

CONEMAUGH HEALTH SYSTEM

Conemaugh Memorial Medical Center Psychology Internship Program

The Doctoral Internship Handbook 2013-2014



EXCELLENCE. EVERY PATIENT. EVERY TIME.

Family Medicine Residency Program

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CONEMAUGH MEMORIAL MEDICAL CENTER PSYCHOLOGY INTERNSHIP PROGRAM

THE DOCTORAL INTERNSHIP AT CONEMAUGH MEMORIAL MEDICAL CENTER

The Psychology Internship at Memorial Medical Center (MMC) is designed to train future psychologists to work in health care settings as providers of comprehensive psychological services that stress interdisciplinary collaboration. The internship is designed to be fulfilled in 2000 hours of training, in not less than 12 months, and not more than 24 months consecutively. Memorial Medical Center serves as a mental health resource to its employees, local students, medical professionals, and the larger community. Memorial Medical Center fulfills its mission in the major rotations at three sites: The Family Medical Center, located on the ground floor, E-Building, Conemaugh Memorial Medical Center ; Main Campus; The Department of Behavioral Medicine, which houses the Inpatient psychiatric care located on the 7th & 8th Floors, Good Samaritan Building, Conemaugh Memorial Medical Center, Main Campus; and Conemaugh Counseling Associates located at 119 Walnut Street, 5th Floor Walnut Plaza Conemaugh Memorial Medical Center - Lee Campus. In each of these sites, interns collaborate with medical and allied mental health professionals as a fully participatory member of the total health care team, under the supervision of a licensed psychologist. Interns meet with the Internship Director and Chief Psychologist at the beginning of the internship to discuss their interests and which health care center may best help them to match their training interests with the patient populations served by the various health care sites of Conemaugh Memorial Medical Center.

MISSION

The mission of Conemaugh Memorial Medical Center is “Excellence. Every patient. Every time.” Our values: CARING: C is for compassion, A is for always putting the patient first, R is for respect for patients, families, co-workers, I is for innovation, N is for no excuses, G is for a great attitude. As MMC patient service centers, both the Family Medical Center and the Department of Behavioral Medicine seek to provide high quality, affordable mental and behavioral health services to the community. We endeavor to reach a diversity of individuals including those who might not otherwise have access to these services. Furthermore, as a training site, the Conemaugh Memorial Medical Center offers the opportunity for graduate psychology students to hone their skills and develop into compassionate, sensitive, and culturally aware professionals.

THE GOAL FOR TRAINING THE PRACTICE OF PROFESSIONAL PSYCHOLOGY

The fundamental objective of our program is to prepare students for the practice of professional psychology consistent with the philosophy embodied in the practitioner-scholar model of training. We aim to train future professional psychologists to meet the individual and collective mental health needs of all persons, with attention to diversity of gender, race, ethnicity, social class, sexual orientation, religion, age, and abilities, by use of comprehensive, empirically-supported cognitive and behavioral interventions, in collaboration with primary care physicians and other health professionals in an effort to provide holistic interdisciplinary health care services. We seek to train culturally competent clinical psychologists who will be leaders, advocates, clinicians, educators, and supervisors, with a commitment to scholarship and the application of research methodologies to answer clinical questions in their daily practices and communities.

The overarching goals for the internship are to assess, refine and extend knowledge, skills and attitudes in the following areas of professional psychology, such that the intern will have developed a proficient to advanced level of competence in the following areas:

Competence in Relationship and Individual and Cultural Diversity: including how to develop an effective working alliance and therapeutic relationship; sensitivity to, respect for, and knowledge and understanding of issues of individual differences and cultural diversity in terms of the following areas: culture, race, gender, religion, and individual identity; and how these impact on the assessment/evaluation, intervention, consultation, and administrative functions of psychologists.

Competence in Psychological Assessment: Clarification of the referral question, diagnostic interviewing and hypothesis formulation, selection and utilization of appropriate instruments, competent administration, scoring, interpretation, and case formulation, and presenting findings concisely in written form and via oral feedback.

Competence in Therapeutic Intervention: Interviewing patients, developing case formulations, and implementing treatment strategies based on empirically supported treatment paradigms for a broad variety of clients.

Competence in Consultation and Interdisciplinary Health Care: collaboration with interdisciplinary treatment team members in the role of a behavioral health consultant, including experience with patients who have complex medical and co-morbid psychological problems.

Application of Scientific Knowledge and Supervision to Clinical Work: the ability to evaluate the research literature for clinical meaningfulness, scientific rigor, and relevance to diverse patient populations; the ability to apply the theoretical and empirical literature to professional practice; and the ability to understand and apply the knowledge, skills and attitudes that contribute to effective supervision and clinical teaching.

Competence in Professional Conduct, Ethics and Legal Matters: knowledge of ethical principles and standards; application of these principles based on Ethics and Standards of Professional Practice in Pennsylvania, the APA Code of Ethics, as well as other standards of care and conduct, including HIPAA regulations; as well as

understanding the role of the clinical psychologist as a clinician, researcher, educator, and administrator in medical and mental health settings, and supporting and modeling the development of that role.

PROGRAM PHILOSOPHY, TRAINING MODEL, AND TRAINING PLAN

The internship experience involves training which extends and integrates the intern's basic academic program. The internship is designed to offer a broad range of experiences to develop these core professional competencies. Interns have a shared responsibility in designing and planning the internship experience in collaboration with the intern's Chief Psychologist, supervisors and Psychology Training Director. This process is intended to ensure that the intern's training plan is integrated with the intern's overall graduate or professional school training plan, and that the internship provides a coherent progression from the basic knowledge and practical clinical skill competencies achieved in the academic program to the core practice competencies that are to be acquired in the internship. Upon completion of the internship, interns are prepared to assume an entry level doctoral psychology position in medical, inpatient, outpatient, adult, child, and adolescent psychiatric behavioral health care settings. Throughout the development of the clinical competencies, supervisors remain clinically responsible for all cases under their supervision.

An integral component of the health care training and delivery services at MMC, the Doctoral Psychology Internship program emphasizes the development of proficient to advanced level clinical skills through supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a continuum of clinical training opportunities within a broad range of interdisciplinary clinical settings designed to train well-rounded clinicians in the skills to function in a variety of settings including clinical service, medical consultation, and education. Our training curriculum strives to be relevant to the current demands of practicing psychologists and the populations they serve. The activities of the internship are designed to teach and develop professional competence, through education, modeling, experience and supervision. The internship emphasizes the provision of service to culturally diverse communities, as well as the treatment of underserved populations with significant health disparities. The content of the didactic training seminars are balanced between needs for training, training staff competency, and input from former and current interns based on a needs assessment. When interns express a desire for training in an area that falls outside the range of expertise of the supervising faculty, we will make every effort to recruit external expert speakers in those areas.

Interns are taught to develop interventions based on matching clinical presentation to theory and empirically based treatment. They are taught to understand and articulate the assumptions and limitations of their interventions, as well as implement practices that

address the problems they encounter. Interns will be expected to demonstrate competence in all professional issues related to the practice of psychology.

The internship experience is structured in a developing competency-tiered manner, with the interns being sequentially supervised through didactics, role modeling, (e.g., observing their supervisors in the process of intakes, evaluations, or interventions), direct observation by supervisors, indirect observation by supervisors via videotape, and case presentation-based supervision. Psychology interns start the year with fewer cases and gradually increase their responsibilities as their skill levels develop.

TRAINING MODEL-developmental and sequential learning

The internship training program at Conemaugh Memorial Medical Center is developmentally planned and sequentially organized. Interns begin the year with orientation which is aimed at helping them to transition into the Department of Psychology in the Family Medicine practice at MMC and the Department of Behavioral Medicine, to become part of the professional staff, and to begin assuming the role of Intern. The internship program operates under the assumption that most interns will have had relatively little experience in the provision of services within a medical system and/or primary care setting. Consequently, the training program begins with an orientation to the scope of psychologist-physician collaboration, the culture of the psychiatric consultative liaison, and issues related to serving culturally diverse populations, and policies and procedures related to the referral, triage and case assignment process. Issues such as the delivery of confidential services in a medical/primary care setting and HIPAA requirements are covered, as well as topics related to OSHA. At orientation, interns also receive training in documentation requirements, billing and the various relevant protocols.

Prior to beginning training, interns perform a self-assessment using the MMC Clinical Psychology Doctoral Psychology Internship Competencies Evaluation to establish a baseline measure of perceived skill level in each of the critical competency areas, which serves to inform and individualize the intern's learning goals in terms of which skills need to be developed.

Next, the interns review their responses on the Internship Competencies Evaluation with their supervisors to discuss and complete their individualized learning goals. Interns and their supervisors review this evaluation in conjunction with their goals to maximize their progress throughout the year. If any adjustments to the agreement are necessary to help interns to maximize their training experience, they may be made at any time during the internship.

Once these general skills are in place, training focuses on cognitive and behavioral techniques specific to the most commonly encountered problems: depression, anxiety, and pain disorders. Then, supervisors move to the more complex treatment of Axis II disorders and medical co-morbidities. Supervision is informed by a developmental

approach, in that the supervisor initially takes a greater role in structuring the agenda and guiding the intern through competency development in assessment, case conceptualization, intervention, diversity issues, applied ethics, and reflection on the dynamics of the therapeutic relationship. As interns progress in the training year, they are expected to assume greater autonomy in the core competencies and given formative feedback continuously in supervision, and are rated accordingly on the beginning and final Intern Competencies Evaluation.

Throughout the internship, interns are also challenged to consider diversity issues that directly or indirectly inform their work, as a member of an interdisciplinary health care team serving various underserved populations with significant health disparities. Toward the end of internship, interns are expected to assume greater autonomy in guiding the content and process of the supervision sessions, such that the supervisor is able to move from a primarily didactic function to that of a consultant. Clinical supervisors remain responsible for the overall care and treatment of clients they service the entire program.

Training in each skill area utilizes a developmental approach incorporating the following modalities:

- Orientation provides interns with a general introduction to all areas of functioning included in the internship and provide background conceptual and/or didactic frameworks.
- Didactic seminar sessions offered throughout the year will continue to enrich the interns' knowledge, skills, and attitudes for an array of relevant topics. Sessions provide more in depth explorations of various topics or encourage interns to contemplate their experiences thus far in the area in order to integrate their didactic and/or scientific knowledge with their provision of the service.
- Participation in case conferences, which always includes a discussion of multicultural and ethical considerations, initially provides interns with an opportunity to hear how senior staff conceptualize their work and will help interns become familiar with some of the issues and challenges associated with each area of service provision. As interns become more involved with service provision, case conference becomes a place where they can get multiple sources of input into their work.
- Observation of supervisors and seasoned professionals performing clinical services provides interns an opportunity to become familiar with the competencies required to provide the service and the procedures utilized by the agency in performing the service. Interns will also, thereby begin to be introduced to different approaches to cognitive and behavioral case conceptualization and styles of engaging diverse clients in a behavioral health care setting. Observation

helps interns to clarify questions that they have and leads to discussion of best practices for the particular service.

- Interns begin providing the service. Initially, participation includes providing the service in conjunction with a staff or clinical supervisor, being observed by a supervisor, or with consultation from a staff or supervisor.
- Interns will develop in their competency in each area as they participate in training activities including: discussions and review of video recordings of their sessions in supervision; discussions and case presentations in didactic seminars; interaction and discussion with other interns.
- Supervisors and the training committee evaluate and give formative feedback to interns to encourage their development, identify areas needing extra attention and provide remediation, as necessary.
- As supervisors are clearer about an intern's level of competency and confidence in a particular area, the intern will be encouraged to function more autonomously and with more complex presentations in that area.
- Supervision and other training activities will encourage interns to incorporate their increased level of competency into their identity as a professional and level of confidence. Interns will thereby feel increasingly able to take on additional challenges and push their growth edges.

Didactic seminars related to assessment and intervention with special populations, such as geriatrics, children, and individuals with serious mental illness, and presenting problems, such as eating disorders, chronic pain, ADHD, etc, round out and broaden the interns' exposure to key issues and competencies required to work with these populations, since in the primary care setting, interns will be expected to work with as broad a variety of populations and presenting problems as possible. Supervision continues to cycle back through the foundational skills to consolidate these competencies as new skill areas are added. As the internship continues, the intern is expected to demonstrate increased proficiency in the conceptualization of cases and autonomy in acquiring the necessary clinical data to render accurate diagnoses and treatment plans. Complexity of case work increases as the intern's skill level increases.

In sum, the interns observe experienced psychologists modeling effective assessments, interventions, and diagnostic skills. They are subsequently given opportunities to provide service with supervisory assistance, take on cases that are increasingly complex, supported by an appropriate level of supervision, and provide consultation to fellow interns and supervision to doctoral and master's level practicum students.

TRAINING PLAN

Psychology Interns at Conemaugh Memorial Medical Center receive training and gain clinical experience within the two, year-long rotations.

DEPARTMENT OF FAMILY MEDICINE-Primary Care and Consultation-Liaison Services

Psychology Interns at the Family Medical Center (FMC) will be assigned a role as members of the interdisciplinary primary care team and work in an integrated care setting (community hospital) with physicians, family medicine resident physicians and other health care professionals. There are opportunities for outpatient and inpatient consultation-liaison with a wide range of medical specialties, assessment and treatment of mental illness and substance abuse, and teaching the psychological dimensions and sequelae of medical illness to family medicine residents.

The outpatient family medicine clinic serves a diverse population, including the underserved. Interns gain experience as part of an integrative healthcare team, and conduct activities including assessment of health risk, conduct psychological assessment, and provide individual and group therapy for patients with multiple health and concomitant mental health issues. In addition to providing interventions targeting behavioral health concerns that may exacerbate physical health concerns or impair medical treatment adherence, the Psychology Intern will gain proficiency in delivering effective interventions related to the following health-related issues:

- Chronic pain
- Sleep disorders
- Stress
- Chronic fatigue
- Chronic headaches
- Caregiver stress
- Gastrointestinal disorders, including irritable bowel syndrome
- Smoking cessation
- Adjustment to medical conditions such as COPD, cancer, diabetes, stroke, and heart conditions

While serving a general population, there is also an emphasis on patient populations served by specialty clinics within the department and affiliated departments.

The **Ryan White Clinic** at the Family Medical Center provides comprehensive healthcare for people infected with HIV/AIDS. An interdisciplinary team of physicians, a psychologist, psychology interns, a nurse practitioner, pharmacists, dieticians, social workers and an infectious disease specialist provide integrated care. Psychology interns conduct biopsychosocial assessments and cognitive screenings as well as provide individual and group treatment.

Bariatric surgery assessments are conducted by Psychology Interns under the direct supervision of the program's licensed psychologist. Through the department's affiliation with the **Department of Bariatric Surgery and the Weight Management Center**, interns are part of an integrated healthcare team that provides patient education, support and specialized programming to patients in order to empower the patient and maximize treatment success. In addition to group therapy treatment, interns provide individual treatment tailored to meet the needs of identified pre-surgery candidates and post-surgery patients.

Interns will obtain exposure to the specialized healthcare needs of diverse and underserved populations such as patients with addiction and hepatitis C (**FMC Suboxone Clinic**). Interns will receive instruction and develop proficiency in behavioral cardiology interventions through collaborative work with the **Cardiac Rehabilitation Program**. Additional opportunities to obtain training and gain valuable experience exist at the **John P. Murtha Neuroscience and Pain Center**, which provides integrative treatment for a wide range of conditions including chronic pain, stroke, epilepsy and seizure disorders, Parkinson's Disease, Charcot Marie Tooth, movement disorders, and the **Diabetes Institute**.

BEHAVIORAL MEDICINE DEPARTMENT-CONSULTATION SERVICES

Psychology Interns at MMC will serve an assignment involving consultation service on the three psychiatric inpatient units, child, adult and geropsychiatry, at the hospital main campus. Interns will be assigned mini-rotations for four months at a time among the all the units. Consultation services include individual and a small group training of staff in issues related to applied behavioral assessment, psychological assessment, implementation of cognitive-behavioral interventions based on empirically-supported treatment packages, and in-service training seminars related to prevention and early identification and intervention of behavioral health problems.

CHILD AND ADOLESCENT SERVICES / INPATIENT

Aloysia Hall provides safe and secure inpatient treatment for children ages 4 through 17. Treatments are tailored to meet the individual needs of each child, and emphasize patient and family participation. Interns will be assigned this mini rotation for a period of 1-4 months out of their rotation 4 hours every day for the period assigned. Common diagnoses include oppositional defiant disorder, attention deficit with hyperactivity disorder, depression and other behavioral disorders. The short-term program is designed to stabilize the child so that he/she can return home and continue treatment outside of the hospital.

Psychology interns will follow clients from time of admission to a full course of care. They will provide initial assessments to evaluate physical, social, and emotional health, and help determine the appropriate level of care. In addition to assessment, they may be

asked to provide short-term intensive individual therapy, group therapy, or family therapy. Through cognitive behavior therapy, patients and their family members also learn ways to recognize the issues that may trigger behavioral problems, as well as techniques to help manage them.

Aloysia Hall is the region's only inpatient program dedicated to strengthening the emotional health of area children. It is licensed by the Pennsylvania Department of Health, accredited by the Joint Commission on the Accreditation of Healthcare Organizations, and has been serving the needs of children and their families since 1981.

ADULT PSYCHIATRIC SERVICES / INPATIENT

The Inpatient Treatment Units provide safe, secure, comfortable and therapeutic environment for older teens and adults who require 24-hour psychiatric care on a short-term basis. The psychology interns will be assigned a 1-4 month rotation on each unit. A team of psychiatrists, psychologists, psychiatric nurses, social workers, recreational therapists, addiction counselors and other health care specialists work with patients and their families to treat and manage a range of psychiatric conditions. Patients can then continue treatment outside of the hospital after discharge. Diagnoses can include but are not limited to depression, anxiety, mood swings, thought disorders and addictions.

Structured treatment options can include individual psychotherapy, group therapy, cognitive behavior therapy, in which patients and their family members learn how to recognize the issues that may trigger episodes and how to manage them, medication therapy, or Electroconvulsive Therapy (ECT), which has been shown to help with depression. The psychology interns will provide diagnoses and treatment options following evaluation and assessments, as well as input from the patient or family members.

During treatment, patients receive instruction and support related to stress management, effective communications, anger control, self care, self-esteem, goal-setting and problem-solving, and spirituality. Extensive therapies that use play and recreation as a means of coping and relaxing are part of the treatment plan. These include exercise, music, electronic games, crafts and several other programs.

Conemaugh Counseling Associates

Conemaugh Counseling provides psychological assessment and treatment to individuals across the lifespan, including children, adults and older adults. Psychology interns will be assigned to this longitudinal rotation for the length of the year to improve continuity of care. Services offered at CCA include psychological, psychiatric, cognitive behavior therapy, and family and marital counseling. The psychology interns will attend

interdisciplinary treatment team meetings and collaborate with medical providers within the hospital.

Intensive Outpatient Program

The IOP is designed to serve adults age 18 and older who need more frequent and comprehensive therapy than traditional outpatient therapy can provide. Psychology interns may observe other paraprofessionals providing treatment and co-lead groups with supervisors. The Program is also appropriate for individuals who are ready for discharge from inpatient hospitalization but who require structured, intensive therapy to ease the transition from the hospital to home.

Training in the Supervision Competency

All interns in the Behavioral Medicine Department serve as a formal “supervisory consultant” to mental health practitioners in the out patient department or other assigned areas. Interns receive weekly supervision from a licensed psychologist who is on the core staff and who oversees their clinical and supervisory practice. Interns may also, with training and supervision, organize, and review program initiatives and clinical cases being treated by other allied staff members.

INTERNSHIP COMPETENCIES AND OBJECTIVES

Competency Model of Evaluation (Appendix A)

The basic goal of our internship program is to promote the professional development of interns in each of the core competency areas so that interns are ready to assume the responsibilities of a postdoctoral fellow or entry level doctoral psychologist position. Most people in the general public who utilize psychological services and most professionals in psychology would agree that a primary outcome of professional education and training in psychology is the preparedness of graduates to function in the profession. To assist in our internship training and evaluation process, and to document the attainment of basic core competencies, overall competency ratings and specific objective ratings within each domain are completed for each of the following six domains: (1) Assessment, Diagnosis and Consultation, (2) Intervention and Treatment, (3) Supervision, (4) Professional and Ethical Behavior, (5) Cultural Diversity, and (6) Scholarly Inquiry. Based on Falender and Shafranske (2008; *Clinical Supervision: A Competency-Based Approach*, Washington, DC: APA), the methodology we use to both evaluate and integrate competency into the curriculum consists of (a) clearly articulated training objectives that are defined by specific quantifiable descriptors of expectations for each developmental skill level for each of our six core competency domains; (b) a ratings form for the beginning of the year prior to the start of training, mid-year evaluations, and end-of-the-year evaluations of each defined competency in both self-report and supervisor report; and (c) a training

plan that lays out the specific training activities and expectations that address the specific training needs of each intern. Interns complete a self-assessment of the six core competencies at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment are discussed with primary supervisors in developing a training plan for the internship year. Interns complete self-evaluations and supervisors complete competency evaluations of interns at mid-year and end-of-year points for each major and minor rotation. We use a developmental rating scale that is intended to reflect progression toward becoming an independent psychologist. Level E is expected of beginning practicum students, but some interns may enter internship training at this level for some domains. Level I is where practicum students are expected to be at the end of their graduate program, and where pre-doctoral interns are expected to begin their internship year in most domains. Level HI is the competency level expected of pre-doctoral interns at the end of the internship year, and is where entry level doctoral psychologists seeking post-doctoral supervision towards licensure are expected to be at the beginning of their post-doctoral training. Level A represents the practice competence of independent psychologists who are licensed. Level HI is the minimum level of competence expected and required of interns by the end of the internship in identified competencies.

In addition to the ongoing feedback and evaluation which is a natural part of the supervision process, each intern receives formal, written evaluation ratings from each of his/her primary supervisors at the midpoint, along with the formal evaluations at the completion of each training year. The mid-point evaluations are intended to be a progress report for interns to increase self-awareness and awareness of supervisor's perceptions, discrepancies between intern self-ratings and supervisor ratings, and to help the intern focus on specific goals and areas of work for the second half of the program. This and the supervisor's evaluation of the intern are discussed by the intern and supervisor to facilitate mutual understanding and growth. Copies of the intern's and the supervisor's evaluations are forwarded to the Training Director. Intern evaluations may be forwarded to the Director of Training at the intern's graduate school at the school's request.

To successfully complete the internship, interns are expected to demonstrate an appropriate level of professional psychological skills and competencies in the core areas described in the section on the Objectives and Goals of the Internship Program. Interns will be certified as having completed the internship at MMC with the concurrence of individual supervisors and the Psychology Internship Training Committee. Interns successfully completing the training program will be issued a certificate of internship completion consistent with APPIC guidelines.

REQUIREMENTS FOR COMPLETION OF INTERNSHIP

The following requirements must be met to the satisfaction of the Training Committee to receive satisfactory certification of internship completion:

1. The internship requires a total of 2000 hours. The bulk of this will time will be supervised work in the two major rotations at the Family Medical Center, and in The Behavioral Medicine Department. A **minimum** of 25% of time on internship will be required (500 hours) in the provision of direct face-to-face clinical services. The internship may not be completed in less than 12 months, or more than 24 months, in accordance with the standards of the Pennsylvania State Board of Psychology and the American Psychological Association.
2. All rotations must be satisfactorily completed; majority of ratings must be at the level of three (Level 3-HI is the competency level expected of pre-doctoral interns at the end of the internship year, and is where entry level doctoral psychologists seeking post-doctoral supervision towards licensure are expected to be at the beginning of their post-doctoral training), with no more than 2 ratings at the level of 2 (Level 2-I is where practicum students are expected to be at the end of their graduate program, and where pre-doctoral interns are expected to begin their internship year in most domains) by the completion of the internship.
3. All assigned clinical documentation and administrative record keeping must be completed.
4. Regular attendance at all Internship Didactic Seminars, attendance at all scheduled assigned treatment team meetings, attendance and participation in public education seminars provided by staff, and at least 2 Conemaugh continuing education seminars for the year, Any trainings that are missed must be made up by participation in an equivalent program, to be determined by the Internship Director.
5. At least two comprehensive Psychological/Psychoeducational Evaluations with an integrated written report must be completed. Feedback on the results of the evaluation must be provided to the referral source and the individual tested, as well as to family members when appropriate.
6. All supervisor evaluation forms and Internship Program Evaluation forms must be completed.
7. Participation in case conferences and meetings required for the Major and Minor rotations are routinely expected.

PROCEDURES FOR INTERN SELECTION

NON-DISCRIMINATION POLICY

Conemaugh Memorial Medical Centers' policy prohibits discrimination on the basis of age, race, color, gender, national origin, ancestry, sexual orientation, religion, creed,

disability, or marital status. The policy applies in recruitment of medical staff, employees, medical students, and any scholarship programs. This policy is also followed in the operation of all other facilities within the larger Conemaugh family. Conemaugh Memorial Medical Center systems subscribe to the principles and adheres to the requirements of state and federal law pertaining to civil rights and equal opportunity, in accordance with the requirements of Title VI of the Civil Rights Act of 1964, amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975, as amended. Evidence of practices inconsistent with this policy should be reported to the Director of Human Resources, who is the designated coordinator of MMC's nondiscrimination program.

SELECTION OF INTERNS

The Memorial Medical Centers (MMC) Psychology Internship Training Program is currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Offers are tendered to applicants through the APPIC National Computer Match process in strict compliance with APPIC policy regarding internship offers and acceptances. Instructions for the APPIC-MATCH Procedures can be found on the APPIC Web Site at www.appic.org/match. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. (There will be early notification to any applicants who are not included in the match by MMC.) Applicants are similarly expected to conform their behavior to the requirements of the APPIC program. The MMC Psychology Internship Program is an Equal Opportunity Employer and we encourage ethnic minority applicants.

Intern applicants from APA approved doctoral programs in clinical or counseling psychology will be preferred. Interns are expected to have completed at least three years of doctoral study before beginning the internship year, including at least 1,000 clinical practicum hours. Furthermore, only students who have completed their department's practicum requirements and whose department indicates that the student is ready for a pre doctoral internship should apply. Our internship program trains doctoral candidates to function, at the end of the year, autonomous psychologists in interdisciplinary behavioral health care settings which place a strong emphasis on professional practice and scholarly inquiry. As such, we attempt to recruit students with experience in a wide range of clinical settings rather than students with predominantly a research or teaching focus. The majority of our interns develop careers that are primarily focused on professional practice.

INTERN BENEFITS**STIPEND**

Conemaugh Memorial Medical Center is a not for profit hospital that is dedicated to serving the underserved rural area of Johnstown, PA. The annual stipend for interns for 2013-14 is \$27,000 U.S., paid in increments on a monthly basis. Appointments are offered conditional to satisfactorily passing the required criminal background check.

SICK AND VACATION DAYS

Interns are provided with 15 days Paid Time off (PTO) days per year, used as vacation and sick time, in addition to 6 paid holidays per year.

INTERN WORK SCHEDULE

Conemaugh Memorial Medical Center is open 24 hours to provide emergency and acute care services. Interns, however, will usually work Monday through Friday, 8:00 A.M. to 5:00 P.M. Interns are expected to work during those hours unless other arrangements are made with the Director of Training or their rotation supervisor. In addition, interns may sometimes be required to work outside of the traditional Monday through Friday, 8:00 A.M. -5:00 P.M. schedule, e.g.: early morning rounds or evening groups.

Vacation days, sick days and holidays do not count towards the 2000 hours of psychological service activities required to complete the internship.

DUE PROCESS POLICY

While most trainee problems and conflicts can be resolved informally, this policy is written to provide a formal mechanism to resolve issues of concern. The following describes the formal mechanism at Conemaugh for responding to a trainee's problematic behavior, and includes the procedure for notice, an opportunity for a hearing, and steps for an appeal process.

DUE PROCESS GUIDELINES

- (1) During orientation, interns will be given a description of expectations for their professional behavior. These will be reinforced in on-going meetings with the Chief Psychologist, Training Director, and Supervisors.
- (2) Formal written evaluations will be completed twice during the year. Feedback from staff, supervisors, and patients, as well as self-report from the interns to complete a 360 degree assessment. These evaluations will be reviewed by the Training Committee.
- (3) The Training Committee will develop, as necessary, a written action or remediation plan for identified deficiencies, including a time frame for the expected remediation and consequences of not resolving the deficiencies.
- (4) If the trainee wishes to appeal the action or remediation plan, the trainee may implement the program's appeal process

PROBLEMATIC BEHAVIOR, PERFORMANCE, OR CONDUCT

Problematic performance/conduct are present when the intern is unable or unwilling to acquire or integrate professional standards into their repertoire of professional behavior; unable to develop the competencies required to reach an acceptable level of performance; and/or unable to manage their personal stress that leads to a disruption in professional functioning. Examples of such performance/behavioral problems include, but are not limited to: a lack of awareness of the problem; a deficiency that is greater than can be remediated; an inability of the trainee to modify a behavior or deficit, despite significant supervision and attention from program faculty.

PROCEDURES FOR RESPONDING TO PROBLEMATIC BEHAVIOR, PERFORMANCE, OR CONDUCT

Should an unacceptable rating on an evaluation, or a concern or complaint from a supervisor, staff member, or other trainee be presented, the following actions will be taken:

Direct communication between the trainee and complainant may be recommended.

Should this not be warranted, the Training Director should be contacted. Once the Training Director is notified, verbal notice may be given to emphasize the need to correct the action in question or correct the deficiency.

The Training Director will determine if the level of concern/conflict should warrant the participation of the Training Committee, either during formal evaluations or as needed. If a consensus of supervisory evaluations/concerns indicates that a trainee's skills, performance, or personal functioning are deficient, the Training Director will initiate the following procedures: First, the evaluation will be reviewed and a determination made to

address the problem(s). Second, the intern will be notified in writing within **five working days** that a review is occurring. The intern will then have **five working days** to provide any information or a statement they wish to provide in reference to the identified problem in writing to the Training Director. Third, the Training Director, after reviewing all information, will take one or more of the following steps:

(1) No further action required;

(2) The committee may issue an **Acknowledgement Notice**, which states the Training Committee is aware and concerned about the negative evaluation. The Supervisors will work with the trainee to correct the problem within a specified time, and the negative evaluation does not warrant any serious action at the time. The Training Committee will provide the trainee with a copy of the Acknowledgement Notice **within five working days** of its issue. Once the Training Committee has issued the Acknowledgement Notice, the trainee's case will be reviewed within three months, or at the next formal evaluation meeting, whichever comes first.

(3) The Training Committee may issue a **Probation Notice**, a written statement to the trainee that lists the following:

- a description of the performance problem or behavior issue
- specific recommendation for correcting the problem
- a time frame for probation in which the problem will be resolved
- a further assessment to determine whether the problem has been

appropriately resolved

The Training Committee will provide the trainee with a copy of the Probation Notice **within five working days**. Remediation requirements will be specified, such as an increase in or change in supervision; requirements for additional reading or other educational resource; recommendation for personal therapy; or a recommendation for a leave of absence and/or a second internship. **Within ten days** of the issue of the Probation Notice, the Training Director will arrange to review the required remedial plan with the trainee. The trainee may elect to accept the Committee's recommendations, or challenge them, as described below. The Probation Notice will be reviewed within the time frame that was set within the Notice. Should all efforts to rectify the situation through Probation fail, the Training Committee will conduct a formal review and inform the trainee in writing **within ten working days** that the conditions to revoke the Probation Notice were not met. The Training Committee may choose the following actions:

- a. Agree to continue the probation for a specified time
- b. Suspend the trainee until further evidence is provided the deficiency has been corrected
- c. Inform the trainee that they will not successfully complete the internship if, by the end of the training year, the requirements have not been met
- d. Inform the trainee of immediate termination from the program, in consultation with the Graduate Medical Education and Human Resources Departments at Conemaugh Memorial Medical Center.

GRIEVANCE PROCEDURE

Trainees, who, after receipt of an Acknowledgement Notice or a Probation Notice, disagree with the decisions of the Training Committee, may challenge the Training Committee's actions through the following grievance procedure: The intern must inform the Training Director, in writing **within ten working days** of receipt of the Training Committee's decision, that the decision is being challenged.

The intern will have five additional days to provide further information to substantiate the challenge request. Failure to provide such information to the Training Director will constitute a withdrawal of the challenge. Once the challenge is received, the following procedures will apply:

- (1) The Training Director will convene the Training Committee, who will review the challenge and evidence presented. **Within ten working days** the training Committee will prepare a report on its decisions and recommendations, and inform the intern in writing. If the Program Directors of Family Medicine and Psychiatry (both of whom serve on the Training Committee) are not present, they will be notified of the status and recommendations made by the Training Committee.
- (2) Should the intern and the Training Committee be unable to resolve the issue, the Director of Graduate Medical Education and the Human Resource Directors will convene to review the Training Committee's documentation and recommendations. This panel will report back their impressions to the Training Committee **within ten working days**, at which time a final decision regarding any actions will be made.
- (3) Once a final action is taken, the intern, the intern's graduate program, and all other appropriate personnel will be notified of the action taken.

INTERN COMPLAINT PROCEDURE

There may be occasions in which the intern wishes to make a formal complaint about a process (evaluation, supervision, compensation, etc.), or a person (harassment, hostile work environment, etc.).

The following lists the process to file a formal grievance by an intern:

- a. The intern directly addresses the issue with the person involved, or discusses the policy with the person implementing it (e.g. supervisor, staff member, etc.). Should this not be appropriate, the intern should notify the Training Director (or Chief Psychologist) if either is the object of the complaint. If, after **five working days** the issue has not been resolved informally, the Training Director will convene the Training Committee to discuss and act on the complaint, and give a written response to the intern **within ten working days**.
- b. If the issue pertains to a personnel issue which cannot be resolved or involves hospital policy/procedure, the Training Director or his/her designee will consult with the Director of Graduate Medical Education and the Director of Human Resources for their input. Other related professionals, such as the Risk Manager, may be included as necessary.

As interns are also hospital employees, they may also to contact the anonymous complaint report line should they feel uncomfortable or unable to discuss personnel issues with the program faculty. Interns who pursue grievances in good faith will not be subject to adverse personal or professional consequences.

Likewise, staff members may file a written grievance against an intern for reasons such as unethical or unprofessional behavior, or a violation of other's rights. The Training Director will obtain a written response from the intern, and, if it cannot be resolved directly and informally, will present the issue and documentation to the Training Committee membership **within ten days** of its receipt. If necessary the Training Committee will convene to further assess the issue, and notify the Directors of Graduate Medical Education and Human Resources if the issue is subject to legal, ethical, personnel or human rights violations and/or is a violation of hospital policy. **Within ten working days**, the Training Director, upon the recommendations of the Training Committee, and the Directors of Graduate Medical Education and Human Resources, will render a final decision to the intern. The policy on Due Process, as noted above, will apply, as will the Grievance Procedure should the intern wish to challenge the decision rendered by the Training Committee. As above, staff members may also file a complaint against an intern through the hospital's anonymous ethics/compliance hotline.

DIDACTIC TRAINING

Conemaugh Memorial Medical Center provides a wealth of opportunities for learning. As a regional teaching hospital with eight medical residencies, a pharmacy residency, and a psychology internship, education is offered daily for medical faculty, residents, interns, and allied health professionals. The department of Graduate Medical Education schedules monthly Grand Rounds. Additional lectures, seminars, and case presentations are offered throughout the year, on topics relevant to psychologists, such as research, ethics, and practice management.

Within the Psychology internship program the didactic training schedule will be held on the date of designation at **Noon**, unless otherwise designated on the training schedule. Didactic seminars by Dr. Raymond Hornyak will be held in the Family Medicine Department. Dr. Theresa Kovacs will conduct her seminars at The Conemaugh Counseling Center (Treatment Team Room). These trainings will be open to psychology interns, medical residents, and physician assistant students. The lectures cover a variety of medical and behavioral topics. Additional case presentations and lectures are also held every Wednesday morning in the Family Medicine Department and Every Monday at 2:00 p.m. at Conemaugh Counseling Center. Didactic presentations include Balint sessions, Suboxone, and HIV case reviews.

Weekly training is provided by the two supervising psychologists. The didactic lectures are two hours in length. Each psychology trainee will also receive two hours of supervision weekly. Furthermore, additional case discussion, group discussion, or on-line training is given or directed by the training director and supervising psychologist. Opportunities for off-site learning, such as CE classes, seminars, and presentations by hospital-associated and private groups such as the local psychological association are available throughout the year.

July 2	Orientation	(Hornyak)
July 5	Introduction to Behavioral Science	(Hornyak)
July 9	Clinical Interviewing	(Hornyak)
July 12	Psychological Practice in Primary Care	(Hornyak)
July 15	Delirium and Dementias 7:30-930 a.m. (Psychiatry Grand Rounds-Dr. Oandasan)	
July 19	Psychological Aspects of Bariatric Surgery	(Hornyak)
July 23	Mental Health and HIV/AIDS	(Hornyak)
July 26	Primary Care II	(Hornyak)
August 13	Clinical Interviewing	
August 16	Motivational Interviewing	(Hornyak)
August 20	Pain Management I	(Hornyak)
August 21	Treatment of Chronic Pain II	(Hornyak)
August 28	Assessment of Hepatitis C	(Hornyak)
August 30	Empowering Behavior Change	(Hornyak)
September 3	Suboxone	(Hornyak)
September 5	Research Seminar	(Research Group)
September 6	Anxiety Disorders I	(Hornyak)
September 10	Cognitive Assessment / Stroke	(Sawicki)
September 13	Substance Abuse Treatment	(Treatment Center)
September 17	Psychiatry Grand Rounds	(Patel)
September 20	Pain Management II	(Hornyak)
September 24	Health Literacy	(Hornyak)
September 27	Counseling Adolescents	(Dunne)
October 1	Cognitive Behavioral Therapy	(Hornyak / Group)
October 2	Grand Rounds	
October 4	Anxiety Disorders II	(Hornyak)
October 8	Geropsychology	(Patel)
October 11	Neuropsychology Overview	(Sawicki)
October 15	Affective Disorders I	(Dunne)
October 18	Obesity, Diabetes and Depression	(Hornyak)
October 22	Psychiatry Grand Rounds	(Dr. Liu Tung)
October 25	OCD in adults	(Hornyak)
October 29	Personality Disorders	(Dunne)
November 1	FMEC Conference - Philadelphia	(Hornyak)
November 5	Affective Disorders II	(Hornyak)
November 6	Grand Rounds	
November 7	Research Seminar	(Gonzalez)

November 8	The Patient-Centered Medical Home	(Hornyak/Spencer)
November 12	Holiday Stress	(Hornyak)
November 15	Trauma and PTSD	(Dunne)
November 18	Psychiatry Grand Rounds-TBA	
November 22	Generalized Anxiety Disorders	(Hornyak)
November 29	Coping with Chronic Illness	(Hornyak)
December 3	Hypnotherapy	(Rys)
December 4	Grand Rounds	
December 6	Biofeedback	(Hornyak)
December 10	Schizophrenia and Psychotic Disorders	(Patel)
December 13	Psychopharmacology of Adults 7:30-930 a.m.	(Tung/PA)
December 17	Psychiatry Grand Rounds-TBA 7:30-930 a.m.	(Mohammed/PA)
December 20	Family Life Cycle	(Hornyak)
December 27	Oppositional Defiant Disorder	(Dunne)
January 3	OCD in Children	(Dunne)
January 7	Conduct Disorder	(Dunne)
January 10	Dx and Tx of Alcohol Disorders-NIAAA Guide	(Hornyak)
January 14	Integrative Treatment of Tourette's Disorder	(Hornyak)
January 17	Child Obesity	(Dunne)
January 20	Psychiatry Grand Rounds- 7:30-9:30 a.m.	
January 24	Motivational Interviewing	(Hornyak/Group)
January 28	"Cutting"	(Hornyak)
February 4	Sleep Medicine and Sleep Disorders	(Patel)
February 5	Grand Rounds	
February 6	Research Seminar	(Spencer)
February 7	Mental Status Exam	(Hornyak)
February 11	Eating Disorders	(Dunne)
February 14	Understanding Research Methodology	(Hornyak)
February 18	Psychology Consultation Services	(Sawicki)
February 21	Behavioral Cardiology	(Hornyak)
February 26	Ethical dilemmas in case conceptualization	(Dunne)
March 1	Mindful Eating	(Hornyak)
March 4	Assessment of Mood Disorders	(Hornyak)
March 5	Grand Rounds	
March 7	Psychosocial Problems of the Elderly	(Hornyak)
March 11	Clinical practice and a Self-Care	(Dunne)

March 14	Law and Professional Practice Issues	(Hornyak)
March 17	Psychiatry Grand Rounds	
March 21	Psychosocial Interventions for Cancer Patients	(Hornyak)
March 25	CBT for the Borderline Patient	(Dunne)
March 26	Ethics Lecture	
March 28	Alzheimer's I (video)	(Hornyak)
April 1	Multicultural Issues	
April 2	Grand Rounds	
April 3	Research Seminar	
April 4	Alzheimer's II (video)	(Hornyak)
April 8	Assessment of Dementia in the elderly	(Sawicki)
April 11	Nutrition & Exercise in Preventive Healthcare	(Hornyak)
April 15	Psychiatry Grand Rounds-7:30-9:30 a.m.	(Oandasan)
April 18	Domestic/Family Violence	(Hornyak)
April 22	Social Responsibility for Psychologists	(Hornyak)
April 25	Hoarding	(Hornyak)
April 29	Cognitive Assessment & ADHD	(Dunne)
May 1	Research Seminar	(Cooney)
May 2	Yoga and Meditation	(Hornyak)
May 6	Somatoform Disorders	(Dunne)
May 9	Treatment of Substance Use Disorders	(Hornyak)
May 13	Childhood Bipolar Disorder	(Oandasan)
May 16	Mindfulness Based Stress Reduction	(Hornyak)
May 19	Psychiatry Grand Rounds- 7:30-9:30 a.m	(Patel)
May 23	Early Career Psychology Practice Issues	(Dunne)
May 27	Dual Diagnosis	(Dunne)
May 30	Tar Wars Smoking Program	(Hornyak)
June 3	Women's Mental Health Issues	(Spencer)
June 4	Grand Rounds	
June 6	Wellness at Work	(Hornyak)
June 10	Gender Identity Disorder-Child/Adolescent	(Dunne)
June 13	Fibromyalgia and Chronic Fatigue	(Hornyak)
June 17	Psychiatry Grand Rounds- 7:30-9:30 a.m.	(Mohammed/PA)
June 20	Compulsive Sexual Behavior & Sexual Addiction	(Hornyak)
June 24	Conflict Management	(Dunne)
June 25	Ethics Lecture	
June 27	Risk Management and Professional Practice	(Hornyak)