally have the opportunity to be supervised by both faculty psychologists in the rotation on practice areas that most closely align with the faculty member's practice. The resident and faculty supervisor will complete a supervision contract (please see Supervision Contract) at the beginning of each supervisory relationship.

- *Continuity Clinic (BMPC/PBMPC) Supervisors:* Residents will be assigned to a faculty supervisor for the entire academic year but may be switched at the discretion of the Training Director should the resident have concern with the assigned BMPC/PBMPC faculty supervisor. The resident and faculty supervisor will complete a supervision contract (please see Supervision Contract) at the beginning of each supervisory relationship.

Type of Supervision:

- *Live Supervision*
 - In the major rotations, live supervision will generally be used (i.e., where a resident observes a faculty psychologist and then discusses a case, or a faculty psychologist observes a resident and discusses the case). However, video and/or audio recording may also be used from time to time.
 - In the BMPC/PBMPC, residents will record their sessions via an in-room closed circuit monitoring system and/or telehealth recording. The faculty supervisor will either observe the session with the resident live or review the recorded session with the resident.
 - All residents will have live supervision on all rotations, particularly early in their training experience and/or should the supervisor feel that further direct observation is needed for feedback to develop sufficient competence.
- *Case Review*
 - Residents will staff their cases with their supervisor, discussing the details and management of the case.
- *Review of Case Files and Material*
 - Residents will be evaluated on their work product.
 - Written and oral feedback will be given on psychological reports, progress notes, and presentations.

Supervision and Diversity:

- Clinical supervisors will discuss multiculturalism in supervision across domains.
 - Supervisors will review and discuss supervision and diversity in their first meeting when establishing the supervisory relationship.
 - Supervisors will foster a culture of openness through open communication, cultural humility, and sensitivity.
 - Specifically, supervisors will encourage residents to consider the cultural impact of self and others as it applies to the provision of psychological services.
 - Supervisors will also encourage discussion of culture as it applies to the interaction in supervision.
 - Residents will demonstrate integration of multicultural competence by routinely discussing cultural and diversity related issues in supervision.
 - Supervisors will cultivate an environment where culture, worldviews, and power/privilege can be discussed openly and with cultural humility.

Minimum Number of Supervisors:

- Each resident will have the opportunity to work with *at least* 5 supervisors throughout their training year.
- Most residents will have the opportunity to work with approximately 8-10 supervisors throughout their training year.

Tracking of Supervision:

- Residents will be provided with a supervision log at the beginning of their training year.

- Residents will be expected to keep track of their supervision on a weekly basis.
- Residents will submit their supervision log to the Program Coordinator weekly for review by the Program Coordinator, Associate Training Director, and/or Training Director.

Medical Record Documentation:

- Residents will be responsible for documenting the legally responsible supervisor in the medical record.
- Clinical supervisors will attest all documentation in the medical record in a manner consistent with Froedtert Hospital, Children's Hospital of Wisconsin and the MCW compliance office policies.
- The clinical supervisor will close all medical record encounters after appropriate review of documentation and attestation.

American Psychological Association (2014). Guidelines for Clinical Supervision in Health Service Psychology. Retrieved from <http://apa.org/about/policy/guidelines-supervision.pdf>

Effective: July 1, 2018

Supervision Contract

Medical College of Wisconsin Health Psychology Residency Supervision Contract

This is an agreement between the resident _____ and the supervisor(s) _____ for the Health Psychology Residency Program at Children's Wisconsin, Froedtert & the Medical College of Wisconsin.

All parties agree to abide by the Policies and Procedures set forth in the Supervision Policy as well as the following procedures:

1. Purpose of Supervisory arrangement:
 - a. Monitor and ensure the welfare of patients seen by the resident.
 - b. Establish and develop resident's competence in Health Service Psychology, particularly as it applies to a health psychology population.
 - c. Fulfill academic requirements for resident's predoctoral residency (Internship).

2. Terms and modalities of supervision:
 - a. Term of supervision will be from _____ to _____.
 - b. Supervision will be provided by:

(** Note. The Resident will receive 2 hours/week of 1:1 supervision in their major rotation, 1 - 1.5 hours/week of 1:1 supervision in their BMPC/PBMPC rotation, and 1 hour/week of group supervision)

 - i. _____ hours per week individual supervision by faculty supervisor(s)
 - o Supervisor(s) - if multiple supervisors, please indicate the amount of supervision provided per week by each individual supervisor

 - c. Supervision will include the following modalities:
 - i. Live supervision (Supervisor, please check applicable modalities)
 - o Co-treatment
 - o Direct observation
 - o Review of audio/videotaped session
 - ii. Case review
 - o Staffing and discussion of cases involving review of details and management of the case
 - iii. Review of clinical documentation and other written material
 - o Written and oral feedback on documentation and written material
 - o Discussion of assigned readings
 - d. Residents agree to be video/audio recorded and/or directly observed as part of their training experience

3. Delineation of hours and vacation time:
 - a. Residents can expect the following approximate delineation of time in the clinical rotation:

- i. Inpatient Consults and Treatment: _____
 - ii. Outpatient Therapy Patients: _____
 - iii. Outpatient Assessment Cases: _____
 - iv. Outpatient Group Therapy: _____
 - v. Multidisciplinary Conferences: _____
 - vi. Treatment Team Consults: _____
 - vii. Documentation Time: _____
- b. Residents accrue vacation amounting to 20 vacation days for the calendar year. In order to ensure sufficient training in each major rotation, no more than 5 vacation days may be taken during each quarter (3 days of vacation per rotation or one rotation week of rotation, Monday – Wednesday of rotation; 2 BMPC/PBMPC per quarter excluding MCW observed holidays). Please see the vacation request form (Form available from Educational Coordinator).
- c. For unscheduled absences, notify your primary supervisor for that day (major rotation) and the Training Director by no later than 7:30am. Individual rotation supervisors will provide you with information on who to inform of an unexpected absence. Please note, the resident must also inform the Educational Coordinator of unplanned absences.

- d. Didactics and Scholarly Project: The resident will spend 4 hours per week in didactics/group supervision and 4 hours per week working toward the completion of a research project. Didactics/group supervision time will be Wednesday from 8:00 am - 12:00 pm. Scholarly Project time will be Friday PM from 12:30 pm - 4:30 pm.

4. Evaluation:

- a. Supervisors will continually evaluate the appropriateness of the services rendered and the professional development of the resident. Resident progress toward the defined competencies will be reviewed by the Core Health Psychology Training Faculty monthly at the Health Psychology Residency Training Committee Meeting. Progress toward development of competence will be kept in meeting minutes and the portions of the minutes relevant to each resident will be tracked in the resident file.
- b. Formal evaluation of the resident will occur at the end of each major rotation. The supervisors will evaluate the resident using standardized forms provided by the Children’s Wisconsin, Froedtert & MCW Health Psychology Residency program. A blank copy of the evaluation form will be provided to the resident at the onset of the residency program. The supervisors’ evaluations and information discussed in the Health Psychology Residency Training Committee Meeting will be used by the Training Director for development of two summative evaluations. Summative evaluations and any concerns regarding insufficient competence will be shared with the resident’s Doctoral Director of Clinical Training.

- c. Narrative feedback regarding performance across the competencies will be completed by rotation supervisors at the halfway point of the rotation. The feedback is intended to examine progress toward defined training goals. A copy will be kept in the Resident Training File.
5. Limits to Confidentiality in Supervision
- a. Generally, supervisors will maintain confidentiality in supervision, particularly as it pertains to other trainees in the program. However, certain limits of confidentiality in supervision are described below:
 - i. The health psychology residency faculty will collaboratively discuss all content and process of supervision and resident performance. The Health Psychology Core Faculty Members will convene on a monthly basis in the Health Psychology Training Committee Meeting with the purpose of reviewing progress toward clinical competence across the competencies and elements outlined in the Evaluation Forms.
 - ii. Faculty members will also gather feedback and discuss resident progress with members of their multidisciplinary team.
 - iii. A summary of this review from each faculty member will be noted and placed in the training file of each resident.
 - iv. On a biannual (half year and end of year) basis, the resident's doctoral program Director of Clinical Training will receive a summative evaluation that is derived from formal evaluations and discussion in the Health Psychology Training Committee Meeting.
 - v. Should there be an insufficient competence requiring formal remediation (please see Insufficient Competence Policy and Procedures), your doctoral program Director of Clinical Training will also be notified.
6. Documentation
- a. Intake, consult, and therapy notes: All documentation of patient care must be completed and entered in patient's electronic medical record within 24 hours of service provided
 - i. All inpatient consultation and therapy notes must be completed by the end of day the patient was seen (given the dynamic nature of inpatient practice)
 - b. Psychology reports: All documentation of patient care must be completed and sent to supervisor by: _____
 - c. Residents are expected to maintain all patient information physically on site at either FMLH or Children's Wisconsin and not remove patient information, either physically or electronically, from the facility.
 - i. Residents may utilize the secure drives for storing and sharing clinical documents with their supervisors
 - d. Residents are expected to follow all policies and procedures with regard to confidentiality and use of the electronic medical record.
7. Diversity and Equity in Supervision
- a. Supervision is a critical component of the education and training of clinical and cultural proficiency for psychologists. As such, issues of equity, cultural humility, and power and privilege are central in supervision. The following guidelines are meant to establish programmatic norms and to facilitate integration of multicultural topics and discussion throughout training and supervision.

- b. Culture of Openness
 - i. Both supervisors and residents will strive to create an effective supervisory space for both supervisor and resident, conducive to discussing, processing, and learning from issues of diversity, inclusion, and culture. This will be achieved through qualities, including but not limited to, cultural humility and sensitivity, collegiality, and open communication.
 - c. Self-awareness
 - i. Supervisors will strive to model multicultural competence across their professional roles, including through discussion of their own cultural identity and the impact their identity may have on patients, trainees, and the supervisory relationship. Given supervisors' position of relative power, supervisors are responsible for ensuring that cultural issues are attended to in supervision. Supervisors recognize the significance of discussing vulnerable issues in supervision and respect residents' willingness to discuss aspects of their social identity and experiences. Supervisors strive to foster a trusting and safe supervisory space and facilitate greater multicultural responsiveness and competence through training.
 - ii. As residents are tasked to progress towards greater multicultural complexity and responsiveness, residents are supported in utilizing the supervisory space to demonstrate self-reflection about their understanding of diversity in clinical practice, including attitudes, knowledge, and skills. Residents are encouraged to bring forward issues of culture, privilege, and marginalization experienced throughout training.
 - d. Collaborative Open Communication
 - i. Supervisors and residents will be open to discussions of conflicts or challenges as it applies to patient cases and/or the supervisory relationship. Supervisors and supervisees will strive for non-defensiveness in difficult conversations.
 - ii. Psychologists are not insulated from internalizing and perpetuating biases at some level, including within the supervisory context. Supervisors and residents strive to be open, non-defensive, curious, and growth-oriented about dynamics experienced in the supervisory relationship and work collaboratively to identify and manage issues as they arise. Supervisors and residents will discuss dynamics in supervision impacted by cultural identity, including microaggressions. When differing perspectives or microaggressions occur, supervisors and residents will work together to achieve mutual understanding, a strengthened supervisory relationship, and progress towards training goals. This will be supported by acknowledgment of their own and each other's identities, social locations, and their influence in the process of supervision, open and honest dialogue, as well as mutual investment to appreciate multicultural complexity and center marginalized perspectives.
 - iii. Should open communication be difficult, consultation with other training supervisors or the Training Director is welcomed with the goal of facilitating open discussion in the primary supervisory relationship.
8. Professionalism:
- a. The dress code is business casual.

- b. Residents are expected to act in accordance with professionalism expected of psychologists both with other professionals and within the clinical supervision relationship.
 - c. Supervisors are expected to respect professional boundaries with their supervisees (please see Supervision Guidelines).
9. Crisis Management Procedure: Please see Appendix A for rotations and the BMPC/PBMPC Orientation Manual for the BMPC/PBMPC Clinic.
- a. The supervisor will provide contact information and instructions on when to use different contact forms
 - b. The supervisor will provide crisis management procedures and review them with each resident (please see below).

I, _____ [resident] understand that I am expected to take part in the full range of clinical activities undertaken in this placement. I will be exposed to, and expected to use a variety of psychology models, which will be applied to a range of clinical problems with a variety of clients.

I _____ [resident and supervisor] will be expected to engage fully and professionally in the supervisory relationship as outlined in the Supervision Policy and Guidelines for Clinical Supervision.

I _____ [resident] will be expected to track supervision as outlined in the Supervision Policy found in the Policy and Procedures Manual. I am also expected to keep records of session with clients in a timely manner (within 24 hours), write reports promptly (within a reasonable time as outlined by the Clinical Supervisor), to work as a member of a multidisciplinary team where appropriate, and to attend rotation rounds or case conferences.

It is expected that on average I will see _____ patients per week on this rotation. I shall keep an up-to-date clinical log and supervision log during my rotation, to be readily available and signed by my supervisors.

I agree, to the best of my ability, to uphold the directives specified in this supervision contract and to conduct myself in a professional manner in accordance with the APA ethical code.

Resident: _____ Date: _____

Supervisor: _____ Date: _____

Appendix A

Crisis Management Procedure: All FMLH Rotations

- Outpatient Suicidal Ideation/Homicidal Ideation: Assess for imminent risk: plan, intent, access, and named individual (HI)
 - If imminent risk:
 - Contact Froedtert Security (414-805-2828), either from your office or inform clinic staff to call
 - Page supervisor, or inform clinic staff to page
 - If no threat to you, attempt to maintain rapport and engagement
 - If no imminent risk:
 - Schedule follow-up visit
 - Discuss safety plan: Call 911 or go to nearest Emergency Department if suicidal ideation is expressed with a plan or the intent to kill oneself
 - Have patient verbalize understanding and agree
 - If patient does not – reassess for imminent risk
 - Reinforce patient may call to schedule earlier, but office # is not emergency number and to use 911/ED in emergency
 - Page supervisor as necessary

- Inpatient SI/HI:
 - Assess for risk as above for documentation
 - If imminent: Has Inpatient Psychiatry been consulted? If not, recommend a consult to psychiatry be placed.
 - Consult supervisor.

- Outpatient Threatening Language and/or Behavior
 - Ensure your safety (e.g., leave the room; end the session)
 - Contact Froedtert Security (414-805-2828) as necessary, or contact clinic staff to do so
 - Page supervisor as necessary

Crisis Management Procedure: All Children's Wisconsin Rotations

Patients being evaluated or treated for behavioral health conditions may experience suicidal ideation. All patients 10-years and older who are being evaluated or treated for behavioral health condition as their primary reason for care will be assessed for suicidal ideation using a validated screening tool.

1. Screen all patients 10-years and older at the initial contact and as clinically indicated at subsequent visits.
 - a. If the patient has been observed seriously harming themselves or has engaged in seriously harming themselves assess the situation and consider calling the Rapid Response Team or Code if warranted. Off-site clinics would call 911.
 - b. If the screen is negative, no further action is needed at that time.
 - c. If the screen is positive, the provider will immediately assess the severity of the suicidal ideation and develop a plan for care.
 - d. For patients 17 years or younger, notify the parent/legal guardian of the minor patient about the screening results and provide education. For patients 18 years or older, patient must consent to notification of anyone unless there is a court appointed legal guardian.
 - e. Provide a safe environment and assign a staff member to remain with the patient at all times. If you are unable to provide a safe environment, engage the Clinic Leader on call, Security Services or call 911.
 - f. If there is a Medical Social Worker assigned to the clinic, the provider should contact the assigned Medical Social Worker directly to complete an assessment and/or assist with safety and disposition planning. The Medical Social Worker will do the following:
 - Meet with the patient and family to complete an assessment. The assessment will be completed in person, if available.
 - Once the Medical Social Worker has completed the assessment, they may contact Psychiatry with questions or concerns.
 - Provide education/information including crisis phone numbers and behavioral health community resources.
 - Liaison with community agencies, including, but not limited to, law enforcement, community mental health services and County Crisis Team, if necessary.
 - Coordinate with Licensed Mental Health Provider on plan.
 - g. If there is no Medical Social Worker assigned to the clinic, provider should contact Family Services (414-266-3465) Monday- Friday between 8am and 4:30pm and ask to speak with a Medical Social Worker. If the provider is seeking assistance outside those hours, the provider should refer to On-Call schedule.
 - h. Document level of risk by an evidence-based tool, actions taken and plan of care in the EHR.

Inpatient units will screen all patients 10-years and older at the initial contact and as clinically indicated at subsequent visits.

- If there is a Medical Social Worker assigned to the clinic, provider should page clinical supervisor and contact assigned Medical Social Worker directly to complete an assessment and/or assist with safety and disposition planning.
- If there is no Medical Social Worker assigned to the clinic, provider should contact Family Services (414-266-3465) Monday- Friday between 8am and 4:30pm and ask to speak with a Medical Social Worker. If the provider is seeking assistance outside those hours, the provider should refer to On-Call schedule.

Telesupervision Policy

Applies To:

Residents of the Health Psychology Residency Program

Purpose:

This policy sets forth the standards for use of telesupervision in the Health Psychology Residency Program

Policy:

Definitions:

Supervision: An interactive educational experience between the resident and supervisor. The relationship between supervisor and resident must be evaluative and hierarchical, extend over time, and have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession.

Telesupervision: Supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee.

Telesupervision for immediate concerns: Coverage provided by a licensed clinical supervisor, who maintains the full professional responsibility for clinical cases, in the virtual environment for clinical practice in a virtual environment.

Scheduled Telesupervision: Scheduled supervision that occurs when a resident and supervisor are in remote settings and supervision is completed via HIPAA secure videoconferencing platform.

Philosophy, Program Aims, and Rationale for Remote Telehealth and Telesupervision:

As a training program focused on integrated behavioral health, the clinical practice and supervision at MCW, Froedtert Hospital, and Children's Wisconsin, are generally suited to in person modalities. Psychology residents are on site at MCW when providing clinical care, both in person and telehealth, except when noted below. Scheduled supervision is provided in person, on site. Yet, recent technological advances have created opportunities for alternate supervision methods including videoconferencing. In some instances, telesupervision may in fact be necessary to provide oversight to the clinical activities of trainees. At MCW telesupervision is used as an alternative method as specified below, increasing access to supervision, when necessary, but is not to be used out of convenience.

Telesupervision is considered under two different scenarios:

- 1) telesupervision supervision coverage for immediate concerns should a situation for remote telehealth clinical work be required; and
- 2) regularly scheduled supervision via telesupervision should a situation for remote telehealth work be indicated.

Please see the program defined indications for telesupervision:

Telesupervision Indications: Telesupervision may be used only under the following circumstances:

1. Inclement weather closes the physical space of the clinic(s), but it remains possible to complete regularly scheduled supervision in a virtual environment.

2. Inclement weather makes travel to work hazardous resulting in **affiliate clinic** (Froedtert Hospital, Children's Wisconsin and/or MCW) administrator direction to switch from in person to a virtual environment.
3. A resident or supervisor has asymptomatic COVID but has not yet completed the mandatory 5-day quarantine period in accordance with MCW, Froedtert, and/or Children's Wisconsin policies but is otherwise healthy.

Procedure:

Should one of the telesupervision circumstances above be indicated, the clinical supervisor will first determine whether the resident is ready to engage in remote telehealth and/or telesupervision. Faculty will assess and determine readiness as noted in the points below:

Readiness for telesupervision:

Telesupervision for immediate concerns:

1. The trainee must have successfully completed all program provided telehealth training.
2. A supervisory relationship must be established in person between the supervisor and the trainee prior to use of telesupervision.
3. The trainee must have an active supervision contract.
4. The primary supervisor has determined that the resident is demonstrating sufficient competency to safely provide telehealth services and to use telesupervision for immediate concerns.
5. In the event the rotation/clinic supervisor(s) are not available then the supervision will be provided by the training director(s).

Scheduled Telesupervision:

1. The trainee must have successfully completed all program provided telehealth training.
2. A supervisory relationship must be established in person between the supervisor and the trainee prior to use of telesupervision.
3. The trainee must have an active supervision contract.
4. In the event the rotation/clinic supervisor(s) are not available then the supervision will be provided by the training director(s).

Pivoting to Remote Telehealth Practice and/or Scheduled Supervision:

After readiness for remote clinical practice and/or clinical supervision has been determined, the *Remote Telehealth and Telesupervision Form* will be completed by the clinical supervisor, and reviewed and given signature approval by the Training Director, prior to initiation of any telehealth or telesupervision activities. The form will be completed electronically and submitted to the educational coordinator and the track director for review and approval ensuring that the practice of telehealth is conducted in a manner consistent with the program philosophy, policies, and procedures. The form will be reviewed with the resident and a copy will be provided to the resident as a supervision resource when working off site.

The form outlines:

- The licensed supervisor who maintains full professional responsibility for clinical cases and that supervisor's contact information
- The time/date of the telehealth practice period
- The type of supervision provided (for immediate clinical concern vs. scheduled supervision)
- Total time in virtual supervision

- The indications for telehealth/telesupervision pivot (from options above)
- The procedure for contacting the supervisor for non-scheduled consultation and crisis coverage
- How the resident can add the supervisor into the telehealth session
- The assurances of patient confidentiality

Remote telehealth work and/or telesupervision may not be available for all clinical activities which will be determined by the clinical supervisors of those activities (e.g., inpatient consult services). The clinical supervisors will make this determination based on the clinical indication and patient need(s) as well as program stipulations.

When telesupervision is necessary trainees and supervisors will adhere to telehealth standards as provided in the program policies and procedures manual and taught to residents during the orientation period.

When telesupervision is provided, the following attestation statement will be used in the patient's medical record:

Remote supervision was provided and available throughout the duration of the service. "The encounter was discussed in supervision as documented in the note and that a plan for follow up was determined. At all times during the encounter the supervisor remained available by video call, telephone, instant electronic messaging and email throughout the session."

In the event a crisis occurs during a session in which telesupervision is utilized the trainee will remain in the session with the patient while the supervisor is notified in real time in accordance with identified rotation procedures and described in the Remote Telehealth and Telesupervision Form.

Program Monitoring of Telesupervision

The Program will monitor the use of telesupervision through use of the Remote Telehealth and Telesupervision Form, monitoring the time, indication, and appropriateness of telesupervision. The forms will be reviewed by the Training Director and will be kept as program records.

Remote Telehealth and Telesupervision Form

Remote Telehealth and Telesupervision Form (Completed by Clinical Supervisor Prior to Telehealth Activities)

Resident Name and Location: _____

Supervisor Name and Location: _____

Date(s) of Services Covered by Telesupervision: _____

Type of Supervision Provided:

Oversight of immediate clinical concern

Total time of virtual clinical coverage: _____

Clinical supervision

Total time in virtual individual supervision: _____

Total time in virtual group supervision: _____

Reason for Telesupervision:

Inclement weather closes the physical space of the clinic(s) but it remains possible to complete patient visits in a virtual environment

Inclement weather makes travel to work hazardous resulting in administrative guidance allowing patients and staff to reschedule in person appointments to virtual appointments

A clinical supervisor or resident has asymptomatic COVID but has not yet completed the mandatory 5-day quarantine period in accordance with MCW, Froedtert, and/or Children's Wisconsin policies.

How to contact supervisor in the event of an emergency:

How to add supervisor to a clinical visit:

What confidential space and equipment will be used to ensure privacy:

When supervision is switch to telesupervision the supervising psychologist affirms:

- The resident has achieved an appropriate level of training in telehealth as demonstrated by _____ to competently abide by the policies outlined herein.
- The supervisor approves telehealth and telesupervision before the start of the clinical work provided.
- The supervisor was available to the trainee throughout the duration of provision of clinical care conducted by the trainee.
- Trainees and supervisors adhered to telehealth standards as provided in the policies and procedures manual.
- In the event of a crisis occurring during a session in which telesupervision is utilized the trainee remained in the session with the patient while the supervisor was notified in real time in accordance with identified rotation procedures.

Supervisor Signature and Date: _____

Resident Signature and Date: _____

Time Off Request Form

Resident Name:

Date submitted:

Leave type (vacation, education, planned sick, etc.) *Circle please*

Rotation	EXACT Dates away from rotation	Scheduling Notification***	Supervisor Signature & <i>PRINT their name</i>

Total # of days off:

First date returning to rotation:

Residency Director's Signature:

Department of Psychiatry
Health Psychology Resident Vacation and Leave Policy

- * Residents must request time off at least 60 days prior to the time taken off to ensure adequate schedule management. Dissertation release time should be requested as soon as possible, preferably at least 30 days prior to the absence. Exceptions can be made on a case-by-case basis by the Training Director.
 - * In order to ensure sufficient training experiences, residents may not miss more than one week of training per quarter, excluding MCW observed holidays, (i.e., three days of rotation is one week; two days of BMPC/PBMPC is one week). Exceptions may be considered on a case-by-case basis as approved by the Rotation Supervisor and Training Director. Vacation leave is not automatically granted and must be negotiated with the Training Director in advance to ensure adequate schedule cancellation notification. Vacation will not be granted on the last day of the training year due to off-boarding requirements, excluding visa accommodations.
 - * The leave request form must be signed by the rotation supervisor PRIOR to submission for the Residency Director's signature.
 - * Failure to comply with these procedures may mean denial of the vacation request
- *** Please list which clinic staff you informed about your time off and verify that your schedule has been cancelled for that time.

Relevant Medical College of Wisconsin Corporate Policies and Procedures

Americans with Disabilities Act Amendments Act

Corporate Policies and Procedures: Human Resources (HR) Americans with Disabilities Act Amendments Act

Category: Employment (EE)

Policy #: HR.EE.020

Applies to: All employees

Anti-Harassment and Non-Discrimination

Corporate Policies and Procedures: Administrative and Organizational (AD) Anti-Harassment and Non-Discrimination

Category: Conduct and Conflicts (CC)

Policy #: AD.CC.050

Applies to: MCW Employees and Students

Benefit Eligibility- Exempt Staff

Corporate Policies and Procedures: Human Resources (HR)

Category: Benefits (BN)

Policy #: HR.BN.020

Applies to: MCW Exempt Staff excluding Staff Physicians

Corrective Action and Rules of Employee Conduct

Corporate Policies and Procedures: Human Resources (HR) Corrective Action and Rules of Employee Conduct

Category: Employee Relations (ER)

Policy #: HR.ER.050

Applies to: All employees are subject to all job performance standards and Rules of Employee Conduct. Only Exempt and Non-Exempt Staff are covered by the corrective action procedures as outlined in this policy.

Document Retention

Corporate Policies and Procedures: Administrative and Organizational (AD) Document Retention

Category: Governance, Legal and Risk Management (LG)

Policy #: AD.LG.020

Applies to: All MCW Departments and Personnel

Email Usage

Corporate Policies and Procedures: Information Technology (IT) Email Usage

Category: Information Services (IS)

Policy #: IT.IS.040

Applies to: All Medical College of Wisconsin (MCW) Faculty, Staff and Students

Equal Employment Opportunity and Affirmative Action

Corporate Policies and Procedures: Human Resources (HR) Equal Employment Opportunity and Affirmative Action

Category: Employment (EE)

Policy #: HR.EE.010

Applies to: All employees

Inclement Weather and Other Emergencies

Category: Workplace (WP)

Policy #: AD.WP.010

Applies to: MCW Employees

Leave of Absence- Family Medical Leave (Federal/WI), Non-FMLH Medical Leave, Military Leave and Personal Leave

Corporate Policies and Procedures: Human Resources (HR)

Category: Benefits (BN)

Policy #: HR.BN.080

Applies to: All employees

Paid Time Off- Staff and Paid Student Learners

Corporate Policies and Procedures: Human Resources (HR)

Category: Benefits (BN)

Policy #: HR.BN.060

Applies to: Exempt Staff

Prohibiting Sexual Harassment and Abuse in Education Programs

Category: Conduct and Conflict (CC)

Policy #: AD.CC.080

Applies to: All MCW Employees (Faculty, Exempt and Non-Exempt Staff, Post-Doctoral Fellows), Students, and Volunteers

Recruitment-Staff

Corporate Policies and Procedures: Human Resources (HR) Recruitment- Staff

Category: Employment (EE)
Policy #: HR.EE.030
Applies to: Full-Time Exempt and Non-Exempt Staff

Staff Conflict Resolution

Corporate Policies and Procedures: Human Resources (HR) Staff Conflict Resolution

Category: Employee Relations (ER)
Policy #: HR.ER.080
Applies to: Current exempt and non-exempt employees who have completed six continuous months of employment and who have successfully completed an initial trial period.

Staff Employee Handbook

Corporate Policies and Procedures: Human Resources (HR) Staff Conflict Resolution

Category: Human Resources (HR)
Applies to: Current MCW Staff

Use of Electronic Equipment

Corporate Policies and Procedures: Information Technology (IT) Use of Electronic Equipment

Category: Information Services (IS)
Policy #: IT.IS.030
Applies to: All Employees

Relevant Children's Wisconsin Corporate Policies and Procedures

Assessment, Reassessment, Documentation of a Patient

https://pnp.chw.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Patient%20Care%20Published1/Assessment,%20Reassessment,%20Documentation%20of%20a%20Patient.docx&action=default

CATEGORY: Children’s Hospital and Health System Patient Care Policy and Procedure

POLICY: Every child and family is assured of receiving a defined level of comprehensive, quality care as specified by the core philosophies of patient care and nursing. Care, treatment, and services are provided in an interdisciplinary, collaborative manner as appropriate to the needs of the patient. Patient outcomes are prioritized, and a mutual plan of care is developed in collaboration with the patient and family. The assessment process will be used throughout the patient’s care encounter to support continuity of care. Refer to CHW P&Ps “Plan for the Provision of Patient Care” and “Philosophy of Nursing”. This policy highlights common areas of assessment, reassessment, and documentation. It is NOT inclusive of all assessments/reassessments/documentation. If you have questions or concerns, please consult with your department/area leadership team.

APPLIES TO: All CHHS Departments and Personnel

Code of Employment Conduct

https://pnp.chw.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Human%20Resources%20Published/Code%20of%20Employment%20Conduct.docx&action=default

CATEGORY: Children’s Hospital and Health System Human Resources Policies and Procedures

POLICY: A code of employment conduct is defined to ensure the safety and well-being of the patients, clients, visitors, employees and students of Children’s Hospital and Health System (“Children’s”).

APPLYS TO: All CHHS Departments and Personnel

Communication: Internal and External

https://pnp.chw.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Administrative%20Published1/Communication%20Internal%20and%20External.docx&action=default

CATEGORY: Children’s Hospital and Health System Administrative Policy and Procedure

POLICY: It is the policy of Children’s Hospital and Health System (CHHS) to present a unified, cohesive and coordinated image of CHHS to the communities and constituencies that we serve. CHHS recognizes the importance of effective internal and external communication. All communication must adhere to the federal Health Insurance Portability and Accountability Act and CHHS policies and procedures, including but not limited to the “Cyber Security Policies and Standard Handbook”, “Cyber Security Procedures”, and the “Code of Business Conduct”.

Communication must be targeted to appropriate audiences and demonstrate respect and value for co-workers, colleagues, patient and client families and other stakeholders who interact with CHHS. All marketing communication representing any CHHS entity, program, product or service is conducted in collaboration with the Marketing and Communication Department, and it is strongly recommended that mass internal communication be conducted in collaboration with Marketing and Communication.

APPLYS TO: All CHHS Departments and Personnel

Corrective Action and Performance Improvement Plans

https://pnp.chw.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Human%20Resources%20Published/Corrective%20Action%20and%20Performance%20Improvement%20Plans.docx&action=default

CATEGORY: Children’s Hospital and Health System Human Resources Policies and Procedures

POLICY: Children’s Hospital and Health System (Children’s) supports a “Just Culture” system of shared accountability. With this understanding, it is sometimes necessary for leaders to take corrective measures when employees violate Children’s policies or practices. This may include the Code of Employment Conduct policy, Children’s Values or display performance that is below standards. Within a Just Culture there is an understanding that humans are fallible; and corrective measures are designed to improve performance and encourage desired behavioral choices.

Corrective measures are progressive in nature unless, in the opinion of Children’s, the employee’s actions necessitate immediate and decisive corrective measures, including suspension and/or discharge.

APPLYS TO: All CHHS Departments and Personnel

Equal Opportunity

https://pnp.chw.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Human%20Resources%20Published/Equal%20Opportunity.docx&action=default

CATEGORY: Children’s Hospital and Health System Human Resource Policy and Procedure

POLICY: It is the policy of Children’s Hospital and Health System (“Children’s”) that we will not discriminate against any employee, applicant for employment or eligible client because of race, color, creed, religion, sex, physical condition, developmental disability, sexual orientation, marital status, national origin, age, ancestry, citizenship, arrest record, conviction record, disability, genetic information, membership in the national guard, state of defense force or other reserve component of the military forces of the United States or Wisconsin, use or nonuse of lawful products off Children’s premises during nonworking hours, or other legally protected status, as required by law. We pledge to take affirmative action to ensure that all qualified applicants and employees are treated equally in areas including, but not limited, to recruitment; employment, hiring; selection for training (including apprenticeship), transfers, upgrades and promotions; demotions; rates of pay and other forms of compensation; corrective action; reduction in force, termination, or layoff; and participation in Children’s-sponsored benefit, educational, social and recreational programs. Children’s also does not discriminate against participants, beneficiaries, applicants, or employees on the basis of disability in violation of Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794).

Children's will not subject any employee or applicant to harassment, intimidation, threats, coercion, or retaliation for participating in activities related to the administration of laws requiring affirmative action and equal employment opportunity, for opposing any actions made unlawful by those laws, or for exercising any other rights protected by those laws. To assist Children's in complying with all applicable equal opportunity rules, regulations and guidelines, Thomas Shanahan is appointed as our Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service with this employee. Discrimination complaint resolution is also available through our Problem Resolution Process Policy (Refer to the HR Policy "Problem Resolution Process").

APPLYS TO: All CHHS Departments and Personnel

Information Security

<https://pnp.chw.org/layouts/15/WopiFrame.aspx?sourcedoc=/Administrative%20Published1/Information%20Security.docx&action=default>

CATEGORY: Children's Hospital and Health System Administrative Policy and Procedure

POLICY: Children's Wisconsin (CHW) Executive Management has assigned the Information Services Security Team with the responsibility for developing, maintaining, and communicating a comprehensive information security program to protect the confidentiality, integrity, and availability of corporate information resources and customer information assets ("Information Assets"). The establishment, implementation, and management of the Information Security Program involves creating, administering, and overseeing policies to ensure the prevention, detection, containment, and correction of security breaches, through standardized risk management principles.

APPLIES TO: ALL CHHS

Reasonable Accommodations

<https://pnp.chw.org/layouts/15/WopiFrame.aspx?sourcedoc=/Human%20Resources%20Published/Reasonable%20Accommodations.docx&action=default>

CATEGORY: Children's Hospital and Health System Human Resources Policies and Procedures

POLICY: Children's Hospital and Health System (Children's) is committed to treating individuals with disabilities or with a need for accommodation fairly. Children's complies with the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964, and all similar applicable state and local laws. As outlined in the Equal Opportunity and Harassment / Bullying / Disruptive Behavior policies, Children's prohibits discrimination against qualified employees and job applicants because of an individual's disability, perceived disability or religious beliefs. Consistent with these policies, Children's provides equal employment opportunities for jobs and equal access to facilities for qualified individuals with disabilities. Accordingly, Children's will provide reasonable accommodations to qualified individuals unless doing so would create an undue hardship based on Children's needs.

APPLYS TO: All CHHS Departments and Personnel

Relevant Froedtert Hospital Corporate Policies and Procedures

Appropriate Use of Technology Policy

Name: Cellular Phones and Other Transmitting Devices
Policy Number: FH-IT.301
Last Review Date: 05/17/2022
Next Review Date: 05/17/2025
Policy Number: FH-IT.025 FH-IT.301
Origination Date: 02/28/2021
Supersedes: CPA.0047, SJH.ADM.018, 87400-004 Supersedes: • E-mail and Internet Usage Policy • Device and Media Controls • Personal Computer Software Standards and Licensing • Internal Wireless Communications System • Mobile Device Procurement and Usage Policy Amends: • CYBERSECURITY BASELINE POLICY o Section A) o E) Acceptable Use o F) Use of the Internet o G) Monitoring Use of Computer Systems o I) Application and System Security (part b only) o S) Connecting Devices to the Production Network
Purpose: To define appropriate uses, processes and controls to protect Froedtert Health, its staff and its resources from the risks associated with use of the Internet, Intranet and e-mail systems Information technology plays an integral part in the fulfillment of Froedtert Health's research, education, administrative, and patient care. Users of Froedtert Health's IT resources have a responsibility not to abuse those resources and to comply with the policies, culture, and mission established by the organization's leadership and regulatory requirements. The health and security of Froedtert Health's environment and data starts at the actions and activities of its workforce. It is the responsibility of every member of our workforce to adhere to the guidelines and requirements to ensure the integrity, reliability, availability, and security of Froedtert Health's information and technical environment. This policy sets the minimum expectations for all Froedtert Health Workforce to protect our patients and the organization while using Froedtert Health's information systems. In addition, this policy defines the boundaries of appropriate use of Froedtert Health information technology and information resources.

Froedtert Code of Business Conduct

Please reference the FMLH Intranet for full access.

Froedtert

*Good Compliance Sense
Makes Good Business Sense*

Code of Business Conduct

**Please note that the
Code of Business Conduct
does not create any contract of
employment, express or implied,
between Froedtert Health or any of its
affiliated organizations and any individual.**

Froedtert Code of Corporate Ethics

Name: Code Of Corporate Ethics
Last Review Date: 12/08/2021
Next Review Date: 12/08/2024
Description: Code of Corporate Ethics, Compliance, Code of Conduct, Staff Behavior, Staff Conduct, Patient Rights, Conflict Resolution
Policy Number: FH-COM.032
Origination Date: 11/01/2011
Supersedes: CPA.0096, 80100-071
Purpose: To set forth a code of ethical behavior designed to help improve patient outcomes by respecting each patient's rights and conducting business in an ethical manner.

Froedtert Confidentiality Policy

Name: Confidentiality Policy
Last Review Date: 04/25/2022
Next Review Date: 04/25/2025
Description: Confidentiality, Compliance, PHI, Confidential, Confidentiality Policy
Policy Number: FH-COM.062
Origination Date: 07/01/2014
Purpose: A. To outline the responsibility, expectations and accountability for all Workforce Members to maintain and protect the confidentiality of patient, workforce and other business information at Froedtert Health (FH).
B. To describe the consequences for failing to comply with the rules, and expected behaviors or actions.

Froedtert Equal Employment Opportunity Policy

Name: Equal Employment Opportunity

Last Review Date: 03/01/2021

Next Review Date: 03/01/2024

Policy Number: FH-HR.010

Origination Date: 06/01/2010

Purpose: The purpose of this policy is to provide guidelines for the equitable and non-discriminatory recruitment, hiring, and administration of Human Resource policies and procedures.

Froedtert HIPAA Privacy Definitions

Name: HIPAA Privacy Definitions
Last Review Date: 06/29/2021
Next Review Date: 06/29/2024
Description: HIPAA Privacy Definitions, Definitions, Compliance, Compliance Definitions
Policy Number: FH-COM.031
Origination Date: 11/01/2011
Purpose: A. To provide a listing of definitions that will be consistently used throughout all Froedtert Health Policies related to HIPAA Privacy.

Froedtert Non-Discrimination Policy

Name: Non-Discrimination Policy
Last Review Date: 10/09/2020
Next Review Date: 10/09/2023
Policy Number: CP CR2.4
Origination Date: 08/01/2010
Policy: The CP Board of Directors and CP Credentialing Committee members shall not make credentialing and re-credentialing recommendations or decisions based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures (i.e., Abortion) or patients (i.e., Medicaid) in which the practitioner specializes.