Post-Doctoral Psychology Residency

2023 – 2024 Resident Manual

Confluence Health: Wenatchee Valley Hospital & Clinics

Confluence Health: Central Washington Hospital & Clinics

Post-Doctoral Residency Manual

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Introduction to Post-Doctoral Residency Program

Post-Doctoral Residents will be placed in one of two tracks providing either integrated or outpatient services throughout the health system. The primary residency supervisor is on site in both of these locations throughout the residency program. The supervisor is also available via video call and phone as needed on a daily basis.

The overall focus of the integrated track is integrating mental health providers into medical sites. As part of the Washington State mandate across the state with all medical centers, Confluence Health was an early adopter. Thus, the focus of training will be on extending the Post-Doc Residents knowledge of health psychology and improve skills of collaboration, short-term therapy, working with medical providers, and crisis response.

The Post-Doctoral Resident is considered part of the medical team and participates in provider meetings and is frequently sought after for their expertise. Patients with all levels of need are seen on a daily basis and preferably at their time of need. The Integrated Behavioral Health team was designed to allow the Primary Care Providers (PCPs) to contact the IBH Provider/Resident when a patient issue arises. This can be a simple meet and greet or helping patients deal with more complex types of issues (new diagnosis, diabetes, asthma, panic, depression, pain, sleep, etc.). The focus is on whatever the patient presents with that is impairing their functioning or their ability to be compliant with medical recommendations.

Therapy in the Primary Care Setting is generally focused on improved function and is brief in nature. Though the Resident will be involved in longer-term care with a more severe type of persistently mentally ill group as well as those that present for other types of issues. Post-Doctoral Residents are required to carry a caseload of patients. Post-Doctoral Residents will work with children, adults, geriatrics, families and groups throughout their training. Pain management is a large focus in most of our clinics. Further, many patients are monolingual Spanish speaking. If the Post-Doctoral Resident is unable to fluently speak Spanish an interpreter will be provided. This allows for the opportunity to work with Hispanic patients dealing with a variety of issues such as acculturation, immigration & deportation, migrant work, seasonal work, etc.

The Confluence Health Integrated Behavioral Health Post-Doctoral position is a one year, full-time position with a flexible start time. Residents can expect to receive a minimum of 1,500 hours of experience during the 12-month period, but will likely end the residency with closer to 2,000 hours. The post-doctoral residency does meet the licensure requirements for Washington state. Preference is given to candidates that can start as soon as possible. Confluence Health's post-doctoral psychology residency is a member of APPIC.

Applicants should be comfortable in a fast-paced work environment that can change throughout the day and have an interest in Health Psychology. Stipend is $52,000 for twelve months of 40 hours a week; other benefits such as medical, dental, and vacation (~3 weeks) plus holidays.

ALL candidates must be licensed at the Master's level or Master's Level Associate license (LMHC, LMFT, LMHCA, LMFTA) at the start of their Post-Doctoral Residency position in Washington State. Please check the Department of Health website for specific requirements and transfer of licensure to ensure you qualify. Candidates also must have completed all doctoral requirements from their program including dissertation defense.

WA STATE DOH MASTERS LICENSURE
Mental Health Counselor Licensing Information | Washington State Department of Health

Interested applicants should ***submit the following*** through the CH online link below:

1. **COVER LETTER**
2. **CURRICULUM VITAE**
3. **3 REFERENCES**
4. **PROOF OF COMPLETED DOCTORATE PROGRAM and INTERNSHIP**

APPLY ONLINE
Confluence Health Careers | Home
We will continue to receive applications until both positions have been filled. Applicants that we are interested in will be contacted for a phone interview and possibly an onsite or virtual interview. Candidates chosen for an interview must provide 3 letters of reference **or** provide 3 people that can be contacted by phone for a reference.

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Note: If hired, incoming Post-Doctoral Residents will be required to submit to a background check, provide a urine drug screen, and participate in an employee health visit (ensuring current immunization status) prior to beginning work. Despite marijuana being legalized, employees are not allowed to use marijuana during their employment or may be at risk of losing their position.

Confluence Health does not unlawfully discriminate or unlawfully make employment decisions on the basis of race, color, gender, religion, sexual orientation, disability, marital status, national origin, age or any other characteristic protected by law. Diverse applicants are encouraged to apply.

History of Confluence Health

Central Washington Hospital

The origins of Central Washington Hospital date to the early 1900s with the establishment of Central Washington Deaconess Hospital and St. Anthony's Hospital. The two organizations merged in 1974 to form Central Washington Health Services Association. The St. Anthony's facility was renamed Rosewood Hospital in 1974 and the facilities combined their operations at the remodeled and expanded Rosewood Hospital site under the name Central Washington Hospital.

In 2012, Central Washington Hospital began the process of affiliating with Wenatchee Valley Medical Center, which was finalized in July 2013. Collectively known as Confluence Health, our affiliation allows us to offer a full range of inpatient and outpatient health care services and cutting-edge technology, and a rural healthcare delivery system serving North Central Washington.

Wenatchee Valley Medical Center

Dr. L.M. Mares, Dr. A.G. Haug and Dr. L.S. Smith founded the Wenatchee Valley Clinic in 1940. Their philosophy was that patients were best served when they had easy access to other specialists under the same roof.

Today Confluence Health still has the best interest of our patients at heart; we're just larger and able to take care of more of them. In fact, with a full range of healthcare services and cutting-edge technology, we've got North Central Washington covered with a rural healthcare delivery system second to none.

Our founders recognized that a regional patient base was required to support specialty care in a rural environment, but even they didn't envision a comprehensive healthcare delivery system encompassing a 4-county region in North Central Washington covering roughly 12,000 square miles. Today over 60 percent of our business comes from outside the greater Wenatchee area, and our specialists drive over 130,000 miles annually to provide outreach to clinics in North Central Washington communities.

Physician recruitment and retention have always been among our strengths. Our doctors were recruited not only because they bring knowledge from some of the nation's best medical training programs, but because of their values. They came for the quality of life, the beauty of the land and professionalism that fosters the physician-patient relationship. This ability to recruit has paid off in steady growth, and today Confluence Health has over 300 physician practitioners as well as 170 advanced practice providers (ARNPs & PAs).

Confluence Health is a strong believer in being a corporate good neighbor and is generous in its contributions to local community organizations—including matching employee and physician contributions to the United Way. Every year we offer free community flu shot clinics and provide over $2.5 million in charitable care.

Confluence Health Coverage Area: North Central Region of Washington State

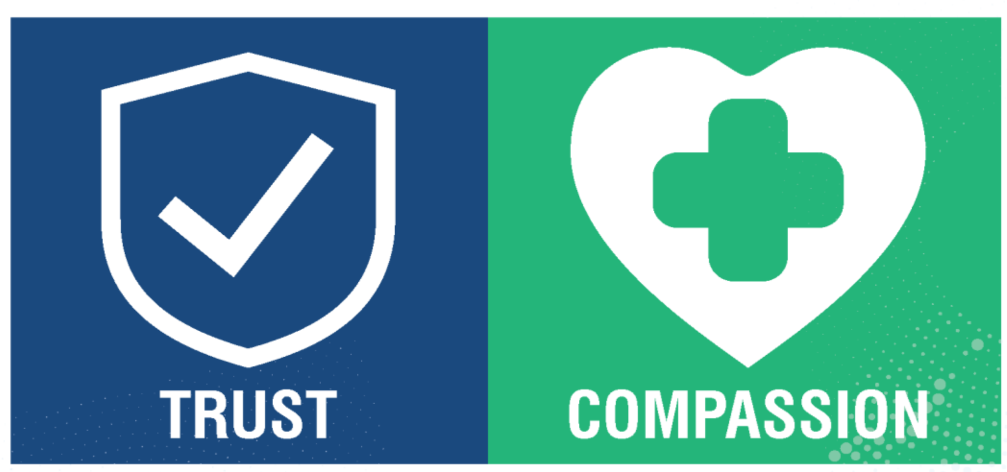
Mission Statement and Core Values

At Confluence Health, our <u>mission</u> is to improve our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.

Our <u>vision</u> is to become the highest value rural healthcare system in the nation that improves health, quality of life, and is a source of pride to those who work here.

<u>Confluence Health Core Values</u>:

WE ARE COMMITTED TO



We listen and follow through. | We embrace empathy.

We value each other. | We are better together.

We're in this together. #BetterTogether

Health Equity & Inclusion

Better Together

At Confluence Health, an emphasis on equity and inclusion is key to providing high quality compassionate care to everyone. We strive to provide the highest quality care and services that are responsive to the cultural health beliefs, preferred languages, and communication needs of North Central Washington's diverse population. Together, we continue to build a company culture that reflects the unique individuals of our community. By supporting, encouraging, and celebrating the diverse population we serve, our voices and experiences help to connect us all in the mission for a healthier future.

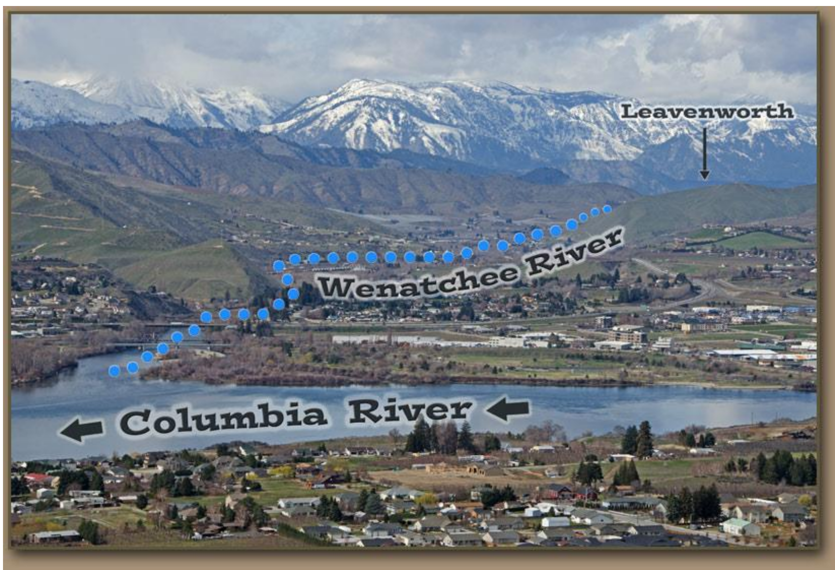
- **We take pride in the diverse community that we serve.**
- **We value our patients, providers, staff, leadership, and community partners.**
- **We pledge a commitment to the equitable treatment of our patients and staff.**
- **We strive to develop a workplace that celebrates the diverse voices and beings of our employees and is representative of the community we serve.**
- **We are committed to building a culture where difference is valued.**

We endeavor to make Confluence Health a desirable place to work and receive care for all. At Confluence Health, equity and inclusion mean that all employees, patients, families, and community members are treated with respect and compassion.

We celebrate and respect the various backgrounds and differences among our team members and patients and encourage them to feel comfortable sharing their identities, values, and ideas.

Inclusion and diversity are critical drivers for creating the ideal experience for every patient, family, employee, and member of the communities we serve. The Health Equity, Diversity and Inclusion Council empowers and supports our diverse workforce, patient population and community to advance our mission of excellent patient care.

About Wenatchee



Wenatchee is located at the confluence of the Wenatchee and Columbia rivers near the eastern foothills of the Cascade Mountain range in the State of Washington. Wenatchee is located in the center of the state, approximately 170 miles west of Spokane and 148 miles east of Seattle. Unlike Seattle, the weather here is arid and dry most of the year, enjoying **300 days of sunshine** and moderate temperatures throughout the **four seasons**. The city was named for the nearby Wenatchi Indian tribe. The name is a Salish word that means "river which comes [or whose source is] from canyons" or "robe of the rainbow."

Wenatchee is known as the "***Apple Capital of the World***" for the valley's many orchards, which produce apples enjoyed around the world along with cherries, pears, peaches, plums, nectarines, and apricots. Every year from the last week of April through the end of the first week of May, Wenatchee hosts the **Washington State Apple Blossom Festival**, which probably brings in the largest number of people Wenatchee sees annually, with 2 weeks of festival activities, including 2 parades, a carnival, live entertainment, and dozens of food and craft booths.

The Wenatchee Valley and the surrounding areas provide an abundance of sports and recreational activities for any season. There are several facilities including a tennis club, an Olympic size swimming pool, an ice arena (with our own semi-professional BCHL hockey team, the **Wenatchee Wild**), several 18-hole and 9-hole golf courses, two 9-hole disc golf courses, and countless baseball/softball diamonds and soccer fields. There are lots of places to hike, fish and hunt, both birds and larger game. Boating and water recreation are also quite common. Many kayak, windsurf and water-ski on the **Columbia River**. Whitewater rafting and inner-tubing is frequent on the Wenatchee River. In the winter, the mountains near Wenatchee provide great snowmobiling, sledding at Squilchuck State Park, as well as skiing and snowboarding at **Mission Ridge Ski & Board Resort** (only a 30-minute drive away!). The city also offers a large system of parks and paved trails known as the **Apple Capital Recreational Loop Trail**. The 10-mile (20 km) loop which runs both banks of the Columbia River is used by cyclists, walkers, joggers, and skaters. In the winter cross country skiers and snowshoers also use the trail. There is plenty to do and explore both locally and across the beautiful Pacific Northwest during your Residency year.

To learn more about the beautiful Wenatchee Valley, please visit: **https://visitwenatchee.org/**

Training Program Philosophy

Confluence Health's Post-Doctoral training program provides professional training that further develops and strengthens an early career psychologist's competence in providing a range of psychological services within the context of both outpatient and hospital-based clinics. The mission of Confluence Health is dedicated to improving our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.

Our training program is based on our mission and best described as following a practitioner/scholar model, with mentoring, solid clinical training and utilization of the scientific literature to inform and shape practice, teaching and scholarly work. Throughout the training program, we stress multidisciplinary functioning, multiple theoretical approaches and cultural sensitivity. Also of importance are personal development and the crafting of one's own professional identity. Through didactic lectures and seminars, supervision and ample direct patient contact, Post-Doctoral Residents receive comprehensive experience in quality psychology training which engages them in assessment, treatment, therapy, consultation and community involvement.

Our program offers the unique opportunity to train in the growing area of primary and specialty care psychology. Residents serve as Integrated Behavioral Health Consultants within a primary care or specialty medical setting and are called upon by providers to assess and treat patients presenting with behavioral concerns during a primary care/specialty medical visit. Residents treat behavioral health concerns and expand their skill sets and scope of practice to a broad scope of health issues, including chronic disease management and wellness. Residents work as a member of the primary care/specialty medical team and are involved in assessment, intervention, and consultation with patients.

Further, exposure to diversity in race, culture, lifestyle, socioeconomic status, physical status, etc. is an important training objective of the Confluence Health Doctoral Residency program. Washington State has a largely White and European population, however, Wenatchee has a significant population of Hispanic/Latinx residents, particularly during the late Spring through late Fall agricultural seasons as migrant workers come to the region. Diversity is commonly discussed throughout the year and Residents are encouraged to challenge and expand their thinking as they are exposed to some of the unique issues that may arise when working with individuals from a rural community with marginalized backgrounds, who often experience multiple health disparities as well as barriers to accessing appropriate and/or sufficient care. Residents will develop skills and comfort working with online (audio/video) interpreters in their sessions for our Hispanic/Latinx patients as well as those patients who present with languages that are less common to our region, including those who are hearing-impaired. Diversity and equity in healthcare is discussed in clinical presentations and supervision, throughout the didactic and diversity seminars, during consultations, and in trainings throughout the year.

Program Goals

The two primary settings for the residency program are in our outpatient Behavioral Health clinics and integrated in primary care. The Residents receive clinical experiences and formal training in a wide range of core clinical competencies consistent with health service psychology. The Residents learn to focus on the patient from a whole-person perspective and to consider any medical issues that may be exacerbating the presenting symptoms or contributing to the diagnostic picture. A typical Resident caseload includes patients with a wide range of mental health problems as well as medical issues. Supervisors have diverse clinical backgrounds that include generalist training as well as expertise across a wide variety of clinical domains.

The residency experience involves training which extends and integrates the Resident's academic program and Residency experiences. The residency is designed to offer a broad range of experiences to develop these core professional competencies. Residents have a shared responsibility in designing and planning the residency experience in collaboration with the Training Director. This process is intended to ensure that the residency provides a coherent progression from the basic knowledge and practical clinical skill competencies achieved in the academic program and Residency to the core practice competencies that are to be acquired in the residency. Residents will spend approximately 15-25 hours per week in face-to-face direct service delivery. Our residency training is focused on developing the **Profession-Wide Competencies** as defined in the APA Standards of Accreditation for Health Service Psychology. These competencies would be expected of a doctoral level psychologist. Upon completion of our residency program, successful Residents will have developed the generalist skills and professional confidence to address the needs of a diverse population and will be prepared to take on an independent professional practice.

APA Profession-Wide Competencies

Ethical and Legal Standards:

Residents will demonstrate competency in the following areas:

- a. Be knowledgeable of and act in accordance with each of the following:
  - i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - iii. Relevant professional standards and guidelines.
- b. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- c. Conduct themselves in an ethical manner in all professional activities.

Individual and Cultural Diversity:

Residents will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Residents will demonstrate:

- a. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

b. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
c. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own; and
d. The ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Integration of Science and Practice:
Residents are expected to:

a. Demonstrate the ability to critically evaluate foundational and current research that is consistent with the program's focus area(s) or representative of the program's recognized specialty practice area.
b. Integrate knowledge of foundational and current research consistent with the program's focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g. research, service and other professional activities).
c. Demonstrate knowledge of common research methodologies used in the study of the program's focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice.
d. Demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.

Professional Values and Attitudes:
Residents are expected to:

a. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others;
b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness;
c. Actively seek and demonstrate openness and responsiveness to feedback and supervision; and
d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills:
Residents are expected to:

a. Develop and maintain effective professional relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services;
b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts; and
c. Demonstrate effective interpersonal skills and the ability to manage difficulty communication well.

Assessment: (Optional for Residents)
Residents will demonstrate the following competencies:

a. Demonstrate current knowledge of diagnostic classifications systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

b. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
d. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
e. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
f. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Supervision:
Supervision involves mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Residents are expected to:

a. Apply this knowledge in direct or simulated (role-played) practice with psychology trainees, interns, or other health professionals.
b. Apply the supervisory skill of observing in direct or simulated practice
c. Apply the supervisory skill of evaluating in direct or simulated practice
d. Apply the supervisory skill of giving guidance and feedback in direct or simulated practice

Consultation and Interprofessional/interdisciplinary skills:
Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Residents are expected to:

a. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
b. Participate as an active member of a primary care team, providing specific recommendations around health behavior change and/or mental health interventions both orally and in writing (integrated track only)
c. Provide hospital consultation services for mental health issues impairing physical health recovery, including providing recommendations for health behavior change and/or mental health interventions both orally and in writing (integrated track only)

Training Program Overview

The 12-month training year begins with an Orientation Week in which Residents receive a thorough introduction to their training activities and schedules for the year. During the first 3-4 weeks of residency, Psychology Residents are closely supported and monitored by their clinical supervisors. They will shadow supervisors or other agency clinicians on a variety of patient encounters to become familiar with the department and clinic overall, the structure and function of the training program, and their roles as psychology residents. This time is replete with a variety of training activities to gradually enable the residents to develop confidence and increase their independence. During this period, supervisors also begin to evaluate each resident's strengths and weaknesses with respect to psychological assessment and psychotherapy. The evaluation involves a review of previous clinical experience, discussions regarding current cases, and review of resident clinical skills (as noted while shadowing initial patient encounters) to determine which training activities to emphasize during the year. One of the outstanding features of this program is the flexibility that a Resident and his or her supervisors have in developing an individualized training experience for the year.

Opportunities for the Residents range from diagnostic evaluations and brief urgent-oriented integrated primary care therapy to longer-term (10-12+ appointments) "traditional" outpatient psychotherapy. Experiential training is available in a variety of therapeutic delivery options, including individual, family (parents & youth, couples, etc.), and group therapy.

Psychology Residents will have **two tracks** to choose from for their residency experience. The **Outpatient therapy track** will entail providing outpatient therapy services (short- and longer-term therapy) to youth and/or adults in one of our outpatient clinics located in Wenatchee. Our outpatient track involves more longer-term patient care opportunities. Our program emphasizes empirically based psychotherapies. The **Integrated Primary Care track** will be located in one of our primary care clinics in Wenatchee, providing care as an Integrated Behavioral Health provider to youth and/or adults. Our integrated primary care track emphasizes the brief, solution-focused treatment that seems to best serve our primary care setting and patient needs. **1-2 Residents may be placed in each track.**

Residents in both tracks will also have an opportunity to further practice and develop their **assessment skills using standardized assessment tools**, from brief clinical tools (e.g., PHQ-9, GAD-7, CES-DC, SCARED) to broader assessment instruments such as the Woodcock-Johnson IV Cognitive & Achievement Scales or the Personality Assessment Inventory (PAI). Assessments are optional for residents, but will be available if this is a requested area of growth or training.

Residency supervisors are on site in all of our locations throughout the Residency program. Each clinical supervisor is also readily available via Teams video call, phone, email and/or text as needed on a daily basis.

Training Site(s)

Confluence Health: Wenatchee Valley Hospital & Clinics – Mares Building

Confluence Health is an integrated healthcare delivery system that includes two hospitals and more than 30 medical specialties and primary care to provide comprehensive medical care throughout North Central Washington. With over 300 physicians and 170 advanced practice providers, Confluence Health is the major medical provider between Seattle and Spokane. Our goal is to deliver high-quality, safe, compassionate, and cost-effective care close to home. Staying on the leading edge of healthcare innovation is important, so we invest in technology—to provide better care for our patients and allow our providers to operate at the highest level.

DNV GL's accreditation program, called NIAHO® (Integrated Accreditation of Healthcare Organizations), involves annual hospital surveys – instead of every three years – and encourages hospitals to openly share information across departments and to discover improvements in clinical workflows and safety protocols.

By earning accreditation, Confluence Health has demonstrated it meets or exceeds patient safety standards (Conditions of Participation) set forth by the U.S. Centers for Medicare and Medicaid Services. DNV GL's accreditation program is the only one to integrate the ISO 9001 Quality Management System with the Medicare Conditions of Participation. The ability to integrate ISO 9001 quality standards with our clinical and financial processes is a major step forward.

The **Wenatchee Valley Hospital & Clinics – Mares Building** is the primary site where residents will be based. Resident offices, patient care, trainings, and most meetings will take place in the Mares Building. Although residents will be based in the Mares Building there may be future opportunities to provide services or engage in learning opportunities at one of our other clinics or hospitals.

Summary of Training Activities

DIRECT CLINICAL SERVICES

Residents will complete a minimum of 650 direct patient contact hours over the course of the Residency year via a combination of the following activities:

Individual & Family Therapy / Intervention / Consultation:

The **Outpatient therapy track** involves working in one of the outpatient specialty behavioral health clinics, **located in or adjacent to the main medical campus in Wenatchee**. Psychology Residents involved in outpatient specialty behavioral health care will develop expertise in treating a wide range of complex behavioral health issues. The Residency experience includes conducting initial psychosocial assessments, providing short-term and/or long-term individual, family, and group psychotherapy. Residents will be part of an integrative multidisciplinary team of providers, including licensed therapists, licensed social workers, a psychologist, a psychiatrist, psychiatric nurse practitioners, and nursing support. The integrative team approach affords the Resident the opportunity for advanced inter-professional training through consultation with members of the multidisciplinary team. Collaboration with primary care and specialty medical providers is frequent via the electronic health record. In addition to the above, the Resident will have the opportunity to develop their networking and professional development skills in community outreach via the development and implementation of workshops within the community.

The patients served in our outpatient specialty behavioral health clinics range in age from 4 – elders and come from a variety of backgrounds, with approximately 60% receiving state / federal benefits and 40% utilizing private insurance. In addition, there is a large migrant/seasonal, monolingual Spanish-speaking farmworker population in the region and our clinic serves a small percentage of these individuals. In-house translation services are offered (online and phone), as well as via direct interpretation using in-clinic interpreters.

Although not necessarily operating from a brief model, the focus is still on providing efficient, effective care and Residents will be expected to work from a treatment plan developed collaboratively with the patient and to set and meet goals within reasonable timeframes.

The overall focus of the **Integrated Primary Care BH track** is integrating mental health providers into medical sites. Confluence Health was an early adopter of integrating behavioral health into our medical clinics and is a huge proponent of whole-person care. Thus, the focus of training will be on growing the Psychology Resident's knowledge of health psychology and improve skills of collaboration, short-term therapy, working with medical providers, and crisis response.

Our Integrated Primary Care track will encompass working in one of our **Primary Care/Family Medicine Clinics within our main medical campus in Wenatchee**. These clinics have a variety of patient populations served including pediatrics, adults, and geriatrics and patients seen vary in severity of illness. We also serve many Hispanic migrant farmworkers as well as seasonal farmworkers.

Psychology Residents will serve as integrated primary care behavior health providers within a rural primary care setting and will be called upon by providers to assess and treat patients presenting with behavioral and/or emotional concerns during primary care office visits. Residents will treat behavioral health concerns

and expand their skill sets to a broad scope of health-related issues with psychological issues driving them, including chronic disease management and wellness (e.g., coping with a new diagnosis, diabetes, asthma, panic attacks, depression, pain, sleep issues, etc.). Residents will work as a collaborative member of the primary care team and will provide “on-the-fly” recommendations to medical providers and to patients. Residents will learn pain management principles, Migrant/Seasonal Farmworker issues, and much more. Therapy in the Integrated Primary Care Setting is generally focused on improved function and is brief in nature.

Group therapy:
Residents are required to run at least one group therapy series during the Residency year. The group may be co-facilitated with a supervisor or another Resident depending on prior experience and skill(s) in this area. Supervision and training are provided for Residents who have less (or no) prior experience with providing group therapy prior to Residency. Residents are encouraged to develop and run groups based on their interests, as well as the needs of the patient population. Common groups run at Confluence Health in the past include CBT for Anxiety/Depression, CBT for Insomnia (CBT-I), Mindful Self-Compassion, and DBT Skills.

Psychological Assessment: (Optional for Residents)
Residents have the option to complete psychological assessments over the course of the Residency year. Assessment opportunities are somewhat flexible based on the availability of testing materials/resources, as well as identified patient needs for assessment. Complete assessments will include a clinical interview, selection of appropriate materials for the assessment, administration, scoring, and interpretation of the results, preparation of a comprehensive report of results, and presentation of results to the patient. Common referrals for testing include: diagnostic clarification, neurocognitive screenings, and personality assessments, among others.

TRAINING ACTIVITIES

A wide variety of additional training activities round out the Residency year. These include:

Clinical Supervision:
Residents will receive a minimum of 3 hours of supervision each week. Please review the Supervision Informed Consent Agreement in this Manual for detailed information regarding expectations and structure of the supervision experience.

Didactic Trainings:
Didactic seminars are presented weekly for 1 hour. Please see the section on didactic trainings in the Manual for more information, including examples of past didactic seminar topics. Residents are expected to be active participants during the discussions, asking relevant questions, bringing up examples from their clinical cases, and engaging appropriately with their peers. Each Resident is expected to present 2 didactic trainings on topics of their choice during the Residency year.

Assessment Seminar: (Optional for Residents)
Residents who choose to conduct assessments will participate in a monthly seminar designed to increase their knowledge and skills with respect to various assessment instruments. Residents will learn about appropriate test selection, administration, interpretation, and application of test results to treatment. Ethical

considerations in assessment will be discussed, including issues related to cultural and individual differences and the importance of taking differences into account when interpreting and sharing assessment results.

Diversity Seminar:
Diversity seminars will be presented for 2 hours each month. This seminar is designed to explore issues related to individual and cultural diversity and to help Residents develop competency in this area. This seminar includes didactic presentations and discussions on specific diversity-related issues, reviews of the research in these areas, exploration of ethical issues, and case conceptualization from a cultural perspective. Residents will be expected to present on two (2) diversity topics during the Residency year.

Administrative Residency Meeting:
Residents and clinical supervisors will meet monthly together with the Residency Training Director to discuss progress and professional development over the course of the year, review deadlines/data tracking (Resident activity logs), answer questions regarding program requirements, discuss changes or updates, upcoming evaluations or expectations. The BH Practice Manager or Service Line Director will also be present to discuss any operational issues and answer questions. Residents will also have the opportunity to bring forward requests for new learning opportunities or potential changes to the program to meet emerging needs.

RESIDENT PRESENTATIONS

Didactic Presentations:
Residents will be expected to give **two (2) "general" didactic presentations** on topics of their choice (must be reviewed/approved by their clinical supervisor), as well as **two (2) Diversity Seminar presentations** over the course of the Residency year. The goal is to help Residents hone their professional presentation skills and develop comfort in public speaking. Specific **didactic presentation guidelines** have been developed and are available further in this Manual.

Case Presentations:
Residents will be expected to give regular case presentations during Group Supervision. Case presentations are expected to be thorough, yet concise.

The case presentation should include the following:

- Background information about the case, including rationale for the case that was chosen
- Description of the presenting problem;
- Diagnostic impressions;
- Biopsychosocial case conceptualization/case formulation based on one or more theoretical orientations;
- Review of relevant ethical issues,
- Review of relevant individual or cultural diversity issues,
- Interdisciplinary team issues;
- Description of intervention and treatment course (including medications/psychiatric care);
- Any safety issues that have arisen or are perceived;
- A list of questions for group discussion.

Journal Articles:

During **Group Supervision**, research articles relevant to health service psychology will be periodically discussed. Residents are expected to informally **present two (2) peer-reviewed journal articles** that are relevant to health service psychology or the Residency setting over the course of the year. They are also required to informally **present one (1) peer-reviewed journal article that is specific to issues of individual and cultural diversity in the Diversity Seminar**. Article presentations are limited to 30-40 minutes; they are expected to be an informal review of the content of the article and focused on application of research to clinical practice and generating an interactive discussion with the group. The Residents are asked to share their articles with their peers and supervisors 1 week prior to each presentation. The schedule of article presentations is managed by each supervisor in coordination with the Training Director.

Didactic Training

In addition to informal contacts, learning also takes place in a number of scheduled presentations and seminars. These seminars exist to assist Psychology Residents in expanding their learning base on certain topics. Seminars are also open to other Confluence Health Behavioral Health providers that wish to attend, which gives an added opportunity for the Residents to interact with other experienced clinicians. Relevant cases at Confluence Health are discussed as they relate to the didactic seminar topic. If a didactic seminar is a video/online presentation, the supervisor will facilitate an interactive discussion following the didactic portion. Didactic Seminar will occur for one hour each week.

Psychology Residents are also asked to give a didactic presentation on at least 2 topics of interest to them during the Residency year (one in each half of the Residency year). There are some basic guidelines offered to make the process easier. Clinical supervisors will also provide extensive support to the Resident as they prepare their presentations.

Didactic Presentation Guidelines

1) Have a Power Point presentation with font from 24-32 point in size
2) Provide learning objectives for the presentation on the first slide
3) Research must be cited in the presentation and be current (within last 5 years)
4) Purpose of the presentation must be relevant to the current practice of the Residents, residents and other provider staff in attendance, including clinical applicability in various settings
5) Include relevant cultural factors to be considered/explored
6) Include all references/bibliography
7) At the end of presentation, "take home message" needs to be clearly communicated on how Residents, residents, and other providers, including physicians, could leave the seminar and use this information today in their current practices
8) Prepare a list of questions for the participants to generate interactive group discussion of the content
9) Presentations must be reviewed and approved by Dr. Carrillo or Dr. Grass <u>at least 2 weeks prior</u> to presentation date
10) Send all handouts and PowerPoint slides to Dr. Grass <u>at least 2 days prior</u> to your scheduled presentation so that copies can be made and distributed at the time of presentation

2023-24 Didactic Seminar Calendar

Didactic Seminar is every Wednesday, from 11-12pm

Dates	Topics
August 2nd	Ethics & HIPPA / Mandatory Reporting
August 9th	Suicide "Prevention" & Risk Management
August 16th	Integrated Primary Care Psychology
August 23rd	Diagnostics & Coding (DSM-5 vs. ICD-10)
August 30th	Self-Harm
September 6th	Designated Crisis Responders
September 13th	Ethics in Billing: APA Video Series
September 20th	DBT Skills for Individual Counseling
September 27th	Solution-focused Brief Therapy (SFBT)
October 4th	Pain Management & Evaluations
October 11th	DBT Skills for Group Counseling
October 18th	Trauma-Focused Work with Children
October 25th	DBT & Working with Patients who have Personality Disorders
November 1st	Intern Presentation – A1
November 8th	Intern Presentation – B1
November 15th	Latinx Psychology
November 22nd	Capacity Evaluations
November 29th	Motivational Interviewing
December 6th	Migraines
December 13th	Substance Abuse in Health Psychology
December 20th	Diabetes & Mental Health
December 27th	Parenting Styles
January 3rd	Industrial/Organizational Psychology
January 10th	Pregnancy & Anger/Hormones
January 17th	OCD
January 24th	Treating Sexual Dysfunction
January 31st	Palliative Care: The Final Mile
February 7th	Borderline Personality Disorder
February 14th	Somatization Disorders
February 21st	CBT-I
February 28th	Suboxone Evaluations
March 6th	Working with Elders
March 13th	Amplified Pain Disorders

March 20th	Children's Diagnostic Issues
March 27th	Psychotropic Medications #1
April 3rd	Sleep Disorders
April 10th	Acceptance & Commitment Therapy
April 17th	Working with Sex Offenders
April 24th	EMDR & Clinical Applications for Trauma
May 1st	Complex Boundary Challenges
May 8th	Burnout, Compassion Fatigue and Resilience
May 15th	Intern Presentation – B2
May 22nd	Intern Presentation – A2
May 29th	Trauma-focused CBT (TF-CBT)
June 5th	Addiction & Mental Health
June 12th	Ethical Termination Practices
June 19th	Moral Distress & Resilience
June 26th	Mindfulness
July 3rd	Risks/Benefits of Benzodiazepines
July 10th	Psychotropic Medications #2
July 17th	Somatization Disorder
July 24th	Integration of Sexual Identify & Religious Identity of Clients
July 31st	Chemobrain

Didactic Seminar Evaluation

Presentation Title: ____

Date: _________________

Presenter: ________________________________

Instructions: Please answer each question using the following rating scale:

1 = Strongly Disagree **2** = Disagree **3** = Neutral **4** = Agree **5** = Strongly Agree

The information presented in this seminar will be useful for my clinical work at Confluence Health.

Circle One: 1 2 3 4 5

The information presented in this didactic will be useful for my clinical work in the future as a psychologist.

Circle One: 1 2 3 4 5

The information presented in this seminar incorporated useful information related to issues of cultural diversity and individual differences.

Circle One: 1 2 3 4 5

Please provide the presenter and Training Director with feedback (i.e., What did you like about this didactic? What did you dislike? Suggestions for improvement?):

Clinical Supervision

Clinical supervision is provided by licensed psychologists, including Dr. Carrillo and Dr. Grass, in the Behavioral Health Department. Psychology Residents receive two hours of face-to-face individual supervision per week and one hours of group supervision every week throughout the Residency year. During the first month onsite, Psychology Residents are heavily supervised while orienting to the various training activities. This includes onsite shadowing and one hundred percent review of all clinical charts. Onsite shadowing and clinical chart auditing continue throughout the Residency, but to a lesser degree as the Resident gains confidence and independent skills as they progress through the Residency year. Finally, there are ample opportunities for more informal supervision and consultation on a daily basis with their assigned supervisors or any of the other supervisory faculty. We expect the Residents to have questions and to seek support as often as needed. Typically, the Psychology Residents will accumulate significantly more hours of supervision by the end of the training year than would be expected with the formally scheduled supervision hours.

We place a great deal of emphasis on creating an environment of safety in supervision. We expect that Residents will feel some anxiety and vulnerability regarding their performance and we actively work to develop their comfort and safety to honestly report concerns and issues, as well as successes during supervision. We acknowledge that a power differential exists in the supervisory relationship and work to address the impact of that factor as well as other cultural factors that may play a part in supervision and the Resident's professional development.

Theoretical Orientation of the Psychology Faculty

The theoretical orientation of the faculty is varied in nature. We stress the usage of research and evidence-based practices here at Confluence Health. Our clinicians commonly use CBT, and brief, solution-focused interventions, with along with Mindfulness techniques, motivational interviewing, assessment of readiness to change, and psychoeducation. We also have faculty who use psychodynamic interventions, emotion-focused therapies, multicultural models, and other interventions that are grounded in trauma-focused research. Clinical interventions are chosen based on the needs of the individual patient and all treatment is developed and pursued accounting for the unique needs of the individual.

Residents are not expected or required to conform to the theoretical orientation of their supervisor(s). We encourage Residents to learn about and apply the evidenced-based practices that best fit both their own style, personality, and self, and that of their patient.

Departmental Leadership

Psychology Residents will also interact with and be supported by operational leadership from the Behavioral Health department. Confluence Health operates under a "Service Line" leadership structure. The Behavioral Health department has a Service Line Director (Tessa Timmons), Physician Director (Dr. Stephanie Giannandrea), Outpatient Clinical Director (Dr. Patrick Carrillo), Integrated Clinical Director (Dr. Kasey Grass), Regional Practice Manager (Craig Mott), and a Support Staff Supervisor (Cassandra Berry). All of the leadership team is available to the Residents, as needed, to answer questions, provide support, and help them navigate successfully through the Residency year.

SUPERVISION INFORMED CONSENT AGREEMENT

Purpose & Scope

- The purpose of this document is to provide information and create a shared understanding between supervisors and supervisees about what clinical supervision entails. This form is specifically intended to define supervision, provide structure for experience of supervision, clarify roles and expectations, and ensure that Residents and supervisors are well-informed regarding certain practical, legal, and ethical issues related to supervision. The ultimate goal is to enhance a positive supervisor-supervisee relationship during Residency.
- This document is intended to be used in conjunction with the most up to date version of the Residency Manual. The content of the Residency Manual is reviewed in detail by supervisors and Residents during the orientation period of the training year.
- This document does not duplicate the information already contained in the Residency Manual, such as the evaluation process, documentation procedures, formal due process and grievance procedures, among others.

Definition of Supervision

(adopted from Bernard. J. M. & Goodyear, R. K. (2014). Fundamentals of clinical supervision (5th ed.). Boston, MA: Pearson Education)

- Supervision is defined as "an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of the same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered …; and serving as a gatekeeper for the particular profession the supervisee seeks to enter" (2014, p.9).

Basic Goals of Supervision

- Oversee and safeguard welfare and protection of the patients served by the supervisee.
- Facilitate development of supervisee's professional identity and competence.
- Provide ongoing feedback and participate in the formal evaluation process of the supervisee.
- The feedback is always development-oriented and provides a balance of strengths and areas of growth.
- Engage in the gatekeeping function for the profession.

Model of Supervision

(Thomas, J.T. (2010). Ethics of supervision and consultation: Practical guidance for mental health professionals. Washington, DC: American Psychological Association)

- Our overarching approach to supervision can be described as largely being consistent with the tenets of the developmental models of supervision.
- The developmental model proposes that the supervisee progresses from "novice" to "expert" and each stage of this growth is distinguished by discreet qualities and skills. The supervisory techniques should match the stage of development in which the supervisee currently operates while facilitating the progression to the next stage of development.

- ❖ To assist the supervisee in reaching the next stage of the development, the supervisor utilizes the process of "scaffolding," the interactive process which encourages the use of prior knowledge and skills to produce new learning.
- ❖ Throughout the process of scaffolding, the supervisee is not only exposed to new information and skills but the interaction or the relationship between the supervisor and supervisee is also believed to foster the development of new, advanced skills.

Basic Information About Supervision Structure

- ❖ You will receive a minimum of four (4) hours of supervision a week conducted by licensed clinical psychologists. The hours are broken down as follows: 1) You will have two primary supervisors and each will provide one hour a week of individual supervision; and 2) You will also receive two (2) hours a week of group supervision, which might be conducted by different supervisors, both primary and secondary ones.
- ❖ Both primary and secondary supervisors are always appropriately trained and credentialed licensed clinical psychologists. All supervisors who provide supervision to you share responsibility for your training and provide feedback and participate in the evaluation process.
- ❖ In addition to formally scheduled supervision, you will also be expected to engage in informal supervision, which is sometimes called "curbside supervision." This type of supervision occurs outside of regularly scheduled hours, and it typically happens at the time the Resident needs immediate assistance with a patient or another clinical, ethical, or professional, issue, and also at times of more immediate need for debriefing. The Residents are expected to reach out to supervisors outside of regularly scheduled hours throughout the year, although as the year progresses, the frequency, intensity, and focus of the "curbside supervision" often changes as Residents gain more autonomy.
- ❖ You <u>may</u> also have a peer supervisor, a Behavioral Health Postdoctoral Resident. You will meet with your peer supervisor for regularly scheduled supervision once a month for an hour.
- ❖ Case consultation occurs once a month for 1 hour and is a form of training that is designed for the Residents and other providers to communicate about shared patients in an informal and collegial manner. Typically, 5-7 cases are discussed during the meeting.
- ❖ Finally, Residents have multiple opportunities to practice their own developing supervision skills informally with each other, and formally in group supervision. The Residents also participate in a monthly activity called **Supervision Seminar,** which is designated to be a safe, learning space for the Residents to practice supervision with each other by discussing actual clinical cases or other professional issues. The Residents take turns practicing roles of the supervisor and supervisee, while the actual clinical supervisor facilitating this learning exercise observes and helps to engage the Residents in the discussion afterwards by providing feedback regarding supervision models, styles, theories, and any areas for further growth and development.

Supervisory Methods

- ❖ Supervision is a dynamic and complex professional activity, which requires a number of approaches and methods in order to meet your individual, unique learning needs. Clinical supervisors will provide learning by engaging in a number of different approaches, some of

which may be subtle, including modeling, raising insight, outlining options, providing constructive critique and correction as well as validation, promoting professional development, debriefing, addressing personal differences and values, and addressing informal conflicts and relationship ruptures, providing explicit direction, and instilling general knowledge.

- Supervision most commonly involves the discussion of all aspects of your clinical work, including case conceptualization, assessment and treatment planning, transference and countertransference issues, legal and ethical issues, issues related to diversity and multicultural competency, stress management and self-care as they relate to your professional functioning, Residency administrative tasks, the supervision process itself, as well as supervision models and theories, application of research and theory to clinical practice, development of consultation skills, communication, conflict resolution, and other professional interpersonal functioning and skills, and professional development issues, among other topics.
- Experiential methods, including role-plays, shadowing of supervisors and observing them engaging in direct clinical work, and live supervision and co-therapy will be part of your supervision throughout the year.
- Your supervisors will provide frequent and ample feedback regarding your electronic medical record documentation and report writing, and relay feedback from other providers who comment on your consultation and clinical skills.
- **Please be aware that your clinical supervisors may have different clinical styles and approaches to a variety of their professional activities.** While supervisors should always remain in agreement on things such as expectations, the evaluation process, and basic tenets of your curriculum and learning, the supervisors will at times have different or even conflicting ideas about how to address clinical, ethical, and other professional issues. Supervisors may have different communication styles and ways of conducting supervision and delivering feedback. This is considered a normal part of learning from different individuals who may have unique professional backgrounds, strengths and weaknesses, and different approaches to learning and teaching. Residents are encouraged to discuss any concerns around supervisor differences with each supervisor directly.

Practical Issues

- You will be expected to be an active participant in supervision, arrive on time, be prepared for each session with an agenda of things to discuss, and complete assigned work in a timely manner.
- If you miss your scheduled individual supervision due to absence from the office for any reason, it will be your responsibility to request a make-up session be scheduled with your supervisor.
- If your supervisor is absent from the office on the day of your supervision, the supervisor will be responsible for rescheduling the missed session with you (via your CH Outlook calendar).
- Group supervision and case consultation cannot be rescheduled if you miss it.
- Supervision over the Residency year involves a great deal of time spent in both formal and informal supervision. You will be expected to reach out to your clinical supervisors frequently for “curbside supervision” to address immediate concerns that cannot or should not wait for a scheduled supervision meeting.

- If you are unable to locate a supervisor for a face-to-face consultation, one or more supervisors are always accessible by phone, text, email, or CH Teams messaging.
- If you need to reach a supervisor for unscheduled supervision or consultation, please utilize one or more of the methods described above. This includes the times when supervisors may be physically away from the office, such as during lunch breaks, in meetings, or seeing our own patients.
- Most of the time at least one of your supervisors is present onsite during business hours. If all primary and secondary supervisors are absent due to scheduled or unscheduled absence, another properly credentialed supervisor or supervisors will be available for consultation and supervision, including any of the following: another licensed clinical psychologist at CH, licensed mental health counselor with sufficient years of experience to provide secondary supervision to you, and/or a Postdoctoral Resident. The availability of these supervisors will be communicated to the Residents directly at the soonest possible time in the event of such absence of primary and secondary supervisors.

Benefits and Risks of Supervision

- Supervision has both benefits and risks. The benefits include increased proficiency and skills in all aspects of your professional development as a psychologist-in-training. The risks include experiencing discomfort due to being challenged, learning new things, navigating new, complex interpersonal professional relationships, and experiencing anxiety, frustration, or confusion in the process. Thus, it is not uncommon for Residents to experience some degree of uneasiness and vulnerability due to being evaluated. We strongly believe that discomfort is an expected part of the growth process as you transition from student to professional. You will be encouraged to share and process through any feelings of discomfort that may arise during the training year as a normative experience of your professional development.
- **Please note that our site and our training model places a great deal of emphasis on creating an environment of safety and security in supervision. We acknowledge that it is common for the Residents to feel anxious about their performance; however, we also work with Residents to minimize anxiety and increase their comfort level as one important avenue that allows for optimal learning.** You can expect conversation and discussion about your supervisory relationship with close attention being paid to developing increasing levels of safety in supervision as time progresses. We address issues, such as power differential inherent in the relationship, and individual and cultural differences between Residents and supervisors, among other relevant factors that affect the relationship, and ultimately the success of supervision.
- **Supervision is not intended to provide personal counseling or therapy for the supervisee.** Stress management and self-care are welcomed (and even expected) topics in supervision. If personal concerns you bring to supervision are judged to interfere with your functioning, or they simply appear to exceed the level of what is appropriate for supervision, we may suggest you seek personal therapy. Several our graduate trainees from past years have found individual supervision incredibly beneficial and supportive of their personal and professional growth. Please know that if we do recommend personal therapy for you, it is in the context of facilitating your professional and personal success.

Who is most involved in your supervision and training?

- **<u>Clinical Supervisors</u>:** These are licensed clinical psychologists, who are your primary and secondary supervisors and maintain full responsibility over your supervision and training, as described above.
- **<u>Psychiatric Providers</u>:** Our psychiatrists and psychiatric ARNPs are active contributors to the training program. They frequently participate and/or present in our weekly didactic trainings and case consultation. You will have ample opportunity to learn from and consult with our psychiatric providers throughout the year on a variety of topics related to your clinical work and practice with special emphasis on psychopharmacology.
- **<u>Administrative Supervisor</u>:** It is important to understand the difference between clinical and administrative supervisors. Administrative supervisors operate under a business management model. They are involved in personnel duties, such hiring, firing, promotions, raises, scheduling, as well as program development at Confluence Health. The CH Behavioral Health department has a Service Line Director who oversees the Clinical/Training Directors. The BH department also has a Regional Practice Manager who handles all operational supervision for the Residents and other providers and staff. The Residents meet regularly, if informally, with the Program Manager and/or Service Line Director several times a year. The Program Manager assists them by providing administrative oversight, ensuring that Residents have the resources and other equipment they might need, and working with the rest of the BH Leadership Team to ensure that the Residency training experience is of the highest quality possible.

Confidentiality

- The limits of confidentiality in supervision are subject to Residency training and CH-wide policies, relevant ethical codes for our profession and the state, informed consent laws, licensing board laws, and other situations outlined in the Residency Manual, such as communicating with your graduate home training programs and following our due process and grievance procedures.
- **<u>Confidentiality with Clinical and Administrative Supervisors</u>**: In general, the information disclosed in supervision is considered confidential within the bounds of the entire **supervisory team** in order to ensure the best coordination and communication on the team. Please be aware of the following exceptions to this rule:
  - Personal disclosure made to any supervisor which does not in any way impact the Resident's professional functioning will not be shared with other supervisors without your prior knowledge and verbal consent.
  - If the Resident explicitly requests that specific information be kept confidential and the supervisor(s) agrees that it is an acceptable request, that information will not be shared with other supervisor(s) without your prior knowledge and verbal consent.
  - At times of informal conflict resolution as described in the Informal Conflict Resolution section below.

Informal Conflict Resolution

- Conflict is an innate part of the supervision process, as is true of all human relationships. Conflicts in supervision can stem from a variety of sources, including miscommunication, unclear or differing expectations, different personality styles, anxiety around the evaluative

process of supervision, the changing and potentially conflicting roles that supervisors and supervisees take on with one another, and others.

- We believe that productive working through conflict toward a positive resolution can be a tremendous asset in supervision. Conflict that reaches a resolution is more likely to result in a strengthened relationship, positive supervision outcomes, and professional growth for the supervisor and supervisee.
- In order to promote healthy conflict resolution, your supervisors will encourage open and appropriate direct communication and feedback as a means of addressing conflicts. You will be expected to be an active participant in this process and will be encouraged to voice your needs and preferences working through conflicts.
- If you have any concerns or are dissatisfied with any aspect of your supervision or training experience, please discuss them with each supervisor directly. If you are unable to resolve the issues with the supervisor, you may ask for another clinical supervisor to be involved.
- You can also reach out directly to the Residency Training Director, BH Regional Practice Manager, or BH Service Line Director to voice issues or concerns around supervision or other aspects of the training at any time.

- **Please be aware of the following steps to aid you at times of INFORMAL conflict resolution in supervision:**
    - In an event that the Resident raises a concern around an informal conflict or miscommunication with another supervisor, the Resident will be provided guidance, and if appropriate, might be asked to bring up the concern with that individual no later than the next scheduled individual supervision, or within a week in the case of an administrative supervisor.
    - During that time, the information will not be shared with other supervisors, unless the Resident requests otherwise.
    - If no resolution is reached between Resident and the supervisor within the specified time frame, the supervisor with whom the concern was shared might take more active steps toward resolution, which may include sharing of the information previously disclosed with other supervisors, and other steps toward the resolution of conflict, such as scheduling a meeting with all involved parties to further discuss and problem-solve the conflict, among other potential options.
- Clinical supervisors and/or the Training Director may be involved in helping the Resident decide whether a particular conflict falls under the definition of formal vs. informal conflict if this is not immediately clear. In the event that informal resolution is not possible, or the Resident has attempted the steps outlined above and it was not successful, the Resident is expected to follow formal grievance and due process procedures per Residency and CH policies.

References

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❖ *Supervision contract developed by CVCH Residency program. Used with permission.*

Behavioral Health Psychology Resident Consultation Protocol

This protocol is designed to assist Psychology Residents in determining the need for consultation with a supervisor or other Behavioral Health provider. Consultation should be viewed as a normal part of patient care and treatment planning.

It is important to seek out the assistance from supervisors during supervision or consultation when:

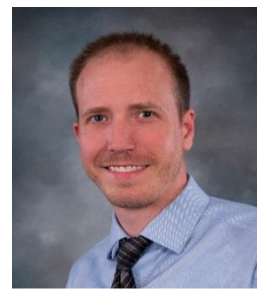
- There is an obvious transference or counter-transference issue with the patient
- The patient is not making any progress towards treatment goals in the past 2-3 visits
- The patient has a diagnosis or presenting issue/s that the provider is not comfortable/competent treating
- The patient has unclear or unrealistic expectations of treatment
- You are seeing someone else in their immediate family as a patient
- Ethical issues (dual relationships, gift giving, etc.)
- Issues involving legal issues beyond normal care and requests (Dept. Of Corrections, Child Protective Services, court ordered treatment, etc.)

Need for immediate supervision or consultation:

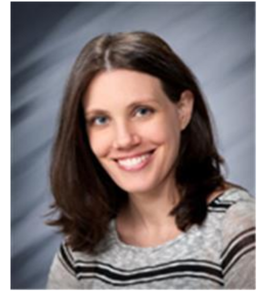
- If a patient has had an attempted suicide or suicidal gesture (not including superficial cutting) in the past month.
- If a patient was seen by the DCR within the past week for suicidal ideation or unknown reasons AND continues to present with significant/concerning symptoms.
- If the patient was released from an inpatient stay within the past week AND continues to have thoughts about self-harm.
- If a patient denies suicidal thinking but you are not convinced you have all of the information AND that the patient will remain safe.
- There are obvious legal issues that are presenting during the appointment (patient threatening to sue the clinic, patient requesting a supervisor, etc.).
- You feel threatened or unsafe with the patient.
- Threatening harm to a specific third party AND planning to act on (Homicidal ideation)
- Any other patient issues/concerns you may have that require immediate consultation

Clinical Supervisors and Additional Clinical Team Members

	Patrick Carrillo, Ph.D. (Washington State University) Training Director, Doctoral Internship Program Clinical Director, Outpatient Behavioral Health Licensed Psychologist
	Kasey Grass, Ph.D. (University of Central Arkansas) Training Director, Post-Doctoral Program Clinical Director, Integrated Behavioral Health Licensed Psychologist
	Joshua Ventura, Ph.D. (Biola University, Fullerton, CA) Licensed Psychologist, Outpatient Behavioral Health, Wenatchee
	Tim Day, Ph.D. (University of Nevada, Las Vegas) Licensed Psychologist, Walk-In Clinic, Wenatchee
	Kelley Drayer, Ph.D. (University of South Alabama) Licensed Psychologist, Internal Medicine, Moses Lake

	**Jesse Regnier, Psy.D.** (Indiana University of Pennsylvania) Licensed Psychologist, Neurosciences, Wenatchee

Department Leadership

	Tessa Timmons, M.A., LMHC (St. Martin's College) Behavioral Health Service Line Director
	**Stephanie Giannandrea, M.D.** (University of Rochester, NY) Behavioral Health Service Line Medical Director Board Certified Adult Psychiatrist
	Craig Mott, CHC Behavioral Health Regional Practice Manager
	Cassandra Berry Behavioral Health Support Staff Supervisor

Evaluation of Resident Progress

The Evaluation Process

Residents are evaluated and given feedback throughout the year by their individual supervisor(s) in both formal and informal settings, including supervision, meetings, and other training activities. Training supervisors and Residents also meet monthly to discuss progress informally. During the monthly Residency Meeting, Residents are also asked to provide informal feedback regarding the program and training needs. Feedback regarding strengths and growth opportunities are provided to each Resident on an ongoing basis so that they are aware of their progress throughout the course of the Residency year.

Additionally, bi-annually, the Training Director meets with the supervisory team to discuss and evaluate Residents' performance and make recommendations for future needs regarding the training program or individual Residents. Meetings may occur more often if they are deemed necessary based on a Resident's performance in certain areas. The Resident Evaluation Form is completed by supervisors prior to the bi-annual meeting on the Resident's performance. Feedback may also be solicited from other sources, including peers, colleagues, and other staff who have had meaningful contract with the Residents and are able to provide information regarding the Resident's professional comportment.

Following the bi-annual meeting, the Training Director and supervisory team meet with the Resident individually. Each Resident is provided with a written report of the evaluation of their performance and the supervisory team makes any recommendations and suggestions which are relevant. The Resident has the opportunity to share their feedback both verbally and in writing on the evaluation form.

Methods used to evaluate Resident progress:

<u>Residents will be evaluated based on at least the following (not an all-inclusive list)</u>:

- Direct observation of therapy activities (individual, family, group)
- Clinical Documentation (progress notes, treatment plan, etc.)
- Completion of all psychological assessments, including administration, scoring, report writing, and giving feedback to patient(s)
- Participation in individual and group supervision, including level of engagement, as well as overall assessed growth in development of skills
- Level of engagement / active participation in required training activities (e.g., didactics, case consultation)
- Feedback from peers, clinical team members, support staff, and others
- Feedback from patients

Psychology Resident Formal Evaluation Method

The **Psychology Resident Evaluation Rating Form** will be used as the primary evaluation tool, which specifies that Residents will be expected to meet minimal benchmarks throughout each point during the training year: **1)** when starting the training program (informal assessment); **2)** at the mid-year formal evaluation, and **3)** towards the completion of the CH Psychology Residency Program.

The **Psychology Resident Evaluation Rating Form** uses a 5-point Likert Rating Scale to assess Resident competency These points represent a demonstrable and documented level of progression that will allow both CH and the individual Residents to monitor their growth and progress and to make any needed corrections in a timely manner and help ensure maximum success.

PROCESS:

I. Evaluation

Evaluations of competency areas will normally occur twice during the Residency year. Incoming Residents will be expected to score a minimum of (2) on the 5-point Likert Scale for readiness to participate in the CH Program. It is expected that Residents will receive a score of (3) (or higher) on the scale for given competency areas on the Mid-Year Resident Evaluation. Finally, Residents will be expected to achieve a score of (4) (or higher) on the Final Resident Evaluation on most core competencies. Evaluations will be given mid-year and at the end of the Residency year unless there are notable deficits that require accelerated remediation. This will show a positive progression of growth and ability for all Residents during their tenure.

Areas of Concern – This is a competency area(s) marked as a (2) on a 5-point Likert Scale on any question on the Mid-Year Resident Evaluation. This is the expected minimum that potential Resident candidates should be at prior to beginning CH's Residency program. A score of (3) will be expected at the mid-year point Evaluation of Resident Progress, although some variation in performance in different areas is expected depending upon the Resident's previous experience and limited exposure to a similar site. What should be noted is the Resident's awareness of the concerns and need for improvement to a score of (3) by the midpoint of the training year (or sooner if documented in supervision notes). This area will be highlighted during supervision with the Resident and a plan to assist the Resident in improving skills in that area will be made and documented. If the Resident is not making progress and/or is not receptive to improving performance, then the area will be considered a deficit.

1. *Deficits/Problematic Behaviors in competency areas* –Areas of deficit will be brought to the Resident's attention and documented at the soonest opportunity. If notable deficits are present and the Resident has been made aware of the area(s) through individual supervision and previously documented, then an **Acknowledge Notice** may be provided (see **CH *Behavioral Health Post-Doctoral Resident & Psychology Resident Due Process* Guideline**) and an evaluation every 3 months on the specified area of deficit, until the deficit has been corrected, or the Due Process Guideline and/or Grievance Guideline is enacted.
2. If no notable deficits are identified through supervision and shadowing by the sixth month of Residency, Residents will receive written evaluations on the typical schedule of mid and final evaluation.

Formal communication will be provided in the form of a 'Verbal Warning,' of any and all deficits / problematic behaviors identified (1 on a 5-point Likert Scale) on any question on the Resident Evaluation during the meeting with the Director of Residency Training and/or supervisor(s).

1. Any specific training needs that are identified to correct deficits or problem areas will be provided in writing to the Resident and to the home doctoral program within one week of the meeting.

a) Steps to correct the area/s of concern will be clearly listed along with expected timelines.

b) A minimum of twice monthly meetings will occur to specifically address identified areas and review progress towards goals. This is in addition to regularly scheduled supervision.

(1) Meetings will cease when all areas have been successfully remedied.
(2) Meetings will be weekly if issues persist.
(3) Patient care will cease if patient safety is an area of concern.

Major Areas of Concern (including patient safety): When issues cannot be addressed appropriately using the steps above, the Residency site and/or the Resident will follow the Due Process and Grievance Guidelines. All steps are clearly stated in these guidelines and can be found in the Residency Manual.

5-Point Likert Scale for CH Resident Progress Policy

(1): BELOW EXPECTATIONS - The Resident is performing significantly below expectations and a remediation plan is required.

(2): DEVELOPING - The Resident requires some direct observation while engaged in a clinical task or requires some instruction and monitoring to ensure that the task is performed and documented satisfactorily. This rating is expected of incoming Residents on most core competencies.

(3): MEETS EXPECTATIONS - The Resident has mastered most basic skills and has shown consistent professional growth. Moderate supervision is provided with less need for instruction and monitoring. This rating is expected of midyear Residents on most core competencies.

(4): PROFICIENT/ADVANCED - The Resident's skills are more advanced and supervision is mostly consultative in nature. This rating is expected at the final end-of-the- year evaluation on most core competencies.

(5): OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE - The Resident has superior skills and could perform the tasks autonomously. This rating is the goal of postdoctoral psychologists.

All proximal and distal evaluation data will be collected and used to track the training program progress.

Post-Doctoral Resident Evaluation Rating Form

Resident: _____________________________ Period Covered: __/__/____ to __/__/____

Site: _______________________________ Supervisor: __________________________

Methods of Observation: ____ Discussion ____ Meetings ____ Co-therapy ____ Group

____ Shadowing ____ Seminar ____ Case Material(s) ____ Other – Specify: _____________

Evaluation is a collaborative process designed to facilitate and pinpoint areas of strength and areas to improve. It should serve as a vehicle for change in defining goals and evaluating performance.

Please complete this evaluation form evaluating your Resident's skill, competence, and performance using the following rating scale: **(1) Not able to perform activity satisfactorily, functioning below expected resident level**, **(2) Can perform activity but requires supervision**, **(3) Performs activity well at an acceptable and typical level of resident performance**, **(4) Performs activity with more than acceptable and typical level of resident performance**, **(5) Performs activity with outstanding ability, initiative and adaptability, (NA) Not Applicable**.

Assessment (Optional area for Residents)						
Demonstrate current knowledge of the diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	1	2	3	4	5	NA
Demonstrate understanding of human behavior within its context (e.g. family, social, societal and cultural).	1	2	3	4	5	NA
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	1	2	3	4	5	NA
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	1	2	3	4	5	NA
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	1	2	3	4	5	NA
Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	1	2	3	4	5	NA
Professional Values, Attitudes and Behaviors						

Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	1	2	3	4	5	NA
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	1	2	3	4	5	NA
Actively seek and demonstrate openness and responsiveness to feedback and supervision.	1	2	3	4	5	NA
Respond professionally in increasingly complex situations with a greater degree of independence as training progresses.	1	2	3	4	5	NA
Communication and Interpersonal Skills						
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	1	2	3	4	5	NA
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.	1	2	3	4	5	NA
Demonstrate effective interpersonal skills and the ability to manage difficulty communication well.	1	2	3	4	5	NA
Ethical and Legal Standards						
Demonstrates a working knowledge of and acts in accordance with the current version of the APA Ethical Principles for Psychologists and Code of Conduct.	1	2	3	4	5	NA
Demonstrates a working knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels.	1	2	3	4	5	NA
Demonstrated knowledge of and acts in accordance with relevant professional standards and guidelines.	1	2	3	4	5	NA
Recognized ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area.	1	2	3	4	5	NA
Conducts self in an ethical manner in all professional activities.	1	2	3	4	5	NA
Demonstrates appropriate professional demeanor and behavior (i.e., professional boundaries).	1	2	3	4	5	NA
Is aware of professional limitations and the need for consultation.	1	2	3	4	5	NA
Completes commitments in a prompt and professional manner.	1	2	3	4	5	NA
Able to maintain professionalism despite personal issues.	1	2	3	4	5	NA
Cultural Diversity						
Demonstrates an understanding of their own personal/cultural history, attitudes, and biases that may affect how they understand and interact with people different from themselves.	1	2	3	4	5	NA
Demonstrates knowledge of the current theoretical and empirical knowledge base as it related to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation and service.	1	2	3	4	5	NA

Show the ability to integrated awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g. research, services, and other professional activities. This includes the ability to apply a frame work for working effectively with area of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group member, demographic characteristics, or worldviews create conflict with their own.	1	2	3	4	5	NA
Demonstrates the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).	1	2	3	4	5	NA
Integration of Science and Practice						
Demonstrates the ability to critically evaluate foundational and current research that is consistent with the program's focus area(s) or representative of the program's recognized specialty practice area.	1	2	3	4	5	NA
Integrate knowledge of foundational and current research consistent with the program's focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g. research, service, and other professional activities).	1	2	3	4	5	NA
Demonstrates knowledge of common research methodologies used in the study of the program's focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice.	1	2	3	4	5	NA
Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.	1	2	3	4	5	NA
Supervision						
Apply knowledge of supervision models in direct or simulated practice with psychology trainees, or other health professionals.	1	2	3	4	5	NA
Apply the supervisory skills of observing in direct or simulated practice.	1	2	3	4	5	NA
Apply the supervisory skill of evaluating in direct or simulated practice.	1	2	3	4	5	NA
Apply the supervisor skill of giving guidance and feedback in direct or simulated practice.	1	2	3	4	5	NA
Consultation and Interprofessional/Interdisciplinary skills						
Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	1	2	3	4	5	NA
Participate as an active member of a primary care team, providing specific recommendations around health behavior change and/or mental health interventions both orally and in writing (integrated track only)	1	2	3	4	5	NA

Provide hospital consultation services for mental health issues impairing physical health recovery, including providing recommendations for health behavior change and/or mental health interventions both orally and in writing (integrated track only)	1	2	3	4	5	NA

List areas the Resident is particularly strong in.

What are identified areas for continued growth or areas of particular concern?

How well does the Resident incorporate feedback from supervision or other into practice?

General Comments or impressions:

Recommendations for further training:

Post-Doctoral Resident Comments:

Resident's Signature: ______________________________ Date: ______________

Supervisor's Signature: ___________________________ Date: ________________

Supervisor Evaluation

Supervisor's Name: ____________________________________ Primary: ____ Secondary: ____

Intern Name: ____________________________________ Date: ________________

Please complete questionnaire evaluating supervisor's skill and performance using the following rating scale: (1) Poor (2) Fair, (3) Average, (4) Very Good, (5) Outstanding, (NA) Not Applicable.

	Poor	Fair	Average	Very Good	Outstanding	NA
Procedure, Format, Effort						
Used supervision time productively, maintained regularly scheduled supervision meetings with minimal changes	1	2	3	4	5	NA
Knowledge of internship policies, procedures, and requirements	1	2	3	4	5	NA
Maintained accessibility for questions / consultation outside of regularly scheduled supervision meetings	1	2	3	4	5	NA
Kept informed on case presentations	1	2	3	4	5	NA
Set clear supervision objectives and Intern responsibilities	1	2	3	4	5	NA
Used effective strategies in supervision	1	2	3	4	5	NA
Provided feedback on professional performance and development	1	2	3	4	5	NA
Provided well-balanced supervision that allowed for discussion of clinical work, appropriate personal and interpersonal issues at work, and Intern's professional development	1	2	3	4	5	NA
Maintained reasonable expectations for Intern's development throughout the program	1	2	3	4	5	NA

Assessment & Treatment Skills						
Assisted in conceptualization and clarification of patient issues / diagnoses	1	2	3	4	5	NA
Provided guidance in appropriate documentation standards, including developing appropriate treatment goals, and measuring treatment outcomes	1	2	3	4	5	NA
Assisted in selection of appropriate assessment / intervention strategies	1	2	3	4	5	NA
Provided guidance and support in crisis management / intervention	1	2	3	4	5	NA
Recommended appropriate readings and resources	1	2	3	4	5	NA
Provided guidance in development of professional relationships	1	2	3	4	5	NA
Demonstrated attention and sensitivity to issues of cultural & individual diversity and health equity for all patients	1	2	3	4	5	NA
Provided guidance regarding relevant legal and ethical issues	1	2	3	4	5	NA
Provided support in learning referral and termination procedures	1	2	3	4	5	N/A

	Poor	Fair	Average	Very Good	Outstanding	NA
Supervisory Relationship						
Created environment offering freedom to make mistakes	1	2	3	4	5	NA
Accurately conceptualized Intern's strengths and developmental needs as an emerging psychologist						
Provided ongoing feedback	1	2	3	4	5	NA
Provided challenging or constructive feedback in a respectful manner	1	2	3	4	5	NA
Challenged Intern to expand therapy skills & knowledge	1	2	3	4	5	NA
Respected Intern as an emerging professional	1	2	3	4	5	NA
Exhibited commitment to Intern's training & professional development	1	2	3	4	5	NA
Exhibited characteristics of an excellent role model as a psychologist	1	2	3	4	5	NA
Served as a mentor and role model for professional behavior as a psychologist	1	2	3	4	5	NA
Communicated evaluation of Intern's skills in a direct manner	1	2	3	4	5	NA

General Comments

1. What did you most enjoy about the supervision you received?

2. What did you least enjoy about the supervision you received?

3. What suggestions do you have for further improving supervision on this training activity?

Behavioral Health Post-Doctoral Resident and Psychology Intern Grievance Process

PURPOSE:

Confluence Health (CH) has established this guideline to provide the Post-Doctoral Psychology Resident ("Resident") and Psychology Intern ("Intern") with a means to resolve perceived conflicts that cannot be resolved by informal means. Residents/Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences. The CH Post-Doctoral Resident & Psychology Intern Grievance guideline follows guidelines set forth by the American Psychological Association (APA) and Association of Psychology Postdoctoral and Internship Centers (APPIC).

RESIDENT GRIEVANCE:

A. **Residents/Interns are encouraged to bring any concerns to their immediate supervisor(s) or the Training Director at the time of concern or disagreement.** Confluence Health maintains a chain of command which includes progressive levels of responsibility. Any Resident/Intern may express a grievance regarding any situation that may arise during the internship (e.g., disagreement of decisions made by supervisors or the Training Director, complaints about evaluations, stipend, harassment, etc.). A grievance must be presented to the next supervisory level, in writing, within five days of the event.
B. **Situations in which Grievance Procedures are Initiated**.
    1. **A Resident/Intern may express a grievance about any and all situations that may arise during the residency/internship**. Such situations may include but are not limited to:
        a. When the Resident/Intern challenges the action taken by the supervisor.
        b. When the Resident/Intern believes that the supervisor has acted in a manner that is inappropriate towards the resident/intern.
        c. When the Resident/Intern disagrees with an evaluation by their supervisor(s).
        d. When the Resident/Intern perceives harassment during their residency/internship.
C. Once a grievance is received, in writing, by the Training Director, the information will flow up the chain of command.
    1. The Service Line Director and an HR representative will review the Resident/Intern grievance and determine next steps to be taken.
        a. If a Resident/Intern files a grievance with the Service Line Director, this process will begin with the next level of the chain of command (VP of Primary Care).
    2. Information will be presented back to the Resident/Intern in writing within 2 weeks of the grievance being received and the document will outline the decision of the group and expected actions.
    3. At each level of decision making, the Resident/Intern has a right to make an appeal of that decision, in writing, within 5 days of receiving the decision.
    4. A decision made by a member of the Confluence Health Executive Leadership Team will be considered final and no further internal appeals will be considered.

Behavioral Health Post-Doctoral Resident & Psychology Intern Due Process

PURPOSE:
It is a guideline of Confluence Health (CH) to have a system in place for handling problematic behaviors with Post-Doctoral Psychology Residents ("Residents") and Psychology Interns ("Interns"), as well as complaints or concerns that a Resident or Intern may have regarding the training program, evaluation procedures and matters related to due process procedures. The CH Post-Doctoral Resident & Psychology Intern Due Process guideline follows guidelines set forth by the American Psychological Association (APA) and Association of Psychology Postdoctoral and Internship Centers (APPIC).

RIGHTS AND RESPONSIBILITIES:

A. Program Rights & Responsibilities:

Confluence Health (CH) has the responsibility to comply with all APPIC and APA internship requirements. CH has the responsibility to provide sufficient supervision and support of the residents/interns throughout their training year. CH understands that residents/interns are still in learning & developing stages in their professional careers. Residents/Interns are exposed to larger clinical caseloads, which typically includes difficult cases and client crises, while learning new agency requirements, policies, and procedures. This may increase the resident/intern's sense of personal and professional vulnerability.

While the internship year provides a critical professional opportunity to: (a) learn and refine skills, (b) increase one's professional confidence and (c) enhance one's professional identity, it is also a time of increased stress. CH has the responsibility to assist the resident/intern in effectively maneuvering through such challenges and to explore opportunities that can facilitate growth and minimize stress. Some of the preventative measures we provide include, but are not limited to, an extensive orientation, working with residents/interns to provide clear and realistic expectations, clarifying training goals, and providing professional development meetings.

CH supervisors will also provide clear and timely evaluations with positive suggestions for growth. We are here to provide support whether it be from the primary supervisor, the supervisory team, the Training Director, and/or operational leadership of the Behavioral Health department.

At all stages of training, CH assumes the responsibility for providing clinical experiences, assessing the resident/intern's performance across those experiences, and providing continual feedback to the residents/interns in order to improve skills, remediate problem areas, and/or to prevent individuals, unsuited in either skills or interpersonal limitations, from entering the professional field of practice. The CH Supervisory Team is responsible for monitoring the resident/intern's progress to benefit and protect the public and the profession, as well as to the benefit and protection of the resident/intern.

B. Resident/Intern Responsibilities:

Regarding resident/intern behavior and performance, the general expectations of the Training Program are that the resident/intern will:

1. Function within the bounds of the:
    a. American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* and
    b. American Psychological Association *Standards for Providers of Psychological Services* and *Specialty Guidelines for the Delivery of Services*.

2. Function within the bounds of the laws and regulations of Washington State.
3. Function in a manner that conforms to the policies and procedures of Confluence Health.
4. Function in a manner that conforms to the policies and procedures of the Confluence Health Doctoral Internship Training Manual or Post-Doctoral Training Manual.
5. Demonstrate proficiency in the requisite clinical skills as required to successfully carry out the tasks at Confluence Health.
6. Demonstrate proficiency in relevant assessment and evaluative procedures as required to successfully carry out the tasks at Confluence Health.
7. Demonstrate the ability to communicate clearly and precisely in both oral and written formats.
8. Demonstrate the ability to integrate relevant professional standards as an emerging professional psychologist into one's repertoire of behaviors.
9. Demonstrate openness and an affirming attitude toward cultural and individual diversity.
10. Participate in training, service, and continuing education activities with the year-end goal of being able to provide services across a range of activities and with a frequency and quality appropriate to that of an independently practicing psychologist.

C. Resident/Intern Rights:

The residents/interns have the right to receive clear statements of the standards and expectations by which they are evaluated. The standards and expectations are thoroughly reviewed during the internship orientation by the Training Director and/or clinical supervisor and throughout the training year by the resident/intern's clinical supervisor.

Throughout the year, residents/interns receive two hours of weekly individual supervision. In addition, residents/interns receive supervision for group therapy, supervision for the provision of supervision to the CH trainees, and supervision during case conference. During these meetings, residents/interns will be given informal, verbal feedback on their performance.

PROBLEM BEHAVIOR(S) DEFINED:

A. For purposes of this document, a Resident/Intern problem behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:
    1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
    2. An inability to acquire professional skills in order to reach an acceptable level of competency, and/or
    3. An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

B. Behaviors may be identified as problems when they include one or more of the following characteristics:
    1. The Resident/Intern does not acknowledge, understand, or address the behavior when it is identified as a concern by the resident's clinical or operational supervisor(s),
    2. The problem behavior is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
    3. The quality of services delivered by the Resident/Intern is sufficiently negatively affected,
    4. The problematic behavior is not restricted to one area of professional functioning,

5. A disproportionate amount of attention by training personnel is required,
6. The Resident/Intern's behavior does not change as a function of feedback, remediation efforts, and/or time,
7. The problematic behavior has potential for patient safety concerns and/or ethical, or legal ramifications if not addressed,
8. The Resident/Intern's behavior negatively impacts the public view of the agency,
9. The problematic behavior negatively impacts the Resident/Intern's cohort.

The Evaluation Process

Residents/Interns are evaluated and given feedback throughout the year by their individual supervisor(s) **in both formal and informal settings,** including supervision, meetings, and other training activities. Training supervisors and interns also meet monthly to discuss progress informally. During the monthly Internship Admin Meeting, interns are also asked to provide informal feedback regarding the program and training needs. Feedback regarding strengths and growth opportunities are provided to each intern on an ongoing basis so that they are aware of their progress throughout the course of the internship year. Most issues will be expected to be resolved via individual feedback in clinical supervision and through efforts made by the Resident/Intern to improve, with supervisor support, in lower-skill areas.

Additionally, bi-annually, the Training Director meets with the supervisory team to discuss and evaluate Interns' performance and make recommendations for future needs regarding the training program or individual interns. Meetings may occur more often if they are deemed necessary based on an Intern’s performance in certain areas. The Intern Evaluation Form is completed by supervisors prior to the bi-annual meeting on the Intern’s performance. Feedback may also be solicited from other sources, including peers, colleagues, and other staff who have had meaningful contract with the interns and are able to provide information regarding the intern’s professional comportment.

Following the bi-annual meeting, the Training Director and supervisory team meet with the Intern individually. Each intern is provided with a written report of the evaluation of their performance and the supervisory team makes any recommendations and suggestions which are relevant. The intern has the opportunity to share their feedback both verbally and in writing on the evaluation form.

Applies to Doctoral Interns only: The Training Director will share the bi-annual evaluations with the intern’s sponsoring academic program. The Training Director communicates with the intern’s program at a minimum twice a year, following each evaluation process

It may be in the context of this meeting, or whenever during the rotation that a problem is identified, that the Training Director and the Resident/Intern may arrange for a modification of the Resident/Intern's training program to address the resident/intern’s training needs and/or the needs of the training program.

Initial Procedures for Responding to Inadequate Performance by an Intern (i.e., Intern Problem)

If, at any time during the course of the internship program, a clinical supervisor identifies an area of function in which a Resident/Intern is clearly deficient or the Resident/Intern receives a rating of “1” (**1 = Below Expectations**: "*The Resident/Intern is performing significantly below expectations and a remediation plan is required.*") in any area listed on the evaluation form from any of the evaluation sources, the Corrective Action procedures listed below may be initiated:

CORRECTIVE ACTION:

A. Corrective disciplinary action may be implemented when:
    1. The resident/intern violates a CH policy, procedure or work rule, or
    2. A resident/intern's performance is deficient, or
    3. A resident/intern's behavior is inappropriate or unacceptable and/or
    4. Other circumstances, in the opinion of CH, merit it.

B. Implementation of discipline in one or more instances does not require the employer to implement it in other occasions. The decision to use it is left to the unfettered discretion of the Training Director and practice manager.

C. Corrective Action:
    1. Informal Stage
        a. The problem behavior may be addressed or brought to the resident/intern's attention by way of verbal discussion between the Training Director, practice manager, and the resident/intern.
        b. The Training Director ordinarily will describe the problem behavior to the resident/intern in specific factual terms, discuss what corrective action must occur and offer suggestions and resources that may be helpful to the resident/intern in making the required improvements.
            1. See REMIDIATION CONSIDERATIONS below for specific examples of potential corrective action(s).
        c. A summary of the discussion in the form of a **Documented Verbal Counseling** to the resident/intern ordinarily will be prepared by the Training Director. This document may be signed by the resident/intern and stored by the practice manager in the resident/intern's departmental file, either in written or electronic form.
        d. Any specific training needs that are identified to correct deficits or problem areas will be provided in writing to the resident/Intern within one week of the meeting.
            1. Steps to correct the area(s) of concern will be clearly listed along with expected timelines.
            2. A minimum of twice monthly meetings will occur to specifically address identified areas and review progress towards goals. This is in addition to regularly scheduled supervision.
                1. Meetings will cease when all areas have been successfully remedied.
                2. Meetings may be increased to weekly if issues persist.
                3. Patient care will cease if patient safety is an area of concern.
        e. The resident/intern may be informed that if continued, the problem behavior may result in additional disciplinary action including the possibility of termination of employment (i.e., termination of residency/internship).
        f. **Applies to Doctoral Interns only:** A copy of the Documented Verbal Counseling form is sent to the Intern's Academic Training Program.
    2. Formal Stage
        a. If used, formal discipline may occur when the Training Director in conjunction with the practice manager concludes an informal approach may not bring the desired change.
        b. Prior to taking formal discipline action, the Training Director and practice manager ordinarily will investigate the events leading up to the action and may interview the resident/intern to ascertain his/her version of the situation.

c. The Training Director and practice manager ordinarily will address the following subjects in a written document (Documented Written Counseling form) provided at the meeting:
    1. The specific factual observations of the problem behavior; this typically will include reference to any prior informal or formal disciplinary action involving the resident/intern;
    2. The reason(s) the problem behavior is not acceptable and the negative impact of this behavior;
    3. The expectations related to future resident/intern behavior; this typically will include a description of any ways in which the resident/intern will be assisted in meeting these expectations, such as supportive actions by the Training Director, clinical supervisor (if different), and the practice manager;
        i. Steps to correct the area(s) of concern will be clearly listed along with expected timelines.
        ii. A minimum of weekly meetings will occur to specifically address identified areas and review progress towards goals. This is in addition to regularly scheduled supervision.
        iii. Meetings will cease when all areas have been successfully remedied.
        iv. Meeting frequency may be increased if issues persist.
        v. Patient care will cease if patient safety is an area of concern.
    4. The consequences if the resident/intern fails to meet the specified expectations, including the possibility of termination of employment (residency/internship).

D. Decision Making Leave
    1. If used, administrative leave may be imposed on the resident/intern.
    2. The action may provide a resident/intern with paid administrative time off (not PTO) to decide whether or not they want to, are able to, and will affect the necessary performance and/or behavioral changes necessary to be successful in their position.
    3. The resident/intern may also decide to voluntarily resign from their employment (residency/internship) with CH / WVH.
    4. If the resident/intern commits to improving their performance and/or behavior, they ordinarily will be expected to submit a personal development action plan detailing how they will accomplish their commitment as well as sustain the improvement. The action plan should include an acknowledgment by the resident/intern that failure to correct the performance and/or behavior may result in termination of the resident/intern's employment (residency/internship).
    5. The action ordinarily will be documented and signed by the resident/intern and placed in the resident/intern's personnel file.

E. Suspension
    1. The Training Director and/or practice manager may decide to suspend a resident/intern for problem behavior. Suspension ordinarily will be administered in consultation with the HR Department.
    2. Suspension ordinarily will be without pay and ordinarily will not be less than one full day. Exempt employees are treated differently in regard to the Fair Labor Standards Act and Washington's Minimum Wage Act.
    3. The reasons for the suspension and the decision to suspend, together with the duration of the suspension and whether it is without pay ordinarily will be documented and placed in the resident/intern's personnel file.

4. A resident/intern suspended without pay may be placed on an Action or Improvement Plan by the Training Director and/or practice manager upon the resident/intern's return from suspension. This action plan ordinarily will be dated and signed by the resident/intern and the Training Director and/or practice manager. It ordinarily will advise the resident/intern that failure to correct the problem performance may lead to further discipline and/or termination of employment (residency/internship).

F. Termination of Employment
   1. Notwithstanding anything to the contrary in the guideline, a resident/intern's employment may be terminated, at any time, with or without cause, and without advance notice. Employees are employed "at will" as stated above.
   2. Examples of conduct that may result in termination without advance notice include, but are not limited to the following:
      a. Dishonesty
      b. Testing positive for unauthorized substances (controlled or illegal) or being under the influence of drugs or alcohol during a Reasonable Suspicion test
      c. Disregard of CH policies and procedures and standards
      d. Insubordination
      e. Falsification of employment or personal data
      f. Theft of CH, CWH or WVH supplies, medications, equipment, and patient or employee property
      g. Being absent for three consecutive days without sufficient reason or notification
      h. Violation of patient privacy by unauthorized review of non-job-related data or release of confidential information
      i. Conviction of a felony
      j. Carrying or possessing weapons or explosives on CH property either concealed or not, unless authorized by CH
      k. Engaging in fighting with co-workers, other CH employees, visitors, patients, or physicians
      l. Falsification, unauthorized review, release, or alteration of CH records
      m. Violation of Federal, State or CH regulations regarding safety in the workplace
      n. Verbal or physical abuse of a patient
      o. Abandonment of patient care responsibilities which could jeopardize patient safety
      p. Demonstrated inability to get along with coworkers, staff, patients, or others
      q. Rude or discourteous behavior towards or in the presence of patients, physicians, employees, or visitors, including the use of foul language, threats, vulgarity, or profanity
      r. Engaging in unethical conduct while on CH premises or otherwise on duty or while engaged in CH, CWH or WVH business
      s. Engaging in sexual, racial, religious, age-based, or ethnic harassment towards any employee, patient, or visitor
      t. Unauthorized access, use, or disclosure of employee or patient information

NOTE: This list provides only some examples of conduct that might lead to termination of an employee's employment and is not intended to be all-inclusive.

Notwithstanding anything to the contrary in this guideline, this guideline shall not be construed to create a promise of specific treatment in specific circumstances, an express or implied contract, or to alter the "at will" nature of an employee's employment. CH may act apart from or contrary to this guideline in its sole discretion, at any time, and without notice to employees.

REMEDIATION CONSIDERATIONS:

A. It is important to have meaningful ways to address a problem once it has been identified. Several possible and perhaps concurrent courses of action designed to remediate problems include but are not limited to:
    1. Increasing supervision, either with the same or other supervisors,
    2. Changes in the format, emphasis, and/or focus of supervision,
    3. The supervisor will work with the Resident/Intern to determine if any ADA accommodations are needed to rectify the problem behavior(s). If such are identified, the supervisor will work with the practice manager and HR to address any necessary ADA accommodations,
    4. Recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the Resident/Intern evaluation process.
    5. Reducing the Resident/Intern's clinical or other workload and/or requiring specific academic coursework, and/or
    6. Recommending, when appropriate, a leave of absence and/or a second residency.

B. When a combination of the above interventions does not, after a probationary period (three [3] months), rectify the problem, or when the Resident/Intern seems unable or unwilling to alter their behavior, the training program may need to take more formal action, including such actions as:
    1. Giving the Resident/Intern a limited endorsement, including the specification of those settings in which they could function adequately,
    2. Recommending and assisting in implementing a career shift for the Resident/Intern, and/or
    3. Terminating the Resident/Intern from the training program.

APPEALS:

A. A resident/intern has the right to appeal decisions. The Resident/Intern must submit the appeal, in writing, within 5 days of any formal action taken.

B. The written appeal should be submitted to the BH Service Line Director as the next step up the chain of command from the Training Director.

C. The Service Line Director and an HR representative will review the Resident/Intern appeal and determine next steps to be taken.
    a. The information will be presented back to the resident/intern in writing within 2 weeks of the appeal being received and the document will outline the decision of the group and expected actions.

D. At each level of decision making, the Resident/Intern has a right to make an appeal of that decision, in writing, within 5 days of receiving the decision.
    a. A decision made by a member of the Confluence Health Executive Leadership Team will be considered final and no further internal appeals will be considered.

JOB DESCRIPTION

Confluence Health

JOB TITLE:	Post-Doctoral Resident	**REVISED:**	August 2, 2022
DEPARTMENT:	Behavioral Health	**REPORTS TO:**	Behavioral Health Integrated Clinical Director & Practice Manager
LOCATION:	Multiple Sites		

POSITION SUMMARY:

As part of an intensive training program in health service psychology, in addition to all educational requirements (e.g., didactics, supervision), psychology residents will provide comprehensive behavioral health care, to include: diagnostic intake assessments, triage appropriate next steps in care for all behavioral health service line patients, and provide individual psychotherapy as well as group therapy services as needed. Consultation and outreach services are to be expected, as well

Psychology Residents will be placed into one of two tracks providing either outpatient or integrated (primary care behavioral health) services throughout the regional Confluence Health system.

ESSENTIAL FUNCTIONS:

1. Conduct comprehensive, diagnostic intake assessments for all behavioral health service line patients according to departmental procedures, funding source requirements, and evidence-based approaches.
2. Perform appropriate triage to determine appropriate next steps in care for each individual patient following the intake assessment and coordinate connecting the patient to services.
3. Develop Individualized Treatment Plans for each client according to policies of the department and funding source requirements.
4. Provide ongoing individual, family, or group counseling for the client and/or natural supports according to departmental procedures, funding source requirements, and using evidence/strength-based approaches.
5. Document clinical activity within the electronic medical record according to policies of the department and in compliance with required timelines.
6. Provide case management services as identified on the Individualized Treatment Plan, including linking patients and supports to community resources and other services and coordinating Behavioral Health treatment services and intervention strategies with internal and/or external supports, as appropriate.
7. Provide consultation to and collaboration with primary care and/or specialty medical care providers regarding patients' diagnosis, treatment plan, and status changes, as appropriate.
8. Provide administration, scoring and interpretation of psychological assessments (e.g., cognitive and personality assessments).
9. Comply with all departmental, agency and funding source requirements, policies and procedures.
10. Attend and participate in all required agency and departmental meetings as indicated by supervisor.
11. Participate in regular individual and group supervision and didactics training when scheduled and as required as part of the Psychology Internship training program.
12. Exhibit interpersonal skills that promote a positive functioning department (e.g., professionalism, positive team dynamics, positive attitude).

13. Provide outreach services to internal partners and/or external (community) partners regarding behavioral health issues including providing educational training and/or onsite intervention services.
14. Maintain a safe and sanitary work environment.
15. Participate in a unit-based QA program.
16. Other duties as assigned.

NOTE: This list of job functions is not intended to be all inclusive and may be expanded to include other job functions that may be deemed necessary.

QUALIFICATIONS:

EDUCATION/EXPERIENCE:

- Completion of a pre-doctoral Residency in Clinical or Counseling Psychology that meets APPIC standards
- Must have completed all educational requirements of a Ph.D. or Psy.D. in Clinical or Counseling Psychology (from a regionally accredited program) by the beginning of the Post-Doctoral position.
- Dissertation must be completed by the start of the Post-Doctoral position.
- Should have a thorough knowledge of the principals and practices of brief psychotherapy and preferred experience in health psychology.
- At a minimum, must be able to get licensed at the Master's level or associate level (LMHC, LMFT, LMHCA) in the State of Washington at the start of the post-doctoral residency.

PHYSICAL/SENSORY DEMANDS:

O = Occasional, represents 1 to 25% or up to 30 minutes in a 2 hour workday.
F = Frequent, represents 26 to 50% or up to 1 hour of a 2 hour workday.
C = Continuous, represents 51% to 100% or up to 2 hours of a 2 hour workday.

Physical/Sensory Demands For This Position:

- Walking – F
- Sitting/Standing - F
- Reaching: Shoulder Height - O
- Reaching: Above shoulder height - O
- Reaching: Below shoulder height - O
- Climbing - O
- Pulling/Pushing: 25 pounds or less - O
- Pulling/Pushing: 25 pounds to 50 pounds - O
- Pulling/Pushing: Over 50 pounds - O
- Lifting: 25 pounds or less - O
- Lifting: 25 pounds to 50 pounds - O
- Lifting: Over 50 pounds - O
- Carrying: 25 pounds or less - O
- Carrying: 25 pounds to 50 pounds - O
- Carrying: Over 50 pounds - O
- Crawling/Kneeling - O
- Bending/Stooping/Crouching - O
- Twisting/Turning - O
- Repetitive Movement - O

Psychology Residency Follow-Up Survey

CONTACT INFORMATION

Name: Date:

Mailing Address:

Email Address:

TELEPHONE (Work): (Home):

EDUCATION

Highest Degree Earned: Date Conferred:

Institution Awarding Degree:

Current Education Status (Check One):

- ☐ Program completed
- ☐ Currently enrolled in graduate program
- ☐ Left graduate program without completing terminal degree
- ☐ Other (specify):

EMPLOYMENT HISTORY

What was your first Post-Doctoral employment setting? (please use employment codes on page 4 - for example, "6 – general hospital")

What was your first job title?

If not employed in the field of psychology, please describe how you are devoting your time:

LICENSURE STATUS

Are you currently licensed as a psychologist? Yes ☐ No ☐

If yes: When did you receive your license?

Which state(s) are you licensed in?

Have you had any complaints to the licensing board? Yes ☐ No ☐

If yes, please explain and provide the outcome:

If not licensed, what is your plan regarding licensure?

PROFESSIONAL CHARACTERISTICS/QUALITIES

Do you hold a membership in a professional psychological organization (e.g., APA)?

Yes ☐ No ☐

Please list any professional achievements (e.g., fellow status, diplomat, leadership position, etc.).

Have you presented at a professional conference since you finished Post-Doctoral Residency?

Yes ☐ No ☐

Have you authored or co-authored a journal article, book chapter since you finished Residency?

Yes ☐ No ☐

Do you currently provide clinical supervision?

Yes ☐ No ☐

Do you use evidence-based practice in your work setting?

Yes ☐ No ☐

POST-DOCTORAL RESIDENCY EVALUATION

Please rank your overall satisfaction with your Post-Doctoral Residency at Confluence Health by marking one of the categories below:

Very satisfied ☐

Somewhat satisfied ☐

Neutral/Unsure ☐

Somewhat dissatisfied ☐

Very dissatisfied ☐

The Post-Doctoral Residency has identified twenty competency areas for Residents during the Post-Doctoral year. The program would like your input to determine how successful it was in each of these competency areas and also how important these areas are in your work as a psychologist.

Rating key:

5:	Highly Successful	5:	Highly Important
4:	Mildly Successful	4:	Mildly Important
3:	Neutral	3:	Neutral
2:	Mildly Unsuccessful	2:	Mildly Unimportant
1:	Highly Unsuccessful	1:	Useless to the field of Psychology

	Program Met Goal	**Importance of Goal for Psychologists**

GOAL 1: Assessment, Diagnosis, and Consultation Competencies		
Knowledge and skills in clinical interviewing which includes safety assessment and contingency planning.		
Knowledge and skills in test selection and administration.		
Knowledge and skills in clinical interpretation of interview and test data.		
Ability to formulate accurate diagnoses.		
Ability to communicate assessment findings and recommendations in a written format.		
GOAL 2: Competency in Intervention, Treatment, and Therapy		
Ability to appropriately conceptualize cases and develop intervention plans specific to patient needs.		
Ability to develop good rapport with a variety of patients, collaboratively plan treatment goals, and address safety issues.		
Ability to effectively apply a variety of interventions that are effective and consistent with empirically supported treatments.		
Ability to evaluate treatment progress and terminate therapeutic interventions when appropriate.		
Ability to appropriately facilitate group therapy interventions.		
GOALS 3 & 4: Foundational Ethical & Multicultural Competencies		
Adherence to professional values and a concern for the welfare of others.		
Knowledge and application of ethical principles.		
Professional and appropriate interaction with treatment teams, peers and supervisors.		
Responsible performance of key patient care tasks which includes producing timely and high quality work.		
Management of personal and professional stressors such that professional functioning is maintained.		
Maintains awareness and sensitivity to diversity issues and individual differences.		
GOAL 5: Specialty Skill & Scholarly Practice		
Is able to critically analyze research and apply it appropriately to clinical practice.		
Knowledge and skills of consultation.		
Knowledge and skills of program evaluation.		
Knowledge and skills of providing supervision.		

OTHER FEEDBACK
Areas of Strength of Training Program:
Areas of Weakness/Recommendations for the Training Program:
Does the Confluence Health Post-Doctoral Residency program meet the needs of diverse candidates? Why or why not?
What suggestions do you have to make the Confluence Health Post-Doctoral Residency program more attentive to the needs of diverse candidates?
Do you have any comments or concerns regarding the availability of supervisors in the Confluence Health Post-Doctoral Residency program?

Thank you for taking the time to complete this survey!

Employment Setting Codes

1. Community Mental Health Center
2. Health Maintenance Organization
3. Medical Center
4. Military Medical Center
5. Private General Hospital
6. General Hospital
7. Veterans Affairs Medical Center
8. Private Psychiatric Hospital
9. State/County Hospital
10. Correctional Facility
11. School District/System
12. University Counseling Center
13. Academic Teaching Position

13a. Doctoral program

13b. Master's program

13c. 4-year College

13d. Community/2 yr. College

13e. Adjunct professor

14. Independent Practice
15. Academic Non-Teaching Position
16. Medical School
33. Other (e.g., consulting), please specify
44. Student
99. Not currently employed

Holiday Schedule for 2023-2024

Holiday	Date Observed by Confluence Health
Labor Day	Monday, September 4, 2023
Thanksgiving Day	Thursday, November 23, 2023
Day after Thanksgiving	Friday, November 24, 2023- (50% rule applies for primary care)
Christmas	Monday, December 25, 2023
New Year’s Day	Monday, January 1, 2024
Memorial Day	Monday, May 27, 2024
Independence Day	Thursday, July 4, 2024

Thank you for reviewing the Confluence Health Post-Doctoral Residency materials.

Interested applicants should ***submit the following*** through the CH online link below:

1. **COVER LETTER**
2. **CURRICULUM VITAE**
3. **3 REFERENCES**
4. **PROOF OF COMPLETED DOCTORATE PROGRAM and INTERNSHIP**

APPLY ONLINE

Confluence Health Careers | Home

Please contact for questions:

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