



# NATIONWIDE CHILDREN'S

*When your child needs a hospital, everything matters.<sup>SM</sup>*

## **Internship in Professional Psychology**

### **Intern Handbook**

**2024-2025**



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# Table of Contents

<b><u>ACCREDITATION .....</u></b>	<b><u>4</u></b>
<b><u>AIMS OF THE INTERNSHIP .....</u></b>	<b><u>5</u></b>
<b><u>THE INTERNSHIP PROGRAM IN PROFESSIONAL PSYCHOLOGY AT NCH .....</u></b>	<b><u>7</u></b>
Administrative Structure of Internship .....	7
<b><u>PROGRAM CONTACT INFORMATION .....</u></b>	<b><u>9</u></b>
<b><u>INTERNSHIP ASSOCIATE DIRECTORS .....</u></b>	<b><u>9</u></b>
<b><u>INTERNSHIP GUIDELINES.....</u></b>	<b><u>10</u></b>
General Internship Structure .....	10
Track-Specific Training Structure .....	11
Pediatric Psychology (Peds) Track .....	11
Clinical Child (CC) Track.....	12
Intellectual and Developmental Disability (IDD) Track .....	14
Neuropsychology (NP) Track.....	14
Autism Treatment Track (ATT) .....	16
Pediatric Acute Treatment (PAT) Track .....	18
<b><u>SUPERVISION AND TRAINING .....</u></b>	<b><u>21</u></b>
Faculty Preceptors .....	21
Clinical Supervision .....	21
Individual Clinical Supervision .....	21
Group Supervision .....	22
Ohio Psychology Law and Rules .....	24
Supervision Tracking .....	24
Seminars .....	24
Intern Didactic Seminars .....	24
Track Seminars .....	24
Research Presentations .....	26
Other Educational Opportunities .....	27
Director Meeting .....	27
<b><u>EXPECTATIONS OF INTERNS .....</u></b>	<b><u>28</u></b>
Minimum Clinical Expectations .....	28
Professional Conduct .....	29

Confidentiality .....	29
Successful Completion of Internship .....	30
<b>EVALUATION POLICY AND PROCEDURES .....</b>	<b>31</b>
MedHub .....	31
Faculty Evaluation of Intern Performance .....	31
Overview of Evaluation Process .....	31
Communication with Home Graduate Programs .....	32
Grievance Procedures .....	32
Internship Ombudspersons .....	32
Intern Complaint or Grievance about Supervisor, Staff Member, Trainee, or Training Program .....	32
Intern Complaint about Decision by the Internship Training Committee .....	33
Intern Evaluation of Training Program and Faculty .....	34
Intern Evaluation of Supervisor Performance .....	34
Intern Evaluation of Seminars .....	34
Intern Evaluation of Internship Training Program .....	34
<b>BENEFITS .....</b>	<b>35</b>
Stipend.....	35
Paid Time Off .....	35
Reimbursement for Professional Expenses .....	35
Faculty Appointment .....	35
Library .....	36
Reimbursement for Work-Related Travel .....	36
Employment or Professional Activities Outside of Internship .....	37
<b>APPENDICIES .....</b>	<b>39</b>
Appendix 1.0 .....	40
Appendix 2.0 .....	41
Appendix 3.0 .....	49
Appendix 4.0 .....	68
Appendix 5.0 .....	69
Appendix 6.0 .....	73
Appendix 7.0 .....	75
Appendix 8.0 .....	76

## ACCREDITATION

The Nationwide Children's Hospital Psychology Internship Program is fully accredited by the **American Psychological Association (APA)**. The training program has been accredited by APA since 1989. We recently completed the reaccreditation process and were granted 10 full years of reaccreditation, good until 2031. You may contact APA at:

Office of Program Consultation & Accreditation  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5979

[apaaccred@apa.org](mailto:apaaccred@apa.org)

<http://www.apa.org/ed/accreditation/>

We are also a member of the **Association of Psychology Postdoctoral and Internship Centers (APPIC)**, adhering to all APPIC policies regarding application and intern selection. You may contact APPIC at:

APPIC Central Office  
17225 El Camino Real  
Onyx One – Suite #170  
Houston, TX 77058-2748

[appic@appic.org](mailto:appic@appic.org)

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

## TRAINING PHILOSOPHY/AIMS OF THE INTERNSHIP

The program's philosophy of training is based on the expectation that interns bring to the internship year solid backgrounds in the science and practice of psychology. The internship at Nationwide Children's Hospital trains doctoral level clinical, counseling, and school psychology students to engage in evidence-based practice and to develop and demonstrate competency with regard to professional skills, ethical decision-making, and an understanding of how diversity factors impact this practice. Interns receive formal education about empirically supported treatments, observe them in practice, and apply empirically supported treatments to individual cases.

Training in our internship assumes interns have had exposure to and will gain additional experience with the major areas of assessment, intervention, consultation, and advocacy in professional psychology. Consequently, internship training is designed so that interns gain experience in many areas of psychology, as well as develop some level of expertise in specific topic areas. Ethical, legal, professional, cultural and ethnic issues are addressed as they apply to assessment and intervention.

The internship is viewed as a developmental process, whereby trainees are provided with the knowledge and skills needed for increasingly independent practice over the course of the internship year. Provision of this knowledge and skill base is undertaken in the context of modeling, mentoring, teaching, and supervision.

Pursuant with the APA SoA code, the internship program has a specific aim for its interns. The overall aim of the internship at Nationwide Children's Hospital is **to prepare interns for either a post-doctoral or early career position as a psychologist working with children and families. The intern will behave ethically at all times, appreciate diversity in their work, and be proficient in providing evidence-based care for children and families.**

As noted previously, our internship is accredited by the American Psychological Association (APA). We abide by the APA "Standards of Accreditation in Health Service Psychology" (SoA) and follow their competency areas. Thus, interns are trained and assessed in the following competency areas:

1. Research
2. Ethical & legal standards
3. Individual & cultural diversity
4. Professional values, attitudes, & behaviors
5. Communication & interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation & interprofessional/interdisciplinary skills

These are the profession-wide competencies that transcend theoretical orientations, are essential to all activities of professional psychologists and are directly related to the quality of psychological services. We believe that individuals can be educated and trained to develop these competencies and these competencies can be assessed. Therefore, trainee growth and development are assessed on these domains.

# THE INTERNSHIP PROGRAM IN PROFESSIONAL PSYCHOLOGY AT NATIONWIDE CHILDREN'S HOSPITAL

Nationwide Children's Hospital is committed to providing the highest quality in the professional education and training of child health care providers. It is an integral part of the hospital's mission dating back to its original incorporation in 1892.

Nationwide Children's Hospital and the Department of Pediatrics of The Ohio State University have jointly supported pre-doctoral psychology interns since the program's inception in 1987, providing financial, administrative, and logistical support. This support has enabled the internship training program to establish a financially secure position in a setting with impressive training, library, research, and computer facilities.

## Administrative Structure of Internship

The internship program is administratively housed in Nationwide Children's Hospital Behavioral Health services. Behavioral Health is multidisciplinary and consists of Pediatric Psychology, Psychiatry and Community Behavioral Health, and the Child Development Center/Center for Autism Spectrum Disorders. Together, these areas are responsible for all of the behavioral health services provided at NCH.

Behavioral Health is one of the largest clinical areas at Nationwide Children's Hospital, with over 750 full time clinicians serving children and their families at 21 locations across the Columbus Metro area.

The internship program is operated by training faculty who are all psychologists employed by Nationwide Children's Hospital.

**Funding:** The Department of Psychology and the Behavioral Health Service Line at Nationwide Children's Hospital (NCH) funds all of the internship positions through its regular operational budgeting process. The training program is operated by psychologists assigned by the Section of Psychology to multiple clinical teams including Pediatric Psychology, Pediatric Acute Treatment/Behavioral Health Pavilion (BHP), Neuropsychology, the Child Development Center (CDC), the Center for Autism Spectrum Disorder (CASD), and the Behavioral Health Outpatient Close to Home clinics.

The **Internship Training Committee** is comprised of representatives of the training faculty, the nine Associate Directors of Internship Training and the Director of Internship training. The Committee meets at least three times per year to discuss broad training issues, set policies, coordinate a smooth training experience for interns, evaluate intern progress, and evaluate the internship program. The **Executive Committee** is part of the training committee and is comprised of the Associate Directors of Internship Training, the Director of Internship Training, and the Chief of Psychology. This committee meets every other month to discuss similar training issues as the Training Committee, but to address issues that need to be handled more urgently

and to allow for more in-depth discussion/planning of training issues. This committee reports back to the Training Committee.

Each year, one intern is requested to be the non-voting **internship class representative** on the Training Committee. Besides representing all interns, the representative carries out organizational tasks on behalf of the group. The representative is not present when the performance of an individual intern is being reviewed by the committee or when the committee discusses ranking/selection of interns.

Duties for the **Internship Representative** include:

- Attending Training Committee meetings (3 total) during the year
- Serving as the “voice” for all the interns to the Training Committee
- Surveying all the interns prior to the meetings and gathering their input to share with the committee
- Responsible for seminar attendance sheets, distribution of seminar materials, and communicating last minute changes in seminar schedule to fellow interns
- Other duties as requested

The **Program Coordinator** works closely with the program director and the associate track directors. You can always reach out to the program coordinator with any questions or concerns about internship.

Duties for the **Program Coordinator**:

- Monitors all MedHub evaluations
- Maintains each of the intern folders and all documents that are required by APA
- Obtaining E-Signatures for evaluations
- Manages PTO requests, the e-signature process, supervision tracking, seminar attendance and generates seminar feedback to presenters in a timely manner

The internship has six training tracks – Pediatric Psychology, Clinical Child Psychology, Intellectual and Developmental Disabilities, Neuropsychology, Autism Treatment, and Pediatric Acute Treatment.

The day-to-day operations of the Internship Program are administered by the **Internship Director** and **Associate Directors**.



## PROGRAM CONTACT INFORMATION

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# INTERNSHIP GUIDELINES

## General Internship Structure

Intern training is centered on a primary clinical placement for each intern. The structure of the internship is designed to enable interns to gain broad experience in clinical psychology, as well as develop specific areas of emphasis. Within a general set of training expectations, interns have the flexibility to personalize their experience. The training program is designed to allow interns to fill gaps in previous training, expand areas of competence, and begin to develop an area of expertise.

To allow interns to concentrate their clinical training efforts, and develop broadened experience or expertise, the internship is comprised of six different training tracks – Pediatric Psychology, Clinical Child Psychology, Intellectual & Developmental Disabilities, Neuropsychology, Autism Treatment, and Pediatric Acute Treatment.

For Pediatric Psychology Track and Neuropsychology Track interns, the primary placement is with the Nationwide Children's Hospital Psychology Department. For Clinical Child Psychology Track interns, the primary placement is with an outpatient team in the Nationwide Children's Hospital Community Behavioral Health Services (located at one of Nationwide Children's Hospital's Close-to-Home Centers). For the Intellectual & Developmental Disabilities interns, the primary placement is with the Child Development Center (CDC). The Autism Treatment interns are primarily housed at the Center for Autism Spectrum Disorders (CASD) locations. The Pediatric Acute Treatment track is split, located between the Nationwide Children's Hospital Main Campus Psychology Department and the Behavioral Health Pavilion (BHP) which houses the Mood and Anxiety Program (MAP) and the inpatient units.

Although each track has its own specific training requirements and expectations, several activities are required of all interns.

First, there is a weekly **didactic seminar series** presented by faculty and/or other professionals within NCH. The didactic seminar series is designed to target topics and issues relevant to all clinical psychologists. The series focuses on cultural and ethical issues at the beginning of the year. Seminar topics cover a wide variety of assessment and treatment issues, ethical issues, professional development, cultural and individual diversity, and relevant research. While the seminar schedule for the internship year is determined at the start of the training year, there may be slight adjustments to the series. If these take place through zoom, please keep your camera on and be present during the seminar, not completing other work tasks. Seminars are an opportunity to engage with the presenter and the other interns in important topics for future child psychologists. Currently seminars rotate between the Behavioral Health Pavilion located on NCH's main campus and the Westerville outpatient location.

The schedule for the intern seminar series will be located on the **PsychInternship** shared folder once it is finalized. Please see **Appendix 7.0** for directions on how to access this folder and find schedules.

Second, each intern prepares a **research-based presentation** covering a topic of their research and/or clinical expertise. This presentation is expected to be rigorous, informative, and similar to what the intern might prepare for a national conference presentation or job interview after internship. Interns within each track present their talk to faculty, interns, and fellows at their primary clinical site.

Third, realizing the importance of socialization and group cohesion, all interns get together for a once per month **social hour** at an off-site location of their choosing. The program will provide some financial reimbursement for food during this gathering (up to \$500 per month). The intern representative to the training committee is tasked with being sure that these social hours are taking place on a monthly basis. Each track will have responsibility for planning two of these social hours:

Pediatric interns: August and January  
Neuropsych and PAT interns: September and February  
IDD interns: October and March  
ATT interns: November and April  
Child Clinical interns: December and May

Minimum clinical expectations for each training track are delineated in **Appendix 2.0** of this handbook. Overall, interns should aim for spending an average of **12 hours** each week in direct patient contact. This time is broken down into time for assessments, therapy, and consultation and includes time spent shadowing and co-treating.

## Track-Specific Training Structure

Although all interns take part in training that is designed to achieve the same goals (e.g., training in therapy, assessment, consultation, ethical decision-making), each track has its own specific training requirements and expectations. Accordingly, there are differences in the structure and organization of each track.

### Pediatric Psychology Track

The pediatric psychology internship is focused on providing evidence-based mental health assessment, intervention, and support to children and their families facing acute and chronic health conditions. This will take place across settings. First, our **consultation/liaison (C&L)** is a hallmark of our training. This includes meeting with patients and families during their inpatient admissions and collaborating with their medical teams. Services interns have been

involved in include Oncology, Hematology, Pulmonary, Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), General Medicine, Orthopedics, Endocrinology, and Nephrology. Additional experiences may be available. Purpose of consults include developing pain management strategies, diagnostic assessment, behavioral interventions to increase adherence to medical regimen, behavioral feeding interventions, trauma-informed care and support as patients/families adjust and adapt to medical diagnoses and changes to quantity and quality of life. Extending past direct clinical care, training will focus on collaborating with multidisciplinary teams including speaking with medical staff about consult purpose and relaying impression/recommendations, co-treating and collaborating with developmental therapies, and participating in interdisciplinary meetings meant to provide best care for our patients.

Pediatric Track interns manage approximately 100-200 medical consultations during the course of the year. Faculty attempt to distribute consults so interns are exposed to patient of different ages, medical concerns, referral questions, and cultural backgrounds.

Pediatric Track interns will also participate in half-day **outpatient medical clinics** twice a month (e.g., craniofacial clinic, burn clinic). These experiences are 6-month rotations and vary in execution of interdisciplinary care.

Pediatric Track interns maintain an **outpatient treatment caseload**. Outpatient cases will be trained in biofeedback-assisted relaxation modalities and behavioral feeding interventions. Interns will follow outpatient cases from diabetes, feeding, and pain referrals throughout the year. Interns will round out their caseload with outpatients that they want to follow from their inpatient services, or new populations that meet their training goals. Presenting problems for outpatient referrals include mood and adjustment, behavior, adherence, family communication, and executive functioning needs – generally within the scope of medical diagnoses. Interns will also see cases for pill swallowing and needle phobia throughout the year.

Pediatric Track interns will also complete 6-8 supervised **psychological assessments**. Referral questions typically include school placement, developmental delays, behavioral problems, executive functioning struggles, learning disabilities, and impact of medical illness on cognitive and emotional functioning. Interns will work with supervisors to conduct thorough intakes to decide on the necessity of testing and test selection, administration, and conceptualization.

Due to the clinical focus of the internship, **research experiences** are often difficult to secure and complete during the training year. Interns cannot participate in research opportunities until their dissertation has been defended. However, opportunities are available for interns to take part in ongoing research under the supervision of a faculty member.

## Clinical Child Track

Clinical Child Track interns participate in a wide range of clinical activities in an interdisciplinary outpatient community mental health center setting. As preparation for practice in clinical child

psychology, interns often assume the role of primary clinician for children referred by their families, schools, pediatricians, children's services agencies, or other Nationwide Children's Hospital providers or disciplines. Interns have frequent opportunities to consult with other professionals and respond to frequent requests for case-centered consultation with social workers, clinical counselors, psychiatrists, educators, and primary care pediatricians. The goal of the clinical child track is to provide interns with the opportunity to develop and achieve mastery of the knowledge, skills, and abilities which will assist them in being successful as practicing clinical child psychologists. We aim to provide this knowledge through didactics, supervision, and diverse clinical experiences in our outpatient Close to Home Centers, in the context of medical clinics, involvement in an integrated primary care clinic, participation at the Child Development Center, and in an acute care setting.

Clinical Child Interns have the opportunity for long- or short-term individual and group therapy with children, as well as parent behavior management and psychoeducation. Interns are expected to spend 50% of their client contact hours per week providing outpatient therapy which may occur in person or through telehealth. Interns maintain an active caseload with a variety of psychological disorders that occur in children and families across all age ranges. Interns receive specific didactic and supervisory experiences in evidence-based group therapy and have the opportunity to assist in implementing this intervention during their training year. Typically, interns complete one therapy focused intake per week for a new patient.

Assessment is an integral component of training in the Clinical Child Track. Interns are expected to spend 50% of their client contact hours per week providing assessment services which may occur in person or through telehealth. Referral questions include learning disability, ADHD, and other behavioral and emotional difficulties. Evaluations involve evidence-based assessment strategies and typically center on objective testing of cognitive, academic, and behavioral functioning. Interns typically complete over 40 psychological evaluations within their internship year and on average complete two testing intakes per week for new patients.

Clinical Child Track interns have several rotations over the course of their training year which provide exposure to pediatric clinics, autism and developmental disability assessment, crisis intervention, and primary care. Interns will spend approximately ½ day each week in these rotations, though on some rotations this may translate to a full day or week to enhance the experience within that rotation. Rotations are designed to enhance efficacy in areas commonly encountered as an outpatient clinical child psychologist such as sleep difficulties, bowel management, autism and developmental disabilities, and assessing and working with families in crisis. These rotations also provide interns with opportunities to work on multidisciplinary teams with physicians, nurses, other mental health providers, and allied health professionals. Interns also have the opportunity to observe implementation of a comprehensive suicide screening and prevention program at a local middle or high school.

## Intellectual & Developmental Disabilities Track

The Intellectual and Developmental Disabilities (IDD) track is dedicated to the assessment and treatment of individuals with intellectual and developmental disabilities. It is structured around a primary placement in the Child Development Center, an interdisciplinary assessment clinic.

The IDD interns participate in a variety of clinical activities. There is an emphasis on assessment, but ample treatment experiences are available covering a wide range of presenting problems for children with developmental disabilities. The interns are a part of an interdisciplinary team to evaluate children suspected of autism or other neurodevelopmental disability. As part of the interdisciplinary team evaluation, interns complete a full psychological assessment battery to further document the child's functioning and generate recommendations for services. Interns also conduct Diagnostic Intake appointments and comprehensive Psychological Evaluations. Outpatient treatment experiences generally focus on treating issues concerning children with neurodevelopmental disabilities, including internalizing and externalizing behavior problems. Training opportunities focused on evidence-based interventions for children with IDD is an integral part of the internship year.

The interns participate in medical clinical and inpatient consultations at our Behavioral Health Pavilion and the main hospital. Consultations typically involve behavioral difficulties or differential diagnosis of children suspected of a neurodevelopmental disability. Interns will participate in inter- or multi-disciplinary autism assessments in a rural clinic through our Rural Outreach program. Interns also participate in a wide array of case presentations, trainings, and educational opportunities with a focus on intellectual & developmental disabilities. Training includes traditional supervision, group supervision, problem-focused case conferences, and an on-going professional development series with invited speakers.

The interns also participate in advocacy activities. There are several local and national partners we collaborate with. Intern activities may include creating and providing trainings/presentations, working in a liaison position with local providers, and attending meetings. It is expected that interns will complete a minimum of one work product related to advocacy.

## Neuropsychology Track

The Neuropsychology intern participates in neuropsychological assessment, inpatient/ medical clinic consultation, and intervention throughout the course of their training year. The Neuropsychology intern spends approximately 60% of their time in assessment activities. In addition to yearlong general outpatient assessments, the intern is involved in two 6-month specialty experiences (TBI/rehabilitation and epilepsy), two corresponding 6-month clinic rotations (concussion and epilepsy), yearlong therapy, as well as didactics. These experiences are described in more detail below.

### *Yearlong Outpatient Assessment*

The Neuropsychology intern participates in outpatient evaluations throughout the year, broken into two 6-month rotations with different outpatient assessment supervisors. The intern completes one full-day outpatient neuropsychological evaluation per week and up to two half-day outpatient evaluations per month. These assessments include a neuropsychological test battery appropriate for the child's age and presenting concerns. Half-day evaluations may involve brief, targeted evaluations or they may be preschool cases. Preschool referrals typically include children ages 3 to 5 years old, but infants and toddlers can also be referred for these brief evaluations. The Neuropsychology intern gains exposure to children, adolescents, and young adults with various medical, neurological, psychiatric, and developmental disorders.

### *6-Month Rotation with Focused TBI/Rehabilitation Experience*

The Neuropsychology intern completes one 6-month rotation with specific experiences in traumatic brain injury (TBI) and rehabilitation. Interns have the opportunity to work with patients on the Inpatient Rehabilitation Unit, as well as other inpatient medical units. Neuropsychology experience on the Rehabilitation Unit may include serial cognitive assessment from admission to discharge, psychoeducation with patients and families, or brief neuropsychological testing prior to discharge. Interns may also have the opportunity to participate in interdisciplinary team and school re-entry meetings. Following initial consultation, the intern may see the patient for a post-discharge outpatient assessment. Typical patient populations include traumatic brain injury (TBI), anoxic brain injury, stroke, brain tumor, encephalitis, and epilepsy surgery, but may also include other forms of injuries and illnesses.

Inpatient neuropsychology consults are also received from services other than the Rehabilitation Unit. Consults usually come from Neurology, Neurosurgery, Cardiology and Hematology/Oncology, but can be received from any hospital service. Consults may include pre-/post-treatment evaluations on the Hematology/Oncology unit; brief assessment of acute cognitive changes; capacity to live independently, make medical decisions, or adhere to medical recommendations; or facilitating an outpatient evaluation post-discharge. Interns will also have the opportunity to be involved in assessing and providing recommendations for patients in Disorders of Consciousness following very severe brain injuries.

During this 6-month rotation, the Neuropsychology intern attends the Concussion Clinic, an interdisciplinary clinic that includes physical medicine and rehabilitation physicians, as well as neuropsychologists. In Concussion Clinic, interns complete brief neuropsychological screening to assess cognitive status following concussion. They may also provide brief interventions and psychoeducation regarding the course of recovery following concussion.

### *6-Month Rotation with Focused Epilepsy Experience*

The Neuropsychology intern completes one 6-month rotation with specific experiences in epilepsy. The intern is involved in completing pre- and post-epilepsy surgery

neuropsychological evaluations. The intern will present findings and recommendations to the Epilepsy Surgery Team during the weekly Epilepsy Surgery Conference.

During this 6-month rotation, the Neuropsychology intern attends the Epilepsy Clinic, an interdisciplinary clinic that includes epileptologists, nurse practitioners, a psychologist with expertise in autism, intellectual, and developmental disabilities, social workers, and a representative from the Epilepsy Alliance. A mental health screening tool, review of the medical record, and consultation with clinic providers may be used to identify cases where consultation may be indicated. Interns may be involved in assessing the child's need for additional resources and services (e.g., neuropsychological evaluation, behavioral health or special education services, school advocacy, etc.), but may also provide brief assessments or interventions.

### Outpatient Intervention

The Neuropsychology intern usually carries 4 to 6 outpatient treatment cases throughout the year. Cases are supervised by Drs. Kristen Trott, Kelly McNally, and Cathy Butz. Dr. Trott supervises 2 to 3 therapy cases referred from Neurology (e.g., epilepsy, encephalitis, etc.). Under the supervision of Dr. McNally, the intern will provide neuropsychologically-informed intervention services through the Teen Online Problem Solving (TOPS) program. This is an evidence-based online intervention for adolescents with a history of traumatic brain injury and other neurological conditions (e.g., epilepsy). The TOPS program provides information about the effects of childhood brain conditions and training in problem-solving and communication skills to help families cope more effectively. Interns will carry 1 to 3 TOPS cases at a time. The intern also carries 1 to 2 Biofeedback treatment cases supervised by Dr. Butz. Cases involve children and adolescents presenting with headache, abdominal pain, or other physical symptoms exacerbated by anxiety or stress.

### Research

Depending on dissertation status, the Neuropsychology intern may be able to collaborate on research or quality improvement projects during their training year. Activities consist of collaboration with faculty on ongoing research programs. Opportunities exist to participate in externally and internally funded research and unfunded clinical research projects. The intern participates in research meeting every other month with faculty involved in research, as well as other neuropsychology trainees.

## Autism Treatment Track

The Autism Treatment Track (ATT) is dedicated to training interns in the treatment of individuals with Autism Spectrum Disorder and their families. The ATT interns will provide most of their clinical work at the Center for Autism Spectrum Disorders (CASD), but some in-home or community-based service is likely as well. The Autism Treatment Intern will spend approximately 20% of their time engaged in assessment activities and 80% in treatment. All of these experiences are based on a foundation of family-centered care. In addition to the structured rotations, interns could also gain experience in care coordination (within and outside



of NCH), community outreach and training, school consultation, and advocacy for the patient and family.

#### Autism Assessment Rotation

Rotation length: 6 months

All interns will participate in this rotation either the first half of the year or the second half. During this rotation, interns will gain experience conducting comprehensive re-evaluation of developmental skills and diagnostic profiles with an emphasis on understanding how measures tie into treatment recommendations and changes over time as clients are engaged in treatment services after receiving an ASD diagnosis.

#### Parent Coaching Rotation

Rotation length: 1 year

All interns will participate in this rotation throughout their time at the CASD. Interns will gain experience delivering a semi-manualized modular parent coaching curriculum. They will gain experience assessing parent goals, family values, and teaching and coaching parents on behavior analytic strategies throughout 12-15 weeks.

#### Primary and Secondary Rotations:

ATT interns will select one major (year-long) and one minor (6 months) rotation to complete in one of the four programs at the CASD. The major rotation experience also includes experience in diagnostic intake appointments for the respective program.

#### Adolescent Transition Program

During this rotation, Interns will provide evidence-based interventions with individuals, parents, and schools that focus on the adolescent age group (12+) and the experiences that are unique to them. Interns will have experience with the following:

- Individual Parent Coaching – a less structured version of the year-long rotation and focused on skills and goals that more adequately address the teen population.
- Adaptive Counseling – a hybrid between individual counseling and parent coaching to address the needs of adolescents with cognitive impairment.
- Project Search – coaching and support for individuals participating in a job coaching program.
- Group Intervention

#### Complex Behavior

During this rotation, Interns will provide evidence-based behavior analytic interventions with individuals who engage in high rates and intensity of problem behavior. Experiences will include participating in or independently completing functional analyses and engaging in function-based intervention planning and implementation.

### Early Intervention

During this rotation, interns will provide direct behavior analytic services as a registered behavior technician (RBT) as part of team-based services for children 3 to 6 years old. Experiences will include:

- Participation in skills-based assessment to support goal planning
- Participation in meetings with the BCBAs to review data and make data-based decisions
- Implementation of intervention sessions across multiple settings
- Participation in a weekly meeting with all team members, child, and family to implement intervention changes

### Outpatient Psychotherapy

During this rotation, interns will provide individual counseling to a caseload of 4-6 clients who are autistic and have a co-occurring mental health conditions. Clients range in age from 8 to 18 without cognitive impairment. Intern experiences will also include participation in emotion-regulation or social skills groups.

## Pediatric Acute Treatment Track

The Pediatric Acute Treatment track (PAT) is dedicated to training interns in the treatment of children and adolescents in acute care and brief treatment settings. The PAT interns will conduct most of their clinical work on the Inpatient Psychiatric Unit at the Behavioral Health Pavilion (BHP) and with the Mood and Anxiety Program (MAP), with rotations/experiences in MAP Intensive Outpatient Program (MAP IOP), the Partial Hospitalization Program, the Center for Suicide Prevention and Research (CSPR), Youth Crisis Stabilization Unit (YCSU), the Psychosis Clinic, and Psychology/Psychiatry Consultation and Liaison Service.

The PAT interns participate in a variety of treatment, assessment, and prevention services for individuals who require acute care. Treatment experiences include brief individual, child & parent, and family therapeutic interventions in inpatient psychiatry, ongoing outpatient intervention and group facilitation in intensive outpatient programs or specialized clinics, participation in community support and suicide awareness programs, and consultation and intervention for individuals receiving care on medical floors.

### Mood and Anxiety Program Rotation

Rotation length: 6 months

Interns will spend six months as part of the Mood and Anxiety Program (MAP). During this rotation, they will be providing interventions during group and individual sessions. They will have the opportunity to participate in the following:

- Involvement in intensive outpatient groups. For example, an Intensive Outpatient Program (AAIOP) designed to provide exposures for severe anxiety and school avoidance, and a Social Anxiety group.

- Opportunities to lead or co-lead the teen or parent group.
- Individual sessions with other patients
- Shadowing experiences with the comprehensive DBT program

### Inpatient Psychiatry Rotation

Rotation length: 2-3 months

Unit/s: Child Unit and Adolescent Unit BH07B and BH08A

During this rotation the intern will be serving patients and families on the child and adolescent inpatient psychiatry units (BH07B and BH8A). This rotation provides training in empirically-supported assessment and treatment of severe mood, anxiety, behavioral, and co-morbid conditions in an inpatient setting. The intern will be integrated into a multi-disciplinary team that is comprised of psychology, psychiatry, nursing, nurse practitioners, BH clinicians, Milieu staff, OT, and TR.

- The intern will participate in interdisciplinary rounds and case conferences 3 days a week. (1.5-2 hours daily)
- The intern will have opportunities to co-facilitate inpatient DBT skills groups that are offered daily on the inpatient unit. (1 hours daily)
- They may also have opportunities to collaborate on conducting initial behavioral chain analysis that will then be used to develop the selection of specific CBT and/or DBT skills to deliver in short-term individualized treatment on the inpatient unit. (Average of 2-3 hours weekly)
- They will have opportunities to provide individual consults with adolescents and children on the unit, to facilitate progress towards hospitalization goals. (Average of 2 patients a day)

### Psychosis Clinic

Rotation length: 4-5 months,

The Psychosis Clinic rotation occurs simultaneously alongside MAP programming. Interns will participate in two half-days of clinic during the week. As part of clinic, interns will carry a caseload of 4-6 individual cases focused on use of CBT-P with adolescent patients and families. Interns will participate in clinic rounds, seminars, and various educational opportunities. Interns may have opportunities to support program development and quality improvement projects if available and interested.

### Partial Hospitalization Program

Rotation length: 2 months

The partial hospitalization program provides intensive services to youth ages 13-18. The intern will attend all multidisciplinary rounds and team meetings and participate in treatment planning. Interns will assist with the facilitation of daily therapy groups and provide individual and family therapy.

The intern will maintain an outpatient caseload throughout the year, focusing on more intensive and acute cases. In addition, the intern will complete a minimum of six assessments (~1 per month, with room for variation) for across the training year. These assessments will most likely focus on diagnostic clarification for complicated cases seen in the MAP program as well as psychoeducational assessment.

Secondary experiences include experiences on the Psychiatry Consult/Liaison Service (C/L) assisting with assessment and stabilization during medical or boarding stays and engagement with the Center for Suicide Prevention and Research (CPSR) participating in community outreach, prevention and education, lethality assessments, safety planning, and disposition planning in the community. The intern also will observe the Youth Crisis Stabilization Unit for 2 weeks. This unit provides services to youth who are admitted for crisis management.

## SUPERVISION AND TRAINING

### Faculty Preceptors

Each intern will have a training faculty preceptor. Preceptors typically serve in several capacities, including:

- Coordinating the intern's training plan
- Ensuring the intern's experiences are consistent with the intern's goals and objectives
- Acting as a mentor regarding professional development issues
- Providing an ongoing, supportive relationship
- Monitoring progress throughout the year via direct contact and feedback from other supervisors
- Providing feedback about performance
- Acting as an advocate when difficulties with other faculty or interns arise
- Providing support regarding dissertation completion

The Preceptor's role in direct clinical supervision varies based on the track, the intern, and the primary site.

### Clinical Supervision

Interns receive a minimum of 4 hours of face-to-face clinical supervision each week. Audio taping and videotaping (*on hospital approved devices only*), one-way mirrors, direct observation and co-therapy are used as supervision tools. Over the course of the internship year, all interns receive supervision from a number of different faculty members. The internship faculty believes exposure to a variety of supervisory styles and perspectives assists in fulfilling one of the internship's primary goals – to provide interns with a general set of competencies, as well as expose trainees to particular specialty areas in the field. Supervision includes both individual and group modalities, with at least half of their supervision being one-on-one.

#### Individual Clinical Supervision

Pediatric interns receive a minimum of two hours of individual supervision each week around inpatient and outpatient needs. Supervision occurs prior to each patient (therapy, inpatient consult or assessment) in order to plan for history taking, differential diagnosis, and/or test battery construction. Interns receive continuous supervision, not only in the designated supervision hours, but informally throughout the day, through discussion in meetings, as well as consultation with training staff regarding patients and clinical interventions.

Clinical Child interns receive a minimum of three hours of face-to-face individual supervision each week. The supervision focuses on assessment and treatment cases assigned to the intern. Supervision meetings take place at regularly scheduled times and each supervisor is responsible for a mixture of both assessment and treatment cases. Additional supervision will be provided

if warranted by the intern's performance and/or case load. At the start of internship, clinical child interns are assigned a preceptor, who typically does not provide direct supervision to the intern, but who is responsible for meeting with the intern at least monthly to provide oversight monitoring to ensure the training year is progressing on target, and the intern's needs are being met.

IDD interns will be assigned a faculty preceptor and their role will be similar to the role outlined in the internship handbook. The preceptor will be more of a mentor and may or may not provide direct supervision on cases. Each intern will have a primary supervisor for Interdisciplinary Diagnostic Assessments and a primary supervisor for Psychological Evaluations, Diagnostic Intakes, and treatment cases. Live supervision occurs for most inpatient consults, rural outreach, and medical clinics. IDD interns have the unique opportunity to work closely within an interdisciplinary team, receiving less "formal" supervision from other disciplines. Interns will receive no less than two hours of individual supervision per week.

The Neuropsychology intern will be assigned two primary assessment supervisors and one clinic supervisor during each 6-month rotation. Treatment cases with Dr. Trott are also supervised on an individual basis. The Neuropsychology intern receives a minimum of two hours of individual supervision weekly.

The Autism Treatment interns will receive supervision for all therapy and assessment cases from rotation supervisors, which will change throughout the year according to the rotation and case assignments. ATT interns will meet with each supervisor for a minimum of 1 hour weekly for a total of two to three hours of individual supervision per week.

Pediatric Acute Treatment interns receive three hours of traditional one-to-one supervision as well as engages in other educational activities. In addition to daily huddles and weekly supervision, the PAT interns are assigned a preceptor who provides professional development support, rather than clinical supervision. Informal and live supervision opportunities are available.

## Group Supervision

Pediatric Psychology interns take part in several group supervision activities for a total of approximately two to three hours per week. Interns take part in group supervision for biofeedback, oncology, feeding, diabetes, and some inpatient work. Supervisors often adopt group supervision models throughout the year, both formally and informally. Group supervision may involve trainees at different levels, including practicum students, interns, and post-doctoral fellows.

Clinical Child interns participate in a weekly two hour-long clinical consultation and training group. This group supervision, entitled "vertical team," brings together psychology trainees across training years such that postdoctoral fellows and/or practicum students in our outpatient close to home centers also participate weekly. This seminar rotates between didactics and case presentations. Didactics focus on specialty areas that are of importance in acquiring the knowledge, skills, and abilities to be a successful practicing clinical child psychologist. Case

presentations are designed to enhance the application of skills discussed in the didactic to clinical cases.

IDD track interns group supervision will be provided through the following experiences.

- Assessment Case Conference is a monthly case conference that involves CDC trainees (including IDD interns) presenting assessment cases to other trainees and CDC faculty. This is an opportunity to receive feedback about assessment procedures, interpretation of results, and ideas for recommendations. The interns will be expected to attend and participate in all case conferences and will be expected to present at least once during the internship year. All CDC faculty and trainees participate in this conference.
- Group Supervision occurs weekly for all CDC trainees (practicum students, interns, and post-doctoral fellows) who are providing assessment, treatment, consultation, or advocacy services. Group Supervision will include discussion and presentation of assessment cases and empirically based treatment programs, with an opportunity to discuss the application of EBTs to the interns' specific case load. The interns will be expected to attend and participate in each Group Supervision. The interns will be expected to present or update the faculty with a case presentation at least once per month.
- Treatment Rounds: Interns also participate in specific rounds activities to discuss specific treatment modalities and implementation.

The Neuropsychology intern participates in a twice-monthly group case conference supervision meeting. This provides an opportunity to discuss specific cases, as well as practical and professional issues. Trainees take turns presenting cases during these meetings. Biofeedback, concussion clinic/TOPS intervention, and inpatient rehabilitation cases are also supervised in a group format. The Neuropsychology intern receives a minimum of two hours of group supervision per week.

The ATT interns will have multiple group supervision opportunities. Group supervision is available twice a month specifically for the parent coaching rotation and once a month for adolescent transition interns. Additionally, group supervision will occur with all CASD trainees twice a month on the alternating weeks of didactic as a way to apply didactic content to clinical cases. Weekly program-specific meetings will also include group supervision opportunities from time-to-time.

The PAT interns participate in a didactic seminar two times per month reviewing topics related to acute care. The interns will also participate in a clinical case presentation. The PAT interns are invited to participate in the Pediatric Psychology Seminar which is a didactic and case discussion forum for youth who are presenting with medical conditions and the Clinical Services hour in which the medical providers discuss different aspects of their care. The PAT interns may choose to attend based on the topic.

## Ohio Psychology Law and Rules

**Ohio Psychology Law & Rules** applicable to supervision include:

- Supervisor and supervisee are both responsible for ensuring that each client is fully informed of the supervised nature of the work of the supervisee and of the ultimate professional responsibility of the supervisor.
- Supervisor shall have direct knowledge of all clients served by supervisee. This knowledge may be acquired through direct client contact, or through other appropriate means such as tape recordings, videotapes, test protocols or other client generated material.
- Supervisor shall keep records of supervision. These records shall be maintained for five years.
- Evaluative reports and letters dealing with client welfare are co-signed by the licensed supervisor.

## Supervision Tracking

In order to track the amount and type of supervision during the year, interns will be asked to “track” their supervision hours for two-week intervals three times per year. During these times, interns will track supervision that occurs differentiating planned supervision and “on the fly” supervision, as well as individual and group format. Forms will be collected and tabulated by the program coordinator and sent to the Internship Director and Associate Directors for review and monitoring.

## Seminars

### Intern Didactic Seminars

A weekly intern didactic seminar is held on Friday mornings (9:00 – 10:30 am) in person, rotating between the Behavioral Health Pavilion and Westerville Close to Home Outpatient Office. Didactic seminars are presented by faculty and/or community professionals. Attendance will be taken each week by the intern representative. Interns are expected to be fully engaged in the didactic presentation and complete evaluations distributed in MedHub.

### Track Seminars

These seminars will cover topics of relevance to the interns in a specific training track or may extend a more general topic from the weekly didactic seminars to greater specificity for the interns in that track.



- Pediatric Track interns have two main seminar series. First, is the Pediatric Psychology Seminars, which are presented by pediatric psychology faculty on specific issues pertaining to our field (e.g., weight stigma, trauma informed care, adherence, pill swallowing). These seminars occur on Tuesdays at noon throughout the year. Second, the Clinical Service Hour seminar series is presented by physicians and nurse practitioners in our hospital who share information across medical subspecialties (e.g., asthma, cancer, spinal cord injury). These seminars occur on Thursdays at noon. Interns are always welcome to attend additional seminars/grand rounds at the hospital and medical subspecialty level.
- Child Clinical Track interns attend weekly specialty didactics with other psychology trainees. Please see the child clinical “group supervision” section for more details on these seminars. Additionally, interns participate in weekly team meetings with their outpatient team which can include didactic and training opportunities relative to the specific outpatient team’s needs.
- IDD Track interns’ specialty track seminars include the Cutting Edge Series, Group Supervision, DEI intensives, and the Assessment Case Conference. The Cutting Edge Series is a lecture series with invited speakers and guests focused on “cutting edge” topics specifically about intellectual and developmental disabilities. See above for descriptions about Group Supervision and Assessment Case Conference.
- Neuropsychology Track interns can attend Pediatric Psychology Specialty Seminar with Pediatric Track interns on the 1<sup>st</sup> and 3<sup>rd</sup> Tuesdays of each month at noon, for relevant topics. The Neuropsychology intern also attends several track specific seminars/rounds. Neuropsychology Seminar is held every Wednesday and is designed for faculty and trainees to review a broad range of neuropsychological topics, current research, clinical and professional development, and ethical topics. This seminar specifically focuses on issues and topics related to board certification in neuropsychology. Neuropsychology Research Group meetings are held on the second Wednesday of every other month. These meetings provide an opportunity for faculty and trainees to share research ideas and get feedback from the group on current and future projects. Neuropsychology Specialty seminars rotate with the research seminar and are held on the second Wednesday of every other month. These meetings introduce professional development topics that are relevant to clinical neuropsychology. The Neuropsychology intern also attends Epilepsy Surgery Conference every Monday and Neuroradiology Rounds every other Monday.
- The ATT interns track seminar is held every other week and focuses on specific autism treatment topics. These seminars are led by a member of the psychology faculty or post-doctoral fellow. Additional didactic content occurs during weekly program meetings with other CASD staff (e.g., BCBAs, LPCCs).
- Pediatric Acute Treatment interns will participate in a bi-monthly seminar presenting topics related to acute psychological care. They will also participate in a clinical case conference.

## Research Presentations

Interns from all tracks will take part in a research seminar. Each intern is responsible for making one research presentation at some point during the training year. The purpose of this requirement is to further the interns' professional development by providing them with an opportunity to make a formal scientific presentation in relatively relaxed surroundings and to obtain constructive feedback from faculty about the presentation.

The presentation can be used to present the intern's own research, including their dissertation, or to make a "grand rounds" presentation summarizing the relevant research in a particular area of interest. This presentation is an excellent opportunity to practice a dissertation defense presentation, a talk that will be given at a regional or national conference, or a "job talk" prior to employment interviews. In the case of a "grand rounds" presentation, the talk should focus on evidence-based approaches to assessment and/or treatment. A "grand rounds" can focus on pertinent clinical issues, and might include case histories as exemplars, but *should not be a case presentation*. It will help to describe the intended purpose of the presentation at its outset for the persons in attendance.

Presentations should be formal and accompanied by multimedia presentations. Suitable handouts should be prepared for persons attending the presentation. Interns should plan for the presentation to take about 45 minutes and allow 15 minutes for questions and discussion. Interns should meet with their faculty preceptor well in advance of the date for the presentation to discuss the topic and proposed format. Feedback will be provided to the presenter following the presentation.

Pediatric Psychology, Neuropsychology, and PAT track interns will present on the first Wednesday of each month, from 12 – 1pm. Research presentations will begin in October. Specific dates for individual presentations will be arranged prior to this time.

Clinical Child Track interns will make one research informed grand rounds presentation to their clinical team at their assigned Close to Home site.

IDD Track interns research seminar will be scheduled on a Wednesday afternoon at the CDC; Wednesday afternoons are set aside for professional development. All interns will be expected to present at least once to the CDC.

ATT Track interns research seminar will take place during a bi-weekly group supervision meeting with the CASD full senior clinician team. The interns will conduct at least one research presentation to the CASD faculty and senior clinicians.

Those who attend each presentation will provide the intern with written feedback, both about their presentation style and the content of the presentation. Please see **Appendix 3.0** for the **Research / Didactic Seminar Evaluation Form**.

## Other Educational Opportunities

Interns may attend Nationwide Children's Hospital Grand Rounds (Thursday; 8:00-9:00 AM). Grand Rounds are topical presentations by Department of Pediatrics faculty, Nationwide Children's Hospital staff, and national experts on medical and health care issues. Grand Rounds may be attended through video links sent out through email, in person at Stecker Auditorium on the Nationwide Children's Hospital Campus or via teleconferencing links at the Close to Home Health Care Centers in Dublin, Westerville and Reynoldsburg.

The Grand Rounds schedule is posted on the hospital Intranet. Other educational experiences that are available in the Nationwide Children's Hospital network include Behavioral Health Grand Rounds (usually through zoom, emails will alert you to upcoming presentations), BH Education Days, rounds and staffing for most medical services, Ethical Problems Conference (see Intranet for schedule), and many Educational/Scientific conferences sponsored by Nationwide Children's Hospital Education Department.

The hospital also provides educational opportunities on topics related to diversity and inclusion. Interns are informed of upcoming diversity related seminars. A wide range of resources related to diversity and inclusion can be found on the hospital intranet at:

<http://anchor.columbuschildrens.net/nch-diversity-resources>

## Director Meeting

The entire class of interns will meet a minimum of four times per year with the Internship Director (interns already meet with their respective associate directors both formally and informally throughout the year). These **Director Meetings** are used to discuss the internship and professional development. These meetings also are an opportunity for informal problem solving for issues that come up during the internship year. Meetings take place on Friday mornings, typically from 9:00 – 9:30am. Dates of these meetings are provided in **Appendix 6**.

# EXPECTATIONS OF INTERNS

## Minimum Clinical Expectations

The primary training method of the internship is experiential (i.e., learning via delivery of clinical services). This experiential training includes socialization into the profession of psychology (through supervision, training seminars, role modeling, co-therapy, and observation during psychology rounds and interdisciplinary team meetings) and is augmented by other appropriately integrated modalities, such as mentoring, didactic exposure, observational/vicarious learning, supervisory or consultative guidance.

Weekly expectations for all interns include, but are not limited to:

- Aim for an average of 12 hours in direct patient contact
- 10 – 12 hours in case management, test scoring, and note/report writing
- 4 – 6 hours in didactic activities
- 4 – 6 hours in supervision

Treatment sessions with clients that are not directly observed by the supervisor can be audio or video recorded (*on hospital approved devices*). All recordings will be made available to the case supervisor who will use the recordings to obtain direct knowledge of the client and of the intern's actions with the client. At times, our supervisors adopt live supervision model and may see a consult together, co-treat a patient, or be present on zoom. Supervisors are required to personally observe at least one live session per evaluation period, which can include tape review.

Track-specific **minimal clinical expectation guidelines** are provided in **Appendix 2.0**. These expectations should serve as a guide to each intern regarding the distribution of their activities. "Benchmarks" have also been listed to assist the intern and faculty in monitoring progress throughout the year.

Clinical Child Track interns work five days per week and are expected to see clients two evenings during the week. There is no "on-call" coverage.

IDD and Neuropsychology Track interns work five days per week. There is no "on-call" coverage.

Pediatric Psychology Track interns work five days per week, generally on site. Interns will also be "on call" for ~6 weeks during the training year, with a supervising faculty member.

Autism Treatment Track interns will work five days per week with the potential for an occasional weekend responsibility related to EIBI start-up services or community outreach events. There is no "on-call" coverage.

Pediatric Acute Treatment Track interns work five days per week. Evenings may be required for the MAP Intensive Outpatient Program (IOP) rotation.

## Professional Conduct

Interns are expected to conform to the highest standards of professional and ethical conduct in the execution of their duties. They are bound by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, Ohio State Psychology Law and Rules and the policies and procedures of Nationwide Children's Hospital and their primary funding sources. Interns may be dismissed because of gross violations of the law, of the APA Code of Ethics, or of the Nationwide Children's Hospital standards of employee conduct. Dismissal will occur only after the completion of appropriate grievance and/or due process procedures.

It is important to note that Ohio Psychology Law and Rules state that the APA code of ethics "shall be used as aids in resolving ambiguities..." BUT "...these rules [Ohio's rules] ... shall prevail whenever any conflict exists between these rules and the APA code of ethics." Therefore, interns must become familiar with the stipulations regarding professional conduct in the Ohio Psychology Law & Rules. Interns are provided a didactic that covers *some* aspects of Ohio Psychology Law and Rules and Ethics code within the first two weeks of internship. Each intern should read the **Ohio Psychology Law and Rules**, which may be accessed at:

<http://www.psychology.ohio.gov>

As clinical staff members of Nationwide Children's Hospital, interns are subject to all hospital administrative and clinical care policies. Interns are considered full time employees of Nationwide Children's Hospital and are subject to all personnel policies of Nationwide Children's Hospital. **Nationwide Children's Hospital policies and procedures** can be found at:

<http://anchor.columbuschildrens.net> and looking at the "Policies & Procedures" links.

As clinical staff members of Nationwide Children's Hospital, interns are subject to all hospital administrative and clinical care policies as they pertain to acceptable use of technology, social media, and artificial intelligence (AI). **Of note, employees (including interns) are prohibited from using their NCH email address to advocate for laws/bills or for other political purposes.** Policies relevant to this include the following which can be found through anchor and SharePoint:

[Social Media Policy \(sharepoint.com\)](#)

[Guidance - Artificial Intelligence.docx \(sharepoint.com\)](#)

## Confidentiality

Interns are expected to understand and comply with federal and state laws and rules regarding use of confidential information. Interns will treat patient confidentiality as not simply a legal necessity but also as an integral component of the client-professional relationship. Interns are expected to behave in ways that fully conform with APA and Ohio Board of Psychology standards for the protection of every client's right to confidentiality.

## Successful Completion of Internship

In order to successfully complete the internship program, you must:

1. Complete the equivalent of one (1) year of full-time training in a period of no less than twelve (12) months.
2. Demonstrate, through the mechanism of supervised clinical practice, an intermediate to advanced level of professional function in all of the professional competencies rated by the Internship. In practice, this will be indicated by supervisor ratings on the **Formal Intern Evaluation Form (See Appendix 3.0)**. For successful completion of the program, all competencies must be rated at a skill level/rating of “3” (Skills are as would be anticipated for an intern at this point in the training year. The intern is making progress with typical supervision and training).
3. Demonstrate, through the process of clinical supervision, an adequate understanding of professional ethics in application to practice and of the relationship between the science and practice of psychology.
4. Demonstrate an understanding of issues of cultural and individual diversity as they relate to the science and practice of psychology.
5. Attend at least 80% of the Internship’s scheduled didactic training activities throughout the year (attendance will be logged by the intern representative)
6. Present at least one research seminar during the course of the training year.
7. Complete and/or participate in any other activities or assignments required as a part of the internship’s educational program.
8. Complete the clinical service/client contact expectations for the assigned training track.

An internship in professional psychology is an organized and structured sequence of training experiences. The internship program is either successfully completed, or not successfully completed. A majority vote by a quorum of the Internship Training Committee is required to certify the intern’s successful completion.

If the Training Committee withholds certification of completion of internship, they may also choose to extend the intern’s internship beyond the usual 12 months of an internship training year until either 1) the intern has been deemed by the Training Committee to have the minimal internship level of professional abilities, or 2) until the intern is making no further progress in training. In the latter case, the intern may be asked to leave without certification of completion of the internship.

No partial internship “credit” will be certified by the internship for any intern who voluntarily leaves or is terminated from the internship program before successful completion.

## EVALUATION POLICY AND PROCEDURES

### MedHub

NCH uses an online system for completing and tracking evaluations. The system is called “MedHub”. Interns will receive email prompts to complete these various evaluations. When interns receive a prompt, they should log into MedHub and complete the specific evaluation. Interns will also receive prompts when an evaluation is past due.

### Faculty Evaluation of Intern Performance

#### Overview of the Evaluation Process

The Internship Program continually assesses each intern's performance and conduct. Interns receive ongoing, informal feedback on their performance as they work with internship faculty during the year.

At specified intervals, supervisors provide written evaluations and meet with the intern to discuss the assessments and offer recommendations. Comprehensive **formal evaluations** of intern performance are completed by each supervisor at four-month intervals throughout the year (**see Appendix 3.0** for the form).

Each supervisor will review their evaluations with the intern. Differences between interns' and supervisors' appraisals may surface in these meetings, and in most cases are resolved. Both the supervisor and intern sign the evaluation, and the evaluation is given to the intern's Preceptor.

The Preceptors, the Internship Director and the Associate Directors meet 3 times a year to formally evaluate the progress of each intern. The preceptor will combine the various evaluations and provide the intern with a summary of the faculty's assessment of their progress in the program. These evaluations will be kept in the intern's file which is kept with the associate director of the respective track and will be permanently maintained for any future needs.

An **“Informal” evaluation** of their progress also is completed by each supervisor in the 2<sup>nd</sup> month of the internship (see **Appendix 3.0** for evaluation form). The informal evaluations are not comprehensive. Their purpose is to examine intern progress globally at the beginning of the year and offer the opportunity to provide feedback early on in the training year.

## Communication with Interns' Home Graduate Programs

The Internship Director or an Associate Director communicates with each intern's sponsoring graduate program about the intern's activities and progress. Mid-way through the year, the home graduate program receives a brief written summary of the faculty assessment of the intern's progress in the first six months of the internship.

At the end of the internship year, the home program receives a summary evaluation indicating whether the intern has successfully completed the internship. At any time, if problems arise that cast doubt on an intern's ability to successfully complete the internship program, the Internship Director or Associate Director will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems.

## Grievance Procedures

### Internship Ombudspersons

Two psychology faculty members, who are faculty not directly involved in internship leadership, will be appointed as additional resources for interns who may have a complaint against a supervisor, staff member, another trainee, or the program itself. The Ombudsperson would be available to discuss such concerns in an informal way to get assistance and support. The Ombudsperson and the intern would problem solve together, and the Ombudsperson would then communicate directly as needed with the Internship Director and/or Associate Director(s) to resolve such issues in whatever way seems relevant to the situation. For the 2024-2025 training year, Dr. Mike Flores and Dr. Ty Snider will serve in this role.

### Intern Complaint or Grievance about Supervisor, Staff Member, Trainee or the Training Program

There may be situations in which the Intern has a complaint or grievance against a supervisor, staff member, another trainee, or the program itself, and the intern wishes to file a formal grievance. The following steps are intended to provide the intern with a means to resolve perceived conflicts that cannot be resolved by informal means.

**Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.** The Intern who wishes to file a formal grievance should:

1. Raise the issue with the supervisor, staff member, other trainee, or Internship Director in an effort to resolve the problem.
2. If the matter cannot be resolved, or it is inappropriate to raise the issue with the individual, the issue should be raised with the Internship Director. If the Internship



Director is the object of the grievance, or unavailable, the issue should be raised with an Associate Director.

3. If the Internship Director cannot resolve the matter, the Internship Director will choose an agreeable staff member acceptable to the Intern and request that individual to mediate the matter. Written material may be sought from both parties.
4. If mediation fails, and the complaint is against another trainee, or the program, the Internship Director will convene a review panel consisting of the Internship Director, one faculty member from each track chosen by the Internship Director and Associate Director, and one faculty member from each track chosen by the intern. The Review panel will review all written materials (from the Intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.

## Intern Complaint or Grievance about a Decision by the Internship Training Committee

If an intern has a grievance or otherwise disagrees with any Internship Training Committee action regarding their status in the internship program, he/she should approach his/her Preceptor for assistance.

If a solution cannot be achieved, the problem should then be taken to the Internship Director and Associate Director.

If a satisfactory solution cannot be achieved at this level, the intern is entitled to challenge the Training Committee's actions by initiating a **grievance procedure**. The intern must inform the Internship Director in writing that he or she is challenging the Committee's action. The intern then has 5 working days to provide the Internship Director with information as to why the intern believes the Committee's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the intern's written grievance, the following actions will be taken.

1. The Internship Director will convene a Review Panel consisting of one faculty member from each track chosen by the Internship Director and Associate Director, and one faculty member from each site chosen by the intern. The intern retains the right to review all facts and the opportunity to dispute or explain his or her behavior.
2. The Internship Director will chair the review of the faculty action and the intern's challenge. If the intern's grievance is specifically directed at the Internship Director, an Associate Director will chair the review. The Review Panel's decisions will be made by majority vote. Within 10 days of completion of the review hearing, the Review Panel will prepare a report on its decisions and recommendations and will inform the intern of its decisions.

3. Once the Review Panel has informed the intern and submitted its report, the intern may seek further review of his/her grievance through the Nationwide Children's Hospital employee grievance process. Those procedures are described in the Nationwide Children's Hospital Employee Handbook.
4. Once a final and binding decision has been made, the intern, sponsoring graduate program and other appropriate individuals will be informed in writing of the action taken.

## Intern Evaluation of Training Program and Faculty

### Intern Evaluation of Supervisor Performance

Evaluation is not a one-way process. It is our hope that interns and supervisors are having informal, bidirectional and informative discussions about the process of supervision, case needs, and training program throughout the year. In a formal capacity, interns complete Supervisor Evaluations of each of their supervisors at four-month intervals (see Appendix 3.0 for the form). These evaluations are to be completed and feedback is provided at the same time that an intern receives feedback on their evaluation. Evaluations are used to assist the faculty in improving their supervision style. Supervisor evaluations are periodically reviewed by the Internship Director, Section Chief, and Associate Director - Supervision with feedback provided to the supervisor and their manager as is appropriate.

### Intern Evaluation of Seminars

Interns complete evaluations of each didactic seminar (see Appendix 3.0 for the form). These ratings provide feedback on the seminar content and the instructor's teaching skills. These evaluations are taken very seriously by the faculty. The information is used to assist individual faculty in improving their seminars and by the Internship Director for program evaluation. These evaluations are periodically reviewed by the Internship Director with feedback provided to instructors.

### Intern Evaluation of Internship Training Program

Interns complete formal written evaluations of the internship program at 6 months and at the end of the training year (see Appendix 3.0 for the form). These evaluations are very important, and the feedback is taken seriously by the faculty. We use intern feedback in future program planning. Interns are requested to list each of their responses under the appropriate heading and should feel free to add any additional statements that may reflect the consensus of two or more interns.

All of the above evaluations are completed through MedHub and interns will receive email prompts throughout the year to complete evaluations. It is in the interns' best interest to complete evaluations as they come in.

## BENEFITS

### Stipend

The 2024-2025 internship year runs from July 1, 2024 until June 27, 2025. Interns are paid a stipend of \$43,888 for the one-year internship.

### Paid Time Off (PTO)

Interns are allowed 15 days of PTO for vacation and sick time. In addition to the time allotted for vacation/sick leave, up to **five professional days** will be available to attend fellowship/job interviews, conference attendance, and university-related activities (e.g., dissertation defense, required meetings). Interns also will be off on the regularly scheduled holidays of their primary funding site (6 holidays).

All scheduled paid leave must be approved by the internship director or associate director at least **two weeks** prior to the requested time off. Interns should also share this information with their specific supervisors during the time they are away. See **Appendix 4.0** for the **Intern Leave Request Form** to be used when requesting leave. Other time off may be granted in certain circumstances with approval of the Director and the Associate Director.

**No time off may be taken the last two weeks of the internship unless specifically approved by the Director and Associate Track Director**

### Reimbursement for Professional Expenses

Each intern has access to up to \$1000 for reimbursement for professional expenses. Subject to approval by the Internship Director or an Associate Director, this money may be used to reimburse the intern for expenses associated with attending professional/scientific meetings, attending training workshops, purchasing professional books or materials.

Large expenditures near the end of the internship year, especially for books, are unlikely to be approved.

As the hospital approved reimbursement form and procedure can change, please consult with your Associate Track Director when you are seeking reimbursement.

### Faculty Appointment

Interns are given an appointment as a Clinical Instructor of Pediatrics at The Ohio State University. This is a “clinical auxiliary” track faculty appointment. Auxiliary track faculty members are not eligible for tenure and the appointment carries no expectation of research or other scholarly activities.

## Library

Nationwide Children's Hospital Medical Library is located on the second floor of the Education Center. It is staffed from 8:30 to 5:00 pm Monday through Friday. The library is available to NCH Employees with valid Hospital I.D. Badges 24/7 via a card reader to the right of the front door. Librarians are available to assist with literature reviews, research assistance, and customized instructional sessions. For more information or to schedule a consultation with a librarian please contact the library at 614-722-3200 or [library3@nationwidechildrens.org](mailto:library3@nationwidechildrens.org).

The Library is part of The Ohio State University Library System. All Nationwide Children's Hospital employees are entitled to apply for a library courtesy card, which will give them borrowing privileges at all OSU Libraries, as well as the statewide network known as OhioLINK. The Library also provides free interlibrary loan services and is an NLM docline participant. The Library also features an employee-only computer lab, an EPIC computer room, a scanner/fax/photocopier machine, and a consumer health library with computers for use by patients and families.

## Reimbursement for Work-Related Travel

Interns may be reimbursed for use of their personal automobile for transportation related to their job duties. Reimbursement is limited to a standard mileage rate and parking expenses. The standard mileage rate is set by Nationwide Children's Hospital and may be adjusted periodically. Reimbursement for parking expenses is limited to the actual expenses and requires submission of a receipt in support of the request.

Generally, reimbursable transportation expenses include:

1. Traveling from one NCH worksite to another in the course of the employee's duties for NCH Behavioral Health.
2. Visiting clients in their natural environment in the course of the employee's duties for NCH Behavioral Health.
3. Traveling to business meetings, schools or other community organizations in the course of the employee's duties for NCH Behavioral Health.

Commuting expenses are not reimbursable. Commuting expenses are defined as costs of transportation between the employee's home and the approved worksite for that day. This could be any NCH worksite, business meeting or other setting where paid work is to occur.

## Employment or Professional Activities Outside of Internship

It is the position of the internship program that each intern's overriding responsibility during the internship year is to their internship training, to the patients in their care, and to Nationwide Children's Hospital. However, the internship recognizes that for a variety of reasons interns may wish to become involved in work/professional activities outside of the formal internship setting during the internship year.

Such extramural professional activity presents certain risks. These risks include, but are not limited to, abuse of the intern through dual relationships with internship supervisors, deterioration of learning and performance in the internship setting due to time conflicts, distraction or fatigue on the part of the intern, liability risks to the Hospital, and risks to the internship program's reputation and/or standing in the community if an individual identified as an intern becomes involved in professionally inappropriate behavior in some other setting in the community.

The internship has established policy and procedures for the approval of extramural professional activities by the Training Committee. Violation of this policy will constitute a violation of professional ethics and be grounds for dismissal from the internship.

**Note: Interns may not engage in clinical service delivery outside their assigned duties at Nationwide Children's Hospital.**

To avoid the potential for abuse inherent in dual relationships with an unequal power balance, no intern shall be employed by any professional who has supervisory responsibility for interns within the internship unless the activity is an integral part of a research program approved by the Training Committee. The Training Committee's criteria for approval will include, but is not limited to, evidence of a voluntary collaboration on research, data analysis and writing that has the potential to lead to a scholarly publication for the intern and with measures in place to avoid an unethical dual relationship.

The internship assumes absolutely no responsibility or liability for the professional or personal activities of an intern outside of the formal internship structure.

Interns who wish to engage in **extramural research activities** which involve the collection of data locally or active collaboration with local professionals must obtain the approval of the Associate Track Director and Internship Director, who will present information for review to the Training Committee, by following the procedures outlined below. This policy does not apply to such purely individual activities as writing, or the analysis of data previously collected, as long as such activities do not interfere with the responsibilities of the internship. The policy also does not apply to research activities which are conducted as a part of the internship program and approved by the Nationwide Children's Hospital Research Institutional Review Board.

- a. Obtain from the Associate Director a **Request to Engage in Extramural Research Activities** form (see **Appendix 5.0** for the form). Complete the form and return it to the Associate Track Director and Internship Director at least ten (10) days before the planned initiation of any extramural research activities.

- b. To be considered by the Training Committee, the request must first be approved by the intern's preceptor. Approval must be indicated by the preceptor's signature on the form.
- c. The request will be brought by the Internship Director to the attention of the Training Committee for discussion and approval/denial. Approval will be indicated by the Director's signature on the form.
- d. The Training Committee, or its designees, reserves the right to deny any specific request that is deemed to be in conflict with the internship's mission, goals, or policies.
- e. No extramural research activity may be undertaken until the intern has received approval in writing from the Internship Director.

Interns who wish to engage in **extramural employment that does not involve research or clinical service delivery** must complete the **Request to Engage in Non-Professional Extramural Employment** form (See **Appendix 5.0**), and follow the procedures outlined below.

- a. Complete the form and return it to the Internship Director at least ten (10) days before the planned initiation of any extramural clinical activities.
- b. To be considered by the Training Committee, the request must first be approved by the intern's preceptor. Such approval must be indicated by the preceptor's signature on the form.
- c. The request will be brought by the Internship Director to the attention of the Training Committee for discussion and approval/denial. Approval will be indicated by the Internship Director's signature on the form.
- d. The Training Committee, or its designees, reserves the right to deny any specific request that is deemed to be in conflict with internship's mission, goals, or policies.
- e. No extramural employment may be initiated until the intern has received approval in writing from the Internship Director.

## APPENDICIES

1.0	Post COVID-19 Adjustments .....	40
2.0	Minimal Clinical Expectation Guidelines .....	41
3.0	Internship Evaluation Forms .....	49
4.0	Intern Leave Request Form .....	68
5.0	Request to Engage in Extramural Research Activities and Employment Forms .....	69
6.0	Important Dates .....	73
7.0	PsychInternship Shared Folder .....	75
8.0	Intern Wellness and Remediation Policies .....	76

## Appendix 1.0: Post Covid-19 Adjustments

Please reach out to a supervisor, associate director, or internship director for clarification on any of these adjustments:

- Working from home may be possible at times for certain tracks. **Interns should always be available to work on-site during their normal working hours, even if working from home at any point.** Changes or requirements to work location may have to change without much notice. Interns should be thinking about possible workspace at home and let associate directors/internship director know any concerns about privacy, space, or internet availability. As always, your supervisors, associate director, or internship director can help problem-solve any issues related to working from home. Working from home is defined as working from your **local home address during internship. You may be called into the office at any time with little notice during your normal working hours, so you must be prepared for this possibility.**
- Preceptor meetings or other training experiences for some of you may occur virtually through video conferencing at the same frequency as described earlier in this handbook. All individual or group supervision should be in person.
- Use of technology for client care will be limited to NCH approved devices/platforms.
- Interns will be asked to track patient contact hours and submit weekly to associate directors to ensure you are getting enough clinical experiences. The form for this will be on the shared drive under “Forms you need” as well as in the same folder as this handbook.



## Appendix 2.0: Minimum Clinical Expectation Guidelines

### Pediatric Psychology Track

The following guidelines represent minimal expectations for pediatric psychology track interns. The actual division of an intern's experiences (above this minimal level) may vary based upon the intern's interests, the availability of certain pertinent populations, and training faculty recommendations regarding areas of clinical training need.

Overall, interns are expected to spend 12 hours each week in direct patient contact at the Hospital. The expected total "face-to-face" patient contact is approximately 500 hours for the 12-month internship.

**Inpatient Consultation:** Interns often spend at least 4-8 hours per week involved with inpatient consultations. Specific services covered by interns may vary year to year but include year-long, six month, and mini rotations on different services. Faculty will attempt to distribute consults, so interns are exposed to patients of different ages and presenting problems.

Pediatric Psychology Track interns typically work five days per week. Interns will cover "on call" rotation several weeks in the training year. If the on-call period results in trainees being called frequently and/or having to come into the hospital during non-traditional work hours, there is built in flexibility to take some time off during the coming weeks.

**Outpatient Therapy:** Pediatric interns are required to carry an outpatient treatment caseload of approximately 10-12 patients throughout the year resulting in about 3-5 hours of direct patient care per week. Interns generally have four year-long supervisors for these cases. Interns generally see patients from each of the following age groups: preschool, school-age, and adolescent. Supervision may take place in a group format and/or the intern may have individual supervision arranged with each supervisor. Interns will carry caseloads of ~2 patients each in the areas of feeding, pain, and diabetes. They will also pick up additional outpatient cases throughout the year in line with rounding out their training, which can be supervised by a variety of psychologists.

**Outpatient Clinics:** Pediatric interns are expected to participate in two half-day medical specialty clinics each month. Interns will select 2 clinics and rotate every 6 months. Specific clinics will vary based on availability. Interns are expected to gain experience in providing brief assessment and intervention within a multidisciplinary outpatient setting.

**Assessment:** Interns goal is to engage in 6-8 assessment referrals. Supervisors will work with trainees to determine presenting concerns, if testing is relevant and necessary, test battery selection, testing completion and scoring, and report writing with diagnostic considerations.

## Clinical Child Track

The following guidelines represent the minimum expectations for clinical child interns. The actual division of an intern's experience (above this minimal level) may vary based on the intern's interest, the availability of certain patient populations, and training faculty recommendations regarding areas of clinical training need. Overall, interns are expected to spend an average of 12 hours each week providing direct patient service delivery at their primary clinical site. The total weekly hours can be spent doing a variety of clinical activities but primarily center around delivery of therapy or assessment services.

**Assessment:** Interns are expected to spend 50% of their client contact hours per week providing assessment services. Referral questions include learning disability, ADHD, and other behavioral and emotional difficulties. Evaluations involve evidence-based assessment strategies and typically center on objective testing of cognitive, academic, and behavioral functioning. Interns typically complete over 40 psychological evaluations within their internship year and on average complete two testing intake per week for new patients.

**Outpatient Therapy:** Clinical Child Interns have the opportunity for long- or short-term individual and group therapy with children, as well as parent behavior management and psychoeducation. Interns are expected to spend 50% of their client contact hours per week providing outpatient therapy. Interns should gain a balance of experience in each of the following categories: length of treatment (long term vs. short term); diagnostic category; age of client (preschool, school-age, adolescent); and treatment modality. Interns receive specific didactic and supervisory experiences in evidence-based group therapy and have the opportunity to assist in implementing this intervention during their training year. Typically, interns complete one therapy focused intake per week for a new patient and are expected to work two evening per week to maintain an active caseload.

**Rotations:** Clinical Child Interns complete several minor rotations throughout their training year. Each rotation is designed to provide exposure to common problems encountered by clinical child psychologists in a generalist outpatient setting. Interns spend a total of four half days shadowing psychologists in a multidisciplinary bowel management clinic (2 half days) and multidisciplinary sleep clinic (2 half days). Interns also spend several half days working alongside psychologists in integrated primary care settings and several days in an acute care setting. Clinical Child Interns gain exposure to autism assessment through four half days working with psychologists at the Child Development Center. Finally, Clinical Child Interns have the opportunity to participate in a day long Signs of Suicide school rollout with clinicians from the Center for Suicide Prevention and Research at a local middle or high school.

Interns can expect that their outpatient work will include a combination of in person and telehealth sessions. Rotations are typically in person, though there may be a telehealth component depending on the particular clinic/program's method of service delivery at the time of the rotation.

## IDD Track

The primary training method of the internship is experiential (i.e., learning via delivery of clinical services). This experiential training includes socialization into the profession of psychology (through supervision, training seminars, role modeling, observation, and interdisciplinary team meetings) and is augmented by other appropriately integrated modalities, such as mentoring, didactic exposure, observational/vicarious learning, and supervisory or consultative guidance. Weekly expectations for IDD interns include, but are not limited to:

Direct patient contact (12 hours of direct patient contact per week)

- 2-3 hours of treatment cases
- 2-3 hours of IDA (assessment with interdisciplinary team)
- 3-9 hours of testing
- 0-2 hours of Diagnostic Intakes (half year)
- 1-2 hours of assessment feedbacks
- 8-20 hours of Case management, test scoring, and report writing
- 4-5 hours of Didactic activities 1-4 hours Advocacy
- 4 hours of Supervision
- 0-5 hours of medical clinics
- 0-8 hours of NCH inpatient consultations (half year)

IDD Track interns work five days per week. There is no "on-call" coverage.

**Assessment:** IDD interns provide psychological assessment services for several hospital-based medical sub-specialty clinics. Typical responsibilities in these clinics include brief psychological testing and/or behavioral consultation. Current clinics with IDD Internship Track involvement are:

- Neurodevelopmental Clinic
- Inpatient Consults
- Rural Outreach Assessment

CDC Psychology also provides support for Nationwide Children's Hospital's Neonatal Intensive Care Unit, International Adoption Clinic, Prader Willi Clinic, Post-Injury Clinic, Healthy Weight & Nutrition, Batten Disease Clinic, Williams Syndrome Clinic, and Epilepsy Clinic (among others). CDC also collaborates with Pediatric Neuropsychology to provide developmental assessment for Nationwide Children's Hospital's Neonatal Follow-Up Program. Interns may observe and/or accept referrals from these clinics as feasible.

The CDC interns will participate in their medical clinic experiences through a six-month rotation schedule. Each intern will spend 6 months in each rotation, giving all four interns identical experiences.

Interns work as part of an interdisciplinary "IDA" team (Developmental Behavioral Pediatrician, Nurse Practitioner, or Pediatric Neurologist; Speech Pathologist; Nursing; Genetics; psychometrician), evaluating children suspected of autism or other neurodevelopmental

disability. As part of the IDA, interns complete a full psychological assessment to further document the child's functioning and generate recommendations for services. Interns also complete Psychological Evaluations of children with neurodevelopmental disabilities. Interns will have 1-2 Diagnostic Intake appointment per week for 6 months during which they conduct a clinical interview and triage the patient to the appropriate service line.

**Treatment:** Outpatient treatment experiences typically focus on issues commonly experienced by children with neurodevelopmental disabilities, such as noncompliance, aggression, self-injury, sleep problems, feeding problems, and toileting issues. Modified CBT is used to treat depression, anxiety, and issues with emotion regulation. Emphasis is placed on use of evidence-based interventions.

Treatment cases may also involve interventions to promote adaptive behavior, social skills, language development, school and academic interventions, and early intensive behavioral intervention for autism or other developmental disorders.

Collaboration with other NCH providers is encouraged (e.g., Developmental Behavioral Pediatrics, Psychiatry, Social Work, Counseling, Family Therapy, etc.). Interns will provide outpatient treatment services throughout the year.

Listed below are the minimum clinical requirements to fulfill the intern's requirements:

**Treatment:**

1. Outpatient Cases – Interns will be expected to see on average 2 to 3 outpatient treatment cases per week (which may mean carrying 4 - 6 “active” outpatient treatment cases at one time if seen biweekly) during the year. Participation in Parent Child Interaction Therapy (PCIT) clinic is counted toward active treatment cases but is optional. An “active” case is one that is currently attending their treatment sessions or is scheduled to return for treatment after the implementation of a particular strategy (e.g., parent training) for a follow-up. Interns will have 1 new treatment intake per month – these families are seen for 1-3 consultation style sessions as an initiation to treatment services at the CDC (we call this service RITI – Rapid Intervention and Treatment Integration). Interns are also expected to learn RUBI (Research Units in Behavioral Intervention) and participate in RUBI rounds as part of their treatment experience and training.
2. Inpatient Consults – For 6 months, the intern will participate in inpatient consults which occur at the main hospital and our Behavioral Health Pavilion, some of which involve the development and implementation of behavior plans for children who are currently admitted to the hospital.

**Assessment:** The IDD intern completes at least 50 assessments throughout the internship year. Assessments will come from weekly IDA's, psychological evaluations, inpatient consultations, and evaluations at medical clinics.

Advocacy: IDD interns take part in at least 2 advocacy activities during the internship year resulting in at least one work product. Listed below are examples that fulfill the intern's Advocacy Domain (note this list is not all inclusive).

- Advocacy activities = School observation visits, IEP planning, letter of advocacy to a county board of DD or insurance company for coverage of services
- Community Education = Assist with a presentation, attend parent support group meeting.

## Neuropsychology Track

Neuropsychology Track Interns spend approximately 12 hours per week in direct patient contact, including a combination of the following (this will fluctuate depending on caseload and inpatient census):

- 6-8 hours of neuropsychological assessment and consultation, including briefer evaluations (infant/toddler, preschool, inpatient testing)
- 4-6 hours of treatment cases
- 4-5 hours in outpatient medical clinics (1-2 hours of direct patient contact)

Neuropsychology Track Interns typically are involved in:

- 10-15 hours in case management, test scoring, and report writing
- 4-5 hours in didactic activities
- 2-4 hours in individual supervision
- 2-4 hours in group supervision
- 

## Autism Treatment Track

ATT interns will engage in a minimum of 12 direct clinical hours per week, although direct hours may depend upon combination of rotations chosen by the intern (e.g., the EIBI and CBP rotations will demand several more direct hours each week). In addition, interns will receive 4-5 supervision hours and attend 2-3 hours of didactics each week.

### *Rotation Options*

- Primary Rotations:
  - Behavioral Interventions: 4-5 direct hours per week for the full year
    - Intern will be assigned cases in which they will provide consultation and training to parents and other providers on a range of issues including school success, problem behaviors, skills acquisition issues. Interns may also co-lead a manualized group parent training service (PPP-Stepping Stones).
    - Intern will be scheduled for a weekly new client intake to provide recommendations on appropriate CASD treatment option and/or connection to community resources
  - Early Intensive Behavioral Intervention Program: 5-7 hours per week for the full year

- Interns will participate in an intensive home-program based on the principles of ABA, designed to remediate as many symptoms and deficits related to ASD as possible before children enter 1<sup>st</sup> grade. Intervention is provided in home, school, and peer play settings, is comprehensive in its goals, and involves a great deal of parent and family training.
  - Toddler Program: 5-7 hours per week for the full year
    - Interns will participate in an intensive home-program for 0–3-year-olds, based on the principles of ABA, designed to remediate as many symptoms and deficits related to ASD as possible in the first few years of life. Intervention is predominantly naturalistic in context, and its primary focus is on social and language functioning, on building flexibility and tolerance, and on helping parents gain effective parenting strategies.
  - Outpatient Psychotherapy Program: 4-6 direct hours per week for the full year
    - Interns will provide individual psychotherapy to pre-adolescent and teen-age youth with ASD related to symptoms of anxiety, depression, emotional regulation, social isolation, transition to adulthood and executive functioning issues. Interns will also assist with group psychotherapy and social skills groups for 8- to 18-year-olds and their parents.
  - Complex Behavior Program: 7-10 hours per week for the full year
    - Interns will conduct functional behavior assessments or functional analyses to determine the functions of problem behavior and develop a behavior plan. Treatment is provided in community-based consultation format or in an intensive day treatment model.
  - Adolescent Transition Program: 4-6 direct hours per week for the full year
    - Interns will provide behavior consultation, adaptive counseling, and pre-employment training services with adolescents. Interns will also have the opportunity to assist with group services for 12–22-year-olds.
- Secondary Rotations:
  - CASD Assessment: 3-4 direct hours per week for 6 months.
    - Interns will conduct a monthly psychological assessment (testing, scoring, report writing, feedback session) with children/youth diagnosed with ASD to update developmental and symptom profiles and provide ongoing treatment recommendations. Each intern will participate in this rotation experience.
  - EIBI Program: 5-7 hours per week for 6 months
    - See above
  - Toddler Program: 5-7 hours per week for 6 months
    - See above
  - Outpatient Psychotherapy Program: 4-6 hours per week for 6 months
    - See above
  - Complex Behavior Program: 5-7 hours per week for 6 months
    - See above
  - Adolescent Transition Program: 4-6 hours per week for 6 months
    - See above
- Community Outreach

- Throughout the year interns will participate in school in-services, NCH autism education programs, and other community training opportunities, once per quarter.
  - Interns can participate in community trainings on ASD (e.g., related to topics such as reducing problem behaviors, assisting first responders' interactions with patients with ASD, providing medical care to individuals with ASD, etc.). Other opportunities include Sibshops, Summer Buddy Camp, Camp RISE (recreation, independence and social experience), Autism Academy, and Parent training seminars.

## Pediatric Acute Treatment Track

PAT interns will engage in at least 12 direct clinical hours per week. In addition, interns will receive 3-4 individual supervision hours and attend 2-3 hours of didactics each week.

### *Rotation Outline*

- Year Long Rotations:
  - *Outpatient therapy*
    - Patients referred through the Mood and Anxiety Program or Pediatric Psychology.
    - Interns take a small caseload of outpatient clients in the MAP program. They will schedule their outpatient clients as fits in their schedule. Time of scheduling will be dependent on current rotation requirements.
    - Approximately 3-4 week
  - *Psychoeducational Assessment*
    - Traditional psychoeducational assessment with primary diagnostic clarification as a primary purpose; 6-10 reports by end of year
    - Intake takes place on one day followed by 1-2 testing sessions
    - The intern schedules approximately an assessment case per month. Time for testing scheduling will be dependent on current rotation requirements.
- Rotations:
  - *Inpatient Psychiatric Unit:*
    - The intern will receive 7-9 direct hours per week during this rotation
    - The intern may be responsible for doing initial psychosocial assessment, treatment planning, and other clinical duties. They co-lead DBT and parent groups.
  - *Mood and Anxiety Program*
    - Intensive Outpatient Groups
      - ADAPT/Anxiety Group: 4-week group, intern would shadow/co-lead first 4-week group, then provide individual services for patients in the remaining weeks, may include hierarchy creation and exposure

- Mood and Coping Group: rolling group, 4 weekly modules, patients are primarily referred for mood, suicidal ideation, self-harm, depression.
  - Social Anxiety Group: 10-week group, one evening per week. Intern will provide co-treatment as part of parent group.
  - Comprehensive DBT: Intern will have opportunities to shadow DBT skills groups or consultation meetings as interested and able.
- *Center for Suicide Prevention and Research (CSPR):*
  - Signs of Suicide (SOS) roll out, at least 3 school support/assessment with diversity in school age and setting, possibility for research involvement
  - Interns participate in community outreach and education, primarily utilizing the Signs of Suicide curriculum in small group formats in school districts across central Ohio. Additional experiences include crisis response to schools, consultation and assessment within schools, individual assessment with identified students, and participation in research projects. Depending on interest, there is the possibility for involvement in large research projects.
- *The Psychosis Clinic*
  - Interns will participate in clinic for approximately six months for two half days per week.
  - Interns will carry a caseload of approximately 4-6 patients at time and see patients during identified clinic times.
- *Partial Hospitalization Program*
  - Rotation length will be approximately two months.
  - Interns will assist with skills group facilitation (5-7 hours per week) and will shadow or provide co-treatment for individual and family sessions as indicated throughout the rotation.

Additional Rotation Opportunities: available based on Intern interest and preferences

- *Psychiatric Emergency Department (PCD)*
  - Interns are stationed in the Emergency Department and shadow behavioral health assessments with patients presenting to the ED for suicidal ideation, homicidal ideation, thoughts of self-harm, increased aggressive behavior, and other mental health concerns. They help determine level of care and facilitate transfer/placement.
- *Psychiatry/Psychology Consult Liaison Service:*
  - Interns will assist with consultations from the Psychiatry consult-liaison team, as well as select medical teams. As part of Psychiatry consults, interns may assist with suicidality/lethality assessments, family sessions and safety planning, and behavior plans. Medical consultations will focus on concerns related to comorbid psychiatric and medical acuties, including medically severe suicide attempts, neurological conditions, substance use, or disordered eating.
- *Youth Crisis Stabilization Unit (YCSU):*
  - Intern will shadow with YCSU team to provide brief assessment and treatment to youth admitted for mental health crises.



## Appendix 3.0- Internship Evaluation Forms

### Intern Informal Evaluation

#### Nationwide Children's Hospital Psychology Training Program

**Subject:**

**Evaluator:**

**Site:**

**Dates of Activity:**

**Activity:** Internship Informal Evaluation – 2 month

**Evaluation Type:** Intern

Please provide informal feedback to each intern that you have supervised on at least one case. Be sure to highlight the intern's strengths and weaknesses. Note the topics discussed with the intern below, sign the form at the bottom of the page, and return the completed copy to the intern's preceptor for filing.

**Relative Strengths:**

**Relative Weaknesses:**

## Intern Formal Evaluation

Time Frame	
	July – October
	November – February
	March – June

Supervisory Contact	
	Therapy
	Assessment
	Inpatient Consultation
	Medical Clinics
	Other

Rating		Description
<b>0</b>	N/A	Not Applicable
<b>1</b>	Unacceptable Level of Competency	Significant competency deficit: basic skills are either absent or just emerging. Skills are substantially below basic proficiency. Remedial work is required in this area and intense and/or additional supervision is necessary. A TSP must be developed in this area.
<b>2</b>	Partially Demonstrates Competency	Minor competency deficit: basic skills are present but not fully integrated into work. Closer supervision occurs at this level. A TSP may be developed in this area.
<b>3</b>	Demonstrates Basic Competency	Competencies are at a level of basic proficiency. Intern is making progress and supervision is routine. A “3” rating is the basic level of competency needed at the end of the program for successful completion.
<b>4</b>	Demonstrates Strength in this Competency	Competency in this area is a strength and exceeds what is expected from a typical intern.
<b>5</b>	Demonstrates Advanced Competency	Competency greatly exceeds expectations for an intern in this area.

**Research: (SoA Competency a)**

Interns demonstrate the ability to critically evaluate research as it pertains to their clinical cases and make research informed judgements about treatment and intervention.

0	1	2	3	4	5	N/A
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Interns demonstrate the ability to evaluate and disseminate research through completion of a research informed presentation.

0	1	2	3	4	5	N/A
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Interns demonstrate the ability to review and disseminate research informed recommendations to patients and families.

0	1	2	3	4	5	N/A
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**Research Comments:**

**Ethical and Legal Standards (SoA competency b)**

Interns demonstrate knowledge and application of the APA Ethical Principles and Code of Conduct

0	1	2	3	4	5	N/A
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Interns show an increasing independence when dealing with complex ethical scenarios throughout the year.

0	1	2	3	4	5	N/A
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Interns conduct themselves in a professional manner at all times. The ethical behavior occurs with colleagues, supervisors, and clients.

0	1	2	3	4	5	N/A
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**Ethical and Legal Comments:**

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### **Individual and Cultural Diversity: (SoA Competency c)**

Interns are expected to improve their knowledge of specific cultures and diversity variables and be alert to the way these features interact and impact both clinician and client.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
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Interns show the ability to effectively treat clients whose characteristics, worldviews, and group memberships are different than their own. The intern shows gradual increases in their own self-awareness and their emotional reactions to cultural and individual diversity.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns have a mature understanding of their personal history, cultural background, attitudes and biases. They further recognize how this personal history impacts their work with a diverse patient population. This skill gradually increases over the course of the internship.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns demonstrate a solid grasp of the theoretical and empirical knowledge base regarding diversity and is able to apply these in their clinical work. They are able to develop a positive working alliance with their clients from diverse backgrounds.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

### **Individual and Cultural Diversity Comments:**

### **Professional Values, attitudes, and behaviors (SoA Competency d)**

Interns realize and value the practice of “lifelong learning”. They demonstrate a commitment to learning, reading, and studying empirical psychological literature.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns reflect and self-evaluate their own work, attitudes, and behaviors.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Time management skills are practiced. Interns complete paperwork, charting, and other similar duties as needed. If deficiencies are noted, interns make appropriate changes to their work.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Interns are open to supervision and feedback regarding their work and behavior. When given feedback, they respond to the request of the supervisor and implement the supervisory suggestions.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

**Professional values, attitudes and behaviors comments:**

**Communication and Interpersonal Skills: (SoA competency e)**

Interns form effective relationships with a myriad of individuals including colleagues, supervisors, team members, and support staff. All are treated with respect and courtesy.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

If needed, interns show the ability to both give and receive difficult communication with individuals. Interns recognize the need to discuss a difficult situation and manage their own behavior during this situation.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Clinical notes and charting is accurate, integrated, and informative to the audience. Professional language is used in an appropriate fashion.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

The intern shows mature interpersonal skills. They are aware of their own behavior and how they are viewed by others. Interns are open to professional feedback from supervisors.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

### **Communication and Interpersonal Skills Comments:**

#### **Assessment (SoA competency f)**

Intern selects appropriate instrument to answer the referral question, develops an increasingly advanced test battery, and understands issues related to test security. Tests chosen have a strong evidence base and solid psychometric properties.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Intern follows standardization, appropriately “tests the limits”, shows good management of disruptive behavior, has accurate scoring, and keeps a tidy protocol.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Intern shows the ability to interpretation test data to inform the clinical conceptualization. The intern is able to interpret discrepant results.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Test results are integrated and draw upon multiple data sources. Meaningful, appropriate, and evidence-based recommendations are generated based on data.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

The completed written report is readable, appreciative of multiple audiences of report (parent, school, therapist), and accurately formatted.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Clinical feedback is given to the caregivers. Feedback is provided in a meaningful and accurate manner that leads caregivers to better understanding of the patient.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

#### **Assessment Comments:**

#### **Intervention (SoA Competency g)**

Interns gather clinical information at intake, have an open, enthusiastic, and hopeful attitude with families, are sensitive to misunderstandings about therapy, and review confidentiality/ethical issues at the outset.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns use evidenced based interventions based on clinical presentation, instilling confidence in family that intervention will lead to relief of symptoms.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Treatment plans are developed with client input, goals are measurable, meaningful, and achievable. Caregivers agree with treatment plan. Treatment is developed to directly address the presenting problem.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns modify treatment as needed. They conduct periodic review of goals and show increasing ability to pivot during intervention to address a pressing concern. Goals are added or deleted if needed.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns are able to apply relevant research to clinical presentation. Issues of diversity and individual contextual variables are recognized and considered throughout treatment.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

**Intervention Comments:**

### **Supervision (SoA Competency h)**

Interns demonstrate and apply supervision knowledge by disseminating psychological knowledge with other medical or mental health professionals in clinics or their behavioral health team.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns provide knowledgeable feedback in supervisory contexts (peer-to-peer, medical professionals) that is delivered in a constructive and approachable manner, highlights important aspects of clinical care, and is developmentally appropriate to receiving provider.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------

Interns demonstrate and apply supervision knowledge through direct or simulated practice with other psychology trainees, in individual and/or group supervision, and through didactic experiences.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
----------	----------	----------	----------	----------	----------	------------



Interns demonstrate the ability to participate in evaluation of supervisory relationship and understand the value of direct feedback to improve the quality of supervision.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

**Supervision Comments:**

**Consultation & interprofessional/interdisciplinary skills: (SoA Competency i)**

Interns demonstrate knowledge and respect for roles and perspectives of other professionals.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Interns relate well interpersonally to other disciplines and value contribution of non-psychology team members.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Interns accept feedback from families and other healthcare professionals and use this feedback to improve consultation and communication skills.

0	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

**Consultation & interprofessional/interdisciplinary skills comments:**

**Strengths for the Intern**

--

**Areas of Growth**

**Suggestions for Remediation (if applicable)**

Date of Verbal Review with Intern: \_\_\_\_\_

Date(s) of Direct Observation used in part to make these ratings\_\_\_\_\_

Signatures

\_\_\_\_\_

**Intern**

\_\_\_\_\_

**Supervisor**

## Internship Program Evaluation

### Nationwide Children's Hospital Psychology Training Program

**Subject:**

**Evaluator:**

**Site:**

**Period:**

**Dates of Activity:**

**Activity:** Internship Program Evaluation 6 month and 12 month

**Evaluation Type:** Program

#### **INSTRUCTIONS:**

**Please write a brief narrative critiquing your experience for the last six months of the internship. Please follow the outline below and respond to each point. Feel free to add any other dimension that you perceive as important but be sure to begin each new section with a heading.**

**Structure of the internship (e.g., time distribution, rotations)**

#### **Supervision**

- Exposure to different orientations
- Quality and Quantity of supervision
- Availability
- Primary and Secondary placements (If applicable)

#### **Patient populations**

#### **Assessment experience**

**Consultation experience**

--

**Therapy Experience**

--

**Professional Development**

--

**Friday Seminar**

- Range of topics
- Which topics would you delete
- Which topics would you add

--

**Group Supervision**

- The format at your site
- What would you change about the group supervision
- Did you get the opportunity to either provide or participate in simulated supervision yourself?

--

**How were you treated interpersonally & professionally?**

- At primary site
- At secondary site (if applicable)

--

**What are the overall weaknesses of the internship?**

- What could be done to remedy the weakness?

**What are the overall strengths of the internship?**

**Research Seminars**

- The format at your site
- What would you change about the research seminars

**Secondary Site Experiences (if applicable)**

**Social gathering**

**Other suggestions or comments**

## Supervisor Evaluation

### Nationwide Children's Hospital Psychology Training Program

**Subject:**

**Evaluator:**

**Site:**

**Period:**

**Dates of Activity:**

**Activity:** Supervisor Evaluation

**Evaluation Type:** Faculty

**Evaluation information entered here will be made available to the evaluated person in anonymous and aggregated form only.**

Faculty rely on your frank evaluation and feedback about supervision in order to monitor and improve their supervisory skills. Your appraisal of the areas listed below is helpful in this ongoing process. Your responses will be anonymous. Thank you for your assistance.

**Type(s) of experience with faculty member:**

<input type="checkbox"/>	Assessment
<input type="checkbox"/>	Consultation/Liaison
<input type="checkbox"/>	Research
<input type="checkbox"/>	Therapy

#### Content/Curriculum)

(relevant, up to date, practical, fits my level of knowledge)

N/A	Significant Deficit	Improvement Needed	Average	Strength	Exceptional Strength
0	1	2	3	4	5

#### Teaching Style

(motivating, sets clear expectations, constructive, respectful)

N/A	Significant Deficit	Improvement Needed	Average	Strength	Exceptional Strength
0	1	2	3	4	5

#### Clinical Approach

(breadth of interventions, flexible, creative)

N/A	Significant Deficit	Improvement Needed	Average	Strength	Exceptional Strength
0	1	2	3	4	5

**Professional Role Model**  
(attitude, demeanor, leadership, availability)

N/A	Significant Deficit	Improvement Needed	Average	Strength	Exceptional Strength
0	1	2	3	4	5

**Overall Effectiveness**

N/A	Significant Deficit	Improvement Needed	Average	Strength	Exceptional Strength
0	1	2	3	4	5

**Comments:**  
(Any other comments about supervision that you think the supervisor would find helpful)

## Internship Seminar Evaluation (Part A: Speaker)

### Nationwide Children's Hospital Psychology Training Program

**Presenter:**

**Evaluator:**

**Date of Seminar:**

**Activity:** Seminar

**The instructor was well prepared.**

N/A Strongly Disagree Disagree Neutral Agree Strongly Agree

0

1

2

3

4

5

**The instructor seemed to have a thorough knowledge of the subject.**

N/A Strongly Disagree Disagree Neutral Agree Strongly Agree

0

1

2

3

4

5

**The instructor presented material in an organized fashion.**

N/A Strongly Disagree Disagree Neutral Agree Strongly Agree

0

1

2

3

4

5

**The instructor made effective use of visual aids.**

N/A Strongly Disagree Disagree Neutral Agree Strongly Agree

0

1

2

3

4

5

**The instructor answered questions carefully and clearly.**

N/A Strongly Disagree Disagree Neutral Agree Strongly Agree

0

1

2

3

4

5

**This instructor is an effective teacher.**

N/A Strongly Disagree Disagree Neutral Agree Strongly Agree

0

1

2

3

4

5



**What did the instructor do well that she/he should be encouraged to repeat? (What were the strengths?)**

--

**What should the instructor do to be more effective?**

--

## Internship Seminar Evaluation (Part B: Content)

### Nationwide Children's Hospital Psychology Training Program

<b>Subject:</b>					
<b>Evaluator:</b>					
<b>Date of Activity</b>					
<b>Activity:</b> Seminar					
<b>The scope of the presented material was appropriate for my level of training.</b>					
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5
<b>This seminar was helpful to my professional development.</b>					
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5
<b>I learned a significant amount of new information today.</b>					
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5
<b>This seminar should be repeated next year.</b>					
N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

## Research Presentation Evaluation

### For intern's presentation about a research topic

How clearly were the presentation points conveyed?)

N/A	Very unclear		Average		Very clear
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

How organized was the presentation?

Very unorganized		Average		Very organized
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

How effective were the audiovisual materials?

Very ineffective		Average		Very effective
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

How well were the time limitations managed (with at least 15 minutes allowed for discussion)?)

<input type="radio"/> Very poor time management	<input type="radio"/>	<input type="radio"/> Average	<input type="radio"/>	<input type="radio"/> Very good time management
---	-----------------------	-------------------------------	-----------------------	---

What is your overall evaluation of this presentation?)

<input type="radio"/> Very poor	<input type="radio"/>	<input type="radio"/> Average	<input type="radio"/>	<input type="radio"/> Very good
---------------------------------	-----------------------	-------------------------------	-----------------------	---------------------------------

What specific aspects of the presentation did you like the best?

What specific changes or modifications would improve the presentation?

## Appendix 4.0- Intern Leave Request Form

### INTERN LEAVE REQUEST

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date or Time Leave Begins: \_\_\_\_\_

Date or Time Returning to Work: \_\_\_\_\_

Reason for Leave	
<input type="checkbox"/> Vacation/Personal	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Sick	<input type="checkbox"/> Other:
<input type="checkbox"/> Professional	

If professional leave, please provide details: \_\_\_\_\_

Please indicate who will cover the following responsibilities in your absence:

- Inpatient Cases/Consults: \_\_\_\_\_
- Outpatient Cases: \_\_\_\_\_
- On-Call: \_\_\_\_\_ ☐ N/A

In case of emergency, is there a way we can contact you? \_\_\_\_\_

Please obtain the following signatures:

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Preceptor

\_\_\_\_\_

Internship Track Director

\_\_\_\_\_

## Appendix 5.0- Request to Engage in Extramural Research Activities/Employment Forms

### REQUEST TO ENGAGE IN EXTRAMURAL RESEARCH ACTIVITY

I understand that the Nationwide Children's Hospital Internship in Professional Psychology assumes no responsibility for my actions in connection with the research activity listed below. It is my responsibility to so inform the organizations, institutions, and professional who are involved with me in this activity. I will provide these organizations, institutions, and professionals with a duplicate copy of this form and I will make no representation which might lead those organizations, institutions, and professionals, or research subjects to believe otherwise. While engaged in the activity below, I will not use or wear any items which identify me as affiliated with Nationwide Children's Hospital, nor will I permit any parties with whom I am associated in this activity to represent me as so affiliated. In the event of time conflict between internship and non-internship responsibilities, internship responsibilities will always take precedence.

Separate from my responsibilities as a psychology Intern, I request approval to engage in the following research activity:

Principal Investigator
Principal Collaborators
Mailing Address
Phone Number
Sponsoring Institution
Location at which research will be performed

Institutional Review Boards which have reviewed activity
Approved by dissertation committee at your home university department? Yes No
Inclusive Projected Dates of Research Activity
Projected Hours Devotes to Activity (e.g., Wednesdays 5:30 – 8:00 PM)

(Please attach separate sheet, if necessary, if this is a project approved by your dissertation committee attached copy of proposal).

I understand that any liability or workman's compensation insurance provided by Nationwide Children's Hospital does not cover any extramural employment situation.

Printed Name	
Signature	Date
Signature of Extramural Research Activity Supervisor	Date
Preceptor's Signature	Date
Internship Training Director's Signature	Date

## **REQUEST TO ENGAGE IN NON-PROFESSIONAL EXTRAMURAL EMPLOYMENT**

I understand that the Nationwide Children's Hospital Internship in Professional Psychology assumes no responsibility for my actions in connection with the activity listed below. It is my responsibility to so inform the organization by which I am employed. I will provide that organization with a duplicate copy of this form, and I will make no representation which might lead that organization or its clients to believe otherwise. While employed in the activity below, I will not use or wear any items which identify me as affiliated with Nationwide Children's Hospital nor will I permit the organization by which I am employed to represent me as so affiliated. In the event of time conflict between internship and non-internship employment responsibilities, internship responsibilities will always take precedence.

Separate from my responsibilities as a psychology Intern, I request to be employed as follows:

Employer
Direct Supervisor
Mailing Address
Phone Number
Type of Business
Inclusive Projected Dates of Employment
Projected Working Hours
Brief Job Description (attach separate sheet if necessary)

I understand that any liability or workman’s compensation insurance provided by Nationwide Children’s Hospital does not cover any extramural employment situation.

Printed Names	
Signature	Date
Preceptor’s Signature	Date
Internship Training Director’s Signature	Date



## Appendix 6.0- Important Dates/Evaluation Dates

### INTERNSHIP MEETING AND DATES 2024-2025

**First day of internship:** Monday, July 1, 2024

**Last day of internship:** Friday, June 27, 2025

All preceptor and training committee meetings will be through zoom unless otherwise notified.

#### **Preceptor Meetings (Interns Do Not Attend)**

	Date	Time
1	11/8/2024	9:00 – 10:00 AM
2	3/7/2025	9:00 – 10:00 AM
3	*6/6/2025	9:00 – 10:00 AM

#### **Training Committee Meetings (Intern Representative Attends)**

	Date	Time
1	9/13/2024	9:00 – 10:00 AM
2	1/24/2025	9:00 – 10:00 AM
3	*6/6/2025	10:00 – 11:00 AM

\* Please note: These two meetings on the same day, back-to-back.

#### **Meeting with Internship Director (All Interns Attend. Seminar Immediately to Follow)**

	Date	Time
1	8/23/2024	9:00-9:30 AM
2	11/15/2024	9:00-9:30 AM
3	2/7/2025	9:00-9:30 AM
4	5/9/2025	9:00-9:30 AM

## EVALUATION DATES 2024-2025

Evaluation Type	Send Date (Approx)	Due Date
<i>Completed by Supervisor:</i>		
Informal Evaluation	8/23/2024	9/6/2024
Formal Evaluation 1	10/25/2024	11/8/2024
Formal Evaluation 2	2/21/2025	3/7/2025
Formal Evaluation 3	5/23/2025	6/6/2025
<i>Completed by Intern:</i>		
Supervisor Evaluation 1	10/25/2024	11/8/2024
Program Evaluation 1	12/27/2024	1/10/2025
Supervisor Evaluation 2	2/21/2025	3/7/2025
Program Evaluation 2	5/23/2025	6/6/2025
Supervisor Evaluation 3	5/23/2025	6/6/2025
Didactic Seminar Evaluation	Every Friday Morning	2 weeks after seminar
<i>Supervision Tracking</i>		
Interval 1	9/30/2024 – 10/11/2024	
Interval 2	2/24/2025 – 3/7/2025	
Interval 3	5/12/2025 – 5/23/2025	

## Appendix 7.0- PsychInternship Folder

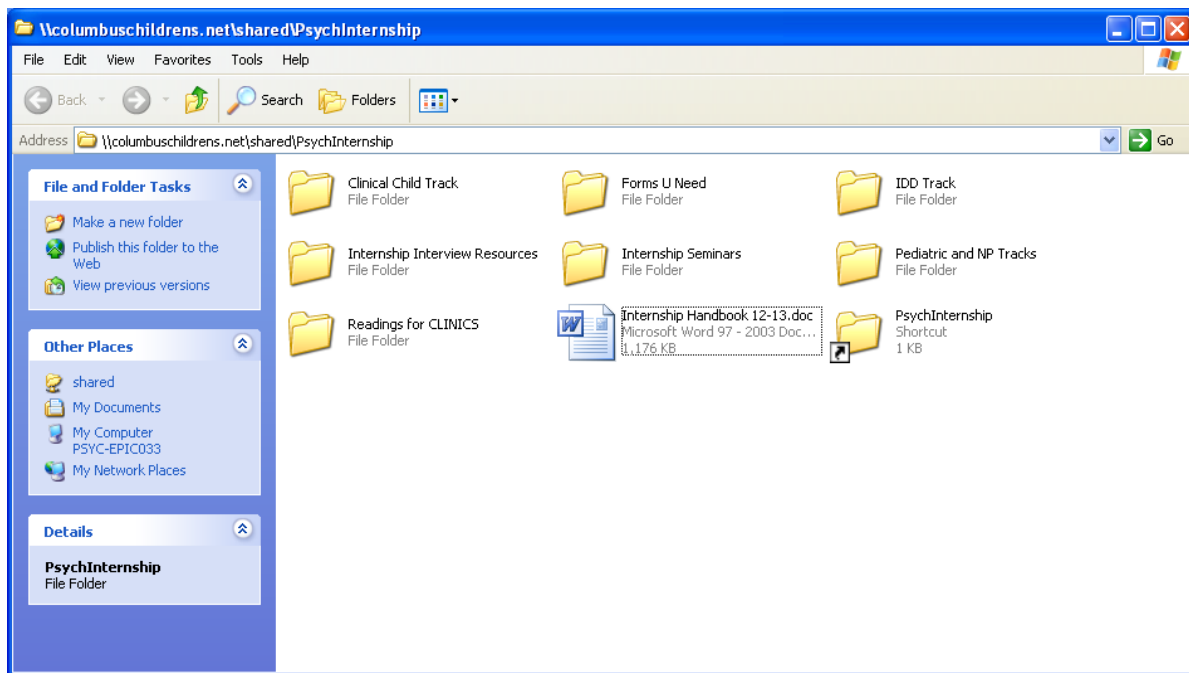
The **PsychInternship Shared Folder** is a common folder where you will find (almost) everything you'll need for the internship year including a copy of this handbook.

There are several folders that may be relevant depending on your track but note the Internship Seminar Series folder will hold the current schedule. **Sometimes presenters/locations change**, so please check the schedule frequently.

You should have access to this folder. Access it via the internet by typing in:

<\\columbuschildrens.net\\shared\\PsychInternship>

Once you are in there, **be sure to add this folder to your desktop** for easy access throughout the training year. Simply create a shortcut.



## Appendix 8.0- Intern Wellness/Remediation Policies

Please see the attached policies that are in line with the General Medical Education board at Nationwide Children's Hospital. The following policies review how the following circumstances will be managed. There may be situations that require problem solving outside of the policies listed below, and the executive committee retains the right to act in the best interest of the intern and training program in additional ways (not written out below) that may seem relevant or necessary. Brief overviews of policy are below:

### **Wellness/Remediation Contents**

1. TSP/WIP
2. Fitness for Duty
3. Managing mental health crises
4. Paid/Unpaid leave policy
5. Emergency time-off policy
6. Trainee Medical Leave plan
7. Trainee Impairment policy
8. Rights and Responsibilities

### **Need for Mental Health Support**

- If a trainee discloses concerns with depressive, anxious, or other mental health symptoms, supervisors will be available to help problem solve and accommodate work-related issues, as well as provide personal support. Referrals will typically be offered for mental health support. EAP is available through Lyra for 12 free sessions (<https://nationwidechildrens.lyrahealth.com/>), or we have a list of local providers. Any mental health disclosure will remain as confidential as possible.
- If a trainee discloses more significant concerns with mental health that are impacting performance at work, the supervisor may need to involve the preceptor and track director to identify more formal supports and referrals.
- If a trainee discloses thoughts of self-harm or suicidal thoughts, the supervisor will reach out to You Matter/Employee Health for shared support. This process is in place to maintain the confidentiality of the trainee and protect the ongoing supervisory relationship to best support training. The supervisor will involve the preceptor and track director in order to facilitate clinical coverage and continued support.

### **Need for Substance Use Support**

- If a trainee discloses concerns with substance use, supervisors will be available to help problem solve and accommodate work-related issues, as well as provide personal support. Referrals will typically be offered for support, including mental health agencies. EAP is available for 8 free sessions, or we have a list of local providers. Substance use disclosure will remain as confidential as possible, though will likely require involvement of preceptor and track director to identify more formal supports including outside agency referrals and a training support plan.

## Section 1 – TSP and WIP

**Training Support Plan (TSP):** Observation of specific inefficiencies in the intern's skills will prompt the development of a Training Support Plan (TSP). The TSP is meant to provide a detailed plan of how supervisors will support further development in the skill area noted as less well-developed than would be anticipated for an intern at that particular point in the training year.

A TSP can be put into place based on supervisor recommendation, challenges noted in the informal evaluation, or a rating of a "2" or a "1" by a supervisor on the formal evaluation. If a "1" is ranked, the TSP must be developed. If the intern is rated a "2" writing a TSP is encouraged. A rating of "2" does require immediate closer supervision and observation regardless of whether a TSP is implemented.

The TSP will be developed collaboratively between the intern, supervisor(s), upcoming supervisors (if they will be part of the developed plan), and the respective associate director of internship training. The TSP will outline specific objectives, goals, and evaluation processes to determine if the intern is making progress. A start date and an end date (i.e., date of evaluation) for the TSP will be identified. Documentation showing the end of the TSP should be created. The intern's preceptor should be aware of the plan and available to support the intern professionally. The internship director should be given a copy of the plan but does not need to be a part of the development of the plan.

**Failure to Demonstrate Satisfactory Improvement on the TSP:** If, by the end date, the intern has not demonstrated progress in the specified area(s) (i.e., to where they would be rated a "3" or higher), several options may be considered.

1. The current TSP may be continued for a specified time period.
2. A new TSP may be developed with modified goals and training strategies.
3. A Work Improvement Plan (WIP) may be put into place.

**Work Improvement Plan (WIP):** A Work Improvement Plan (WIP) may be developed for several reasons.

1. The intern has not made adequate progress on their TSP, and it has been determined that the skill deficits and/or training needs are more significant than can be addressed in a TSP.
2. The intern demonstrates problematic performance or conduct.

**Definition of Problematic Performance or Conduct:** The internship program defines **problematic performance or conduct** as follows:

Problematic performance and/or problematic conduct are present when there is interference in professional functioning that renders the intern:

- a. unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior;
- b. unable to acquire professional skills that reach an acceptable level of competency; or
- c. unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning.

More specifically, problematic performance or conduct includes one or more of the following characteristics:

- a. The intern does not acknowledge, understand, or address the problem when it is identified.
- b. The quality of services delivered by the intern is significantly negatively affected.
- c. A disproportionate amount of attention by training personnel is required.
- d. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
- e. The intern's relationship with peers, supervisors, or other staff is negatively affected.

It is a matter of professional judgment as to when an intern's problem behaviors are serious enough to fit the definitions of problematic performance or conduct.

### **Procedures for Responding to Problematic Performance or Conduct**

The internship program has procedures to guide its response to interns with problematic performance or conduct. When supervisors' evaluations indicate that an intern's skills, professionalism, or personal functioning are inadequate for an intern in training, the Internship Training Committee will review the negative evaluations and a determination will be made as to what action needs to be taken to address the problems. After the review, the Committee may elect to take no further action.

Alternatively, the Committee may inform the intern that the Committee is aware of and concerned about the intern's performance and the faculty will work with the intern to rectify the problem within a specified time frame.

The Committee may direct the intern's supervisors and Internship Director or Associate Director to actively and systematically monitor for a specific length of time the degree to which the intern addresses, changes, and/or otherwise improves the problem behaviors.

This action will include a written **work improvement plan (WIP)** containing a description of the problematic performance or conduct, specific written recommendations for rectifying the problems, a time frame for the probation during which the problem is expected to be ameliorated and procedures to assess whether the problem has been appropriately rectified.

If the Training Committee deems that remedial action is required, the work improvement plan may include increased supervision, either with the same or other supervisors, a change in the format, emphasis, and/or focus of supervision and/or a change in the intern's case load or workload. If a work improvement plan is written, the intern's preceptor will meet with the intern to review the plan.

**Failure to Demonstrate Satisfactory Improvement on the WIP:** When a combination of interventions does not rectify the problematic performance or conduct within the specified period of time, or when the trainee seems unable or unwilling to alter his or her behavior, the training program may need to take more formal action.

If an intern on a WIP has not improved sufficiently to rectify the problems under the conditions stipulated by the WIP, the Training Committee will conduct a formal review and then inform the intern in writing that the conditions for terminating the WIP have not been met. The Training Committee may then elect to take any of the following steps, or other appropriate action.

1. It may continue the WIP for a specified time period.
2. It may suspend the intern whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the problem behaviors in question have been rectified.
3. It may inform the intern, the intern's graduate program, and Nationwide Children's Hospital administration that the intern will not successfully complete the internship if his/her behavior does not change. If by the end of the training year, the intern has not successfully completed the training requirements, the Training Committee may withhold certification that the intern successfully completed the internship. A majority vote by a quorum of the entire Internship Training Committee is required to withhold certification of completion.

If the Training Committee withholds certification of completion of internship, they may also choose to extend the intern's internship beyond the usual 12 months of an internship training year until either 1) the intern has been deemed by the Training Committee to have the minimal internship level professional abilities or 2) until the intern is making no further progress in training. In the latter case, the intern may be asked to leave without certification of completion of the internship.

4. The Training Committee may inform the intern and the intern's graduate program that the Training Committee is recommending to Nationwide Children's Hospital administration that the intern be terminated immediately from the internship program, and with the administration's approval, move to terminate the intern. A majority vote by a quorum of the entire Internship Training Committee is required to dismiss an intern.

All the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures, including opportunities for interns to initiate grievance proceedings to challenge Training Committee's decisions.

**Due Process in Evaluations and Remediation:** The internship program follows **due process guidelines** to ensure that decisions about interns are not arbitrary or personally based. The program uses the same procedures to evaluate all trainees, and it has appeal procedures that permit any intern to challenge program decisions. The due process guidelines include the following.

1. All interns receive a written statement of program expectations for professional functioning.
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to all interns.
4. Graduate programs are informed about difficulties with interns.
5. Work Improvement Plans and Training Support Plans are instituted for identified difficulties, and they include time frames for remediation and specify consequences for failure to rectify the inadequacies.
6. All interns receive a written description of procedures they may use to appeal the program's actions, and procedures they may use to file grievances.
7. Interns are given sufficient time to respond to any action taken by the program.

8. Decisions or recommendations regarding the intern's performance or conduct are based on input from multiple professional sources.
9. Program actions and their rationale are documented in writing to all relevant parties.



## Section 2 – Fitness for Duty

SUBJECT	SECTION	NUMBER	Page 1 of 7
Fitness for Duty/Drug Testing	Employee Relations	ER-3	

### I. Policy

Nationwide Children’s Hospital (NCH) strives to support a healthy and safe environment for its patients, visitors and staff. To promote this goal, employees shall not be allowed to work unless they maintain a fitness for duty required for the safe performance of their essential job functions. The unlawful diversion, manufacture, distribution, dispensation, possession, use and/or working under the influence of illicit drugs, controlled substances, alcohol, or illegal use of prescription drugs by employees of NCH or other individuals when representing or performing duties on behalf of NCH is strictly prohibited and may result in termination.

This policy outlines the procedure when an employee’s Fitness for Duty is in question. It does not apply to situations in which an employee has an infectious/communicable disease that is short term (e.g., colds, flu).

### II. Definitions and Policy Guidelines

A. **Fitness for Duty:** refers to a state, whether physical, mental and emotional, which enables an individual to perform an essential job function competently and safely.

B. **Controlled Substances:** include but are not limited to the following: Narcotics, depressants, stimulants, hallucinogens, or cannabis. Alcohol includes beer, wine, and liquor. This prohibition also includes use/abuse of legal prescription and/or over-the-counter drugs that can affect physical or mental ability to safely or productively perform job responsibilities.

C. **Confidentiality:** All information disclosed or obtained under this policy will be treated as confidential information.

D. **Compliance:** Employees are required to cooperate with mandatory referrals to Employee Health, Employee Assistance Program (EAP) or other provider as designated by NCH. Employees must also comply with requests to sign release of information consent forms and all treatment recommendations resulting from a Fitness for Duty evaluation. ***Employees who violate this policy or refuse to comply with the provisions of this policy will be subject to termination of employment.*** Violations of this policy could result in termination on the first offense. Employees who are within the first 90 days of employment and who violate this policy will typically be terminated immediately. Employees who refuse mandatory drug and/or alcohol testing may be terminated. The manager should contact Employee Relations for assistance. If Employee Relations staff is unavailable, the employee should be sent off duty on investigative leave until Employee Relations is available for consultation. Nationwide Children’s Hospital reserves the right to randomly test employees for compliance with its drug free workplace policy.

**E. Reporting Requirements:**

1. Employees who believe that he/she, a co-worker or other individual potentially poses a safety risk, or who are not fit for duty (e.g. physical or mental impairment to safely function in the workplace and safely perform essential job duties, threats or acts of violence, suicidal thoughts or acts, etc.) should immediately report their concerns to management.
2. Observations of the possession, sale, transfer, purchase, or use of illicit or controlled substances or unauthorized alcohol on NCH property should be reported to the appropriate Department Manager and Safety and/or Security Department. Refer to Patient Family Care Policy, Missing Controlled Substances.
3. Employee Assistance Program personnel will notify Nationwide Children's Hospital of employee substance abuse under two conditions: 1) When employee's behavior is considered to be of harm to self or others (includes patients); and, 2) when the employee is non-compliant with assessment and/or treatment recommendations.
4. Security will report unlawful activity (i.e. possessing, transferring, selling, purchasing, diverting or using illegal drugs, controlled substances) to law enforcement agencies when required by Federal, State, or local laws.
5. Drug/Alcohol abuse or controlled substance diversion by employees whose job duties require special licensure/credentialing shall be reported the proper licensure/credentialing agencies or boards.

F. Management has the responsibility to investigate and/or intervene when a question of fitness for duty exists. Examples of types of employee actions or behaviors that suggest the need for a fitness for duty evaluation include, but are not limited to:

1. Slurred speech
2. Lack of coordination
3. Odor of alcohol on breath or body,
4. Disorientation
5. Unusual or aggressive behavior
6. Incidents which involve injury to the employee, another employee or patient
7. Accidents while driving a hospital vehicle
8. Excessive absenteeism
9. Drowsiness/sleeping on the job
10. Suicidal thoughts

G. An employee who requires medical treatment following an injury at work may be required to undergo post accident drug screening, depending on the circumstances surrounding the injury. All employees who are injured while driving a hospital vehicle will be required to undergo post-accident drug screening.

H. If NCH determines that an employee is not fit for duty and/or may pose a significant risk of substantial harm to self or others, the employee may be removed from work, reassigned other duties that he/she is able to safely perform, be placed on temporary leave, or be subject to other employment action as may be appropriate.

### **I. Pre-Employment Testing**

1. All job candidates are required to successfully complete a drug screen as a condition of employment.
  - a. If a drug screen indicates a positive result for drug/alcohol use, an offer of employment will be rescinded.
  - b. Applicants who refuse to participate in the drug screen will not be considered for employment for twelve months.
  - c. Applicants whose drug screen confirms positive for drugs/alcohol will not be considered for employment for twelve months. Any applicant who is currently undergoing a drug rehabilitation program and is no longer a user of drugs is eligible for further consideration for employment.

### **J. Mandatory Drug/Alcohol Testing**

1. Any employee who exhibits behavior that calls into question his/her fitness for duty or suggests a reasonable suspicion of substance abuse; or has been reported for or self-reports the use/abuse of prescription, illegal drugs or alcohol or who is involved in a situation where drugs are missing will be interviewed by supervisory personnel and may be required to submit to drug and/or alcohol testing.
2. Employees involved in situations with missing controlled substances will undergo investigation as defined in the Patient Family Care Policy "Missing Controlled Substances".
3. At the Hospital's discretion, an employee who self-reports his/her dependency prior to coming to work impaired and wants to overcome it may remain employed as long as he/she is actively involved in a recovery program and remains drug free.
4. Treatment cost is the financial responsibility of the employee.
5. During normal business hours, Employee Health will obtain signed consent and collect samples for comprehensive drug testing. After testing is completed, the employee should be assisted in finding safe transportation home (family member, friend, Security, cab).
6. The employee will be placed on investigative leave pending the results of drug/alcohol testing. Prior to returning to work, the employee will be required to consent to and sign a return-to-work agreement with Nationwide Children's Hospital, Inc. which includes periodic, unannounced, unscheduled drug testing. The signing of the agreement will be coordinated through Employee Health Services.

7. Employee Health Services will evaluate test results, confer with Employee Health Medical Review Officer for positive results, and communicate to the manager and Employee Relations. The Employee Health Services Medical Review Officer will determine the legitimacy of any prescription medications.
8. Employees whose behavior and/or work performance indicates reasonable suspicion of substance abuse, diversion or who have positive drug and/or alcohol test results may be referred mandatorily to the Employee Assistance Program for a substance abuse assessment. Irrespective of a mandatory referral to EAP, an employee is subject to discharge.
9. The manager should consult with Employee Relations in evaluating options such as rehabilitation or termination.
10. Compliance with drug/alcohol testing and/or drug/alcohol dependency treatment does not preclude appropriate disciplinary action or termination. The employee must continue to satisfy all performance requirements.
11. Employee Health Services will periodically communicate with the employee's department director regarding compliance with return-to-work agreement.
12. Employees who voluntarily recognize their own chemical dependency problems and seek treatment, either through self-referral to the Employee Assistance Program, or directly to a treatment program, will be required to sign a return-to-work agreement with Nationwide Children's Hospital, Inc. which will include random drug and alcohol screening. New employees who are under contract with their licensing agency or board will be required to sign a work agreement with Nationwide Children's Hospital, Inc., which will include random drug and alcohol screening.
13. Employees who are mandated to participate in a drug rehabilitation program/random-testing program will be granted one opportunity for treatment and rehabilitation prior to termination, unless license is suspended by their licensing board.
14. Employees who operate hospital vehicles designed to transport employees, visitors or patients including, but not limited to individuals who drive Shuttle buses, Security vehicles for escorts, Mobile Intensive Care Units (MICU) or program vans such as Rehab and Primary Care will be subject to random drug screening. Such random drug testing will be administered by Employee Health Services. Names of employees eligible for random drug testing will be reviewed and submitted on a quarterly basis to a qualified, independent company. The company will randomly select names of drivers for screening and submit the selected drivers to Employee Health the first of each quarter. The Employee Health staff will call employees to report for screening. Any employee who refuses to submit to the drug testing within 24 hours of notification or whose test is reported as positive may be subject to termination.

#### Off Hours Procedures:

- a. On evening, night, and weekend shifts when Employee Health is closed, drug screening will be done by Remove (The Victorian Village Health Center (former Doctors Hospital) at 1132 Hunter Ave. (Hours: daily 10 a.m. – 8 p.m. and weekends 12n – 8 pm) or Grant Hospital Emergency Department.  
The drug screening staff will obtain signed consent and collect samples. A Safety and Security Employee or Patient Care Services (PCS) Supervisor shall accompany the employee to the off-site drug screen.
- b. A Work Health Client Requisition form needs to be given to the person accompanying the employee. The requisition form is available from the PCS Supervisor. The employee must have a photo ID, preferably a driver's license. A Urine Drug Screen Non-DOT 9 Panel shall be ordered. If alcohol is also suspected a Breath Alcohol Test shall be ordered. If unsure, both should be done. When Fentanyl or other specific substances are suspected, this needs to be communicated to the testing personnel and additional tests may be ordered. A copy of the requisition needs to be sent to Employee Health the following work day.

#### **K. Medical/Mental Health Evaluation**

1. Manager observes the employee and documents any observed deficiencies in behavior or performance that suggest that the employee is not fit for duty based on a medical or mental health condition.
2. Manager interviews the employee in private to gather information regarding the potential that the employee may need an accommodation to perform his/her work duties. The employee or manager may initiate the request for accommodation process according to the Disability and Reasonable Accommodation Policy guidelines.
3. Manager determines if work is available that will not put the employee, staff or patients at risk until a medical and/or mental health evaluation has been completed. If there is no work available that the employee can safely perform and the manager believes that the employee may place others or themselves at risk, the manager will immediately contact Human Resources regarding the situation and place the employee off duty. During off hours, the manager should place the employee off duty and contact Human Resources as soon as possible on the next business day.
4. The manager contacts Employee Relations to discuss the situation and develop a plan of action. The manager should document in detail the employee's inability to perform his/her essential job function(s).
5. The employee should be referred to Employee Health, the Employee Assistance Program or other provider as designated by NCH for a medical or mental health evaluation.

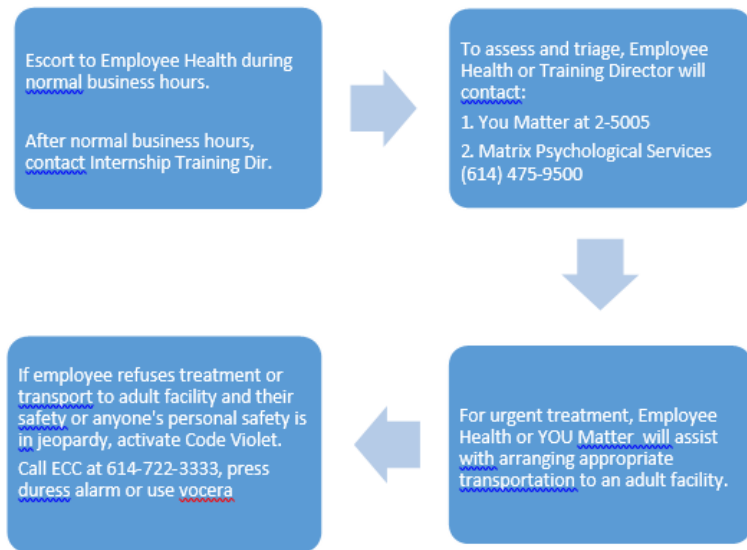
The department shall pay the cost of a mandatory fitness for duty evaluation or functional capacity examination.

6. Security will be notified immediately in situations where there is a potential threat or as warranted. Initiate Code Violet: Violent/Combative Person (Admin. Policy IX-22) if applicable.
7. In situations where it is deemed that the employee needs immediate intervention (i.e. suicidal), the following pathways are recommended to receive help:
  - i. Contact Employee Health during business hours to assist in assessing and triaging and connecting the employee with Lyra.
  - ii. The YOU Matter Line may be called 24/7 to access a Staff Support Clinician
  - iii. Utilize Second Victim Peer Supporters who are trained to work with leadership to get the employee on the phone with Lyra.
  - iv. In the event that the employee is assessed by a licensed clinician to meet criteria for an inpatient psychiatric treatment course, an Attending Physician in the Emergency Department or, if applicable, at the off-site Urgent Cares will assist with providing emergency medical treatment and triage to an adult facility in accordance with the Emergency Medical Treatment and Labor Act. Law enforcement may be contacted to transport the employee to an adult facility for psychiatric care at sites where an Attending Physician is not available. Police may also be called in the event that the employee is assessed by a clinician to present substantial harm to him/herself or others and refuses treatment by a NCH affiliated Attending Physician for transport to an adult facility, or is assessed at an off-site where an Attending Physician is not available to provide emergency medical treatment.
8. If a medical/mental health evaluation by Employee Health, EAP and/or other provider concludes that the employee requires temporary or permanent accommodation, Employee Health and Employee Relations will work with the management team to evaluate if a reasonable accommodation can be made. Accommodations should be documented in writing.
9. If it is determined that the employee is not fit for duty, Human Resources will assist the employee to provide information on FMLA/LOA, short term disability and eligibility for disability leave benefits.

## Section 3 – Managing Mental Health Crises

### ALGORITHM FOR EMPLOYEES “AT WORK” (NCH HOSPITAL, ABIGAIL WEXNER RESEARCH BLDGS, LAC, BIG LOTS BHP)

The following are the recommended pathways for staff who express suicidal thoughts, or in acute, mental health crises, at work, to receive help.



#### Examples – At Work

Employee reports to manager and/or coworkers that s/he is having thoughts of self-harm and/or harming others.

Employee reports to work with visible signs of self-harm such as cutting, bleeding

Employee is reportedly exhibiting bizarre and unusual behaviors and managers/coworkers indicate concern

## ALGORITHM FOR EMPLOYEES “OUTSIDE OF WORK”

The following are the recommended pathways for suicidal staff, or staff in acute, mental health crises, outside of work, to receive help. In the event that NCH receives a report from an external source (i.e. family members, friends, etc.), the individual may be provided with the resources below to contact for further assistance. Employee Relations may contact the manager and Legal Services to discuss and determine next steps on a case-by-case basis depending on the circumstances.

### Resources

<b>Netcare Access</b> Netcare provides 24-hour mental health and substance abuse crisis and assessment services for Franklin County, Ohio. Call 614-276-CARE (614- 276-2273) or Toll Free at 1-888-276-CARE (1-888276-2273).	<b>Local Police Department</b> The local police department may be contacted to request a Wellness Check. Wellness Checks are commonly requested to check on an individual’s wellbeing and determine if there is an urgent need for further assistance.	<b>You Matter</b> The YOU Matter Line, ext. 2-5005, can be called 24/7 for guidance and support. Staff Support Clinicians are on-call 24/7. Staff Support Clinicians are Master’s Level, licensed, mental health clinicians (currently 4 are LISW-S licensed).
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### Examples – Employees Outside of Work

*Family members, friends or other individuals in community contact NCH expressing concern about an employee’s mental health condition*  
*Concerning posts on social media indicating that employee may potentially be experiencing a mental health crisis.*



## Section 4 – Paid/Unpaid Leave

### Summary of Paid and Unpaid Time

**All paid and unpaid time must be approved by the Program Director-** see GME Policy Paid and Unpaid Time.

The program tracks all paid and unpaid time to assure that employment and training requirements are met.

Specialty/subspecialty certification requirements and individual program requirements set thresholds for duration of training and allowable absences, regardless of reason (e.g., illness, vacation, maternity/paternity leave). All dates categorized as “time away from training are considered absences. Trainees exceeding the maximum allowable absences for the program will be required to extend their training.

The total maximum allowable time away from training, inclusive of medical leave, FML, LOA, and vacation time during an academic year is 12 weeks (84 days). Additional leave may result in a loss of contract and position in the training program.

Type	Duration	Paid or Unpaid	Category	Notes
Vacation	15 days	Paid		
Personal Days	Up to 5 days	Paid	Time away from training	To be used for fellowship interviews, conference attendance, graduate program requirements
Holiday	6 days per year <ul style="list-style-type: none"> <li>New Years Day- Jan 1</li> <li>Memorial Day- Last Mon in May</li> <li>Independence Day- July 4</li> <li>Labor Day- First Mon in Sept</li> <li>Thanksgiving- 4<sup>th</sup> Thurs in Nov</li> <li>Christmas- Dec 25</li> </ul>	Paid	Time away from training	Trainees are not required to use vacation time for holidays
Bereavement	Personnel Policy Guidelines- Bereavement	Paid	Time away from training	Trainees are not required to use vacation time for bereavement
Family Medical Leave (FML)  Eligibility- birth or adoption of child, own or an immediate family member's serious health conditions. <i>Must be employed full time for over 1 year.</i>	Up to 12 weeks  Personnel Policy Guidelines- Family Medical Leave	Unpaid	Time away from training	For personal illness or childbirth, remaining paid medical leave for program may be used in conjunction with FML.  With PD approval, vacation may be used in conjunction with FM.  Only applies after 6 months of employment

## Section 5 – Emergency Time Off

### **Need for Emergency Time Off**

In the event that an intern experiences a need for unexpected time off, they may request up to 5 days off for this emergency which will not be counted as PTO. Interns can submit a request to their training director after returning from the emergency situation which will be considered (this is not a guaranteed benefit). If an intern needs more than 5 days to deal with this situation, this will trigger a plan to augment clinical work if between 5 and 10 days off or extending the training experience if more than 10 days. This is a cumulative time off policy so that if the intern experiences more than one emergency during the year, the total number of days off would be addressed as above. This is separate from the intern's PTO. The intern may elect to use their PTO if they do not want to extend training.

## Trainee Medical Leave Plan

- ☐ Use all of my time off for my medical leave
- ☐ Use part of my time off for my medical leave
- ☐ Save all of my time off for use when not on medical leave
- ☐ Enact the Emergency Medical Time Off Plan

I understand that whatever time I take that is not part of my allotted days will be unpaid leave if I have not yet been employed for 6 months or more. If my leave occurs after having worked at NCH for at least 6 months, I can apply for Short Term Disability. For more information, see [Short Term Disability \(sharepoint.com\)](#)

\_\_\_\_\_  
Internship Director Signature

\_\_\_\_\_  
Date

## Section 7 - TRAINEE IMPAIRMENT POLICY

An impaired trainee is a psychology intern who is unable to perform their duties satisfactorily and/or to care for patients, coworkers, or themselves with reasonable skill or safety because of a physical or mental illness, cognitive deterioration, loss of motor skills, or excessive use or abuse of drugs or other substances, including alcohol.

Trainees eligible under the Family and Medical Leave Act (FMLA) or disabled, as defined by the Americans with Disabilities Act and by Ohio law, are entitled to the protection of these laws, including the right to reasonable accommodation of their conditions. The Trainee Impairment policy will be administered in a way that recognizes and provides all applicable legal protections.

Training Directors (TD)'s, faculty, staff and trainees have a responsibility to report if they believe a trainee may be impaired. This includes a trainee's responsibility to self-disclose any conditions or circumstances which compromise their ability to perform safe and effective patient care. Listed below are some of the signs and symptoms of impairment. Isolated instances of any of these may not impair ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed, reporting may be indicated. The signs and symptoms may include:

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.
2. Family stability disturbances.
3. Social changes such as withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior and argumentativeness.
4. Professional behavior problems such as unexplained absences, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff and inadequate professional performance.
5. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, and flat affect.
6. Drug use indicators such as excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, and binge drinking.

Concerns regarding trainee fitness for duty should be reported to the Internship Director immediately, but at the latest within one business day. If the Internship Director is unavailable, concerns should be reported to the Associate Training Director, a direct supervisor in the program, or the Chief of Psychology. If the Internship Director and Chief of Psychology deem it necessary, the following individuals will be notified as it affects progression of training and clinical workflow: all Associate Directors, direct supervisors of the trainee, Ombudsperson(s), and if relevant the Clinical Manager/Director. Information to be shared will be kept to a minimum to protect the trainee's privacy. The Executive Committee of the Internship Training Committee, along with the program Ombudsperson(s) is responsible for investigating the concern. The Internship Director will make effort to maintain trainee confidentiality to the extent possible. The Executive Committee may require for-cause drug testing or professional evaluation. The trainee may be removed from duty or have duties limited temporarily while concerns are investigated. If testing and evaluation determine that the trainee is not impaired, trainee will be permitted to return to work without prejudice. The concern and investigation must not be noted in trainee final review.

If impairment is identified, the Executive Committee will identify appropriate interventions, with goal of eventual return to the program, if possible. A trainee is subject to appropriate disciplinary action, including and up to dismissal from the program, if they are found to have violated the definition of Problematic Professional Conduct expectations as outlined in this handbook and/or hospital policy. APPIC officials will likely be consulted, as well as the intern's home graduate program Training Director.

The Executive Committee may recommend that trainee's privileges be suspended or limited during evaluation and treatment for impairment. The Internship Director will inform the trainee of support and treatment services available (including NCH employee assistance program).

Depending upon the nature of the impairment, the Executive Committee may mandate counseling as specified in NCH Personnel policies. The trainee is expected to cooperate with the mandatory referral and sign release of information consent forms. The trainee may select a treating professional acceptable to him/her. The Internship Director will submit information regarding the factors leading to the mandatory referral to the treating professional. Failure to comply with the mandatory referral may be cause for dismissal.

A trainee who requires evaluation or treatment extending beyond 30 calendar days of suspension or limitation of privileges will meet with the Internship Director and/or designee regularly (at least bi-weekly) to determine their ability to return to regular status within the training program. The Internship Director will update the Executive Committee monthly regarding the status of the trainee suspension and shall make recommendations for reinstatement when appropriate. Reinstatement of responsibility following suspension or limitation of privileges requires approval of the Chief of Psychology. The Executive Committee may elect to require period of close monitoring following reinstatement to assure that trainee continues to perform duties satisfactorily.

The Internship Director will discuss with the trainee the implications of suspension/limitation of privileges as it pertains to advancement and completion of the intern's graduate program after consulting with the home graduate program's training director. The Executive Committee and the Training Director of the home graduate program will work together to find the best possible solution for the intern, depending on the exact circumstance, with the goal of helping the intern finish their program, if possible, even if on a delayed schedule.

During an initial 30-day suspension or limitation of privileges, the trainee may be eligible for full salary and benefits. If suspension beyond 30 days is required, the trainee may be eligible for pay and benefits according to the Paid and Unpaid Time policy and the paid time off allocation as specified in the trainee's contract. Trainees remain under trainee contract during suspension/limitation of privileges and must continue to abide by institutional and program requirements and policies unless they resign from the program. If a trainee resigns from the program, he/she is no longer an NCH employee, does not receive NCH salary or benefits, and is no longer afforded rights under NCH Due Process or other policies.

Trainees who are unable to return to duty following 90 days of suspension/limitation of privileges or who are unable to abide by their treatment program may be deemed unable to continue in the program and may be terminated. Due process, as explained earlier in this manual, will be followed. The Executive Committee should consult with Legal Services for direction regarding regulatory and accreditation requirements to report disciplinary actions and/or impairment.

## Section 8 – Rights/Responsibilities

### TRAINEE RIGHTS & RESPONSIBILITIES

<i><b>Right to be:</b></i>	<i><b>Responsibility to:</b></i>
<ul style="list-style-type: none"> <li>• Provided with high quality education that meets or exceeds accreditation and certifying Board requirements</li> <li>• Assigned patient care to enhance learning with adequate resources necessary to deliver safe care</li> <li>• Effective, respected member of healthcare team</li> <li>• Supervised commensurate with training and experience within regulations; given back-up for unusually difficult cases</li> <li>• Scheduled to duty hours standards; enabled to participate in "unique" learning opportunities</li> <li>• Offered didactics at level necessary for career development, Board certification, and high quality patient care</li> <li>• Engaged in scholarly activities meaningful to goals and interests</li> <li>• Given periodic feedback from faculty, other members of the healthcare team, and patients/families</li> <li>• Evaluated in writing by the Program Director (PD) at least semiannually; given access to due process for adverse actions</li> <li>• Afforded "safe" mechanisms to offer confidential program and faculty feedback</li> <li>• Guided to successfully launch career</li> <li>• Given summative evaluation before leaving program</li> <li>• Provided timely response to requests for verification of training</li> <li>• Represented by the PD/DIO during investigations of serious violations</li> </ul>	<ul style="list-style-type: none"> <li>• Actively engage in &amp; critically examine own education; document cases &amp; procedures required by ACGME/Board</li> <li>• Complete mandatory didactics &amp; regulatory requirements in a timely manner; maintain Ohio medical license</li> <li>• Carry out responsibilities to each patient, adhere to ethical principles; maintain complete, timely medical records</li> <li>• Provide highest quality patient- &amp; family-centered care as member of team</li> <li>• Report fit for duty; practice within scope; communicate with healthcare team to deliver best care</li> <li>• Accurately &amp; timely log duty hours; report violations /impairments to PD</li> <li>• Teach patients and families, students, residents, and other learners</li> <li>• Complete scholarly activities &amp; QI with guidance from PD, research mentors, &amp; QI coaches</li> <li>• Solicit and utilize performance feedback; seek clarifications as needed; monitor own patient care &amp; make improvements</li> <li>• Communicate openly with PD and faculty; report concerns to PD or Designated Institutional Official (DIO)</li> <li>• Provide balanced, comprehensive feedback on program and faculty</li> <li>• Advocate for career goals</li> <li>• Complete final Board certification requirements in timely manner</li> <li>• Respond to requests for follow-up information from Program</li> </ul>

2-12-14