



College of Medicine

The University of Arizona  
College of Medicine – Tucson  
Department of Psychiatry  
Psychology Postdoctoral Fellowship Program

POSTDOCTORAL FELLOWSHIP MANUAL  
2025-2026

This Psychology Postdoctoral Fellowship is new beginning the 2024-2025 academic year and is not currently Accredited by the American Psychological Association. The fellowship program anticipates applying for accreditation in near future.

For questions related to our accreditation status, please contact:  
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## POSTDOCTORAL FELLOWSHIP MANUAL 2025-2026

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## INTRODUCTION TO THE POSTDOCTORAL FELLOWSHIP PROGRAM

Welcome to the University of Arizona College of Medicine – Tucson Department of Psychiatry Psychology Postdoctoral Fellowship! On postdoc, you will undergo the rewarding transition from trainee to early career professional. We think that you will find this a stimulating and friendly place in which faculty, staff, and peers will work to help you become the best psychologist you can be. This is an exciting time when your identity as a psychologist begins to be solidified. We understand that being a fellow is difficult and, at times, a stressful transition. Please do not hesitate to contact us at any time for any questions or if you wish to express your thoughts, feelings, experience, and intentions.

This manual presents a wide variety of information and policies pertaining to our program. Some policies apply to the structure of our program (e.g., duty hours, provision of supervision), while others describe expectations of fellows (e.g., submitting evaluations, attendance at seminars). There are also descriptions of the many educational experiences you will have during your postdoctoral fellowship. Each rotation has specific goals and objectives, which you should review prior to the start of each rotation. At the end of the manual, there are web links to additional resources.

The scope of psychology training is vast and ever changing. As such, this manual cannot contain all the elements of the program nor all the expectations of conduct for a trainee or faculty person within the program. The rules and guidelines contained herein are meant to be enforced reasonably and judiciously by the Program Directors, Program Coordinators, trainees, faculty members, staff, and department to best address the needs of our patients/clients, our trainees, and our teachers.

Standards of conduct and decorum to new situations are not capably elaborated within the confines of this evolving manual. Yet, the manual should still readily serve as a template of interpretation and extrapolation for determining adequate regulation of mandates and actions, to be taken by the Program Directors and observed by fellows.

This manual may not answer all specific questions you have about our program, so please ask questions as they arise. This manual is updated at least annually, and fellow and faculty input will help make the manual more useful in future years. In addition, during the year you may receive notifications of changes in the policies, schedules, etc. that are contained in this manual. The most up-to-date version of the manual will be available at all times through the Psychology Postdoctoral Fellowship Box.

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# **ESSENTIAL REQUIREMENTS FOR PSYCHOLOGY FELLOWS**

This Postdoctoral fellowship provides training in psychology in accordance with requirements set forth by the American Psychological Association (APA), the APA Commission on Accreditation (CoA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

## **Clinical Competency**

Fellows must possess sound clinical judgment as well as extensive and well-integrated knowledge about the diagnosis, treatment, and prevention of psychological disorders.

## **Duty Hours**

On average, a fellow will have expected duty hours limited to 45 hours per week to meet job duties and patient/member care responsibilities. Some flexibility around this will be allowed, in coordination with the Program Directors, Program Coordinator, and clinical supervisors, particularly to accommodate for time off due to travel, wellness, or sickness. Please see the duty hour policy for more information (*Page 30*).

## **Academic Competency**

The fellow must attend formal didactic programs, as well as the required seminars and case conferences, and must participate in them actively. Fellows must spend a reasonable amount of time, outside the regular hours of duty, on reading and continuing education. Fellows must be able to integrate the information from the didactic program and from outside reading into patient/member care. A fellow must demonstrate reliability, conscientiousness, and integrity in all aspects of one's work.

## **Emotional Maturity**

Postdoctoral fellowship training is arduous. The fellow must adapt to and deal with clinical situations that are often critical and unpredictable. Furthermore, the psychology fellow will be constantly confronted with intimate problems and intense emotional behavior. Patients/members may act out past conflicts towards the fellow, and they will often elicit strong emotional reactions in the fellow. Consequently, a psychology fellow must have emotional stability to function effectively under varying levels of interpersonal stress; the fellow must have emotional maturity to recognize maladaptive interactive processes and to handle them in a professional manner. The fellow must always, engage in empathic and professional interactions with the patient/member. Empathy builds rapport, leads to a deeper understanding of a patient's/member's history, and prevents distancing from the patient/member. Professionalism avoids over-identification with the patient/member and establishes appropriate interpersonal boundaries.

## **Professional Responsibility**

Psychology fellows are accountable to their patients/members for fulfilling the implied contract governing the patient/member-psychologist relationship. They are also accountable to society for addressing the mental health needs of the public, and to their profession for adhering to psychology's ethical precepts. Therefore, integrity, respect for

others, and the commitment to develop an understanding of the ethical, socio-economic, and psycho-legal issues that affect the practice of psychology, are all essential attributes of the psychology fellow.

### **Education and Self-improvement**

A psychology fellow provides clinical care under supervision. This requires the capacity to enter educational relationships with many teachers and supervisors. Furthermore, the practice of psychology demands a commitment to continuing professional development and life-long learning.

### **Teaching**

Psychologists are educators. Psychology fellows have a major role in the teaching of medical colleagues, patients/members, other health care professionals and the public. Learning the skills and practicing the art of teaching is an essential part of the postdoctoral fellowship program. The psychology fellow must demonstrate a willingness to assume teaching responsibilities and must be capable of establishing a respectful educational relationship. The fellow must be sensitive to individual attributes such as gender, cultural background, and level of training. Furthermore, a fellow has a responsibility to participate in the evaluation of trainees as well as of the postdoctoral fellowship program and its faculty.

## **PROGRAM GOALS AND OBJECTIVES**

The goal of the program is to develop competent psychologists who have the knowledge, attitudes, and skills appropriate for the treatment of serious mental illness and related concerns and health psychology. Fellows develop these skills through caring for patients/members of different ages, socioeconomic status, cultural backgrounds, and comorbid diagnoses. Through regular supervision and didactics, fellows develop a proficient knowledge in this area of psychology. It is the intention of the program to prepare fellows to practice psychology in either public or private settings. The University of Arizona College of Medicine – Tucson Department of Psychiatry Postdoctoral Fellowship Program includes three Specialty Training tracks: Serious Mental Illness at EPICenter, Serious Mental Illness at the Whole Health Clinic, and Health Psychology at the Whole Health Clinic. Additional training opportunities include assessment/evaluation, program development and evaluation, clinical consultation, behavioral sleep medicine training, chronic illness assessment/treatment, and additional professional issues. As such, the program focuses especially on care in public, academic and community settings.

### **Core Competencies and Minimum Levels of Achievement**

The curriculum of the program is organized around core competency benchmarks in professional psychology established by the American Psychological Association. The Psychology Benchmarks describe key steps in the acquisition of foundational knowledge, skills, and attributes, culminating in competence for unsupervised practice at the completion of formal training. The curriculum refers to the plan of learning within the program, whether in didactic, clinical, or supervisory settings. These competencies are most meaningfully acquired when related to clinical problems encountered during patient/client care. An attempt is made to make the curriculum as patient/client-driven and clinically relevant as possible.

For a fellow to successfully complete postdoctoral fellowship and graduate in a timely manner from the program, the Psychology Faculty must be able to certify that, upon completion of the postdoctoral fellowship, the fellow is prepared for independent entry-level clinical practice. This requires the fellow to 1) complete the required number of training hours, and 2) achieve the minimum level of competency standards.

### **Training Hours Requirement**

The training year is a 12-month period beginning August 18th, 2025 and ending August 17th, 2026. The fellow must have been on site for all 12 months of the training year and completed 2000 hours of training. Fellows are required to complete 40 hours of training per week in order to accrue 2000 hours. Clinical and educational

activities completed outside of the Banner University system qualify as postdoctoral fellowship training only as part of recognized postdoctoral fellowship rotations or designated by the Program Directors in consultation with the Psychology Faculty. Should circumstances arise that might require the fellow to petition for some modification of the training time frame, it is the responsibility of the fellow to notify the Program Directors as soon as possible of the circumstances and their intent to request modification.

### **Performance Standards**

Fellow performance will be evaluated on several elements organized in terms of the clinical competencies and program training aims. Minimal Levels of Achievement at the mid-year evaluation is defined as an average rating of “Expected Mid-Point of Postdoctoral Fellowship” on the Mid-Year Evaluation Form. This still allows for specific elements to be identified as in need of improvement. Minimal Levels of Achievement at the completion of postdoctoral fellowship requires an average rating of “Readiness for Entry Level Practice” on the End-Of-Year Evaluation Form.

### **Competencies in Professional Psychology**

The following list of competencies and sub-competencies, established by the APA for all accredited training programs, is provided below. This list is provided here to:

1. Communicate to fellows the competencies, which should be acquired during postdoctoral fellowship;
2. Assist the faculty in developing a program of clinical assignments and didactic instruction;
3. Facilitate the evaluation of fellows during the course of their training;
4. Provide documentation to accrediting groups, especially the APA, the CoA, and APPIC regarding the nature of the training program.

The sixteen core competencies and related Psychology Benchmark sub-competencies set forth by the APA are as follows:

#### **I. PROFESSIONALISM**

1. Professional Values and Attitudes
  - a. Integrity
  - b. Deportment
  - c. Accountability
  - d. Concern for the welfare of others
  - e. Professional Identity
2. Individual and Cultural Diversity
  - a. Self as Shaped by Individual and Cultural Diversity and Context
  - b. Others as Shaped by Individual and Cultural Diversity and Context
  - c. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context
  - d. Applications based on Individual and Cultural Context
3. Ethical Legal Standards and Policy
  - a. Knowledge of Ethical, Legal, and Professional Standards and Guidelines
  - b. Awareness and Application of Ethical Decision Making

- c. Ethical Conduct
- 4. Reflective Practice/Self-Assessment/Self-Care
  - a. Reflective Practice
  - b. Self-Assessment
  - c. Self-Care
  - d. Participation in Supervision Process
- II. RELATIONAL
  - 5. Relationships
    - a. Interpersonal Relationships
    - b. Affective Skills
    - c. Expressive Skills
- III. SCIENCE
  - 6. Scientific Knowledge and Methods
    - a. Scientific Mindedness
    - b. Scientific Foundation of Psychology
    - c. Scientific Foundation of Professional Practice
  - 7. Research/Evaluation
    - a. Scientific Approach to Knowledge Generation
    - b. Application of Scientific Method to Practice
- IV. APPLICATION
  - 8. Evidence-Based Practice
    - a. Knowledge and Application of Evidence-Based Practice
  - 9. Assessment
    - a. Knowledge of Measurement and Psychometrics
    - b. Knowledge of Assessment Methods
    - c. Application of Assessment Methods
    - d. Diagnosis
    - e. Conceptualization and Recommendations
    - f. Communication of Assessment Findings
  - 10. Intervention
    - a. Intervention Planning
    - b. Skills
    - c. Intervention Implementation
    - d. Progress Evaluation
  - 11. Consultation
    - a. Role of Consultant
    - b. Addressing Referral Question
    - c. Communication of Consultation Findings
    - d. Application of Consultation Methods
- V. EDUCATION
  - 12. Teaching
    - a. Knowledge
    - b. Skills
  - 13. Supervision
    - a. Expectations and Roles
    - b. Processes and Procedures

- c. Skills Development
- d. Supervisory Practices

## VI. SYSTEMS

### 14. Interdisciplinary Systems

- a. Knowledge of the Shared and Distinctive Contributions to Other Professions
- b. Functioning in Multidisciplinary and Interdisciplinary Contexts
- c. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes
- d. Respectful and Productive Relationships with Individuals from Other Professions

### 15. Management-Administration

- a. Appraisal of Management and Leadership
- b. Management
- c. Administration
- d. Leadership

### 16. Advocacy

- a. Empowerment
- b. Systems Change

## Curriculum Goals and Objectives

The following are specific goals and objectives of the curriculum, organized by APA core competency.

### I. PROFESSIONALISM

**Professional Values and Attitudes** – Fellows will evidence behavior and comportment that reflect the values and attitudes of psychology.

#### ***Professional Values and Attitudes General Goals:***

By end of postdoctoral fellowship, fellows will:

1. Act with honesty, personal responsibility, and adherence to professional values. They will monitor and independently resolve situations.
2. Conduct themselves in a professional manner across settings and situations.
3. Independently accept personal responsibility across settings and contexts.
4. Independently act to safeguard the welfare of others.
5. Display consolidation of professional identity as a psychologist; demonstrate knowledge about issues central to the field; and integrate science and practice.

**Individual and Cultural Diversity** – Interns will evidence awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

#### ***Individual and Cultural Diversity General goals:***

By end of postdoctoral fellowship, fellows will:

1. Independently monitor and apply knowledge of self as a cultural being in assessment, treatment, and consultation.
2. Independently monitor and apply knowledge of others as cultural beings in assessment, treatment, and consultation.
3. Independently monitor and apply knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.
4. Apply knowledge, skills, and attitudes regarding dimensions of diversity to professional work.

**Ethical Legal Standards and Policy** – Fellows will evidence the application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

***Ethical Legal Standards and Policy General goals:***

By end of postdoctoral fellowship, fellows will:

1. Demonstrate advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.
2. Independently utilize an ethical decision-making model in professional work.
3. Independently integrate ethical and legal standards with all competencies.

**Reflective Practice/Self-Assessment/Self-Care** – Fellows will evidence practice that is conducted with personal and professional self-awareness and reflection, with awareness of competencies, and with appropriate self-care.

***Reflective Practice/Self-Assessment/Self-Care General goals:***

By end of postdoctoral fellowship, fellows will:

1. Demonstrate reflectivity both during and after professional activity. Fellows will act upon reflection and use themselves as a therapeutic tool.
2. Accurately self-assess competence in all competency domains. They will integrate self-assessment in practice, recognize limits of knowledge/skills, and act to address these. Fellows will demonstrate an extended plan to enhance knowledge and skills.
3. Self-monitor issues related to self-care and promptly intervene when disruptions occur.
4. Independently seek supervision when needed.

## **II. RELATIONAL**

**Relationships** – Fellows will relate effectively and meaningfully with individuals, groups, and/or communities.

***Relationships General goals:***

By end of postdoctoral fellowship, fellows will:

1. Develop and maintain effective relationships with a wide range of patients/clients, colleagues, organizations, and communities.

2. Manage difficult communication and possess advanced interpersonal skills.
3. Have verbal, nonverbal, and written communications that are informative, articulate, succinct, sophisticated, and well-integrated. Fellows will demonstrate a thorough grasp of professional language and concepts.

### III. SCIENCE

**Scientific Knowledge and Methods** – Fellows will evidence understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Fellows will evidence respect for scientifically derived knowledge.

***Scientific Knowledge and Methods General goals:***

By end of postdoctoral fellowship, fellows will:

1. Independently apply scientific methods to practice.
2. Demonstrate advanced level knowledge of core science (i.e., scientific bases of behavior).
3. Independently apply knowledge and understanding of scientific foundations independently applied to practice.

**Research/Evaluation** – Fellows will generate research that contributes to the professional knowledge base and/or evaluate the effectiveness of various professional activities.

***Research/Evaluation General goals:***

By end of postdoctoral fellowship, fellows will:

1. Generate knowledge.
2. Apply scientific methods of evaluating practices, interventions, and programs.

### IV. APPLICATION

**Evidence-Based Practice** – Fellows will evidence integration of research and clinical expertise in the context of patient/client factors.

***Evidence-Based Practice General goals:***

By end of postdoctoral fellowship, fellows will:

1. Independently apply knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences.

**Assessment** – Fellows will evidence assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

***Assessment General goals:***

By end of postdoctoral fellowship, fellows will:

1. Independently select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, groups, and context.
2. Independently understand the strengths and limitations of diagnostic approaches and interpretations of results from multiple measures for diagnosis and treatment planning.
3. Independently select and administer a variety of assessment tools and integrate results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.
4. Utilize case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.
5. Independently and accurately conceptualize the multiple dimensions of the case based on the results of assessment.
6. Communicate results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.

**Intervention-** Fellows will implement interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

***Intervention General goals:***

By end of postdoctoral fellowship, fellows will:

1. Independently plan interventions; case conceptualizations and intervention plans will be specific to case and context.
2. Display clinical skills with a wide variety of patients/clients and use good judgment even in unexpected or difficult situations.
3. Implement interventions with fidelity to empirical models and flexibility to adapt where appropriate.
4. Independently evaluate treatment progress and modify planning as indicated, even in the absence of established outcome measures.

**Consultation** – Fellows will evidence the ability to provide expert guidance or professional assistance in response to a patient's/client's needs or goals.

***Consultation General goals:***

By end of postdoctoral fellowship, fellows will:

1. Determine situations that require different role functions and shift roles accordingly to meet referral needs.
2. Demonstrate knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.
3. Apply knowledge to provide effective assessment feedback and to articulate appropriate recommendations.
4. Apply literature to provide effective consultation services (assessment and intervention) in most routine and some complex cases.

## **V. EDUCATION**

**Teaching** – Fellows will provide instruction, disseminate knowledge, and evaluate acquisition of knowledge and skill in professional psychology.

### ***Teaching General goals:***

By end of postdoctoral fellowship, fellows will:

1. Demonstrate knowledge of didactic learning strategies and how to accommodate developmental and individual differences.
2. Apply teaching methods in multiple settings.

**Supervision** – Fellows will supervise and train in the professional knowledge base of enhancing and monitoring the professional functioning of others.

### ***Supervision General goals:***

By end of postdoctoral fellowship, fellows will:

1. Understand the ethical, legal, and contextual issues of the supervisor role.
2. Demonstrate knowledge of supervision models and practices; demonstrate knowledge of and effectively address limits of competency to supervise.
3. Engage in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their patients/clients.
4. Provide effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.

## **VI. SYSTEMS**

**Interdisciplinary Systems** – Fellows will evidence knowledge of key issues and concepts in related disciplines. They will identify and interact with professionals in multiple disciplines.

### ***Interdisciplinary Systems General goals:***

By end of postdoctoral fellowship, fellows will:

1. Demonstrate awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems. They will demonstrate intermediate level knowledge of common and distinctive roles of other professionals.
2. Demonstrate beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning.
3. Participate in and initiate interdisciplinary collaboration/consultation directed toward shared goals.
4. Develop and maintain collaborative relationships over time despite differences.

**Management-Administration-** Fellows will manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).

***Management-Administration General goals:***

By end of postdoctoral fellowship, fellows will:

1. Develop and offer constructive criticism and suggestions regarding management and leadership of organization.
2. Participate in management of direct delivery of professional services. They will respond appropriately in management hierarchy.
3. Demonstrate emerging ability to participate in administration of clinical programs.
4. Participate in system change and management structure.

**Advocacy** – Fellows will act targeting the impact of social, political, economic, or cultural factors to promote change at the individual (patient/client), institutional, and/or systems level.

***Advocacy General goals:***

By end of postdoctoral fellowship, fellows will:

1. Intervene with a patient/client to promote action on factors impacting development and functioning.
2. Promote change at the level of institutions, community, or society.

## **GRADUATION CRITERIA**

At mid-point of fellowship, a fellow must achieve ratings of "Expected Mid-Point of Postdoctoral Fellowship" in all competency domains (please refer to MID- AND END-OF-ROTATION EVALUATION OF CLINICAL PSYCHOLOGY FELLOW rating sheet on page 66). Any ratings of "Readiness for Postdoctoral Fellowship" will result in development of a remediation plan.

By the conclusion of the training year, a fellow must achieve a rating of "Readiness for Entry to Practice" for every competency skill in each competency domain, indicating the fellow has demonstrated competency for this skill at the level expected at the conclusion of the postdoctoral training year.

### **Graduation Goals and Objectives**

The PDs, in conjunction with the Psychology Faculty, will review fellows' clinical evaluations, participation in didactic experiences, performance on examinations, supervisors' evaluations, data on record-keeping, reports from Patient Relations, and other pertinent information in making the determination of whether to graduate from the program.

**\*\*Refer to PD&E, Didactics, and Grand Rounds requirements (below) for more specifics concerning definitions of successful completion.**

## SPECIALTY TRACKS

Three Specialty Track positions are offered for postdoctoral training within the EPICenter and Whole Health Clinics at Banner University Medical Center. Fellows are accepted to complete training on a specific track. Postdocs will spend 28 hours per week for the entire training year at their designated track. Each fellow can expect to have **one hour per week of supervision for their Specialty Track**. Psychology fellows will be provided with a choice to engage in an 8-hour per week **Minor** rotation for six- or twelve-months, for up to two Minor rotations over the training year. Fellows can decline to complete a Minor rotation and spend 36 hours per week at their Specialty Track; fellows who elect this option will have **two hours of supervision in their Specialty Track**.

The three Specialty Tracks are as follows:

### Early Psychosis Intervention Center (EPICenter)

- Rotation Supervisors: Gustavo Pérez, Ph.D. and Toby Sánchez, Psy.D.
- Date and times for track:
  - At least two days per week will be 10 AM-7 PM
  - Minor rotation requires attendance on Thursday afternoon
  - Flexible with other dates and times, with a morning start of 9 AM available one day per week
- Website: <https://psychiatry.arizona.edu/patient-care/epicenter>

EPICenter is a comprehensive community mental health program that offers evidence-based, phase-specific treatments for adolescents and young adults (15-35 years old) in the early course of a psychotic illness. Fellows learn about the prevention and treatment of psychotic and related mood disorders (and their families) in a dynamic multi-disciplinary setting. Postdocs on this track will have the following roles at EPICenter: a) Direct clinical care to clients, individual and family modalities, b) Facilitation of one weekly therapy group per semester (CBT for psychosis [CBTp] for young adults, CBTp for adolescents, social skills training, and other postdoc interest and program need), c) Facilitation of two multi-family group sessions per month, and d) Completion of two intake psychological assessments per month. Fellows are also expected to complete four hour-long didactics per month. The fellow will have an ongoing consulting role with EPICenter trainees and members of the EPICenter team (peer support specialist and case manager). In addition, fellows will give 4 one-hour didactic presentations per year to EPICenter trainees. Fellows will also participate in data collection and analysis as part of program development initiatives at EPICenter. This rotation offers ongoing

collaboration and consultation with an interdisciplinary team including weekly clinical reviews, individual clinical supervision, and two half-day retreats per year. Psychoeducation and community outreach are integrated into the rotation as well. Supervision in Spanish is available with Drs. Pérez and Sánchez.

### **Whole Health Clinic (WHC)**

- Rotation Supervisor: Cristina Garcia, Ph.D., DBSM
- Additional Supervisors: Gustavo Pérez, Ph.D.; Toby Sánchez, Ph.D.; Kyle Suhr, Ph.D.
- Date and times of track:
  - Monday through Thursday, 8 AM-7 PM
  - Friday 8 AM to 5 PM
  - Fellows are required to work 10 AM to 7 PM at least twice per week
- Website: <https://psychiatry.arizona.edu/patient-care/banner-university-medicine-whole-health-clinic>

WHC's multidisciplinary team provides behavioral healthcare to a consistently underserved and culturally and linguistically diverse population, many with serious mental illnesses who are often unemployed, without housing, and dependent on Medicaid (Arizona Health Care Cost Containment System, AHCCCS, pronounced "Access") to cover their treatment costs. Fellows are integrated into a care team that includes case managers and peer support specialists and learn to provide comprehensive and coordinated ambulatory care to among the most seriously mentally ill in our community. Fellows on this track will have the following roles: a) Providing general outpatient psychotherapy to AHCCCS patients who are primarily diagnosed with SMI conditions, b) Facilitation of short-term specialized groups in areas of interest that align with clinic needs such as trauma integration and addiction, and c) Conducting cognitive and psychological evaluations. In addition, fellows will do a quarterly education presentation to WHC staff.

### **Health Psychology at WHC**

- Rotation Supervisors: Kyle Suhr, Ph.D. and Toby Sánchez, Psy.D.
- Date and times for track: Monday through Friday, 8 AM to 5 PM
- Website: <https://psychiatry.arizona.edu/patient-care/banner-university-medicine-whole-health-clinic>

Fellows on this track will have the following roles at WHC: a) Providing outpatient health psychology/behavioral medicine interventions to patients seen at the WHC; b) Facilitating short-term, specialized health psychology groups; and c) Quarterly presentations to WHC staff.

## MINOR ROTATIONS

Minor rotations will also be available to fellows enhance and further specialize training. Minor rotations will be 8 hours per week and be of 6 months duration. Thus, fellows will have the opportunity to complete 2 Minor rotations during the training year. Fellows can also expect to have 1 hour of supervision per week from their Minor rotation supervisor.

Minor rotations include:

### EPICenter (for WHC Fellows)

- Rotation Supervisors: Gustavo Pérez, Ph.D. and Toby Sánchez, Psy.D.
- Date and times for track:
  - Tuesdays 1-6:30 PM – required
  - Second afternoon 1-6 PM highly preferred Monday-Friday
  - Minor rotation requires attendance on Thursday afternoon
  - Flexible with other dates and times, with a morning start of 9 AM available one day per week
- Website: <https://psychiatry.arizona.edu/patient-care/epicenter>

Minor rotation activities will include: a) Intake assessments, b) Short-term individual therapy, c) Brief family therapy, d) Co-facilitation of a specialized group, and d) Consultation to EPICenter trainees. Supervision in Spanish is available with Drs. Pérez and Sánchez.

### Pain Psychology

- Rotation Supervisors: Kyle Suhr, Ph.D.
- Rotation (optional): Minor
- Dates and times for rotation, listed by faculty:
  - Dr. Suhr: Monday through Friday 8 AM-5 PM
- Website: <https://psychiatry.arizona.edu/patient-care/adult-psychiatry-clinic/behavioral-health-pain-clinic>

Fellows learn how to assess for and treat behavioral and psychiatric concerns that contribute to chronic pain; how to conceptualize cases and consider related medical and psychiatric conditions; and administer, score, and interpret a variety of assessment instruments for pre-surgical candidacy.

### Banner University Medical Center – South Behavioral Health Pavilion Inpatient (BHPIP)

- Rotation Supervisors: Kyle Suhr, Ph.D.
- Track: Child, Adult
- Rotation Schedule Options: Minor
- Date and times for rotation:
  - Mondays 8 AM-5 PM
- Website: <https://psychiatry.arizona.edu/patient-care/inpatient-units>

This is one of the largest adult psychiatric inpatient facilities in Tucson with a 66-bed capacity. Comprehensive interdisciplinary services are provided. A fully equipped state courtroom within BUMC-S serves as the adjudication site (currently remote) for court-ordered treatment of patients. Interns learn about and assist in the delivery of high-quality behavioral health care in a Level 1 treatment setting, including consultation services with an interdisciplinary team, and brief, targeted therapies with current inpatients. Experiences with long-term care of more complicated psychiatric patients can be found on the Tucson campus.

### **Behavioral Sleep Medicine (BSM)**

- Rotation Supervisors: Michael Grandner, Ph.D., MTR, CBSM, Cristina Garcia, Ph.D., DBSM
- Rotation (optional): Minor
- Date and times for rotation:
  - Thursdays 9 AM-5 PM (WHC/EPICenter)
  - Fridays 9 AM-3 PM (WHC/EPICenter)
- Website: <https://psychiatry.arizona.edu/patient-care/adult-psychiatry-clinic/behavioral-sleep-medicine-clinic>

Fellows learn how to recognize, screen for, diagnose, and treat sleep disorders. The clinic has a primary focus on treatment of insomnia, though fellows may also see cases of sleep phase delay/advance, shift work disorder, nightmare disorder, and cPAP adherence. They may also have exposure to behavioral recommendations that can be made as adjunctive treatment of narcolepsy, other hypersomnia disorders, and parasomnias. The rotation includes administration and scoring of assessment instruments, clinical interviews, case conceptualization, consideration of other medical and psychiatric conditions (including treatment of comorbid sleep issues and psychosis with Dr. Garcia at EPICenter), and collaboration in care with primary care, psychiatry, and sleep medicine. The BSM clinic also has a BSM case consultation group with other BSM providers throughout the Banner system and other training facilities. Fellows also have access to the weekly Behavioral Sleep Medicine Seminar (BSMinar), which features renowned sleep medicine scientists, physicians, and BSM practitioners. Access to previous recordings is also available in a back-catalog for fellows to access. Participation in BSM Case Consultation and BSMinar are not required, but highly

encouraged. Fellows will participate in activities that may count towards the Diplomate in Behavioral Sleep Medicine, official board certification in BSM post-licensure.

### **Weight Management & Bariatric Psychology**

- Rotation Supervisors: Kyle Suhr, Ph.D.
- Dates and times for rotation, listed by faculty:
  - Dr. Suhr: Monday through Friday 8 AM-5 PM

Activities will include presurgical evaluations for bariatric surgeries and CBT for weight management.

### **Applied Behavior Analysis**

- Rotation Supervisor: Chelsea Carr, Ph.D.
- Date and times for rotation:
  - Mondays 8 AM-5 PM
  - Thursdays 1 PM-5 PM
  - Fridays 8 AM-5 PM

Fellows receive training on the assessment of challenging behavior in individuals with and without neurodevelopmental disorders (ages 2 to 18), including function-based treatment, parent management training, school consultation, acceptance and commitment therapy, and assessment for OCD and tic disorders.

### **Child Psychology**

- Rotation Supervisors: Chad McWhinnie, Ph.D.
- Date and times for rotation: TBD
- Website: <https://psychiatry.arizona.edu/patient-care/outpatient>

This is the largest provider of ambulatory psychiatric and psychological services in Tucson that gives care to children/adolescents, adults, and geriatric patients and their families for a range of conditions.

### **Advocacy, Community, and DEI Leadership**

- Rotation Supervisors: Kyle Suhr, Ph.D.; and Gustavo Pérez, Ph.D.
- Date and times for rotation: TBD

Activities on this Minor rotation will include: a) Creation of trainings to deliver to community partner sites, such as Mariposa Community Healthcare, Marana Healthcare, and the Pascua Yaqui Tribe; b) Establishing and furthering relationships with community organizations serving youth and adults in marginalized groups; c) Provide community

education to high-need, low-service areas in Southern Arizona; d) Participate in all PsyDAC activities; e) Delivery of 2 DEI workshops to the psychiatry department; and e) Participate in ongoing departmental Community Engagement Projects.

## SCHEDULED EVENTS

### Events Throughout the Training Year

#### Fellow Seminar

Fellow seminar is held on Tuesdays from 2 PM to 3 PM. Seminar topics will include SMI, trauma integration, health psychology, and working with marginalized and underserved groups.

Seminar and other learning opportunities are one of the three pillars of psychology postdoctoral fellowship education along with supervision and be clinical experience. Faculty spends a great deal of time preparing for these seminars, and your attendance, in person, is **mandatory** unless otherwise indicated. If you anticipate being unable to attend in person (e.g., due to being sick or off site), let the Program Directors know immediately. If faculty does not show for a lecture, you need to contact the Program Directors and/or Coordinator immediately, and they will direct you about what to do.

These seminars are for your benefit. We are continuing to improve and change them based on the feedback that you provide us. At the end of seminar, you will be asked to complete an evaluation of the content presented to you. Please fill these out honestly and completely; your feedback helps to guide changes that presenters make for future seminars for you and future fellow classes.

As a courtesy to the seminar leaders and the other participants in the seminar, please arrive on time to the seminar. Please see the lecture attendance policy as well. (See attendance policy)

#### Clinical Review Meetings

Each clinic, EPICenter, and WHC, holds a weekly clinical review meeting. Attendance at Clinical Review Meetings is **mandatory**; that is, the EPICenter Fellow should attend the EPICenter Clinical Review and the WHC Fellows should attend the WHC Clinical Review.

#### WHC Monthly Meetings

The WHC holds two monthly staff trainings. These trainings are **mandatory** for the WHC Fellows.

#### Grand Rounds

Grand Rounds take place on Wednesdays from 12:00 to 1:00 pm from September through May via Zoom. Attendance at Grand Rounds is **recommended**.

## **Therapy Consultation Group & Group Supervision**

Therapy consultation group consists of faculty and trainees and provides an opportunity for peer consultation related to complex clinical cases and professional-related difficulties. Therapy consultation takes place on Wednesdays from 11:00 am – 12:00 pm virtually via Microsoft Teams. Attendance for weekly case consult group is **recommended**, as it can be an opportunity to observe attendings present and discuss cases in a consultative format. Group Supervision will involve faculty and all psychology trainees and occur on the second Wednesday of every month from 11:00 am – 12:00 pm via Microsoft Teams. Attendance to Group Supervision is **mandatory**.

## **Residency Case Conference**

Residency Case Conferences take place on the last Tuesday of the month from 12:00 – 1:00 pm in the BHP 1<sup>st</sup> floor conference room. Case conference is **recommended** as an opportunity to collaborate and develop collegial relationships with psychiatry residents.

## **Quality Improvement and Patient Safety Conference (QIPS)** (formerly Morbidity & Mortality—or M&M—Conference)

This conference is a confidential discussion of difficult patient care cases, or of patients who have an adverse outcome. “M&M” conferences are an important forum to improve delivery of care by studying difficult cases and medical errors. This occurs during chairman’s grand rounds, and when scheduled is **mandatory**.

## **Residency Journal Club**

During the 2<sup>nd</sup> Wednesday of the month will be journal club. PGY2 residents present at journal club, and this is often an opportunity to meet and interact with psychiatry resident colleagues. Participation is **recommended**.

## **Fellow Lunch**

On the third Wednesday of the month from 11 am – 12 pm, the Program Directors and Program Coordinator will have a lunch meeting with the fellow class. This is a nice time to socialize and discuss issues as a class. Topics often range from professional development, providing feedback on rotations, or to discuss transitioning to life in Tucson.

## **Annual Events**

### **Orientation Welcome Lunch**

At the beginning of the postdoctoral fellowship year, fellows are invited to a Welcome Lunch with postdoctoral fellowship supervisors, interns, and PGY3 psychiatry resident colleagues. The purpose of the mixer is to get to know one another, to strengthen relationships among the fellows, and to prepare for the upcoming postdoctoral fellowship year. This event is held at the BHP.

## **Welcome Happy Hour**

At the beginning of the postdoctoral fellowship year, fellows are invited to attend a Welcome Happy Hour with externs, interns, postdoctoral fellowship faculty and supervisors at a local Tucson establishment. This is a casual event.

## **Graduation**

The annual party for graduating fellows will be held in June. All fellows are invited to attend.



College of Medicine

## **EXAMINATIONS**

### **Clinical Skills Competencies**

Fellows will also be evaluated twice per rotation using APA competencies. For 6-month rotations, evaluations will occur at end of September and end of December for Fall rotations, and at end of March and end of June for Spring rotations. For 12-month rotations, evaluations will occur at end of December and end of June. Competencies to be evaluated include Professionalism; Individual and Cultural Diversity; Ethical Legal Standards and Policy; Reflective Practice/Self-assessment/Self-care; Relationships; Scientific Knowledge and Methods; Research/Evaluation; Evidence-based Practice; Assessment; Intervention; Consultation; Teaching; Supervision; Interdisciplinary Systems; Management-Administration; and Advocacy. A summary of these competencies are found in earlier pages of this manual. A copy of the Mid- and End-Rotation Evaluation Form is found in the Forms section of this manual.

## SCHOLARLY ACTIVITY

### Grand Rounds Presentation

Fellows are **encouraged** to present a Grand Rounds at least once during their postdoctoral fellowship. We arrange for this during the year. This provides an excellent opportunity for fellows to gain experience in preparing and doing formal seminars and case presentations to a large audience that often extends beyond the Psychiatry Department. Details regarding fellow Grand Rounds presentations are described in the following outline.

1. Each fellow will present a Grand Rounds during their training year. Presentations are typically 20-25 minutes with 5-10 minutes for a question-and-answer session.
2. Topics related to psychopathology, treatment, ethics, teaching, psychology education, research, etc. are encouraged. Dates available for presentation will be announced near the beginning of the postdoctoral fellowship year. The fellow can expect to have ~6 months lead time to prepare for their presentation.
3. The PDs will be available in a consulting capacity if any problems should arise.

### Program Development Project

Fellows are **required** to design, implement, and oversee at least one programmatic intervention aimed at improving patient care, psychology management services, or medical center administration. This opportunity will help develop a product or engage in quality improvement that may benefit the fellow as a developing psychologist, as well as improve patient care and functioning for the medical center.

Projects will be developed based on the fellow's professional interests and areas of expertise, supervisor for the project, and approval by the Program Directors.

Fellows will work with one faculty member who will be responsible for overseeing appropriate design, implementation, completion, and evaluation of the project. Other faculty or programs may be consulted in the intervention as well and may contribute input toward evaluation. Fellows will be expected to present their findings near the end of the training year.

### Group Supervision Presentation

Fellows will be expected to give one 20-minute case presentation on a therapy or assessment case over the course of the training year at the monthly group supervision meeting. This is an opportunity to receive feedback as well as to participate in a professional consultation meeting and give peer supervision.

## Other Scholarly Activities and Research

Fellows are **encouraged** to pursue an academic project during their postdoctoral fellowship. This project can be submission of a paper, presentation, or poster to a journal or conference. It could take the form of developing a course for use in didactics, giving presentations in the community or other academic settings, or reviewing the literature on a certain topic in depth. The mentorship supervision is an excellent time to develop these projects, which could be in collaboration with faculty or done independently. The following is a *partial* list of other scholarly/academic pursuits within postdoctoral fellowship:

1. Additional didactic seminars
2. Case Conferences
3. Journal Club
4. Reading

There are also funded research projects occurring in the Karp, Sleep & Health Research and SCAN Labs. Fellow participation is encouraged; speak to the principal investigator for the project of your interest to see how to get involved.

## Independent Reading

Independent reading is a core discipline to develop during postdoctoral fellowship. Much of the education in postdoctoral fellowship is delivered externally to the fellow (e.g., supervision, didactic seminars, Grand Rounds, etc.). However, equally important (if not *more* important), is the reading that each fellow does on his or her own. A habit of regular reading will serve the fellow well in the life-long pursuit of psychological knowledge and professional development. Many rotations have a list of suggested readings. Seminars will often include recommended readings as well. Fellows should also discuss reading materials with their faculty mentors, who can provide reading suggestions and encouragement to maintain this important educational activity.

## Evidence-Based Trainings

Throughout the training year, fellows will be offered expanded multi-day (1-3 day) trainings to gain and/or strengthen competence in the following evidence-based trainings:

1. Cognitive Behavioral Therapy for Insomnia
2. Cognitive Behavioral Therapy for Psychosis
3. Cognitive Behavioral Therapy for Chronic Pain
4. Acceptance and Commitment Therapy for Depression

## Mentorship Program

The Mentorship Program at the University of Arizona is designed to augment and enhance a trainee's experience by providing an additional opportunity for professional development and support. Mentorship varies from supervision in that 1) mentorship is non-evaluative to ensure a safe environment to explore personal concerns and allow learning from faculty they may not otherwise interact with; and 2) mentorship provides opportunity to explore professional development areas not directly related to specific

practice (e.g., job application and interview preparation; culture/diversity; gender; parenthood; religion/spirituality; self-care).

Mentoring frequency is agreed upon by mentor and mentee, but generally 3-12 times throughout the training year. The Program Directors will not track or report on the mentorship but may check-in periodically to see how it is proceeding. Mentors are highly discouraged from sharing any information discussed between the mentor/mentee unless ethical concerns or other serious concerns are identified that may impact successful completion of the fellowship.

## **POLICIES**

### **GME Policies**

The Program adheres to all policies of the University of Arizona College of Medicine. These are provided on-line at <http://medicine.arizona.edu/education/graduate/graduate-medical-education/university/policies-forms> under the Policies tab. In addition to these Policies, the Program adheres to the following policies described below.

### **Wellness Policies**

The culture of the program is such that certain elemental truths are held and honored. In all facets of your life: you, the fellow, are a human being first. The wise, gratifying, healthy and sustainable pursuit of psychology training towards the practice of psychology must be a mindful/soulful expression of your humanity and performed in this order – not in its reverse.

You are a human being first, performing mental health services as an expression of your humanity. You are not a healthcare provider first and a human being second. As earlier stated, we understand that being a fellow is a difficult and, at times, stressful transition. Resources and mechanisms are in place to help you care for your personal needs, to promote your successful development as a competent, skillful, and caring psychologist.

The following wellness policies do not represent the whole of wellness as applicable to the human experience. They are guidelines that address areas where wellness as a psychologist often falters. For personal difficulties and triumphs experienced outside of the policies, please share with designated persons in the program to assist/share in your experience. Should you need assistance in seeking support outside of the immediate program, please communicate with the Program Directors.

For the wholeness of one's own training experience, it is the recommendation of the program that fellows receive their own psychotherapy; although, this is not a formal mandate from the program, nor should it be construed as such. Fellows are advised to speak with mentors to discuss the potential implications, including risks and benefits, of pursuing one's own psychotherapy treatment. Should a fellow choose to pursue individual psychotherapy, accommodations will be made as possible to allow fellows to attend regularly; however, accommodations cannot be guaranteed (unless otherwise provided under the ADA) and are highly dependent upon the fellow's rotation schedule and assigned responsibilities. If you seek assistance outside of the program, please note that the program does not communicate individually to these providers to determine fellow's confidential patient information. Please consider the best steps

needed to care for yourselves, your loved ones, our patients, and the postdoctoral fellowship program/department/institution.

## **Duty Hours Policy**

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each rotation must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energies. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

## **Supervision of Fellows**

All patient care activities must be supervised by qualified faculty. The PDs must ensure, direct, and document adequate supervision of fellows always. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

Faculty and fellows must be educated to recognize the signs of fatigue or burnout and adopt and apply policies to prevent and counteract the potential negative effect fatigue or burnout can have on performance.

## **Clinical and Education Work Hours**

Clinical and educational work hours must be limited to no more than 45 hours per week inclusive of all in-house clinical and educational activities, and clinical work done from home.

## **Mandatory Time Free of Clinical Work and Education**

The program must design an effective program structure that is configured to provide fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

## **Maximum Clinical Work and Education Period Length**

Clinical and educational work periods for fellows must not exceed 10 hours of continuous scheduled clinical assignments.

## **Clinical and Educational Work Hour Exceptions**

In rare circumstances, after completing all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- 1) to continue to provide care to a single severely ill or unstable patient;
- 2) humanistic attention to the needs of a patient or family; or,
- 3) to attend unique educational events.

These additional hours of care or education will be counted toward the 45-hour weekly limit.

### **Oversight**

These policies and procedures which are consistent with the Institutional and Program Requirements for fellow duty hours and the working environment will be distributed to the fellows and the faculty. Monitoring of duty hours will be done with frequency sufficient to ensure an appropriate balance between education and service.

**SOURCE: University of Arizona College of Medicine**

**Effective Date: July 1, 2024**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**REVISION DATE: 05/09/2025**

**DISTRIBUTION: Psychology Postdoctoral Fellows and Faculty**

All planned leave should be authorized by the Rotation Coordinator and presented to the Program Directors **thirty days prior to the proposed leave date.**

**PTO/Conference request form is included in this manual.** Vacation leave submitted less than thirty days prior to proposed leave date may be denied by the Program Directors or Site Supervisor.

Prior to fellow departure for a planned absence, fellows are required to email rotation supervisors and the PDs with information concerning dates for the absence. Unplanned leave will be acceptable for medical reasons or unexpected circumstances of merit.

Fellows must not take so much leave at a PTO time as to compromise their ability to accomplish the training goals of a given rotation or satisfy the APA requirements of time and effort during the postdoctoral fellowship year. In the event that sufficiently large leave of absences are taken, a decision will be made by the Rotation Coordinator and the Program Directors as to whether the fellow must make up a portion of the rotation or the whole rotation in order to obtain credit.

As employees of Banner, fellows accrue PTO at the rate designated by Banner, which is 5.54 hours per pay period, for a maximum of 18 days of PTO during the fellowship year. Fellows accrue AZ Sick Time at the rate of 2.66 hours per pay period. Per Banner policy, fellows can use their AZ Sick Time for any reason. They may use these hours as they deem necessary – either AZ Sick Time or PTO can fund time off. It is up to the fellow to ensure that they have sufficient time in their PTO and AZ Sick Time banks to take leave. Fellows will also be allotted three professional development days that may be used for professional activities including but not limited to conference attendance, educational trainings, national board certification examinations, and job interviews.

Three consecutive days of sick leave may require a note from your physician. Prolonged illnesses might result in modification of the training plan or extension of the training period to allow the fellow to meet the criteria required for graduation.

**Sick Leave Procedure**

As soon as a fellow has reason to believe they will miss a postdoctoral fellowship day due to illness, they will follow the following procedure:

Send an email to all the following informing them of the absence:

Program Directors

Rotation supervisor(s)

Program Coordinator

Front desk staff for the clinical site where they are assigned that day.

While the fellow may follow up with a text or call if they believe a relevant party might be away from email, texting or calling does not replace the required email.

Fellows should plan appropriately for desired time off for travel, conferences, and personal time off. Program of conference or confirmation of registration may be required prior to approval, and certificate of attendance may be required upon return.

Graduation from the postdoctoral fellowship will be contingent upon satisfactory completion of each required rotation as assigned by the Postdoctoral Fellowship Program and indicated in the postdoctoral fellowship manual. If leave exceeds the given vacation and sick leave the fellow may have to extend their postdoctoral fellowship training or be subject to loss of employment should the time be in such excess that APA and psychology licensure requirements cannot be feasibly and adequately achieved.

### **Bereavement Leave**

In the event of the death of an immediate family member, Banner employees may take up to five shifts of paid bereavement leave from scheduled work during a period of seven consecutive days to attend to their needs. For purposes of this policy, immediate family is defined as a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, stepchild, stepparent, legal guardian, the same members of a spouse's family, or any member of the employee's immediate household.

The death of other family members or someone not related to an employee may require the employee to be away from work. PDs may grant one day per year with bereavement pay for the employee to attend a funeral of someone other than immediate family. Further absence for the purpose of bereavement must be arranged with the PDs and utilizing PTO/AZ Sick Time.

**SOURCE: University of Arizona College of Medicine****Effective Date: July 1, 2024****APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director****REVISION DATE: 05/09/2025****DISTRIBUTION: Psychology Postdoctoral Fellows and Faculty**

Patient/member suicide is a dreaded potential consequence of psychiatric illness. Such events require the treating psychologist to respond in a manner that fulfills several roles and responsibilities, while simultaneously attending to powerful personal emotions. The ideal outcome of this painful process is the organized completion of immediate responsibilities and the careful resolution of emotional responses to promote higher levels of personal and professional growth and responsibility.

The guidelines and recommendations outlined below are intended to be helpful in identifying immediate responsibilities, potential resources, and sources of support for fellows following a patient/member suicide. Since every case is unique, and has its own specific issues, these are intended only as general guidelines. Fellows and faculty may choose to modify these guidelines as appropriate for the individual situation. However, in every case of a patient/member suicide, and other serious adverse outcomes (e.g., the non-suicide death of a patient/member, violence, arrest of a patient/member, etc.), the fellow should immediately notify the supervising attending and Program Directors for guidance.

### **I. Attend to Immediate Responsibilities**

A psychologist has several responsibilities following patient/member suicide. Carrying out these responsibilities often occurs during a period of shock and disbelief upon hearing of the suicide of a patient/member. The following protocol is meant to help organize the immediate responsibilities following this event.

1. Inform your attending (the attending of record) as well as your supervisor (if this differs from the attending of record) in the event they have not previously been informed of the situation **OR** follow the protocol for the rotation site within 6 hours of notification.
2. Call the postdoctoral fellowship Program Directors to provide basic information about the event.
3. Make a plan with your attending for completing subsequent tasks:
  - a. **Chief of Service** – Your attending should notify the Head of the Department of Psychiatry.
  - b. **Risk management** – Call the risk management office for information and suggestions on how to proceed with contacting the patient's/member's family members and completing the medical record.

- c. **Family members** – The patient’s/member’s privacy rights do not end at death. You may call the patient’s/member’s legally authorized representative and/or those in the patient’s/member’s family who you know were involved in the care of the patient/member and were aware of their treatment to express sympathy and support (after speaking with personnel from the Office of Risk Management). You may offer to meet with the family with your attending or supervisor. Disclosures of protected health information about the deceased patient/member are still limited by the HIPAA privacy regulations and ethical and legal requirements for confidentiality remain in place. You are only permitted to discuss health information of which the family has knowledge. You may need to inform family members that your disclosures are limited by State and Federal privacy laws.
  - d. **Staff** – Your attending should notify other staff members who may have been involved in the patient’s/member’s care or who may be affected by the patient’s/member’s death.
  - e. **Other patients/clients** – If other patients/members were involved in treatment settings with your patient/member, make a plan with your attending about disclosing information to other patients/members. You may contact personnel from the Office of Risk Management for assistance as well. Points to consider include – whom to disclose information to; what information to disclose; and when to disclose information. A general guideline is to disclose only information that has been available through a third-party or public sources (i.e., information that is not confidential), and/or only provide that information which had already been available to the other patients/members in the treatment setting and public sources.
4. **Administrative case review** – Following an adverse outcome, administrative and clinical leaders will routinely review the circumstances of the event for medical-legal and quality assurance purposes. This administrative case review differs from the departmental Quality Improvement & Patient Safety (QIPS) Conference that are meant for educational purposes. Fellows may or may not participate in the administrative case review process, but will be required, along with the attending of record, to participate in the QIPS Conference.

*References:*

- Cotton, P. G., Drake, R. E. Jr., Whitaker, A., & Potter, J. (1983). Dealing with suicide on a psychiatric inpatient unit. *Hospital and Community Psychiatry*, 34(1), 55-9.
- Kaye, M. S., & Soreff, S. M. (1991). The psychiatrist’s role, responses, and responsibilities when a patient commits suicide. *American Journal of Psychiatry*, 148(6), 739-43.

**II. Access support for managing emotional experiences**

After an initial response of shock and disbelief, common emotional responses to patient/member suicide include grief, guilt, anger, betrayal, sadness, and sometimes relief. Levels of distress in the therapist survivor are sometimes comparable to distress in clinical populations of bereaved individuals seeking treatment after the death of a relative. “Severe distress” is often characterized by grief and guilt. Effective

understanding and management of emotional responses following patient/members suicide facilitates personal and professional growth.

1. **Informal peer support** – Case reports and surveys of therapist survivors consistently report that informal peer support from family, friends, and professional colleagues is the most beneficial factor in managing emotional experiences following patient/member suicide.
2. **Supervision** – Discussions with past and current supervisors are often helpful in managing responses to patient/member suicide. This is especially the case if the supervisor can share the personal experiences of patient/member suicide.
3. **Literature review** – Many therapist survivors have written case reports describing their experience with patient/member suicide. Reviewing these reports may decrease the sense of isolation that follows patient/member suicide.
4. **Personal psychotherapy** – Individual psychotherapy may be helpful to fellows in dealing with emotional responses to a patient/member suicide.

*References:*

- Gitlin, M. J. (1999). A psychiatrist's reaction to a patient's suicide. *American Journal of Psychiatry, 156*, 1630-1634.
- Kolodny, S., Binder, R. L., Bronstein, A. A., & Friend, R. L. (1979). The working through of patients' suicides by four therapists. *Suicide and Life-Threatening Behavior, 9*(1), 33-46.
- Reeves, G. (2003). Terminal mental illness: Resident experience of patient suicide. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 31*(3), 429-41.

### **III. Quality Improvement & Patient Safety Conference (formerly M&M Conference)**

Following the suicide death of a patient/member, a QIPS Conference allows for an examination of the circumstances surrounding the death – including the suicide risk factors, protective factors, and treatment interventions – as well as an opportunity to express emotions related to the case. While it is never clear whether any specific action or inaction played a causal role in patient/member suicide, case review fosters professional responsibility by allowing the clinician to learn from the negative outcome in a way that may benefit future patients/member. An ill-timed case review or a case review conducted with a blaming tone can be harmful to clinicians. To avoid these harmful effects, a case review should be conducted after some resolution of negative emotional experiences (especially grief and guilt) and with the acknowledgement of the uncertainty involved in predicting suicidal behavior.

1. **Setting of QIPS Conference** – May take place in any professional setting that fulfills the educational function of the process. For cases involving a treatment team, this may be in a staff conference room, which should be approved by the Chief of Service to ensure that appropriate institutional confidentiality requirements are observed. For patients/clients seen in individual psychotherapy, this may be in individual psychotherapy supervision.
2. **Components of QIPS** – For educational purposes, a case review should consist of the following components:

- a. General circumstances of the case – Treatment setting, presenting symptoms, events leading up to the suicide.
- b. Risk factors for suicide
- c. Protective factors for suicide
- d. Assessment of suicide risk
- e. Treatment interventions for suicide
- f. Other interventions that may have been implemented to modify risk or protective factors.

*References:*

- Hendin, H., Haas, A. P., Maltzberger, J. T., Koesnere, B., & Szanto, K. (2006). Problems in psychotherapy with suicidal patients. *American Journal of Psychiatry*, 163(1), 67-72.
- Schneidman, E. S. (1969). Suicide, lethality and the psychological autopsy. *International Psychiatry Clinics*, 6(2), 225-50.

#### **IV. Professional Growth and Responsibility**

Following an experience with patient/member suicide, clinicians may benefit from modifying their professional practices and engaging in altruistic activities to help others prepare for or cope with this experience. Please discuss with your supervisor activities such as public sharing and publication of experiences, to ensure that you are following appropriate confidentiality and HIPAA guidelines.

1. **Suicide risk assessment and documentation** – Clinicians should review their suicide risk assessment and documentation practices. Documentation should include a review of relevant risk factors, assessment of suicide risk, interventions to modify suicide risk and justification for the level of care (justification for not initiating higher levels of intervention).
2. **Altruistic activities**
  - i. Public sharing of experiences
  - ii. Organizing educational activities related to patient/member suicide
  - iii. Publishing literature
  - iv. Reaching out to other therapist survivors

*References:*

- Reeves, G. (2003). Terminal mental illness: Resident experience of patient suicide. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 31(3):429-41.

**SUBJECT: FELLOW FILES POLICY**

**Page 1 of 1**

**SOURCE: PSYCHOLOGY**  
**EFFECTIVE DATE: July 1, 2024**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**Date Signed:**  
\_\_\_\_\_

**REVISION: 05/09/2025**

**DISTRIBUTION: Faculty, Fellows, and Staff**

The Postdoctoral Fellowship Program Directors, Program Coordinator, and the Head of the Department of Psychiatry have open access to postdoctoral fellowship files. Also, each fellow may have access to one's own file. If a fellow wishes to review one's own file, the fellow is to inform the Program Coordinator, who will review the file to make sure it is up to date prior to the fellow's review of the file. Fellow files should not be removed from the postdoctoral fellowship office. Therefore, a convenient time to review a fellow's file must be set up in advance with the PDs and the PC. A formal note to file is created and saved for reasons other than selection. Fellows may have copies of their file if they so desire, with the same restrictions as noted above.

Fellow files may also be reviewed by the Psychology Faculty as needed to fulfill their respective missions of graduating fellows and managing any performance difficulties fellows may encounter.

**SUBJECT: SUPERVISION POLICY**

**Page 1 of 4**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2024**

**APPROVAL:** \_\_\_\_\_

**Kyle Suhr, PhD, Program Director**

**Date Signed:** \_\_\_\_\_

**REVISION: 05/09/2025**

**DISTRIBUTION: Faculty, Fellows, and Staff**

The Department of Psychiatry at the University of Arizona College of Medicine requires that all clinical care which fellows are providing to patients/members as part of their postdoctoral fellowship be supervised by College of Medicine faculty. Supervision is provided by the faculty or staff of the rotation sites the fellow is assigned to. The PDs regularly elicit feedback from fellows on these services to ensure supervision is adequate. Fellows are expected to meet weekly with their assigned mentors for rotation supervision.

Fellows receive, as a minimum, two hours of individual supervision per week. Fellows may also receive additional supervision from other faculty. The exact nature of the additional supervision the fellow receives varies with the rotation where the fellow is assigned. A more detailed description of the faculty supervision provided on each rotation is described in the various rotation descriptions included in the postdoctoral fellowship manual provided to fellows at the beginning of each year. Supervising faculty are available for consultation during regular business hours and during any other hours specified by the faculty member or rotation.

The supervisor works with the fellow at the beginning of the rotation to make preliminary assessments of the fellow's level of competence in areas important to that rotation. They also work together to delineate training goals and to ensure that these goals match the goals developed by the fellow in consultation with the Program Directors.

In all settings, supervisors must co-sign all progress notes, treatment plans, assessment reports, patient-/member-related correspondence and any other fellow entries into the medical record. Immediately upon arrival at a rotation, fellows should inquire as to the instructions for emergency situations that might arise.

At the midpoint and end of each rotation the supervisor reviews progress with the fellow according to the Fellow Evaluation Form and formulates plans for the remainder of the rotation or for the next training experience. During this meeting, fellows also provide the supervisor with written and verbal feedback using the Supervisor Evaluation Form

(included in this Manual). If a fellow has a concern about this process, the fellow must speak to the Program Directors.

### Levels of Supervision

To ensure oversight of fellow supervision and graded authority and responsibility, the Psychology Postdoctoral Fellowship Training Program must use the following classification of supervision:

- a) Direct Supervision – the supervising psychologist or other mental health provider is present via in-person, telehealth room, or one-way mirror with the fellow and patient/member.
- b) Indirect Supervision:
  - 1) with direct supervision immediately available – the supervising psychologist or other mental health provider is physically within the hospital or other site of patient/member care and is immediately available to provide Direct Supervision.
  - 2) with direct supervision available – the supervising psychologist or other mental health provider is not physically present within the hospital or other site of patient/member care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.
- c) Oversight – The supervising psychologist is available to provide review of assessment or intervention with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient/member care delegated to each fellow must be assigned by the Program Directors and faculty members.

- a) The Program Directors must evaluate each fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- b) Faculty members functioning as supervising psychologists should delegate portions of care to fellows, based on the needs of the patient/member and the skills of the fellows.
- c) Other non-psychologist, licensed, independent practitioners designated by the Program Directors may supervise fellows. An attending psychologist must be available to provide back-up supervision as appropriate and as needed.

The Psychology Faculty within the Department of Psychiatry must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient/member to a higher level of care (e.g., hospitalization).

- a) Each fellow must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.
  - 1) At start of postdoctoral fellowship, fellows should be supervised either directly or indirectly with direct supervision immediately available.

- Fellows may progress to being supervised 'indirectly with direct supervision available' only after demonstrating competence in:
    - a) the ability and willingness to ask for help when indicated;
    - b) gathering an appropriate history;
    - c) the ability to perform an emergent psychiatric assessment; and,
    - d) presenting patient/member findings and data accurately to a supervisor who has not seen the patient/member.
- 2) Fellows may serve in a supervisory role of externs or interns in recognition of their progress toward independence, based on the needs of each patient/member and the skills of the individual fellow.
- Of note: Fellows may provide direct or indirect supervision of externs or interns if the following requirements are met:
    - a) Both the extern or intern and fellow should inform patients/members of their respective roles in the patient's/member's care;
    - b) Assignment is based on the needs of each patient/member and the skills (demonstrated competency in psychological expertise and supervisory capability) of the individual supervising fellow;
    - c) An attending psychologist must always be available to provide back-up supervision, which may be by phone; and
    - d) Other non-psychologist, licensed, independent practitioners designated by the Program Directors may supervise fellows. An attending psychologist must be available to provide back-up supervision as appropriate and needed.

Additionally, faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to them the appropriate level of patient/member care authority and responsibility.

Fellows assume greater responsibility for patient/member care according to their experience and ability, as determined by their faculty supervisors. The faculty evaluates fellows on a regular basis and send their reviews to the PDs.

To promote uniformity of supervisory skills, monthly faculty meetings are held during which fellows' performance, training activities and objectives, and responsivity to supervision are discussed along with general issues of supervision and supervisory skill development.

Faculty are required to provide evidence of active maintenance of competence in the provision of supervision through either involvement in peer supervisor consultation, continuing education credit, and/or involvement in other educational activities.

If a supervisor has received feedback indicating ethical, competence, or professional problems, they are expected to work with the Program Directors to demonstrate clear evidence that these problems have been adequately addressed prior to being permitted to resume clinical supervision.

At the end of the rotation, the Program Directors review the fellow's progress with the training faculty and summarize the evaluations from each of the fellow's supervisors.

## POLICY ON DUE PROCESS<sup>1</sup>, REMEDIATION, & TERMINATION

It is expected that fellows will have areas in need of improvement in their clinical competencies and professional behavior. Performance concerns are defined as behaviors, attitudes, or skill deficits that require remediation but are not unexpected or excessive for a trainee at the postdoctoral fellowship level. These concerns are addressed by the fellow's clinical supervisors through identification of the specific behavior to be addressed, observation, feedback, modeling, additional didactics, and other methods.

This policy describes the due process to follow when a fellow displays problematic behavior, i.e., substantial deficits in professional competencies or behaviors that are significantly below expectation for the fellow's training level. Problematic behavior includes but is not limited to:

1. The fellow does not acknowledge, understand, and/or change their behavior after feedback or efforts at remediation through supervision;
2. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
3. The quality of service provided by the fellow is consistently affected in a negative way;
4. The problematic behavior is not restricted to one area of professional functioning;
5. The problematic behavior has potential for ethical and/or legal ramifications if not addressed;
6. A disproportionate amount of attention is required by training personnel and effort to work with the fellow and the problematic behavior; and/or
7. The fellow's behavior negatively affects the public image of the Department of Psychiatry or the profession of psychology.

Once it has been determined that an fellow displays problematic behavior, the following process will be followed. Throughout this process, supervisors retain responsibility for fellow performance evaluation; the use of committees and independent reviews is to ensure that due process is followed and adequately documented.

### **Step 1: Written Notification**

The clinical supervisor will first discuss the problematic behavior with the fellow. The clinical supervisor will then submit a *Written Notification* to the fellow and the Program Directors. If the supervisor raising the problematic behavior is the Program Directors, the Program Directors will submit the *Written Notification* to the Postdoctoral Fellowship Faculty. The *Written Notification* should include the following information:

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<sup>1</sup> Adapted from Lamb, Cochran, & Jackson (1991). Training and organizational issues associated with identifying and responding to intern impairment. *Professional Psychology: Research and Practice*, 22, 291-296.

1. the nature of the problematic behavior;
2. how, when, in what settings, and by whom the behaviors have been observed;
3. the negative consequences, actual or potential, of these behaviors;
4. how the fellow responded to the discussion of the problematic behavior.

**Step 2: Review by Postdoctoral Fellowship Faculty**

Within 4 weeks of receiving the *Written Notification*, the Postdoctoral Fellowship Faculty will meet for review. The fellow will be allowed to provide an oral or written statement to the Postdoctoral Fellowship Faculty for consideration. A minimum of 3 faculty members must vote to place the fellow on a Remediation Plan and Probation Status.

If the Training Committee decides to not place the fellow on a Remediation Plan, the Postdoctoral Fellowship Faculty may issue a *Written Warning* to the fellow. A copy of the Warning will be filed in the fellow's records. The *Written Warning* should include the following, as applicable:

1. a description of the problematic behavior;
2. why the behavior does not warrant further action from the committee at this point;
3. recommendations; and
4. the consequences for not correcting the problematic behavior, i.e., placement on a Remediation Plan and Probation Status.

**Step 3: Remediation Plan (Probation Status)**

The Program Directors, with input from the Postdoctoral Fellowship Faculty, will create a written *Remediation Plan*. The Plan should contain:

1. a description of the problematic behaviors;
2. why the behaviors are a potential impediment for continued postdoctoral fellowship training;
3. specific remediation strategies and requirements;
4. clear performance improvement requirements;
5. a timeline for feedback, review, and end date for the remediation plan; and
6. an explicit statement that the fellow is on Probation Status and that their continued enrollment in the postdoctoral fellowship program is contingent upon their demonstrating resolution of their problematic behavior.

The Program Directors and at least one other clinical supervisor will meet with the fellow to review the Remediation Plan. The fellow is allowed to attach a written response to the Plan. The fellow will be provided with optimal support during the Remediation period. Within 1 week of the Remediation Plan end date, the Program Directors will notify the fellow in writing of the Postdoctoral Fellowship Faculty's decision regarding the extent to which they have successfully completed the Plan, whether they are off Probation Status, whether further Remediation is required, or whether the Faculty has decided they should be dismissed from the program.

#### **Step 4: Fellow Dismissal**

If at any point during or after the Remediation period the Postdoctoral Fellowship Faculty agrees that all reasonable efforts to rectify the fellow's deficits have been made and the fellow is unable or unwilling to alter his or her behavior, consideration of termination of the fellow's enrollment in the Postdoctoral Fellowship program is appropriate. The decision to dismiss must be made by at least 3 Postdoctoral Fellowship Faculty members. The following procedures will be followed:

1. The Program Directors will consult with the Department of Psychiatry Head, Vice-Chair for Education, Arizona Health Sciences Human Resources, and University of Arizona General Counsel regarding the institutional implications of the decision and the institutional policies and procedures applicable to dismissal of an individual in the employment category covering psychology fellows. The Program Directors may seek guidance from the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the APA with the identity of the fellow protected.
2. The Postdoctoral Fellowship Faculty will determine how and when the fellow's dismissal will take place. The departure must be planned in a way that minimizes disruption of patient/member care. The fellow will be provided with a written description of the responsibilities they will continue to fulfill during the period between notification of dismissal and their actual departure from the program.
3. The Program Directors will provide the fellow with a *Notice of Dismissal* documenting the problematic behaviors, the fellow's lack of adequate response, the reasons for dismissal, the process for dismissal, the fellow's responsibilities during the process, the appeal process, and their exit date from their program if no appeal is initiated.
4. Fellows are entitled to receive their regular compensation through the appeal process and up to their exit date from the program.
5. If no *Notice of Appeal* is received by the Program Directors within 1 week of providing the fellow with a *Notice of Dismissal*, the fellow, and the Department of Psychiatry will be informed of the fellow's exit date.

#### **Step 5: Fellow Appeal**

The fellow has 1 week from the date of the Notice of Dismissal to submit a written *Notice of Appeal and Request for Independent Review* to the Program Directors. Once the Program Directors has received the *Notice of Appeal*, the following process will be followed:

1. The Program Directors have 1 week from the date of the *Notice of Appeal* to gather 2 Independent Reviewers. Independent reviewers will be 2 licensed psychologists, with preference given, in order, to a) Postdoctoral fellowship faculty not involved in

the original decision to dismiss; b) University of Arizona faculty; 3) faculty from other APA- accredited internship or postdoctoral fellowship programs.

2. The Program Directors and fellow will submit documentation and/or speak to the Independent Reviewers as appropriate. The panel may request additional information from either party as needed. If the two reviewers cannot reach a consensus, a third reviewer will be identified.

3. Within 3 weeks of the date the Program Directors received the *Notice of Appeal*, the Independent Reviewers will submit their written decision to the fellow, the Program Directors, and the Department Head. The panel's decision is final. Following an unfavorable decision by the panel, the fellow is not entitled to any other appeal or administrative review.

## **Grievance Procedures**

### **Purpose**

To comply with the APA Committee on Accreditation, the faculty of the Postdoctoral Fellowship sets forth this policy to outline the procedures for submitting and processing fellow grievances at the program and institutional level.

### **Policy**

Fellows are encouraged to address any problems they encounter while on postdoctoral fellowship. Most problems should be dealt with informally. If problems cannot be successfully handled informally, fellows can file a formal written grievance, first with their Program Directors and then with the Chair of Psychiatry, if necessary.

### **Informal Problem Solving**

1. Fellows encountering problems that they believe cause an undue personal burden or hamper education or patient/member care or both are encouraged to seek help from program faculty and/or the Program Directors to address the situation.

### **Formal Grievance**

1. Fellows who are dissatisfied with the outcome(s) of informal methods may submit a written grievance and/or complaint to the Program Directors. All grievances or complaints shall be filed in writing and should include:
  - a. A description of the nature of the problem in sufficient detail that the Program Directors can conduct an investigation;
  - b. A description of the steps taken by the fellow to bring about resolution using informal methods;
  - c. An explanation why the informal steps were unsatisfactory; and
  - d. The fellow's recommendation of actions that he/she believes would bring about an appropriate remedy of the problem.
2. The Program Directors will review the grievance or complaint and develop any factual information required for a decision on the matter. The Program Directors will provide a written response within thirty (30) days of receipt of grievance. If the grievance or complaint involves a Program Director, they will recuse themselves from the response.
3. Within ten (10) days after receipt of the Program Director's response, fellows may appeal the decision to the Chair of Psychiatry for his/her review. This written grievance should include:
  - a. A copy of the formal grievance submitted to the Program Directors;
  - b. A copy of the Program Director's written response
  - c. An explanation of why the fellow is dissatisfied with the outcome(s);
  - d. The fellow's recommendation of actions that he/she believes would bring about an appropriate remedy of the problem.

4. The Chair of Psychiatry will investigate the matter and will provide a written response within thirty (30) days. The Chair's decision is final and not subject to further review.

The University of Arizona College of Medicine and Banner Health are committed to preventing any retribution against individuals who raise legitimate concerns about the terms and conditions of their participation in a University of Arizona training program or of their employment with Banner Health.

**SUBJECT: POLICY REGARDING LECTURE ATTENDANCE**

**Page 1 of 2**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2024**

**APPROVAL:** \_\_\_\_\_  
Kyle Suhr, PhD, Program Director

**Date Signed:** \_\_\_\_\_

**REVISION: 05/09/2025**

**DISTRIBUTION: Faculty, Fellows, and Staff**

Purpose: The program strongly believes that regular attendance by fellows at all scheduled educational activities are a crucial aspect in the development of well-trained psychologists. Therefore,

1. Fellow attendance at all required educational activities, including didactics, will be monitored with a sign in sheet.
2. In the event of an unexcused absence the Program Directors will contact the fellow about the absence.
3. Absences will be considered excused when either sick or vacation leave was submitted, or in the case of a situation in which patient/member care would be significantly negatively impacted if the fellow were to leave their clinical rotation. For this to be an excused absence, the fellow must notify the Program Coordinator and PDs as soon as the patient/member care issue is resolved.

4. If a fellow is unable to leave a service or rotation because the attending does not allow it, this would be excused, but must be reported that day to the Program Coordinator and Program Directors so it may be addressed immediately.
5. If a fellow misses lectures and has demonstrated a pattern which could include, but is not limited to more than 4 hours of unexcused absences from didactics during a 6-month block (July-December or January-June), the fellow's case would be specifically reviewed by the Psychology Faculty and may be considered evidence of inadequate performance in the milestones pertaining to professionalism. In such a case the Psychology Faculty will make recommendations to address or remediate the concerns. If the problem persists, the program will follow the institutional policies for resident due process. Please see the institutional policy for due process: <http://medicine.arizona.edu/form/due-process-guidelines-residents-and-fellows-com>
6. If it is found that a fellow is signing in for lectures for which the fellow did not attend or was significantly late (to be determined by the lecturer and Program Directors) this will be considered a serious breach of professionalism and the fellow's case would be specifically reviewed by the Psychology Faculty. The Psychology Faculty will make recommendations to address or remediate the concerns. If the problem persists, the program will follow the institutional policies for resident due process. Please see the institutional policy for due process: <http://medicine.arizona.edu/form/due-process-guidelines-residents-and-fellows-com>
7. If a lecturer does not arrive to lecture, contact the Program Coordinator and/or Program Directors for further instruction.



**SUBJECT: POLICY REGARDING FELLOW SELECTION AND PROCEDURE**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2024**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Interim Program Director**

**Date Signed:** \_\_\_\_\_

**REVISION: 05/09/2025**

**DISTRIBUTION: Faculty, Fellows, and Staff**

**Purpose:** To identify the best-qualified applicants for psychology training and offer them postdoctoral fellowship positions and to ensure that the Psychiatry Department complies with University of Arizona College of Medicine guidelines as an EEO/AA/ADA employer.

**Policy:** The Psychology Faculty of the Psychiatry Department wants to recruit individuals to the postdoctoral fellowship training program who are most likely to successfully complete the psychology training and go on to serve patients/members, families, and communities with the highest quality healthcare possible. To that end, effective identification of qualified applicants to the postdoctoral fellowship program is essential.

The fellows entering the Psychology Postdoctoral Fellowship Training Program should have the following qualities:

- Effective interpersonal skills - demonstrate ability to communicate clearly and appropriately with patients/members, families, colleagues, and staff; demonstrate ability to deal with stress without interference in the psychologist-patient/member relationship.
- Effective clinical skills - demonstrate ability to be empathic; make accurate clinical observations and sound diagnostic formulations; to relate those observations clearly in a supervisory setting; to be insightful and reflective concerning one's own role in the therapeutic process; and to know the limits of one's own expertise and how to ask for supervisory input.
- Teaching and research potential - fundamental interest in teaching colleagues in medical and psychological fields; potential in being involved in future research; and clear interest in staying abreast of the latest developments in the field.

**Eligibility Requirements:** Applicants must have completed an APA- or CPA-accredited doctoral program in clinical, counseling, or school psychology, including an APA- or CPA-accredited internship, prior to the fellowship start date. Applications from trainees with knowledge and experience in multicultural backgrounds are especially encouraged.

Applicants are required to have a strong interest in mental health assessment/treatment with long-term goals to provide service and contribute to providing psychological services in rural and underserved communities.

**Procedure:** Applications to the Psychology Postdoctoral Fellowship Training Program will be processed as follows:

1. Applications will be accepted through Banner University Medical Center, which can be found at <https://www.bannerhealth.com/careers>. The deadline for receipt of all application materials is December 13, 2024 at 11:59PM (MST). *All applications received after this date will be considered only for unfilled positions after the initial application pool has been notified and interviewed by faculty.*
2. An application will be considered complete when it contains:
  - a) a completed application form,
  - b) letters of recommendation from at least 3 faculty from the applicant's internship and/or graduate program(s),
  - d) transcripts from the applicant's graduate program(s),
  - e) a Letter of Interest from the applicant with identified track(s) you are applying for.
3. The Postdoctoral Fellowship Selection Committee will consist of the Program Directors, Program Coordinator, and Postdoctoral Fellowship Faculty members.
4. The Program Directors will screen applications as they are completed, with the help of the Postdoctoral Fellowship Faculty. Applicants with the best letters of recommendation will be given priority in arranging interviews.
5. Interviews will typically include:
  - a) interviews with at least three Psychology Faculty members (which may include the Program Directors),
  - b) interview with at least one current psychology fellow, if fellows are available, and
  - c) an overview of the program with the Program Director and/or Associate Program Director.
6. Application interview evaluation forms will be completed by all interviewers and returned to the Program Directors.
7. All records of applications, including letters of recommendation and interview feedback forms will be kept on file in the program office. If a postdoctoral fellowship position is offered and accepted, the file will automatically become part of the prospective fellow's academic record. Once all postdoctoral fellowship positions are filled for a given year, all other application records will be held for one year and then

shredded and/or deleted. If an applicant wishes to re-apply for another year, a new application with updated letters of recommendation will be required.

8. Complete contracts will be sent to prospective fellows as they become available from the institution, usually in the spring.

**SUBJECT: POLICY REGARDING MANAGEMENT OF ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI)**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2024**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**Date Signed:** \_\_\_\_\_

**REVISION: 05/09/2025**

**DISTRIBUTION: Faculty, Fellows, and Staff**

To best ensure PHI (Protected Health Information) is not compromised during the fellow education process, the Department of Psychiatry provides a workflow for Management of Electronic Protected Health Information (ePHI).

It is prohibited to copy, move, or store ePHI/PHI onto non-Banner approved local hard drives, removable Media Devices, and cloud storage. Banner information stored on local hard drives or other removable data storage media (e.g., USB, external hard drive, etc.) must have appropriate administrative, technical, and physical safeguards applied, including use of Banner-approved encryption methods, in accordance with Banner's Information Protection Policy. Only cloud-based storage solutions approved by Information Security may be used to store Banner-owned Information. Fellows must store all Non-Public Information in approved designated network storage locations; storage of Confidential Information on local computer hard drives is strictly prohibited.

Fellows and faculty are reminded that PHI may not be stored on personal thumb drives, public clouds, personal computers, laptops, cell phones, or other handheld devices at any time, for any reason.

Fellows may be issued Banner approved encrypted thumb drives (USB) if a need for doing so is identified.

Any encrypted thumb drives issued to fellows are recalled once the fellow graduates, transfers, completes work in outpatient services, or leaves the program for any reason. Program certificates will not be released to fellows until encrypted thumb drives have been returned to the education or clinic office.

**Encrypted thumb drives:**

Encrypted thumb drives are provided by the Outpatient Clinic Manager and issued by the Program Coordinator. Encrypted thumb drives are numbered and tracked and must be

returned to the issuing office at the end of postdoctoral fellowship. After return, the encrypted thumb drive will be wiped clean and reformatted.

Loss of these drives is unacceptable. Any lost drive will be considered a loss of ePHI, even if the fellow claims to have not placed such information on the drive, unless it is proven that the drive contains no such information, which can only be done upon recovering the physical drive. If unrecovered, the fellow is to directly inform the Outpatient Clinic Manager, Program Coordinator, and the PDs immediately. Steps will then be taken to report potential breach through appropriate channels. Additionally, a fine (\$115) for the cost of replacing the lost encrypted drive will also occur.

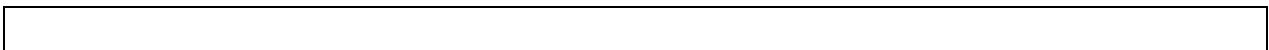
**SD Cards:**

SD Cards are unable to be encrypted and thus should not be used to permanently store or transfer ePHI/PHI. In approved circumstances (educational/training purposes only) where a clinic camera is used, the camera and its SD card are to be always secured. If video with ePHI/PHI is temporarily stored on the SD card within the camera it is to be transferred directly to an encrypted thumb drive and then deleted from the camera/SD card. Cameras with SD cards must be secured in a locked cabinet when not in use. SD cards are to be wiped clean and reformatted, at a minimum, annually by the Outpatient Clinic Manager.

**Approved Cloud Use:**

Upon successful completion of prerequisite training, The University of Arizona and Banner Health provide secure access for review of PHI while offsite. Training will be provided at the beginning of outpatient clinic rotations. Cloud use privileges may be revoked at any time by the educational program or the IT Department.

Violations to the Management of Electronic PHI Policy will be managed through the GME disciplinary process and governed under the GME Due Process Guidelines.



**SUBJECT: POLICY REGARDING THE TRANSFER OF PATIENT/MEMBER CARE**

**SOURCE: University of Arizona College of Medicine**

**Effective Date: July 1, 2024**

**APPROVAL: \_\_\_\_\_**  
**Kyle Suhr, PhD, Program Director**

**Revision Date: 05/09/2025**

**DISTRIBUTION: Psychology Postdoctoral Fellows and Faculty**

Fellows will work with their clinical supervisors to create an appropriate plan for transfer of care of patients/members. Transfer of care may be appropriate at the end of a clinical rotation, if a higher level of care is needed, if the patient/member needs are outside of the fellow's expertise or scope of practice, or if there is poor fit between an fellow and patient/member.

\_\_\_\_\_

**SUBJECT: PROTOCOL DEFINING COMMON CIRCUMSTANCES REQUIRING FACULTY INVOLVEMENT**

**SOURCE: University of Arizona College of Medicine**

**Effective Date: July 1, 2024**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**REVISION DATE: 05/09/2025**

**DISTRIBUTION: Psychology Postdoctoral Fellows and Faculty**

In case of any of the following circumstances, any fellow within the Psychology Postdoctoral Fellowship Training Program is required to contact the attending faculty to discuss the case, the circumstances leading to the event, and assist in developing a plan of action to alleviate the situation. In the event of the death of a patient/member, the Program Directors, the Head of Department of Psychiatry, and Risk Management personnel should be informed. The fellow and attending will follow all guidelines put forth by the Office of Risk Management.

Complaints by family, physical assaults by patients/members, or serious injury to a patient/member may also be topics for QIPS Conferences and could require reporting to the Department Administration and the Office of Risk Management. Any relevant information gleaned from the Discussion or plan of action resulting from these events will also be discussed in the Psychology Faculty Meeting held monthly. These may also be forwarded to the Quality Improvement/Assurance Committee within the hospital for implementation of the proposed plan. The following circumstances generally require direct faculty involvement (as such, they are not a comprehensive list of situations in which faculty involvement is necessary):

- Attempted or completed patient/member suicide
- Complaints by family or other persons regarding professional or ethical boundary violations
- Physical assault by a patient/member or family member
- Serious injury to a patient/member
- Physical assault of a fellow or attending by a patient/member
- Serious injury of a fellow or attending by a patient/member
- Legal issues including child abuse, vulnerable adult abuse, or elderly abuse reporting
- Complex and serious cases with unclear presentation due to overlap of medical and psychiatric symptoms
- System issues related to interactions with medical specialties

- Parent/guardian's refusal to follow recommendation for a child's inpatient treatment
- Unplanned/AMA discharge



College of Medicine

**DEPARTMENT OF PSYCHIATRY ADMINISTRATIVE, FINANCIAL SUPPORT, & BENEFITS**

**STIPEND**

Fellows receive a stipend of \$52,208 for the full-time, one year training program.

**HEALTH BENEFITS**

Fellows will be eligible for a variety of health, dental, and vision plans through their employment with Banner.

**TIME OFF**

Fellows earn PTO and AZ Sick Leave at a rate set by Banner. Please refer to page 32 for further information about this.

**MALPRACTICE INSURANCE**

Fellows receive malpractice insurance through the College of Medicine-Tucson.

**SUPPLIES AND EQUIPMENT**

Most ordinary office supplies are provided by the Department. Supplies for EPICenter and the WHC can be obtained from Mary Ojeda. Supplies at BUMCS can be obtained from Rebekah Lopez in the Outpatient Clinic Office at the BHP. Any mail you receive in the Department will be placed in your mailbox at the WHC. Please check your mailbox daily at your training site.

**KEYS**

Appropriate keys will be supplied to you by Mary Ojeda for the WHC and Rebekah Lopez for BHP. These keys must be turned in to the Program Coordinator, your supervisor, Mary Ojeda, Rebekah Lopez, or the site supervisor at the end of the rotation or postdoctoral fellowship year.

**PHOTOCOPYING**

At the WHC, the photocopier is next to the reception desk. At BHP, the department photocopy machines are in the Front Desk area of the Outpatient Clinic Main Office and in the hallway of the clinic.

**PARKING**

Fellows are provided parking at all campuses as needed. You will be issued a BUMC Identification Badge/Parking Access Card by BUMC Security. The Program Coordinator will assist you with this.

**OFFICE**

All fellows are provided with office space in the WHC.

**TELEPHONE**

Clinic phones in the WHC are equipped to make local and long-distance calls at no charge. Fellows will be provided with a voicemail inbox.

**SECURITY BADGE**

The Program Coordinator will coordinate obtaining a security badge for Banner sites at the beginning of the postdoctoral fellowship year.

**CHARTING**

Please discuss charting procedures with your site supervisor.

**COMPUTER SUPPORT**

For computer support, fellows can contact the Banner IT Helpdesk at 602-747-4444 or <https://svcnowprod.service-now.com/sp/> from a Banner computer. Computer access and Cerner training will be coordinated by the Program Coordinator for Banner sites.

**ROOM RESERVATIONS**

Conference, testing, and group rooms at WHC and BHP are available for sign out. These rooms are often booked for seminars and other uses. Outlook Calendars are available for reservation of these spaces. Please do not use these rooms without reserving them ahead of time. When you are finished with these rooms, please leave them clean, turn out the lights, and lock the doors.

## **Non-Discrimination and Anti-Harassment Policy**

The Psychology Postdoctoral Fellowship follows the Non-Discrimination and Anti-Harassment Policy of the University of Arizona College of Medicine.

The University of Arizona is committed to fostering a learning, working, and living environment free from all forms of discrimination, including harassment. The University's Nondiscrimination and Anti-harassment Policy prohibits discrimination and harassment on the basis of race, color, national origin, sex, religion, age, disability, veteran status, sexual orientation, and gender identity. The policy also prohibits retaliation for opposing discriminatory conduct, filing a discrimination-related complaint, or participating in the investigation of a discrimination-related complaint.

For definitions and the full policy, please follow the following link:

<https://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>

## **PROCEDURES FOR FELLOW FEEDBACK**

Following the completion of each rotation, fellows provide a written evaluation of their overall postdoctoral fellowship experience, to include rotation strengths, criticisms, and recommendations for change. The feedback is shared with the Program Directors and clinical supervisors after the fellow's graduation, and results are used by Postdoctoral Fellowship Faculty to evaluate the success of the program and to guide constructive changes. Fellows are also strongly encouraged to provide feedback regularly and informally to their supervisors and Program Directors

## RESOURCES and INFORMATION

Many useful forms and files can be found on the Psychology Postdoctoral Fellowship Box. Access to this area is restricted and must be specifically granted by the Program Coordinator or Program Directors.

Other useful website and information can be found below:

American Psychological Association. APA Ethical Principles of Psychology and Code of Conduct. Adopted 2002, with the 2016 Amendment.

<https://www.apa.org/ethics/code/ethics-code-2017.pdf>

APPIC Membership Criteria for Doctoral Psychology Internships, revised 2006.

<https://www.appic.org/Internships/Internship-Membership-Criteria>

APPIC website (Association of Psychology Postdoctoral and Internship Centers:

<https://www.appic.org/>

American Psychological Association: <https://www.apa.org/>

Arizona Health Sciences Library: [www.ahsl.arizona.edu](http://www.ahsl.arizona.edu)





## FELLOW REQUEST FOR PTO/AZ SICK TIME

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I request leave from the Department for a **TOTAL** of \_\_\_\_\_ work days

**During this/these Rotation(s):** \_\_\_\_\_  
*Check POLICIES for allowable days off*

**Dates of PTO/AZ Sick Time:** \_\_\_\_\_

**Please verify the following:**

- All individuals have been contacted to notify of absence.
- Not assigned to conduct didactic activity.

I will return to work on \_\_\_\_\_

**APPROVED BY:**

Rotation Attending/Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

Rotation Attending/Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ DATE: \_\_\_\_\_

Program Director: \_\_\_\_\_ DATE: \_\_\_\_\_

**MID- AND END-OF-ROTATION EVALUATION OF CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOW**

FELLOW NAME:		DATE OF EVALUATION:	
SUPERVISOR NAME:		ROTATION:	
ROTATION DATES FROM:		TO:	

Please rate each competency according to the scale below. Use the space provided for comments, suggestions, and training goals.

<b>1. Professional Values and Attitudes:</b> As evidenced in behavior and comporment that reflect the values and attitudes of psychology.						
<b>1A. Integrity</b> – Honesty, personal responsibility, and adherence to professional values.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>1B. Department</b> – Conducts self in a professional manner across settings and situations.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>1C. Accountability</b> – Independently accepts personal responsibility across settings and contexts.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>1D. Concern for the welfare of others</b> – Independently acts to safeguard the welfare of others.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>1E. Professional identity</b> – Displays consolidation of professional identity as a psychologist. Demonstrates knowledge about issues central to the field; Integrates science and practice.						

NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>2. Individual and Cultural Diversity:</b> Awareness, sensitivity, and skills in working professional with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
<b>2A. Self as Shaped by Individual and Cultural Diversity</b> (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion sexual orientation, disability, language, and socioeconomic status) <b>and Context</b> – Independently monitors and applies knowledge of a self as a cultural being in assessment, treatment and consultation.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>2B. Others as shaped by Individual and Cultural Diversity and Context</b> – Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</b> – Independently monitors and applies knowledge of diversity in others as cultural beings in assessment treatment and consultation.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>2D. Applications based on Individual and Cultural Context</b> – Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A

Comments:						
<b>3. Ethical Legal Standards and Policy:</b> Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
<b>3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines</b> – Demonstrates advanced knowledge and application of APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>3B. Awareness and Application of Ethical Decision Making</b> – Independently utilizes and ethical decision-making model in professional work.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>3C. Ethical Conduct</b> – Independently integrates ethical and legal standards with all competencies.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>4. Reflective Practice/Self-Assessment/Self-Care:</b> Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.						
<b>4A. Reflective Practice</b> – Demonstrates reflectivity both during and after professional activity. Acts upon reflection. Uses self as a therapeutic tool.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>4B. Self-Assessment</b> – Accurately self-assesses competence in all competency domains. Integrates self-assessment in practice. Recognizes limits of knowledge/skills and acts to address them. Has extended plan to enhance knowledge/skills.						

NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>4C. Self-Care</b> (attention to personal health and well-being to assure effective professional functioning) – Self-monitors issues related to self-care and promptly intervenes when disruptions occur.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>4D. Participation in Supervision Process</b> – Independently seeks supervision when needed.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>5. Relationships:</b> Relate effectively and meaningfully with individuals, groups, and/or communities.						
<b>5A. Interpersonal Relationship</b> – Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>5B. Affective Skills</b> – Manages difficult communication. Possesses advanced interpersonal skills.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>5C. Expressive Skills</b> – Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated. Demonstrate thorough grasp of professional language and concepts.						

NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>6. Scientific Knowledge and Methods:</b> Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
<b>6A. Scientific Mindedness</b> – Independently applies scientific methods to practice.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>6B. Scientific Foundation of Psychology</b> – Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior).						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>6C. Scientific Foundation of Professional Practice</b> –Applies knowledge and understanding of scientific foundations independently to practice.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>7. Research/Evaluation:</b> Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
<b>7A. Scientific Approach to Knowledge Generation</b> – Generates knowledge.						

NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>7B. Application of Scientific Method to Practice</b> – Applies scientific methods of evaluating practices, interventions, and programs.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>8. Evidence-Based Practice:</b> Integration of research and clinical expertise in the context of patient factors.						
<b>8A. Knowledge and Application of Evidence-Based Practice</b> – Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>9. Assessment:</b> Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.						
<b>9A. Knowledge of Measurement and Psychometrics</b> – Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>9B. Knowledge of Assessment Methods</b> – Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.						
NOT YET READY FOR INTERNSHIP	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR POSTDOCTORAL FELLOWSHIP	EXPECTED MID-POINT OF	READINESS FOR ENTRY	NOT ENOUGH INFORMATION IN THIS AREA

0	1	2	3	POSTDOCTORAL FELLOWSHIP 4	TO PRACTICE 5	N/A
<b>9C. Application of Assessment Methods</b> – Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>9D. Diagnosis</b> – Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>9E. Conceptualization and Recommendations</b> – Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>9F. Communication of Assessment Findings</b> – Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>10. Intervention:</b> Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
<b>10A. Intervention Planning</b> – Independently plans interventions. Case conceptualizations and intervention plans are specific to case and context.						
NOT YET READY FOR INTERNSHIP	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR POSTDOCTORAL FELLOWSHIP	EXPECTED MID-POINT OF	READINESS FOR ENTRY	NOT ENOUGH INFORMATION IN THIS AREA

0	1	2	3	POSTDOCTORAL FELLOWSHIP 4	TO PRACTICE 5	N/A
<b>10B. Skills</b> – Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficulty situations.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID- POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID- POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>10C. Intervention Implementation</b> – Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID- POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID- POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>10D. Progress Evaluation</b> – Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID- POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID- POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>11. Consultation:</b> The ability to provide expert guidance of professional assistance in response to a client's needs or goals.						
<b>11A. Role of Consultant</b> – Determines situations that require different role functions and shifts roles accordingly to meet referral needs.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID- POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID- POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>11B. Addressing Referral Question</b> – Demonstrates knowledge and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID- POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID- POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A

<b>11C. Communication of Consultation Findings</b> – Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>11D. Application of Consultation Methods</b> – Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>12. Teaching:</b> Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.						
<b>12A. Knowledge</b> – Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>12B. Skills</b> – Applies teaching methods in multiple settings.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>13. Supervision:</b> Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
<b>13A. Expectations and Roles</b> – Understands the ethical, legal, and contextual issues of the supervisor role.						

NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>13B. Processes and Procedures</b> – Demonstrates knowledge of supervision models and practices. Demonstrates knowledge of and effectively addresses limits of competency to supervise.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>13C. Skills Development</b> – Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>13D. Supervisory Practices</b> – Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>14. Interdisciplinary Systems:</b> Knowledge of key issues and concepts in related disciplines. Identify and interact with professional in multiple disciplines.						
<b>14A. Knowledge of the Shared and Distinctive Contributions of Other Professions</b> – Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A

<b>14B. Functioning in Multidisciplinary and Interdisciplinary Contexts</b> – Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes</b> – Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>14D. Respectful and Productive Relationships with Individuals from Other Professions</b> – Develops and maintains collaborative relationships over time despite differences.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>15. Management-Administration:</b> Manage the direct delivery of services (DDS) and/or the administration of organization, programs, or agencies (OPA).						
<b>15A. Appraisal of Management and Leadership</b> – Develops and offers constructive criticism and suggestions regarding management and leadership of organizations.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>15B. Management</b> – Participates in management of direct delivery of professional services. Responds appropriately in management hierarchy.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A

<b>15C. Administration</b> – Demonstrates emerging ability to participate in administration of clinical programs.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>15D. Leadership</b> – Participates in system change and management structure.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						
<b>16. Advocacy:</b> Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
<b>16A. Empowerment</b> – Intervenes with client to promote action on factors impacting development and functioning.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
<b>16B. Systems Change</b> – Promotes change at the level of institutions, community, or society.						
NOT YET READY FOR INTERNSHIP 0	READINESS FOR INTERNSHIP 1	EXPECTED MID-POINT OF INTERNSHIP 2	READINESS FOR POSTDOCTORAL FELLOWSHIP 3	EXPECTED MID-POINT OF POSTDOCTORAL FELLOWSHIP 4	READINESS FOR ENTRY TO PRACTICE 5	NOT ENOUGH INFORMATION IN THIS AREA N/A
Comments:						

I verify that my supervisor has discussed this form with me.

\_\_\_\_\_  
Fellow name

\_\_\_\_\_  
Fellow signature

\_\_\_\_\_  
Date

I verify that I have completed the above form based on **both** direct and indirect supervision of the fellow.

\_\_\_\_\_  
Supervisor name

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date



14. Demonstrated the ability to work with people from different races and ethnicities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Demonstrated the ability to work with people from the LGBTQ+ community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Demonstrated the ability to work with non-English speakers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Demonstrated the ability to work with individuals of different cognitive abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstrated the ability to work with individuals of different physical abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Demonstrated the ability to use technology (e.g., telehealth or assessment/therapeutic devices like biofeedback or Actigraphy) in the care of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>OTHER ASPECTS OF THIS ROTATION OR ACTIVITY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
1. The volume of clinical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The resources available to me (workspace, staff, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The breadth of clinical skills developed during this activity (assessment, intervention, consultation, scholarly inquiry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to write any pertinent comments about your rotation experience:



**The University of Arizona Psychology Postdoctoral Fellowship Seminar Survey**

Please complete this brief and anonymous survey which will assist us to improve our program.  
Thank you!

Date: \_\_\_\_\_

Seminar Title: \_\_\_\_\_

Presenter: \_\_\_\_\_

1. I gained beneficial insights from today’s reading and/or discussions.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
2. The subject matter will help enhance my clinical work.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
3. I can apply or use the information presented in this program in my professional practice.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
4. This lecture met the stated goals and objectives.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
5. This lecture was appropriate for my current level of training.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
6. The lecture was well-organized.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
7. The presenter used technology effectively.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
8. The presenter was knowledgeable on this topic.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
9. The quality of slides and/or handouts was:  
Poor                  Fair                  Neutral                  Good                  Excellent                  N/A
10. The quality of the verbal presentation was:  
Poor                  Fair                  Neutral                  Good                  Excellent                  N/A
11. What was your overall rating for today’s seminar? 1=Lowest score; 5 = Highest score  
1    2    3    4    5
12. Tell us what you liked about this seminar.

13. Tell us what you disliked about this seminar.