

POLICY AND PROCEDURE MANUAL

Froedtert and the Medical College of Wisconsin
Clinical Health Psychology Fellowship
2026-2027

Clinical Health Psychology Fellowship
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 Clinical Health Psychology Post-Doctoral Fellowship Program. The purpose of this manual is to provide copies of the relevant policies associated with the Clinical Health Psychology Post-Doctoral Fellowship Program and provide reference to the most up-to-date, relevant Medical College of Wisconsin (MCW) and Froedtert Hospital (FMLH) policies and procedures. A list of the relevant MCW and FMLH 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 Clinical Health Psychology Post-Doctoral Fellowship Program. In addition to the policies and procedures outlined in this manual, Clinical Health Psychology Post-Doctoral Fellows 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>) and Froedtert Hospital (available via the Intranet webpage, Scout, accessible via Froedtert Hospital network computers: <https://intranet.froedtert.com/policies>).

Any questions related to these policies and procedures may be directed to the Training Director of the Clinical Health Psychology Post-Doctoral Fellowship.

Clinical Health Psychology Post-Doctoral Fellowship Program Policies and Procedures

Application and Selection Procedures

Applies To:

Fellows of the Clinical Health Psychology Post-Doctoral Fellowship 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 have graduated from an APA-accredited graduate program in clinical or counseling psychology. Applicants should have all degree requirements completed and a doctoral degree conferred prior to the start of the Clinical Health Psychology Post-Doctoral Fellowship Program. Froedtert and the Medical College of Wisconsin encourages applicants from under-represented minority groups, women, and those with disabilities to apply.

Given the health psychology and academic medicine focus of this fellowship, candidates with relevant training, internship/residency, 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 will need to have significant experience working with adults and have experience working with patients with a comorbid medical diagnosis.

This fellowship seeks to train Clinical Health Psychologists; as such, those interested in practicing health psychology and behavioral medicine in a clinic, hospital, or academic medical setting will be preferred. Applicants seeking board certification in Clinical Health Psychology are also preferred. A preferred candidate would have a breadth of experience in general adult mental health (assessment, testing, and therapy) as well as at least one practicum in a health setting and internship/residency with clinical experience in health psychology. Relevant health psychology research is considered during the selection process, particularly as it pertains to population health; however, clinical experience is more heavily weighed.

Required qualifications:

- Completion of a PhD or PsyD from an APA-accredited doctoral program in clinical or counseling psychology
- Completion of degree requirements and doctoral degree conferral prior to the start of fellowship.
- Strong core clinical/counseling psychology psychotherapy and assessment experience
- Strong background in health psychology in internship/residency and/or practicum (e.g., hospital, academic medical center, integrated primary care)
- Interest in pursuing career in health psychology

Preferred qualifications:

- Interested in pursuing board certification in Clinical Health Psychology
- Primary clinical experience/interest with adults
- Experience with empirically validated treatment approaches
- Experience with health psychology behavioral interventions
- Strong assessment background with experience in health psychology assessment

Required materials:

- APPA
- Curriculum vitae illustrating past clinical and relevant research experience
- Cover letter
- Graduate transcript
- Three letters of recommendation

Based on the aforementioned qualifications, a select group of applicants will be invited to interview via virtual interviews. Applicants who do not meet the required qualifications will not be considered for an interview and will be provided with proper notice. The Fellowship 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 Fellowship. Notification of interview status will be given no later than January 2. Interview applicants will be rated based on the criteria above. The Fellowship Selection Committee will review the rating forms in a final ranking meeting and create the final offer list.

Effective Date: July 1, 2019

Didactics Attendance Policy

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

This policy sets forth the standards necessary for attendance at didactics.

Policy:

Didactics are an integral part of the Clinical Health Psychology Post-Doctoral Fellowship, providing didactic training on multiple levels of specialty practice for Clinical Health Psychology. As such, attendance and active engagement in didactics is essential to meeting the competency requirements for successful completion of fellowship.

Didactics are scheduled on Wednesdays, typically at the MCW HUB/Center for Collaborative Medicine; however, occasionally, didactics will be scheduled at affiliate institutions (e.g., Froedtert Memorial Lutheran Hospital, Milwaukee VAMC) and/or presented by a presenter using video conferencing technology. All fellows will complete a general set of didactics (6 sessions per month: one weekly, plus two weekly on two weeks per month). A didactics schedule will be provided to the fellows at the beginning of the academic year. Fellows will then populate the additional two to three didactics per month with fellowship didactics that meet their specific rotation specializations. This will be outlined in the Fellowship Individualized Educational Plan. Fellows will document the elected didactics in their Fellowship Individualized Educational Plan. Revisions made to the schedule will be communicated to the fellow via the Educational Coordinator.

Fellows are required to attend all didactics in person/camera on, consistent with the didactic format (virtually or in person). Exceptions to in person didactic attendance includes vacation, illness, or family emergency. In these cases, it is the responsibility of the fellow to inform the Training Director and Program Coordinator 7 days prior to the absence, unless in the case of an emergency. It is the responsibility of the fellow to obtain the readings, PowerPoint presentations, and information presented in the didactic.

In the event a fellow misses 5 didactics outside of excused absences from the office, a plan will be created with the Training Director to improve didactic attendance. Should this occur, the fellow will also be responsible for a content paper on the topics missed in the didactics presentations to ensure adequate competence.

Effective Date: July 1, 2019

Professional Development Leave Policy

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

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

Policy:

Froedtert and the Medical College of Wisconsin Clinical Health Psychology Post-Doctoral Fellowship values post-doctoral fellow engagement with research and scholarly work. As such, conference release time is available, typically not to exceed 5 business days per academic year, but up to the discretion of the Training Director. Conference release time (up to 5 days) does not count against fellow vacation and/or sick time.

Fellows are allowed to attend one conference per year (without presenting) using professional development leave time. The conference should be relevant to the fellow's work in Clinical Health Psychology. To qualify for conference release time beyond that, the fellow must be presenting at the conference. Fellows are allowed to use professional development release time for job interviews and EPPP study (up to the 3 days for EPPP study and 5 days total allotment for all professional leave days). For all professional development leave requests, fellows should make the request to the Training Director and Program Coordinator in writing via the Time Off Request Form and present the conference program to the Educational Coordinator. The Training Director will authorize the leave commensurate with the educational and travel requirements of the conference. Fellows will be provided with notice via the signed Time Off Request Form if their request has been approved or denied.

Effective Date: July 1, 2019

Grievance Policy and Procedures for Clinical Health Psychology Post-Doctoral Fellowship Program

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

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

Policy:

The Froedtert and the Medical College Clinical Health Psychology Post-Doctoral Fellowship Program seeks to review and resolve in an appropriate, effective and timely manner certain grievances, as described herein, raised by a Post-Doctoral Fellow. A Fellow 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 fellow, including mistreatment and/or failure to abide by Program policies and procedures.
- Inappropriate conduct by MCW Affiliate (including Froedtert) staff toward fellow
- 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 Clinical Health Psychology Post-Doctoral Fellows 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 fellow has a grievance subject to this policy, they should first address this matter with an immediate supervisor as soon as possible (e.g., within 7 days). Fellows may also consult with another clinical supervisor and/or the Fellowship Training Director on matters for informal resolution. If the fellow is not comfortable bringing the issue to an immediate supervisor, they may bring the matter directly to the Fellowship Training Director. If the matter remains unresolved, is not resolved to the fellow's satisfaction, or if the fellow is uncomfortable using these informal grievance procedures, the fellow may file a formal grievance.

Formal Grievance Procedures

All formal grievances should be submitted in writing, not to exceed five pages single spaces, in reasonable size, color and style font, to the Clinical Health Psychology Fellowship Training Director unless the grievance involves the 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 Clinical Health Psychology Post-Doctoral Fellowship Training Committee, within five business days of the grievance being submitted. In the event assembly will exceed five business days, the fellow 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 fellow and two members appointed by the Grievance Committee Chair. The Committee will gather information regarding the grievance, inform the fellow 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 part of the Committee. Should the grievance pertain to multiple members of the Clinical Health Psychology Post-Doctoral Fellowship Training Committee other MCW/FMLH training faculty (e.g., members from the Health Psychology Residency Training Committee) may also be members of the Grievance Committee.

Appeal

The fellow has the right to contest any decision of the Committee. Should this occur, the fellow 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 fellow 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 Prohibitions on Sex Discrimination and Related Misconduct 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, 2019

Clinical Health Psychology Post-doctoral Fellowship Diversity and Non-Discrimination Policy

Applies to:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

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

Policy:

The F&MCW Clinical Health Psychology Fellowship Program highly values the strength of diversity and believes in creating an equitable, respectful, professional, safe, and inclusive learning environment for all fellows. 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 for the unique experiences and identities of our residents, fellows, faculty, colleagues, and patients. As such, F&MCW Clinical Health Psychology Fellowship Program welcomes and encourages applicants from diverse backgrounds.

The Froedtert and the Medical College of Wisconsin (F&MCW) Clinical Health Psychology Fellowship is part of the Medical College of Wisconsin in sponsorship with Froedtert Health. Both Froedtert Health and the Medical College of Wisconsin are dedicated to the creation and maintenance of a safe, diverse work environment. As such, both entities have non-discrimination policies in place that are provided as attachments to this policy. Our program standards meet and exceed the policies of both entities. Fellow 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 Froedtert and the Medical College of Wisconsin (F&MCW) Clinical Health Psychology Fellowship 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 to 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, conference time, access to work-related resources).

Please refer to relevant Corporate Policies:

Anti-Harassment and Anti-Discrimination Policy: Clinical Health Psychology Fellowship Policy and Procedure Manual

Americans with Disabilities Act Amendments Act Policy: Clinical Health Psychology Fellowship Policy and Procedure Manual

Recruitment Policy: Clinical Health Psychology Fellowship Policy and Procedure Manual

Fellowship Policy and Procedure Manual *Prohibition of Sex Discrimination and Related Misconduct Policy:* Clinical Health Psychology Fellowship Policy and Procedure Manual
Effective Date: July 1, 2019

Maintenance of Records Policy

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

The purpose of this policy is to outline the procedures for maintenance of records related to the Clinical Health Psychology Fellowship 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 Clinical Health Psychology Post-Doctoral Fellowship, an application file will be created and maintained. The application file will consist of:

- 1.) APPA as downloaded from the Outcomes by Liaison Portal including:
 - APPA
 - Cover letter
 - CV
 - Letters of recommendation
 - Transcripts
- 2.) Application Review form and Interview Form as downloaded by Outcomes by Liaison Portal

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 cover letter, CV, and scanned versions of the Interview Form (for applicants who interview). Original copies (if originally submitted in paper form) of the CV, cover letter, letters of recommendation, and Interview Forms will be kept in paper form.

During interview season, the Application Files, consisting of the cover letter, CV, and letters of recommendation will be available to all members of the Post-Doctoral Fellowship Selection Committee who will be reviewing applications via a secure, confidential server. 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 cover letter, CV, letters of recommendation, and scanned Interview Forms) will be kept in an archived file on a confidential server, with only the Training Director, Associate Training Director, and Educational Coordinator having access to the files. Application files kept in paper form (including any original copies of the cover letter, CV, letters of recommendation, and the Interview 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.

A summary data log will also be kept, which will include program related data including but not limited to the number of applicants, number of applicants offered interview, and offer order list.

Maintenance of Training Files and Training Records:

Each Clinical Health Psychology Post-Doctoral Fellow 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 fellow'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 Post-Doctoral Fellowship Training Faculty for review as needed. Training records will be kept indefinitely.

Training File will include:

- Supervision contract for all clinical rotations
- Quarterly evaluations made by all rotation supervisors
- Summative evaluations made by Fellowship Training Director
- Empirically-Based Health Psychology Project Evaluation Form
- Individualized Fellow Training Plan
- Fellow Supervisor Evaluation Form
- Notes from Post-Doctoral Fellowship Training Committee Review meetings
- Copy of Certificate of Completion
- Signed and dated hours log
- Relevant email communications and/or written documentation regarding informal training issues to be addressed in supervision
- Relevant written documentation of informal remediation procedures
- Information relevant to competency evaluations, including:
 - Informal plans for supervision on issues (see note below)
 - 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/correspondence that will not be released from the institution.

Training Record will include:

- Quarterly evaluations made by all rotation supervisors
- Summative evaluations made by Fellowship Training Director
- Empirically-Based Health Psychology Project Evaluation Form
- Individualized Fellow Training Plan
- Fellow Supervisor Evaluation Form
- Notes from Post-Doctoral Fellowship Training Committee Review meetings
- Copy of Certificate of Completion
- Information relevant to competency evaluations, including but not limited to:
 - Development plans
 - Progress report on development plan

Maintenance of Program Grievance and Due Process Records:

If a situation arises where a fellow 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 Clinical Health Psychology Post-Doctoral Fellowship 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
- 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
- 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 fellows 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
- 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
- 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
 - Fellowship Application Data (collected yearly)
 - Applicants to the program
 - Rank list for fellowship offers
 - Fellows who entered program full time
 - Fellows who entered program part time
 - Fellows who were funded
 - Fellows 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 trainees.
 - 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 fellows)
 - Racial/ethnic identification
 - Subject to Americans with Disabilities Act
 - Foreign Nationals
 - Program Evaluations
 - Supervisor evaluation forms
 - Orientation evaluation forms
 - Program evaluation forms
 - Didactic evaluation forms
 - Alumni preparedness evaluation form
 - Pre-fellowship experiences/education
 - Doctoral degree granting institution
 - Area of doctoral study (clinical, counseling, school)
 - Degree program (PhD, PsyD, EdD)
 - Fellow Professional Activities (during fellowship 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
 - Fellow initial employment after graduation
 - Fellow initial job title
 - Fellow current employment setting
 - Fellow 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 Director, and Educational Coordinator 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, 2019

Management of Insufficient Competence, Due Process, and Appeal for Clinical Health Psychology Post-Doctoral Fellows

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

To provide policy and procedures for fair and effective management of and response to employment issues and insufficient Clinical Health Psychology Fellow competence, including remediation, fellow appeals, hearing and due process. All fellows are evaluated in accordance with the expectations and procedures outlined in the Clinical Health Psychology Fellow Evaluation Procedure Policy, and with the employment expectations set forth in applicable institutional policies.

Policy:

The goal of this policy is to promote Clinical Health Psychology competency and performance in line with Council of Specialties in Professional Psychology Clinical Health Psychology Standards, American Psychological Association Standards, APA Professional Ethics, applicable laws and Medical College of Wisconsin (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 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: Fellow

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

- Rights
 - Fellows have the right to ethical treatment under the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct
 - Fellows have the right to be treated with professional respect.
 - Fellows have the right to ongoing supervision (at least 2 hours per week) that meets APA Guidelines for Clinical Supervision in Health Service Psychology.
 - Fellows have the right to clear description of training experiences (clinical, research, teaching) and clarification from training faculty and the Training Director if needed.
 - Fellows have the right to fair, behaviorally defined, competency-based assessment and evaluation.
 - Fellows have the right to ongoing competency-based feedback.
 - Fellows have the right to early and behaviorally defined identification of problems with professional competence.
 - Fellows have the right to have access to program faculty members and Training

Directors.

- Fellows have the right to have a representative participate in hearing or appeal meetings concerning problematic conduct.
- Fellows have the right to initiate grievances about training or supervision.
- Fellows 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.
- Fellows 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
 - Fellows are expected to function within the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct.
 - Fellows are expected to act in accordance with all relevant state and federal laws.
 - Fellows are expected to act in accordance with the Policies and Procedures laid out in the Clinical Health Psychology Policy and Procedure Manual.
 - Fellows are expected to demonstrate developmentally appropriate proficiency in the program competencies.
 - Fellows are expected to communicate in a clear and professional manner in oral and written formats.
 - Fellows are expected to integrate professional standards and behaviors consistent with the APA Profession-Wide Competencies into their repertoire of behaviors.
 - Fellows 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 fellow based on behavioral observations, review of fellow 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 fellow 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 fellow is demonstrating sufficient competence and/or where a patient or trainee may be harmed.
 - The Program has the right to address fellow insufficient competence as outlined in the Policy and Procedure Manual.
- Responsibilities
 - The Program has the responsibility to provide ongoing supervision (at least 2 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 fellows.
- The Program has the responsibility to evaluate fellow 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 fellow.
- 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

Clinical Health Psychology Fellows will be expected to develop their specialty clinical competencies at an appropriate, expected pace throughout fellowship, including the development of professionalism, knowledge, and skills needed to competently practice in Clinical Health Psychology. A fellow 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 fellow 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 Fellow 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.
- Fellow does not acknowledge, understand, or address an identified problem
- Problem requires a disproportionate amount of time to be addressed by the training staff
- Fellow 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 fellow 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:

- Fellow actions result in a negative impact on the quality or safety of services provided
- Fellow violates an institutional policy that creates an unprofessional or unsafe work environment for patients or co-workers.
- 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 fellow 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 fellow 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 fellow 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 fellow'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 fellow'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 fellow, supervisor, and Training Director. After verbal discussion, a signed and dated copy (signed by the fellow, supervisor, and Training Director) will be given to the fellow and placed in the fellow's training record. The Program will also present a copy of the Development Plan to the Office of Human Resources. The Development Plan is reviewed weekly with the fellow while active and timeframe for Development Plan completion is outlined in the Development Plan and clearly linked with the fellow concern.

If at any time during the review process the fellow's performance is determined to be potentially threatening to patient care or the fellow's personal welfare, the fellow'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. At the end of the specified period of time, the fellow's primary supervisor in consultation with appropriate staff (including but not limited to the Office of Human Resources, the Training Director, and the Post-Doctoral Fellowship Training Committee) will assess the fellow'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 fellow 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 fellow is alleged to have had sexual contact with a patient, or alleged to have made a serious ethical violation, the fellow may also be placed on immediate suspension with cessation of access to patient care, the medical record, computer systems, and Froedtert and the Medical College of Wisconsin facilities. The disposition of the fellow will be determined by the Fellowship Training Director in consultation with the Fellowship Training Committee, following a full evaluation of all available information. In addition to consulting appropriate academic stakeholders, the Fellowship 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. This mechanism is designed to be educative and directly linked to clinical competencies; this will be addressed in supervision. The Clinical Supervision Form will be given to and reviewed with the fellow within 5 business days of the concern being identified. 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 fellow 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 fellow and place a copy in the fellow's training file. This level of remediation is not part of the fellow'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 fellow will be informed of the level of concern and a Development Plan will be developed. A fellow 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 Fellow's attention, who notified the Fellow of the issue, and what steps have been taken thus far to rectify the problem
- Expectations for improvement or remediation
- Fellow 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
- Consequences of unsuccessful remediation

This level of remediation is documented in the fellow's permanent training record and employment record.

Extension of Fellowship Training or Recommendations for a Second Fellowship: This level of remediation is appropriate in instances where a fellow has made progress toward remediation of insufficient competence, but insufficient progress prior to the end of the training year, and/or where a fellow requires additional time to develop or improve professionalism and/or competency-related skills. The fellow may be required to extend his or her fellowship at this site to complete relevant requirements. The fellow may also be required to complete all or a part of another psychology fellowship. In order to fulfill this level of remediation, the fellow must sufficiently demonstrate among other things the willingness and capacity to engage in and progress through remediation. The 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
- 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
- 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 IT portals as well as the MCW/FMLH physical space for a designated period of time. Suspension for professionalism or insufficient competence must be approved by the Training Director and the Office of Human Resources.

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.

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

Due Process, Appeal, and Hearing Procedures for Fellows

Notice, Appeal, and Hearing

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

Appeal Process

Professionalism and Insufficient Competence - Fellows can appeal decisions or actions taken by a clinical supervisor, the Fellowship Training Committee, and/or the Training Director as stated in the Grievance Policy and Procedures for Clinical Health Psychology Fellowship 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 fellow and the Fellowship 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, fellows may appeal employment related corrective actions or terminations, provided the Fellow has completed the six-month Trial Period with MCW successfully.

Appeal Procedures

1.) The fellow must file an appeal of any competency decision or action in writing to the Fellowship 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 fellow 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 fellow will have access to all documentation used by the Clinical Supervisor, Fellowship Training Committee, or Fellowship Training Director in making their original decision the fellow 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 Fellowship Training Director or their designee will appoint a Review Panel. The Fellowship

Training Director (or designee) will chair the panel that will consist of two Clinical Health Psychology faculty members selected by the Chair and two Clinical Health Psychology faculty members selected by the fellow. Faculty members from the Clinical Health Psychology Post-Doctoral Fellowship Program or Health Psychology Residency Training Committee may act in this role. 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 fellow 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 Fellowship Training Director and the Fellow will be informed of the final decision by the Chair of Psychiatry and Behavioral Medicine.

Notice to Fellow: The Fellow 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 Prohibitions on Sex Discrimination and Related Misconduct Policy (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, 2019

Clinical Supervision Form

Clinical Health Psychology Post-Doctoral Fellowship Program

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

Rotation Name:	
Date:	
Fellow:	
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 competency.

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, 2019

Orientation Policy and Procedure Verification

During the orientation for the Clinical Health Psychology Post-Doctoral Fellowship Program I, _____, received a copy of the policies and procedures related to the Clinical Health Psychology Post-Doctoral Fellowship Program policies, and completion criteria. I attest that these policies were reviewed in depth with me during the orientation.

Post-Doctoral Fellow (print)	Post-Doctoral Fellow Signature	Date
Director of Clinical Training (print)	Director of Clinical Training Signature	Date

Effective: July 1, 2019

Clinical Health Psychology Fellow Evaluation Procedure Policy

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

To set forth specific and measurable procedures for ensuring fellows are progressing through their training and achieving training-level progress toward advanced competency in competencies fundamental to health service psychology and Clinical Health Psychology Specialty competencies, so that they are competent for specialty practice as a Clinical Health Psychologist by the end of the training year.

Policy:

The Froedtert and the Medical College of Wisconsin Clinical Health Psychology Post-Doctoral Fellowship is dedicated to helping fellows work toward competency through frequent and transparent feedback and evaluation regarding profession-wide and specialty-specific clinical competencies.

Procedures:

Informal Evaluation Procedures

1. Clinical supervisors will provide real-time feedback to fellows regarding their cases, skills, professionalism, and work toward specialty competence.
 - a. Feedback will be given to fellows 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 fellow 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.
 - c. Feedback on written materials will be provided both in written form and in verbal feedback, depending on the level of graded independence the fellow has demonstrated.
2. It is the responsibility of the fellow 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 fellow to request additional feedback from the supervisor as necessary regarding their own clinical work and professional development. It is also the responsibility of the fellow to seek clarification on feedback as necessary to develop competence.

Formal Evaluation Procedures:

- 1.) Quarterly Evaluations by Clinical Supervisor
 - a. Each fellow will be formally evaluated by their clinical supervisors across all rotations once every three months.
 - b. Because not every clinical competency will be included in every rotation of the Fellowship, quarterly evaluations will cover the clinical competencies generally applicable to the rotation participating in the fellow's evaluation. Fellows will be informed as to which competencies are covered prior to the beginning of each rotation.
 - 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 fellowship. The fellow will have

the opportunity to discuss and clarify their evaluation and request further narrative feedback.

2.) Monthly Review by the Training Committee

- a. The Training Committee will convene monthly to discuss fellow progress toward profession-wide and specialty competencies, including areas of strength and areas for further training. The Training Committee will determine whether fellows are on track for achieving sufficient specialty competency by the end of fellowship or whether additional training and support may be needed.
- b. The clinical supervisor working with the fellow will verbally share data from these meetings with the fellow 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. Should the clinical supervisor, Training Committee, or Training Director determine that a fellow is not on track to meet specialty-level competence by the end of fellowship, the informal and formal remediation process will begin immediately (please see remediation process policy).

3.) Bi-annual Summative Evaluation

- a. The Training Director will aggregate the numeric evaluations from all rotation quarterly evaluations and provide relevant feedback to the Fellow twice per year, at the mid-point and prior to fellowship 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).

4.) Should the fellow have a grievance with the evaluation procedure or any decision by the clinical supervisor, Training Committee, or Training Director, please refer to the Grievance Policy and Procedures for Clinical Health Psychology Fellowship Program for the process related to grievances.

5.) Fellow evaluation of the supervisor

- a. Fellows are encouraged to provide informal feedback to their clinical supervisor on supervisory style and fellow training goals with the goal of improving clinical training.
- b. Fellows will complete a formal evaluation of each clinical supervisor at the end of the clinical rotation. Fellows 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 fellow 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 fellows and supervisors.
- d. Fellows will also provide feedback on supervisors at the end of the year that will be collected and managed at the programmatic level.

6.) Fellow evaluation of the program

- a. The fellow will provide feedback to the program in the form of an annual written evaluation of the program.
- b. Feedback will be used to determine fellow perceptions related to the training program and its effectiveness in developing competence, and for ongoing program improvement.
- c. Should the fellow feel uncomfortable providing feedback to the program, the fellow should be advised to seek consultation with the Training Director or utilize the grievance procedure.

7.) Evaluation of Orientation and Onboarding

- a. Fellows will be asked to evaluate the orientation and onboarding process annually once after orientation.
- b. The goal of orientation evaluation is to assess comprehensiveness and appropriateness of the orientation material provided to ensure adequate training for fellows to engage optimally in the fellowship training program.

8.) Requirements for Successful Completion of the Fellowship Program

- a. Complete one year of full-time clinical work, averaging 40-45 hours per week. Fellow vacation, sick time, and professional leave time that is within the allowed limit 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 clinical rotations
- c. Complete/receive at least 100 hours of clinical supervision
- d. Complete an Empirically Based Health Psychology Project approved by a faculty mentor and the Training Director
- e. Completion of at least 95% of didactic seminars, 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 Profession-wide competencies and Council of Specialties in Professional Psychology Competencies for Clinical Health Psychology:
 - i. Fellows 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 **independent practice competency** by the conclusion of the fellowship year.
 - ii. Should a fellow demonstrate below expected competence appropriate to their developmentally expected level, a Development Plan as outlined in the Remediation Process Policy will be promptly implemented.
 - iii. Successful completion of any Development Plan should one be implemented.
- i. Complete all programmatic evaluation forms in a timely manner

Effective: July 1, 2019

Responsible Use of Technology Policy

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

To define appropriate use of electronic resources.

Policy:

Computer Usage

Clinical health psychology fellows may be assigned a Medical College of Wisconsin laptop for professional use. 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 fellows will be assigned a secured, remote drive where they will be able to save all data, including sensitive and other information.

Additionally, fellows will submit work products (e.g., psychological reports, etc.) to their supervisors through a secure folder to which the fellow and their supervisor will have access. Fellows 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

Fellows are not to access, transmit, store or distribute any inappropriate materials or access any website that contains any inappropriate materials from their Medical College of Wisconsin laptop, any MCW desktop, 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

Fellows 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 fellow 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. Fellows 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, fellows are strongly advised against connecting with patients and patients' families through social media. Fellows 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.

Fellows 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. Fellows must portray a professional and appropriate boundary via their social media presence.

Use of Artificial Intelligence (AI)

“AI refers to the theory and development of computer systems capable of performing tasks that historically required human intelligence. These tasks include recognizing speech, making decisions, and identifying patterns. AI is an umbrella term that encompasses various technologies, such as **machine learning**, **deep learning**, and **natural language processing (NLP)**. While there are philosophical debates about whether current technologies truly constitute “true” artificial intelligence, in practice, AI often refers to machine learning-powered technologies that enable machines to perform tasks previously exclusive to humans. Examples of AI applications include chatbots, computer vision, and recommendation algorithms shopping, videos, music, news, and more”. ([AI at MCW](#))

To assist MCW faculty, staff, or students working on behalf of MCW within one or more of the institution’s clinical, research, education, or community engagement missions, MCW has developed [Guiding Principles for the Responsible Use of Artificial Intelligence \(AI\)](#).

Additionally, the Medical College Physician’s Group issued the following directions:

“If using an external, consumer-facing digital tool – especially if powered by AI – not licensed by the organization for clinical use:

- Never input patient information such as name, medical record number or specific health conditions.
- Avoid entering any details that could indirectly reveal a patient or team member identity.
- Do not use the tool for clinical decision-making or medical advice directly related to patient care without checking primary sources. AI is not infallible, and small details matter for patients.
- Do not enter proprietary or confidential business scenarios as prompts.
- Double-check all AI-generated content for accuracy and appropriateness before sharing or publishing.”

Do not use Froedtert or Medical College of Wisconsin e-mail addresses to register for external digital tools, like ChatGPT. When using AI tools, at work or home, stick to non-sensitive tasks like generating templates, developing content or as an enhanced search engine.” (Medical College Physicians group, MCP News, January 28, 2025)

To guide and provide resources to the MCW Clinical Health Psychology Fellowship Program faculty, the program has established an AI Committee. The purpose of the AI Committee is to address various considerations of AI within the context of health psychology training and professional practice and how AI applies to all of the profession-wide competencies. The AI Committee meets regularly to review and discuss changes in the AI space as it relates to the training and practice of health psychology. **While AI tools are available within MCW, at this time, the MCW Clinical Health Psychology Fellowship Program is not permitting such use by fellows.** The MCW Clinical Health Psychology Fellowship Program Training Director will provide communication if/when that decision changes.

Contact with Patients and Patients’ Families

Fellows should use only MCW/FMLH equipment (e.g., office phone) or the Doximity App to communicate with patients and patient families. Emailing, texting, 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

Clinical Health Psychology Post-doctoral Fellows 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: Clinical Health Psychology Post-Doctoral Fellowship Policy and Procedure Manual.

Email Usage Policy: Clinical Health Psychology Post-Doctoral Fellowship Policy and Procedure Manual.

Clinical Health Psychology Post-Doctoral Fellow Stipend and Benefits Policy

Applies To:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

To outline the Stipend and Benefits resources available to Clinical Health Psychology Post-doctoral Fellows

Policy:

Stipend

Fellows will receive a competitive salary paid every other week. The current stipend for a Health Psychology Fellow is \$63,860 annually. The fellows also have a Professional Development Fund of \$1500.

Benefits

Benefits are modified yearly, and eligibility and offerings are described within the MCW [Benefits Eligibility – Postdoctoral Fellow and Project Appointment policy \(HR.BN.040\)](#)

Benefit Coverage & Cost Information: <https://infoscope.mcw.edu/HR/Benefits.htm>

- **Health Benefits:** Health, dental, and vision insurance (for self, spouse, and legal dependents), are available benefits of the Post-Doctoral Fellowship program. Please refer to the link above regarding coverage and cost of health insurance.
- **Insurance Benefits:** Basic and voluntary life insurance, as well as short-term disability are available benefits for post-doctoral fellows.
- **Retirement Benefits:** Fellows are eligible to participate in the MCW voluntary retirement 403b plan. Fellows may voluntarily elect to tax shelter non-matched contributions to an approved 403(b) account within IRS limits. Fellows can begin and end this account at any time.

Holidays and Leave: Fellows receive 8 holidays per year. Additionally, fellows are awarded 15 vacation days and 12 sick days per academic year

Authorized Absence

Authorized Absences are separate from the holiday and other leave set forth in the applicable MCW benefits policy(ies). Fellows 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 fellows are allowed to attend one conference as an attendee without presenting and exceptions can be made if the conference activity furthers professional goals as a Clinical Health Psychologist. All authorized absences should not exceed five (5) workdays.

Clerical Support

The Clinical Health Psychology Fellowship Program is supported by an Educational Coordinator. The Educational Coordinator is available for assistance in coordinating time off from rotation, leave requests, or other administrative concerns. The Educational Coordinator 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 fellowship (although fellow 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 fellows will be assigned a pager, laptop computer (please see the applicable institutional policy(ies) governing computer usage), and lab coat. All fellows 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, fellow must return all MCW property.

Liability Protection: When providing professional services on behalf of the Medical College of Wisconsin, Inc., 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:

Post-Doctoral Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

To ensure the Clinical Health Psychology Post-Doctoral Fellowship 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 Clinical Health Psychology Fellowship. 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 fellow’s supervisor regarding a fellow’s performance across the range of competency domains. Faculty members consulting on the fellow’s scholarly work 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 fellow and a faculty member providing primary didactic training related to the fellowship program (for example, under the didactic series or multidisciplinary health psychology case conferences).

Supervision Requirements:

- Fellows are required to complete at least two hours of supervision per week for every full week they are present throughout the academic year.
- Fellows are also required to have the two hours per week requirement to be 1:1 individual supervision with a Wisconsin State licensed doctoral level psychologist.

Supervision Coverage:

- There are two levels of supervision coverage to account for supervisor absences.
 - **Supervision coverage on rotations:** Each fellowship has at least two faculty psychologists with supervisory responsibility. Should a faculty supervisor be absent for any reason, the fellow will have the opportunity to meet with the other faculty member 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 fellow is scheduled to be out of the office. Any missed supervision on weeks when the fellow is working must be 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, another 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) fellow 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.
 - Should the fellow'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 of the Clinical Health Psychology fellowship program, clinical practice and clinical supervision will be in person, on site at MCW and FMLH. 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 Clinical Health Psychology Post-doctoral Fellows. Should a fellow not receive sufficient supervision, the Training Director will (a) provide corrective action toward the rotation providing insufficient supervision and (b) provide supervision to the fellow on cases where supervision is insufficient.
- The Training Director also provides general supervisory oversight of the fellows through integration feedback from faculty supervisors as well as the Fellowship Training Committee.

Supervisory Assignments:

- Fellows will have the opportunity to work with supervisors across rotations.
- *Rotations Supervisors:* The establishment of the supervision relationship will be discussed at the beginning of each rotation with the fellow. Fellows will generally have the opportunity to be supervised by all faculty psychologists in the rotation on practice areas that most closely align with the faculty member's practice. However, a primary supervisor, with whom the fellow will have an ongoing supervisory relationship, will be identified for each clinical rotation. The fellow 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 some rotations, live supervision will generally be used (i.e., where a fellow observes a faculty psychologist and then discusses a case, or a faculty psychologist observes a fellow and discusses the case). However, video and/or audio recording may also be used from time to time.
- In the BMPC, fellows will record their sessions via an in-room closed circuit monitoring system. The faculty supervisor will either observe the session with the fellow live or review the tape-recorded session with the fellow.
- All fellows 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**
 - Fellows will staff their cases with their supervisor, discussing the details and management of the case.
- **Review of Case Files and Material**
 - Fellows 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.
 - Specifically, supervisors will encourage fellows 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.
 - Fellows will demonstrate integration of multicultural competence by routinely discussing cultural and diversity related issues in supervision.

Minimum Number of Supervisors:

- Each fellow will have the opportunity to work with *at least* 2 supervisors throughout their training year.
- Most fellows will have the opportunity to work with approximately 2-4 supervisors throughout their training year.

Tracking of Supervision:

- Fellows will be provided with a supervision log at the beginning of their training year.
- Fellows will be expected to keep track of their supervision on a weekly basis.
- Fellows 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:

- Fellows 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 and the Medical College 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>

Supervision Contract

Froedtert & the Medical College of Wisconsin Clinical Health Psychology Post-Doctoral Fellowship Supervision Contract

This is an agreement between the fellow _____ and the supervisor(s) _____ for the Clinical Health Psychology Post-Doctoral Fellowship Program at 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 fellow.
- b. Establish and develop fellow's competence in advanced Health Service Psychology and Clinical Health Psychology.
- c. Fulfill academic requirements for fellow's post-doctoral fellowship.

2. Terms and modalities of supervision:

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

*(** Note. The Fellow will receive 2 hours/week of 1:1 supervision with a Wisconsin Licensed Psychologist)*

- 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. Fellows agree to be video/audio recorded and/or directly observed as part of their training experience

3. Delineation of hours and vacation time:

- a. Fellows 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. Fellows are granted vacation amounting to 15 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 of the training year. Please see the vacation request form (Form available from Educational Coordinator).
- c. For unscheduled absences, notify your primary supervisor for that day (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 fellow must also inform the Educational Coordinator, of unplanned absences.

4. Evaluation:

- a. Supervisors will continually evaluate the appropriateness of the services rendered and the professional development of the fellow. Fellow progress toward the defined competencies will be reviewed by the Clinical Health Psychology Fellowship Training Faculty monthly at the Clinical Health Psychology Fellowship Training Committee Meeting. Progress toward the development of competence will be kept in meeting minutes and the portions of the minutes relevant to each fellow will be tracked in the fellow's file.
- b. Formal evaluation of the fellow will occur at the end of each quarter. The supervisors will evaluate the fellow using standardized forms provided by the Froedtert & MCW Clinical Health Psychology Fellowship program. A blank copy of the evaluation form will be provided to the fellow at the onset of the fellowship program. The supervisors' evaluations and information discussed in the Clinical Health Psychology Fellowship Training Committee Meeting will be used by the Training Director for development of two summative evaluations.

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 Clinical Health Psychology Post-Doctoral Fellowship faculty will collaboratively discuss all content and process of supervision and fellow performance. The Clinical Health Psychology Fellowship Program Faculty Members will convene on a monthly basis in the Clinical Health Psychology Fellowship 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 fellow 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 fellow.

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. Fellows are expected to maintain all patient information physically on site at their clinic (FMLH, MCW, CP clinics) and not remove patient information, either physically or electronically, from the facility.
 - i. Fellows may utilize the secure drives for storing and sharing clinical documents with their supervisors
- d. Fellows 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 fellows will strive to create an effective supervisory space for both supervisor and fellow, 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 fellows' 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 fellows are tasked to progress towards greater multicultural complexity and responsiveness, fellows are supported in utilizing the supervisory space to demonstrate self-reflection about their understanding of diversity in clinical practice, including attitudes, knowledge, and skills. Fellows are

encouraged to bring forward issues of culture, privilege, and marginalization experienced throughout training.

d. Collaborative Open Communication

- i. Supervisors and fellows 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 fellows 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 fellows will discuss dynamics in supervision impacted by cultural identity, including microaggressions. When differing perspectives or microaggressions occur, supervisors and fellows 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.
- e. 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. Fellows are expected to act in accordance with the professionalism expected of psychologists both with other professionals and within the clinical supervision relationship.
- c. Supervisors are expected to respect professional boundaries with their supervisor (please see Supervision Guidelines).

9. Crisis Management Procedure: Please see Appendix A for FMLH rotations, the BMPC Orientation Manual for the BMPC Clinic, the Plank Road Clinic Orientation Manual for the Plank Road 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 fellow (please see below).

I, _____ [fellow] 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 patients. We, _____ [fellow 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 _____ [fellow] 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 sessions with patients 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.

Fellow:_____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

Telesupervision Policy

Applies To:

Fellows of the Clinical Health Psychology Fellowship Program

Purpose:

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

Policy:

Definitions:

Supervision: An interactive educational experience between the fellow and supervisor. The relationship between supervisor and fellow 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 and credentialed 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 fellow 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 and Froedtert Health are generally suited to in person modalities. Psychology fellows are on site at MCW when providing clinical care, both in person and telehealth, except when noted below. Regularly scheduled, weekly supervision is provided in person, on site. In some instances, telesupervision may 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 Indications: Telesupervision may be used only under the following circumstances:

1. Regularly scheduled supervision must be rescheduled due to fellow or supervisor absence and in person supervision cannot be coordinated with fellow and supervisor schedules.
2. The most appropriate coverage supervisor is not available on site.
3. Emergency at hospital and/or clinic necessitates affiliate clinic transition from in person to virtual care, which causes the clinic provider (fellows and faculty) to provide telehealth remotely.

4. A fellow 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 fellow 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. A supervisory relationship must be established in person between the supervisor and the fellow prior to use of telesupervision.
2. The fellow must have an active supervision contract.
3. The primary supervisor has determined that the fellow is demonstrating sufficient competence to safely provide telehealth services and to use telesupervision for immediate concerns.
4. 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. A supervisory relationship must be established in person between the supervisor and the fellow prior to use of telesupervision.
2. The fellow must have an active supervision contract.
3. 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 for Training Director 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 fellow and a copy will be provided to the fellow as a supervision resource when working off site.

The form outlines:

- The licensed and credentialed 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 fellow 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 fellows and supervisors will adhere to telehealth standards as provided in the program policies and procedures manual and taught to fellows 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, or email throughout the session.

Managing Crisis Situations

In the event a crisis occurs during a session in which telesupervision is utilized the fellow 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)

Fellow 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

☒ Covering supervisor not on site

☒ A clinical supervisor or fellow 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 fellow 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: _____

Fellow Signature and Date: _____

Time Off Request Form

Fellow 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:

Fellowship Director's Signature:

**Department of Psychiatry
Clinical Health Psychology Fellowship Vacation and Leave Policy**

- * Fellows must request time off at least 60 days prior to the time taken off to ensure adequate schedule management. Professional 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 experience, fellows may not miss more than one week of training each quarter. Exceptions may be considered on a case-by-case basis as approved by the Rotation Supervisor and Training Director.
- * Vacation and administrative leave are not automatically granted and must be negotiated with the training director in advance to ensure adequate schedule cancellation notification.
- * The leave request form must be signed by the rotation supervisor PRIOR to submission for the Fellowship 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, MCW Students, Contractors, and Visitors

Benefit Eligibility- Exempt Staff

Corporate Policies and Procedures: Human Resources (HR)

Category: Benefits (BN)

Policy #: HR.BN.020

Applies to: MCW Employees who are Benefit Eligible

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 (MCW), excluding staff physicians, 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

Guiding Principles for Responsible Use of Artificial Intelligence (AI)

Category: n/a

Policy #: [Linked here](#)

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: Faculty, Faculty Executives, Staff Physicians, Exempt and Non-Exempt Staff, Staff Executives, Postdoctoral Fellows and Project Appointments

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 and Non-Exempt Staff, Postdoctoral Fellows and Project Appointments, Graduate Students

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 Part-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 staff 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 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.

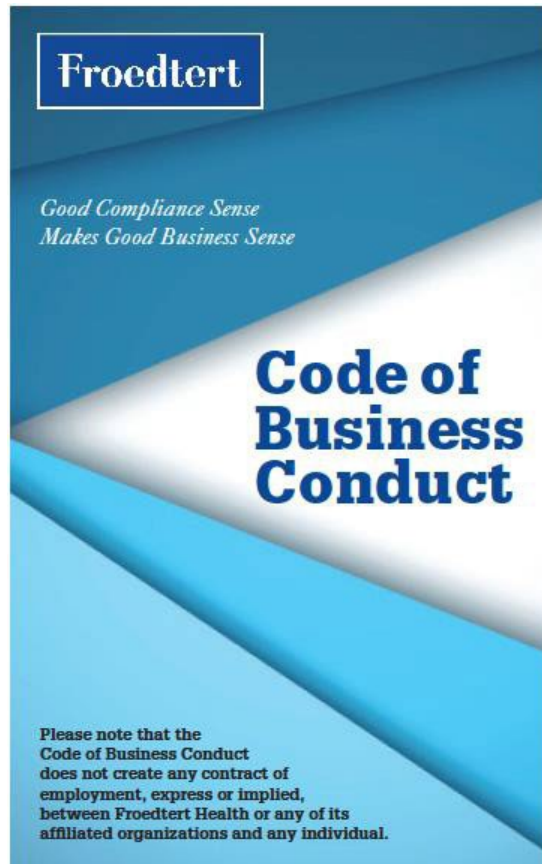
Froedtert Cellular Phones and Other Transmitting Devices Policy

Name: Cellular Phones and Other Transmitting Devices
Last Review Date: 01/01/2016
Next Review Date: 01/01/2019
Policy Number: SP3.001

Origination Date: 06/01/2006

Froedtert Code of Business Conduct

Please reference the FMLH Intranet for full access.



Froedtert Code of Corporate Ethics

Name: Code Of Corporate Ethics
Last Review Date: 01/21/2022
Next Review Date: 01/21/2025
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: 05/25/2023
Next Review Date: 05/25/2026
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 E-mail and Internet Usage Policy

Name: E-mail and Internet Usage Policy
Last Review Date: 10/05/2016
Next Review Date: 10/05/2019
Policy Number: FH-IT.025
Origination Date: 04/14/2011
Supersedes: CPA.0047, SJH.ADM.018, 87400-004
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.

Froedtert Equal Employment Opportunity Policy

Name: Equal Employment Opportunity
Last Review Date: 05/06/2024
Next Review Date: 05/06/2027
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: 05/07/2024
Next Review Date: 05/07/2027
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: 03/01/2017
Next Review Date: 03/01/2020
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.