



NATIONWIDE CHILDREN'S®

Internship in Professional Psychology

Internship Handbook

2026 – 2027



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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. Our next site visit is scheduled for 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

<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

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<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 foundational skills from their graduate programs 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 in 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 a 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), Integrated Primary Care (IPC) and the Behavioral Health Outpatient Close to Home clinics.

The **Internship Training Committee** is comprised of representatives of the training faculty, the ten 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
- Be sure the seminar sign-in sheets are returned to the training program coordinator for MedHub ratings
- 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
- Obtains E-Signatures for evaluations
- Schedules seminars throughout the year
- Manages PTO requests, e-signature process, supervision tracking, seminar attendance and generates seminar feedback to presenters in a timely manner

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

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

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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 seven different training tracks – Pediatric Psychology, Clinical Child Psychology, Intellectual and Developmental Disabilities, Neuropsychology, Autism Treatment, Integrated Primary Care and Pediatric Acute Treatment.

Internship Track	Primary Placement
Pediatric Psychology	Nationwide Children's Hospital Main Campus <i>Psychology Department</i>
Neuropsychology	Nationwide Children's Hospital Main Campus <i>Psychology Department</i>
Clinical Child Psychology	Nationwide Children's Hospital Community Behavioral Health Services- Outpatient Team <i>Located at one of the NCH Close-to-Home Centers</i>
Intellectual and Developmental Disabilities	Nationwide Children's Hospital Child Development Center (CDC) <i>Rotations at NCH main campus, BHP and Newark OH</i>
Autism Treatment	Center of Autism Spectrum Disorders (CASD) <i>2 off-site locations</i>
Pediatric Acute Treatment	Nationwide Children's Hospital Main Campus <i>Psychology Department</i>
	Behavioral Health Pavillion (BHP) <i>Mood and Anxiety Program (MAP) and Inpatient Units</i>
Integrated Primary Care Psychology	Nationwide Children's Hospital Primary Care Clinics <i>2 different locations</i>

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. 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. Seminars occur in person either downtown on the main campus or in one of the Westerville off-site locations. On rare occasions, seminars may be switched to a virtual platform. If this occurs, 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 other interns on important topics for future child psychologists.

The schedule for the intern seminar series will be located on the **NCH Psychology Trainees M365** SharePoint site. 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 take 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 and IPC interns: November and April
Child Clinical interns: December and May

Finally, interns participate in a series of cross-discipline trainings with other NCH trainees (psychiatry and NP fellows, social work, counseling and marriage and family therapy interns/trainees). These training events typically occur on Fridays after seminar approximately 3-4 times during the training year. Examples of activities include clinical and ethics case discussions and simulation experiences. Specific dates will be provided at the beginning of the internship year and interns are expected to coordinate their schedules to attend these multidisciplinary training events.

Minimum clinical expectations for each training track are delineated in [Appendix 2.0](#) of this handbook. Overall, interns should aim to spend an average of **12 hours** each week in direct patient contact. This time is broken down into time for assessments, therapy, and consultation.

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 diagnostic assessment, pain management, 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.

Pediatric Track interns manage approximately 100-200 medical consultations during the course of the year. Attention is given to expose interns to patients of different ages, medical concerns, referral questions, and 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 approximately 6-7 supervised **psychological assessments**. Referral questions typically include school placement, developmental delays, behavioral problems, executive functioning struggles, learning concerns, 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, observation of a school intervention, 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, community prevention 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 every 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 observe 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. This is a yearlong experience. 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.

Interns also participate in 6-month rotation learning experiences. All interns will do all rotations.

1. Rotation 1

- a. 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.
- b. Neurodevelopmental clinic: Assessment experiences embedded with in and run by the Neurology department at the main hospital. Interns will participate on an interdisciplinary team including Neurologist, ST, OT, and PT. Interns provide cognitive and autism assessments and brief behavioral consultation.

2. Rotation 2

- a. Diagnostic Intakes and Psychological Evaluations: Interns pick up new patients and conduct a clinical interview to assess concerns and next best steps. Intern may then provide psychological assessment services for that patient (if warranted) or refer them to another service based on the patient's needs.
- b. Interns will participate in inter- or multi-disciplinary autism assessments in a rural clinic through our Rural Outreach program located in Newark Ohio.

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.

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 drawn from referrals with neurologic and pain related conditions. 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 or other pediatric psychology faculty. 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 interventions to support 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 CASD faculty providing supervision and training includes licensed psychologists and post-doctoral fellows.

The ATT interns participate in a variety of treatment, assessment, and advocacy services for individuals with ASD. Treatment experiences include early intensive behavioral intervention, intervention for severe problem behavior, individual counseling, intervention for transition from adolescent to adult services, and group services with youth with ASD. Assessment experiences may include initial assessments to identify the client's needs and to inform treatment recommendations, including verbal behavior milestones and assessment program (VBMAPP), functional behavioral assessments (FBA), and functional analyses (FA). Additionally, psychological assessment experience will be provided through CASD focused on conducting comprehensive re-evaluation of developmental skills and diagnostic profiles. The assessment emphasizes understanding how measures tie into treatment services and how diagnostic profiles change throughout services. All of these experiences are based on a foundation of family-centered care, including parent support and training; care coordination, with both NCH and community providers; community outreach, in the form of outreach events and community trainings; and advocacy for the patient and family.

The interns participate in several training experiences during the course of the year: two primary areas that are engaged in throughout the year (i.e., year-long rotations) and two secondary experiences (i.e., 6-month rotations) that are engaged in consecutively, each for half of the year. Each intern will have a primary experience within general Behavioral Intervention providing parent training services and the other primary experience within Early Intensive Behavioral Intervention (EIBI), Outpatient Psychotherapy (OPP), Complex Behavior (CBP), or Adolescent Transition (ATP) program services. Secondary experiences will include psychological assessment and one of the other CASD clinical programs (EIBI, OPP, CBP, or ATP). The EIBI Program involves team-based applied behavior analysis services for toddlers or preschoolers. The Outpatient Psychotherapy Program includes implementation of services designed for youth and adolescents with ASD who are able to engage in more traditional outpatient services, including group psychotherapy, social skills groups, individual counseling, and family support. The Complex Behavior Program involves the treatment of severe problem behavior, including intensive outpatient services. The Adolescent Transition

Program involves behavior consultation, adaptive counseling, transition planning, pre-employment training, and various group services.

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 rotate across various acute care services, including the inpatient psychiatric units, Mood and Anxiety Program (MAP), Psychiatry Consult/Liaison (C/L), Partial Hospitalization Program (PHP), and Psychosis Clinic. Additional clinical experiences may be available within the Center for Suicide Prevention and Research (CSRP), Youth Crisis Stabilization Unit (YCSU), and Psychiatric Crisis Department/Extended Observation Suite (PCD/EOS).

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, 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: 5-6 months

During this rotation, interns will provide interventions during group, family, and individual sessions. They will have the opportunity to participate in the following:

- Involvement in intensive outpatient groups, including leading or co-leading teen and parent group sessions. For example, an Intensive Outpatient Program (AAIOP) designed to provide exposures for severe anxiety and school avoidance, and a Social Anxiety group (SAG).
- Individual sessions with patients as part of AAIOP.
- Opportunities to participate in intensive group treatment of obsessive-compulsive disorder may be available pending scheduling.

Inpatient Psychiatry Rotation

Rotation length: 3 months

Unit/s: Child Unit (BH 7B) and/or Adolescent Unit (BH 8A)

During this 3-month rotation the interns will serve patients and families on the child and adolescent inpatient psychiatry units. This rotation provides training in empirically supported assessment and treatment of severe mood, anxiety, behavioral, and co-morbid conditions in an inpatient setting. The interns 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 interns will participate in interdisciplinary rounds and case conferences.
- The interns will co-facilitate daily inpatient DBT or CBT skills groups.
- They will 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.
- They will have opportunities to provide caregiver education regarding patient diagnoses and the crisis cycle.
-

Psychosis Clinic Rotation

Rotation length: 5-6 months

The Psychosis Clinic rotation occurs simultaneously alongside MAP programming. Interns participate in two half-days of clinic per week and typically carry a caseload of 4-6 individual cases. Clinical work primarily involves use of Cognitive Behavioral Therapy for Psychosis (CBTp), along with integration of psychoeducation and motivational interviewing (MI) techniques.

Interns will participate in multidisciplinary team rounds, monthly caregiver education groups, case discussions, seminars, and various educational opportunities. Additional opportunities may include involvement in program development and quality improvement initiatives if available and interested.

Partial Hospitalization Program

Rotation length: 2 months

Throughout this 2-month rotation, interns will serve patients and families on the child and adolescent partial hospitalization program. This rotation provides training in evidence-based treatment of higher-acuity mood, anxiety, and behavioral symptoms for 12- to 18-year-olds in a day treatment setting. During this time, interns become integrated into a multi-disciplinary team that is comprised of master-level clinicians, psychology, psychiatry, nursing, milieu staff, adjunct therapy providers (e.g., therapeutic recreation, music therapy), and school liaisons. During this rotation, interns will participate in interdisciplinary rounds and psychology office hours to support team members in diagnostic clarity and case conceptualization development, treatment decision making, and behavior plan development. Interns will support in facilitating daily therapy groups, including mindfulness, CBT, and DBT, provide individual and family therapy, and support daily safety assessments/interventions with some of the program's highest acuity patients.

Assessment

Rotation length: 6 months

The assessment rotation occurs concurrently alongside MAP and Psychosis Clinic rotations. Interns will have the opportunity to complete psychological assessments for youth ages 12-17, with expected completion of 3-6 reports by the end of rotation. Interns will have established testing and report-writing time as part of their weekly schedule.

Psychiatry/Psychology Consultation/Liaison

Rotation length: 1 Month

During this rotation, interns will be embedded into the consultation/liaison team, which serves youth admitting medically for variety of presenting concerns, including suicide attempts, self-harm, psychosis/catatonia, or a primary medical issue (e.g., encephalitis). Interns will participate in daily psychiatry table rounds, individual- and family-based consultation, and interdisciplinary behavior planning/consultation.

Additional Clinical Opportunities

Interns will be able to choose additional clinical experiences, primarily shadowing in nature. Experiences will occur towards the end of MAP rotation and be variable in length. Opportunities include:

- Youth Crisis Stabilization Unit: interns will have the opportunity to observe family- and individual-based crisis intervention as part of the stabilization unit.

- Psychiatric Crisis Department/Extended Observation Suite (PCD/EOS): interns will be able to shadow clinicians during crisis assessments and observe individual/family intervention for youth boarding in EOS.
- Center for Suicide Prevention and Research (CPSR): Interns will be able to participate in the Signs of Suicide (SOS) program, an evidence-based program aimed at increasing awareness of suicide risk factors and warning signs and provides students with opportunities for screening and support. The intern will be able to observe staff training and assist with screening and risk assessment processes.

Integrated Primary Care (IPC) Track

The IPC internship track focuses on helping interns develop the skills necessary to effectively integrate into medical teams and provide same-day behavioral health services to patients and families during primary care appointments. A primary goal of the IPC track is to develop foundational skills for psychologists working in consultative roles within medical settings. The IPC intern will train at two primary care clinics throughout the training year, allowing exposure to different clinical teams, patient populations, and clinic workflows.

Consultation

Throughout the year, the IPC intern will provide same-day consultations for patients and families presenting to primary care appointments with a range of concerns, including (but not limited to) procedural distress, ADHD, sleep and feeding difficulties, family conflict, depression, anxiety, developmental concerns, and weight management. The primary care network at Nationwide Children's Hospital serves families from different backgrounds and provides care for individuals ages 0-21 years.

Supervisors will take a developmental approach to support the development of the intern's consultative skills. Supervisors will provide opportunities for observation, co-facilitation, and use of the preceptor model to support intern growth during real-time clinical interactions.

Outpatient Therapy

The IPC intern will also maintain a caseload of patients referred for co-located behavioral health services within primary care. The intern can expect to engage in 4-7 co-located therapy appointments a week. Presenting concerns may include disruptive behavior, depression, anxiety, adjustment disorders, sleep and feeding difficulties, and elimination disorders. Treatment modalities may include brief individual, family, and group therapy, in addition to community support programs unique to the NCH primary care network.

Depending on the intern's experience and comfort level, co-treatment opportunities may be available early in the year, with a goal of increasing independent service delivery as the training year progresses.

Psychological Assessment

During the training year, the IPC intern will complete both psychoeducational and ADHD evaluations, with a minimum of three evaluations expected during each six-month rotation.

Psychoeducational evaluations are conducted with youth ages 6-18 to clarify diagnoses such as intellectual disability, learning disorders, ADHD, and other psychiatric conditions impacting functioning. Interns will administer, score, and interpret cognitive and achievement measures, as well as broad-based and symptom

specific rating scales. The intern will write integrated evaluation reports summarizing results, diagnoses, and recommendations and provide feedback to families.

ADHD evaluations are completed for youth ages 4-20 referred by their primary care provider for complex ADHD concerns. These brief, targeted evaluations will include standardized rating scales (broad-based and symptom-specific), diagnostic clarification, and collaborative treatment planning with families and primary care providers.

Throughout the training year, the intern will also participate in informal assessment opportunities, such as reviewing Evaluation Team Reports (ETRs) and providing education to families regarding the Individualized Education Plan (IEP) process.

Specialty Rotations

The IPC intern will participate in two specialty rotations during the training year. Rotations are typically structured as half-day, weekly experiences over a six-month rotation. Rotation timing and offerings may vary based on training year needs and supervisor availability with the goal of providing the most beneficial clinical training experience. The purpose of these rotations is to broaden clinical exposure through experiences complementary to primary care practice.

Depending on the intern's experience and learning goals, activities may include observation/shadowing, co-treatment, and direct service provision. Supervision will be provided by a licensed psychologist affiliated with each rotation. Examples of specialty rotations may include Comprehensive Pediatric Feeding and Swallowing Program, Pediatric Acute Care, Center for Healthy Weight and Nutrition, and Proud Linden Parent Program.

Supervision

The IPC intern will receive both individual and group supervision from licensed psychology faculty members specific to their clinical activities. Supervision reflects NCH's commitment to professional development, clinical excellence, and growth in training and education.

Individual supervision is provided for each rotation, ensuring exposure to diverse supervisory styles, treatment approaches, and areas of specialization. Supervision is developmental in nature and is focused on building confidence, self-reflection, clinical competencies, professional identity, independence, and career development.

Group supervision experiences include monthly case conferences with the primary care psychology team, as well as informal consultation opportunities with psychologists and master's level clinicians.

Supervision occurs through a combination of scheduled meetings and real-time ("on-the-fly") supervision to support timely feedback and integration of learning into clinical practice.

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. Interns will have the opportunity to evaluate their preceptors in the above areas twice during the training year.

Clinical Supervision

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. Interns receive a minimum of 4 hours of face-to-face clinical supervision each week. Audio and video taping (on hospital approved devices only), one-way mirrors, direct observation and co- therapy are used as supervision tools. Supervision includes both individual and group modalities, with at least half of the supervision being one-on-one.

Supervisor responsibilities include but are not limited to the following:

- To monitor and ensure welfare of the public, including clients seen by the intern
- To protect and advocate for the welfare of the profession of psychology
- To promote the professional development of the psychology intern
- To abide by APA and Ohio laws and ethics
- To schedule and keep regular supervision meetings with the intern
- To provide timely verbal and written feedback on the intern's performance including but not limited to completion of intern evaluation forms through MedHub
- To communicate clearly with the intern expectations for when and how to communicate with them outside of scheduled supervision times
- To review and provide feedback on documentation and assessment reports in a timely manner and within hospital guidelines
- To provide the intern with information on supervision coverage in the event a supervisor is out of the office

Interns will have the ability to evaluate their supervisors in the areas above multiple times throughout the training year. Track specific supervision information can be found below.

Individual Clinical Supervision

Pediatric Track interns receive a minimum of two hours of individual supervision each week around inpatient and outpatient needs. Supervision includes meeting prior to seeing patients to plan for history taking, differential diagnosis, team collaboration, 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 supervisor for Interdisciplinary Diagnostic Assessments (IDA) and a primary supervisor for Psychological Evaluations, Diagnostic Intakes, and treatment cases. These supervisors remain the same throughout the internship year and interns typically have weekly scheduled supervision meetings with their primary and IDA supervisors. 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 be assigned a supervisor 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 receive three hours of individual supervision weekly.

Pediatric Acute Treatment interns receive three hours of traditional one-to-one supervision as well as engage 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.

The Integrated Primary Care intern will be assigned a faculty preceptor, whose role aligns with that outlined in the internship handbook. The preceptor provides professional development support rather than clinical supervision. The intern will receive a minimum of three hours of individual supervision each week within their primary care clinic rotations, and additional supervision within other rotations, to equate to a minimum of four hours a week. The intern will also participate in related educational activities. Informal and live supervision opportunities are also available throughout the training year.

Group Supervision

Pediatric Track 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. Interns will also present and collaborate on their cases in interdisciplinary rounds, with supervisors present to give feedback on presentation and communication skills.

Clinical Child interns participate in a weekly two hour-long clinical consultation and training group. This group supervision entitled a “vertical team” brings together psychology trainees across training years such that all trainees (e.g., postdoctoral fellows, practicum students) in our outpatient close to home centers also participate weekly. This seminar devotes the meeting to didactics and group supervision. Didactics are focused 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 clinical case conceptualization and application of skill development, as well as allow interns to gain parallel supervision experience.

IDD track interns participate in weekly group supervision. Group Supervision occurs for CDC trainees interns and post-doctoral fellows who are providing assessment, treatment, consultation, or advocacy services. Practicum students are also invited to join if they are available. 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 (assigned by Group Supervision Faculty director).

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. There are bi-weekly group supervision meetings for both our full senior clinician team and also break-out meetings for each of our clinical teams (i.e., OPP, EIBI, CBP, ATP). These group supervision meetings include psychology faculty, post-doctoral fellows, ATT interns, and CASD senior clinicians, and involve a discussion of current treatment cases and a review of recently published journal articles. The ATT interns will present (case presentations, didactic trainings, or research presentations) at least twice during the year in these supervision meetings. Additional group supervision experiences are available with ACC, OPP, and ATP for interns participating in those rotations.

The PAT interns participate in biweekly group supervision with PAT faculty and the PAT fellows. Alternating with group supervision, interns attend a didactic seminar two times per month reviewing topics related to acute care. The interns will also participate in a clinical research 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.

The IPC intern will participate in monthly group supervision meetings during which an IPC team member presents a case for feedback. The intern will also present one of their training cases for feedback. Additional informal group supervision may occur with team members, including psychologists and master's level therapists.

Ohio Psychology Law and Rules

Ohio Psychology Law & Rules make a number of stipulations about professional training supervision. They 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

Throughout the training year, interns will be asked to track activities including but not limited to clinical hours, supervision, didactics, and documentation time using an Excel spreadsheet provided to them at the beginning of the training year. Special accommodations can be made for interns who are required by their program to use other tracking systems (e.g., Time To Track). Interns will share this document with their Associate Directors regularly and are encouraged to keep up with documentation on a weekly basis. At three separate intervals throughout the training year, the Internship Director and Training Coordinator will gather data to ensure an adequate amount of supervision is occurring.

Seminars

Intern Didactic Seminars

A weekly intern didactic seminar is held on Friday mornings (9:00 AM – 10:30 AM) in person 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.

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 track seminars are held on Tuesdays for approximately ten weeks from 12-1pm. Clinical service hour lectures are held on Thursdays 12-1pm and include representatives from the various medical specialties who provide education about particular diagnoses. Pediatric and Neuropsychology interns also attend Biofeedback Training Seminar that occurs on Tuesdays as well for eight weeks from 12-1pm.

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, Committee for Social Change 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: Neuropsychology interns will attend the following didactics:

Neuropsychology Seminar (weekly): Focus on ABPP-CN Board preparation. Includes topics on neuroanatomy, neuropsychological conditions, and neuropsychological assessment. Once a month we conduct a mock fact-finding exercise aimed at preparation for the neuropsychology board certification oral examination.

Neuropsychology Case Conference (bi-weekly): Trainees rotate presenting a neuropsychology clinical case for group discussion. Quarterly, we conduct a mock practice sample defense exercise aimed at preparation for the neuropsychology board certification oral examination.

Neuropsychology Research Seminar (monthly): Trainees and faculty will present ongoing research projects or recent relevant research publications for group discussion. Interns will complete a formal research presentation during this seminar.

Neuropsychology Clinical Practice and Professional Issues (monthly): Topics include issues related to cultural competency and individual differences as well as guest speakers from community agencies and other professionals outside of our department.

Neuroradiology Rounds (bi-weekly): Neuroradiologists provide detailed review of neuroimaging and clinical findings with a group of physicians and trainees from multiple disciplines.

Epilepsy Surgery Conference (weekly, during Epilepsy rotation): Multidisciplinary presentations of patients undergoing Phase I epilepsy surgery evaluations including neurosurgery, neurology, radiology, nuclear medicine, neuropsychology, and social work.

Rehab Psychosocial Rounds (weekly, during TBI rotation): Multidisciplinary providers discuss issues related to psychosocial functioning for patients admitted to the rehab unit.

The ATT interns track seminar is held weekly for one hour. These seminars are led by a member of the psychology faculty and focus on article discussion and application to clinical caseload.

Pediatric Acute Treatment will participate in a bi-monthly seminar presenting topics related to acute psychological care. They will also participate in a clinical case conference. As part of onboarding towards the beginning of the year, interns will participate in intensive workshops focused on suicide risk assessment, safety planning, working with systems-involved youth, and acute conceptualization.

The Integrated Primary Care (IPC) intern will participate in monthly journal clubs, group supervision meetings, and program development meetings with the IPC team. These meetings often include presentations from relevant departments and are typically held on Wednesdays for 60-90 minutes. The intern will also attend relevant didactic and training sessions offered through hospital grand rounds, as well as interdisciplinary training experiences shared with other internship tracks.

Research Presentations

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" presentation 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.

Interns should meet with their faculty preceptor and/or training director 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, PAT track, and IPC interns will present a research presentation during the course of the training year. Audience for this presentation may include, but is not limited to psychology faculty, medical and psychology learners, and medical faculty.

Neuropsychology intern will present a research presentation to the neuropsychology faculty and trainees during a seminar.

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 from 8:00 AM - 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 health equity and inclusion. Interns are informed of upcoming seminars. A wide range of resources related to health equity, inclusion and culture can be found on the hospital intranet at:

[Equity and Inclusion Learning Library](#)

Director Meeting

The entire class of interns will meet a minimum of three 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 AM – 9:30 AM. Dates of these meetings are provided in [Appendix 6.0](#). In addition, interns will meet individually with the Director a minimum of once during the training year to discuss their internship experience. These meetings will be scheduled approximately 6 months into the training year but could occur sooner and more frequently if an intern desires.

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 report writing
- 3 – 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. Supervisors are required to personally observe at least one live session per evaluation period.

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 Track interns work five days per week. There is no "on-call" coverage. Some advocacy opportunities occur on weekends, but interns are not required to participate in these activities but can elect if desired.

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

Pediatric Psychology Track interns work five days per week. There is no "on-call" coverage this year.

ATT interns will work five days per week with evening expectations for some group services. There is no "on-call" coverage.

Pediatric Acute Treatment interns work five days per week. Evenings may be required for the MAP Intensive Outpatient Program (IOP) rotation, Social Anxiety Group, or Psychosis Clinic Parent Group. There is no "on-call" coverage.

The IPC intern works five days per week. Evening hours may occur if the intern elects to participate in a rotation offering evening services (e.g., PLPP groups). There is no "on-call" coverage.

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 with 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.

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 electronically, and the evaluation is sent through email to the intern's Preceptor and Associate Director. These are kept within the intern's file and managed by the program coordinator.

The Preceptors, the Internship Director, Associate Directors and program coordinator 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 program coordinator and will be permanently maintained for any future needs.

An “**Informal**” **evaluation** of their progress also is completed by each supervisor in the 2nd 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, the internship program may collaborate with the graduate institution. If any issues arise in training that may require support or remediation, especially if this could impact graduation, the program will communicate with the graduate institution. The graduate 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 concern or complaint regarding a supervisor, staff member, another trainee, or the program itself. The intern cohort is scheduled to meet with the ombudspersons quarterly throughout the training year to allow for a space to bring up any concerns. The Ombudsperson would also be available to discuss such concerns in an informal way to get assistance and support as needed. 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 2026 - 2027 training year, Dr. Michael Flores and Dr. Jenn Hansen-Moore will serve in this role. Contact Information:

Michael Flores, PhD

Internship Ombuds

Phone: (614) 938-016, ext. 58002

Michael.Flores@nationwidechildrens.org

Jennifer Hansen-Moore, PhD. ABPP

Internship Ombuds

Phone: (614) 722-0739

Jennifer.Hansen-Moore@nationwidechildrens.org

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 other 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. In the event that the complaint is against the Internship Director, responsibility for convening the review panel will fall to an Associate Director. 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. 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, Associate Director of Supervision and program coordinator 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 and Section Chief for program evaluation. These evaluations are reviewed every 2 weeks by the program coordinator, Internship Director, and Section Chief with feedback provided to the 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.

Intern Evaluation of Preceptor

Interns complete formal written evaluations of their preceptor at 6 months and at the end of the training year (see [Appendix 3.0](#) for the form). Feedback is reviewed by the Internship Director, Training Coordinator, and relevant Associate Directors as appropriate. Evaluations provide feedback used by faculty for professional growth as a mentor.

Intern Evaluation of Associate Track Director

Interns complete formal written evaluations of their Associate Track Director at 6 months and at the end of the training year (See [Appendix 3.0](#) for the form). Feedback is reviewed by the Internship Director, Training Coordinator, Section Chief, and relevant Associate Directors as appropriate. Faculty use evaluation feedback for professional growth in the areas of leadership, organization, and mentorship.

All 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 2026-2027 internship year runs from June 29, 2026 until June 25, 2027. 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 job interviews and university-related activities (e.g., dissertation defense, required meetings, conference education). 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 the 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, and 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.

Information about the faculty appointment can be found in [Appendix 8.0](#).

Library

Nationwide Children's Hospital Medical Library is located on the second floor of the Education Center. It is staffed from 8:30 AM 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.

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.

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Appendix 1.0: Work from Home and Use of Technology

Limited work from home opportunities may be possible for interns in certain tracks or for specific situations. **Interns should always be available to work on-site during their normal working hours, even if working from home at any point.** Interns must have appropriate privacy and internet availability to perform work duties from home if offered. 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.**

Supervision, 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.

Use of technology for client care will be limited to NCH approved devices/platforms.

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. This includes shadowing, co-treating, and independently completing inpatient, outpatient, and clinic visits. The expected total "face-to-face" patient contact is approximately 500 hours for the 12-month internship. Pediatric Psychology Track interns typically work five days per week and are generally on site given the nature of medical collaboration.

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 and six month rotations on different services. Faculty will attempt to distribute consults so interns gain experiences with families with a variety of presentations (different ages, backgrounds, conditions).

Outpatient Therapy: Pediatric interns are expected 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 will carry a caseload of 2-3 referrals from the following services, that each have an assigned supervisor: diabetes, biofeedback, and feeding. Interns also can select additional patients to grow their experience within these three referral sources, or additional services (outpatient follow-up from a consult, sibling referrals). Supervision may take place in a group format and/or the intern may have individual supervision arranged with each supervisor.

Outpatient Clinics: Pediatric interns **will** participate in two half-day medical specialty clinics each month in six-month rotations. 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 aim to achieve 5-7 assessments. This will include at least 4 full batteries (can co-treat with supervisor), discussions of explaining ETRs, and use of standardized questionnaires with patients to augment diagnostics/treatment.

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 evenings 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 an 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 following information represents the minimal expectations for IDD interns. 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. Specific hours and duties will vary depending on the intern's assigned rotation. Weekly expectations for IDD interns include, but are not limited to:

Direct patient contact (at least hours of direct patient contact per week)

- 2-4 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 feedback
- 8-20 hours of Case management, test scoring, and report writing
- 4-5 hours of Didactic activities
- 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 subspecialty 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; psychometrician, genetics), evaluating children suspected of autism or other neurodevelopmental disability. As part of the IDA, interns typically complete a full psychological assessment (as indicated) 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 appointments per week for 6

months during which they conduct a clinical interview and triage the patient to the appropriate service line. In specific circumstances, interns may complete testing with the patient the same day in which the diagnostic intake takes place. This decision is made with guidance from the intern's primary supervisor.

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 interns 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 more “active” outpatient treatment cases at one time if seen biweekly) during the year. 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.
 - a. Participation in clinics to learn a specific treatment programs (such as Parent Child Interaction Therapy or Feeding therapy) are considered “Active Treatment cases”. These experiences are optional and availability is subject to change.
 - b. Interns are expected to complete 5 new treatment intakes over the course of the year – these families are seen for 1-4 consultation style sessions as an initiation to treatment services at the CDC (we call this service RITI – Rapid Intervention and Treatment Integration). RITI treatment services may become ongoing “active” cases if additional support is needed beyond 4 sessions.
2. Inpatient Consults – For 6 months, the intern will participate in inpatient consults 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.
3. Several intervention groups are conducted by CDC faculty (such as RUBI, Toileting, and Sleep). Interns are encouraged to observe and may be able to participate by leading a group.

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. Interns also complete a brief presentation (10-15 minutes) at the end of the year sharing their advocacy work. Listed below are examples that fulfill the intern's Advocacy Domain.

- 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
 - Interns 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.
 - 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 1st 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.

- 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: 6-8 hours per week for the full year
 - Interns will conduct FBAs and FAs to determine the functions of problem behavior and develop a behavior plan. Treatment is provided in community-based consultation format or in an intensive outpatient 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: 6-8 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, and Camp RISE (recreation, independence and social experience).

Pediatric Acute Treatment Track

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

Rotation Outline

- Rotations:
 - *Inpatient Psychiatric Unit:*
 - Length of this rotation will be approximately 3 months.
 - Lead or co-lead treatment group on one unit (8A or 7B) daily (1 hour/day)
 - Provide crisis-focused individual intervention with a caseload of 1-2 patients at a time (1-2 hours/day)
 - Provide psychoeducation to families in conjunction with unit clinicians (1-3 hours per week)
 - Co-lead parent interventions focused on crisis intervention skills (variable time pending case needs)
 - *Mood and Anxiety Program*
 - Length of rotation will be approximately 5-6 months
 - Intensive Outpatient Groups
 - Anxiety and Avoidance IOP: 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 (9 hours/week)
 - Intern may see patients in group for individual sessions (1-2 hours per week)
 - Interns will attend team rounds weekly (2 hours/week)
 - Social Anxiety Group: 10-week group, one evening per week (time will be flexed). Intern will provide co-treatment as part of parent group (2 hours/week)
 - Comprehensive DBT: Intern will have opportunities to shadow DBT skills groups or consultation meetings as interested and able.
 - OCD Group: intern may have opportunity to shadow and co-lead group pending scheduling and availability (3-6 hours/week)
 - *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 (4-6 hours/week)
 - Interns will either lead or co-lead a once monthly, caregiver education group alongside supervising psychologist (1.5 hours/month)
 - Interns will participate in clinic rounds (1 hour/week) and deliver at least one case presentation to members of the Psychosis Clinic treatment team.
 - *Partial Hospitalization Program*
 - Rotation length will be approximately two months.
 - Interns will assist with skills group facilitation (5-7 hours per week). Types of skills groups may include mindfulness, CBT, DBT, or psychoeducation.
 - The intern will participate in up to 4 family sessions per week and up to 10 individual sessions per week (8-14 hours/week).

- Shadow consultative sessions/experiences related to behavior plan development, psychological evaluations, and EBT recommendations. They will also participate in daily rounds or case consultation meetings (2-4 hours/week).
- The intern will shadow and co-facilitate daily safety assessments and interventions, as necessary (1-5 hours/week).
- *Psychiatry/Psychology Consult Liaison Service:*
 - Length of rotation will be approximately 1 month
 - 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 (1-3 hours per day).
 - Medical consultations will focus on concerns related to comorbid psychiatric and medical acuities, including medically severe suicide attempts, neurological conditions, substance use, or disordered eating. This may involve co-treatment with other clinical therapies (1-3 hours per day).
 - Interns may participate in care conferences, staff consultation and support, medical team consultations, and behavior planning, as needed (variable hours per week).
- *Psychoeducational Assessment*
 - Traditional psychological assessment with primary diagnostic clarification as a primary purpose; 3-6 reports across the 6-month rotation
 - Intake takes place on one day followed by 1-2 testing sessions (4-8 hours/month)
 - The intern schedules approximately one assessment case per month. Time for testing scheduling will be dependent on current rotation requirements.

Additional Rotation Opportunities: available based on Intern interest and preferences

- *Psychiatric Emergency Department (PCD) Extended Observation Suite (EOS)*
 - Interns are stationed in the PCD/EOS and shadow behavioral health assessments and individual intervention with patients presenting for suicidal ideation, homicidal ideation, thoughts of self-harm, increased aggressive behavior, and other mental health concerns.
- *Youth Crisis Stabilization Unit (YCSU):*
 - Intern will shadow with YCSU team to provide brief assessment and treatment to youth admitted for mental health crises.
- *Center for Suicide Prevention and Research (CSPR):*
 - Signs of Suicide (SOS) roll out, at least 2 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.

Integrated Primary Care

The following guidelines outline represent the minimum clinical expectations for interns in the integrated primary care (IPC) track. Although all interns are expected to meet these baseline requirements, the distribution of experiences may vary depending on the intern's clinical interests, availability of patient populations, and guidance from training faculty regarding areas for growth. Overall, interns are expected to spend an average of 12 hours each week providing direct patient care.

Outpatient Therapy: The IPC intern will typically maintain a caseload of 5-7 co-located patients per week, engaging in brief, evidence-based therapy for a range of presenting concerns. Due to the high-needs nature of the population served, attendance can be inconsistent, and caseloads may fluctuate. The intern can expect that approximately 50% of their client contact hours per week (within their primary care rotation) will come from these cases. Additional client contact hours will come from other rotations (e.g., assessment, secondary rotations). In weeks with higher no-show rates, time may shift toward integrated consultation services.

Integrated Visits: The remaining 50% of weekly direct patient contact time within the primary care setting will be dedicated to integrated behavioral health consultations. Additional client contact hours will come from other rotations. These occur during open clinic time when co-located therapy sessions or didactic obligations are not scheduled. The intern will provide same-day services for a wide range of presenting concerns. These direct contact hours will likely increase across the training year as the intern's co-located patient caseload decreases.

Assessment: The IPC intern will complete structured psychological evaluations throughout their training year. In the first six months, the intern will conduct a minimum of three psychoeducational evaluations. Interns may also assist their supervisors in the preparation of additional reports. In the second half of the year, the intern will focus on ADHD evaluations, completing at least three. These evaluations will be for patients referred by primary care providers for concerns about ADHD.

Rotations: The IPC intern will complete two secondary rotations over the course of the training year to broaden their clinical experience. These rotations typically occur as half-day rotations over a period of six months. However, exact time/length of rotations may be adjusted based on supervisor preference to enhance the training experience (e.g., full-day rotation for three months). These rotations focus on breadth rather than depth, and may involve observation, co-treatment, or independent clinical work depending on the intern's background and readiness.

Appendix 3.0- Internship Evaluation Forms

Intern Informal Evaluation

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
0	N/A	Not Applicable
1	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.
2	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. .
3	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.
4	Demonstrates Strength in this Competency	Competency in this area is a strength and exceeds what is expected from a typical intern.
5	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
---	---	---	---	---	---	-----

Interns demonstrate the ability to evaluate and disseminate research through completion of a research informed presentation.

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

Interns demonstrate the ability to review and disseminate research informed recommendations to patients and families.

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

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
---	---	---	---	---	---	-----

Interns show an increasing independence when dealing with complex ethical scenarios throughout the year.

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

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
---	---	---	---	---	---	-----

Ethical and Legal Comments:

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.

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

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.

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

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.

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

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.

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

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.

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

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.

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

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.

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

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.

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

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

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

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

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

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

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

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

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

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.

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

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.

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

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

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

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.

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

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.

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

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

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

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.

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

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.

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

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.

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 needing improvement

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

Please write a brief narrative critiquing your experience for the last six months of 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. This form will be used for students, interns, and post-docs to evaluate the program.

1. Structure of the Internship (e.g., time distribution) *

2. Supervision:
Exposure to different orientations
Quality and Quantity of supervision
Availability
Primary and Secondary placements *

3. Patient Populations *

4. Assessment experience *

5. Consultation experience *

6. Therapy experience *

7. Professional Development *

8. Seminar

Range of topics

Which topics would you delete?

Which topics would you add? *

9. Group supervision

The format

What would you change about the group supervision *

10. Rounds (NCH)

The format

What would you change about the rounds *

11. How were you treated interpersonally
& professionally?

At primary site

At secondary site *

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

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

14. Social gathering/breakfast experience
*

15. Research Seminars

The format

What would you change about the group supervision *

16. Secondary site experiences *

17. Other suggestions or comments *

Supervisor Evaluation

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

1. Faculty rely on your frank evaluation and feedback about supervision in order to monitor and improve their supervisory skills.

Types of experience with faculty member: *

☐ Assessment
☐ Consultation/Liaison

☐ Research
☐ Therapy

	1	2	3	4	5	U/A
2. Content/Curriculum (relevant, up to date, practical, fits my level of knowledge)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
3. Teaching Style (motivating, sets clear expectations, constructive, respectful)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
4. Clinical Approach (breadth of interventions, flexible, creative)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
5. Professional Role Model (attitude, demeanor, leadership, availability)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
6. Other Effectiveness	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
7. Comments If you rated any of the above lower than a 3, please explain here.						

Didactic Seminar Evaluation

Speaker

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
1. The instructor was well prepared*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
2. The instructor seemed to have a thorough knowledge of the subject*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
3. The instructor presented material in an organized fashion*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
4. The instructor made effective use of visual aids*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
5. The instructor answered questions carefully and clearly*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
6. This instructor is an effective teacher*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
7. What did the instructor do well that she/he should be encouraged to repeat? (what were the strengths) *						
8. What should the instructor do to be more effective ? *						

Didactic Seminar Evaluation

Content

	1	2	3	4	5	0
9. The scope of the presented material was appropriate for my level of training*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
10. This seminar was helpful to my professional development*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
11. I learned a significant amount of new information today*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A
12. This seminar should be repeated next year*	☐ Strongly Disagree	☐ Disagree	☐ Uncertain	☐ Agree	☐ Strongly Agree	☐ N/A

Preceptor Evaluation

Descriptions in parentheses reflect examples of how your preceptor may demonstrate each concept. Evaluation information entered here will be made available to the evaluated person in anonymous and aggregated form only.

	1	2	3	4	5	U/A
1. Reflectively Integrates Training (reflects on internship/future goals with me, checks in about rotations/clinical experiences, monitors my progress)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
2. Professional Role Model (positive attitude, demeanor, leadership, receives feedback, availability)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
3. Feedback (clearly and effectively communicates, provides in a timely manner, balances positive and corrective)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
4. Supportive (cares about me as a person, approachable, advocates for me)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
5. Overall Comments						
If you rated any of the above lower than a 3, please explain here.						

Track Director Evaluation

Descriptions in parentheses reflect examples of how your track director may demonstrate each concept. Evaluation information entered here will be made available to the evaluated person in anonymous and aggregated form only.

	1	2	3	4	5	U/A
1. Coordinates Training (helps select/coordinate experiences based on my goals, ensures my clinical experiences are as promised/advertised, monitors progress)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
2. Professional Role Model (positive attitude, demeanor, leadership, receives feedback, availability)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
3. Feedback (clearly and effectively communicates, provides in a timely manner, balances positive and corrective)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
4. Supportive (cares about me as a person, approachable, advocates for me)*	☐ Significant Deficit	☐ Improvement Needed	☐ Average	☐ Strength	☐ Exceptional Strength	☐ N/A
5. Comments						
If you rated any of the above lower than a 3, please explain here.						

Research Presentation Evaluation

For intern's presentation about a research topic

	1	2	3	4	5
1. How clearly were the presentation points conveyed? *	☐ Very Poor	☐ Poor	☐ Average	☐ Good	☐ Very Good
2. How organized was the presentation? *	☐ Very Poor	☐ Poor	☐ Average	☐ Good	☐ Very Good
3. How effective were the audiovisual materials? *	☐ Very Poor	☐ Poor	☐ Average	☐ Good	☐ Very Good
4. How interesting was the presentation? *	☐ Very Poor	☐ Poor	☐ Average	☐ Good	☐ Very Good
5. How well were the time limitations managed (with at least 15 minutes allowed for discussion)? *	☐ Very Poor	☐ Poor	☐ Average	☐ Good	☐ Very Good
6. What is your overall evaluation of this presentation? *	☐ Very Poor	☐ Poor	☐ Average	☐ Good	☐ Very Good

7. What specific aspects of the presentation did you like the best? *

8. 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	
☐ Vacation	☐ Jury Duty
☐ Sick	☐ Other:
☐ 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 2026-2027

First day of internship: Monday, June 29, 2026

Last day of internship: Friday, June 25, 2027

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

Preceptor Meetings (Interns Do Not Attend)

	Date	Time
1	11/13/2026	9:00 – 10:00 AM
2	3/12/2027	9:00 – 10:00 AM
3	*6/11/2027	9:00 – 10:00 AM

Training Committee Meetings (Intern Representative Attends)

	Date	Time
1	9/4/2026	9:00 – 10:00 AM
2	1/22/2027	9:00 – 10:00 AM
3	*6/11/2027	10:00 – 11:00 AM

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

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

	Date	Time
1	8/28/2026	9:00-9:30 AM
2	2/19/2027	9:00-9:30 AM
3	5/7/2027	9:00-9:30 AM

EVALUATION DATES 2026-2027

Evaluation Type	Send Date (Approx)	Due Date
<i>Completed by Supervisor:</i>		
Informal Evaluation	8/21/2026	9/4/2026
Formal Evaluation 1	10/23/2026	11/6/2026
Formal Evaluation 2	2/19/2027	3/5/2027
Formal Evaluation 3	5/21/2027	6/4/2027
<i>Completed by Intern:</i>		
Supervisor Evaluation 1	10/23/2026	11/6/2026
Program Evaluation 1	12/11/2026	1/8/2027
Preceptor Evaluation 1	12/11/2026	1/8/2027
Associate Track Director Evaluation 1	12/11/2026	1/8/2027
Supervisor Evaluation 2	2/19/2027	3/5/2027
Program Evaluation 2	5/21/2027	6/4/2027
Supervisor Evaluation 3	5/21/2027	6/4/2027
Preceptor Evaluation 2	5/21/2027	6/4/2027
Associate Track Director Evaluation 2	5/21/2027	6/4/2027
Didactic Seminar Evaluation	Every Friday Morning	2 weeks after seminar

Appendix 7.0- Psychology Trainee SharePoint

The **NCH Psychology Trainees M365** is a common SharePoint where you will find (almost) everything you'll need for the internship year including a copy of this handbook. You can copy and paste this link into your browser or click the button below.

On the home page, you will find resources for trainees across the psychology department.

Once you are on the site, **be sure to bookmark this tab on your internet browser** for easy access throughout the training year.

A blue rectangular button with the text "NCH Psychology Trainees M365" in white, followed by a small white icon of a document with a checkmark.

To find the page specific to internship, toward the top of the home page you can click the blue button that says "INTERNS". You can also click on the button below to take you directly to the intern page.

A blue rectangular button with a white icon of a hand pointing to a document, followed by the word "INTERNS" in white capital letters.

On the intern page you will find several resources. Toward the bottom of the page, you will find a green internship folder. Within that folder, there folders for each internship track. In these, you can find documents you may need that are track specific.

Instructor - Practice **No Salary Appointment**

As an added benefit to your role at Nationwide Children's Hospital, you will receive a no-salary academic appointment in partnership with The Ohio State University. This position requires no additional responsibilities, but grants you access to a number of OSU benefits, including:



Ability to have an OSU E-mail Address



Access to the Health Science Library which includes nearly 8,000 electronic books, over 6,200 electronic journals, and over 80 health sciences databases



Access to MedNet for online CME programs



Ability to attend/participate in OSU intramural activities



Ability to purchase an OSU parking pass



Discounts at local businesses and on products such as computers and software



Instructor - Practice **No Salary Appointment**

This appointment will be requested on your behalf, but you will need to review and sign an offer letter from the University to accept the appointment. **Offer Letter signatures and returns are time-sensitive**, so please be on the lookout for an email from Lisa Price regarding this process.

After the signed offer letter is submitted, you will receive an email from OSU asking you to verify your information for a "Guest Account." You **must** complete this step for your account to be verified and your appointment to be activated. **This request is time-sensitive, so please monitor your inbox closely.**

No-salary instructor appointments are valid for one year terms. Interns or Fellows planning to be with the Department for more than one year may have their appointment extended, but will need to complete this process each year they remain with their program.

For questions regarding your OSU Appointment, please reach out to Lisa Price (lisa.price@nationwidechildrens.org)



Appendix 9.0- 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 for 12 free sessions, 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 12 free sessions, or we have a list of local providers. Substance use disclosure will remain as confidential as possible, though it 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 strongly 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.

SUBJECT	SECTION	NUMBER	Page 2 of 7
Fitness for Duty/Drug Testing	Employee Relations	ER-3	

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 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.

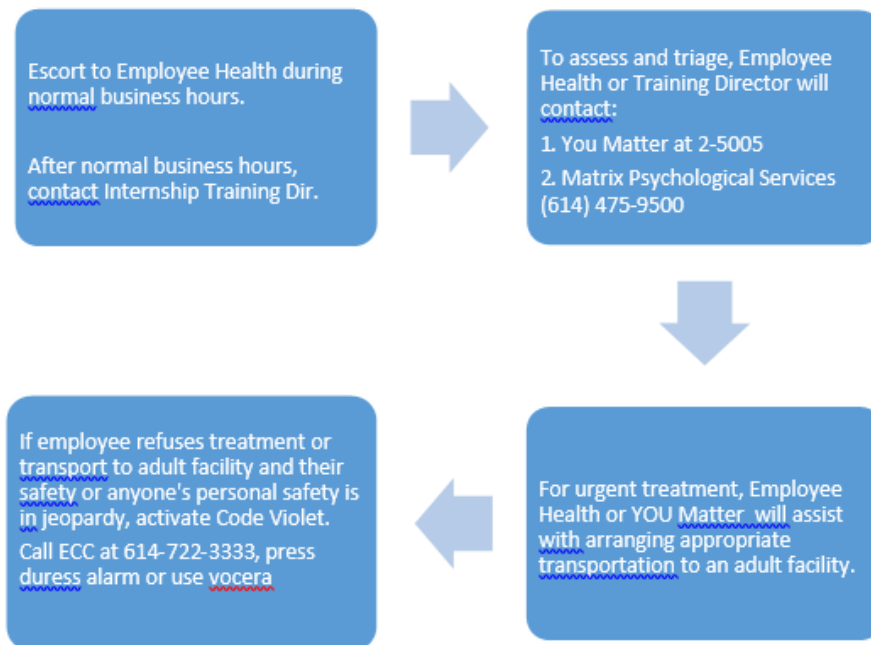
The department shall pay the cost of a mandatory fitness for duty evaluation or functional capacity examination.

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 Matrix.
 - 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 Matrix.
 - 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

Netcare Access

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).

Local Police Department

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.

You Matter

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).

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/Associate Director see GME Policy Paid and Unpaid Time.

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

Type	Duration	Paid or Unpaid	Notes
Vacation	15 days	Paid	
Professional Days	Up to 5 days	Paid	To be used for fellowship interviews, conference attendance, graduate program requirements
Holiday	6 days per year: New Years Day- Jan 1 Memorial Day- Last Mon in May Independence Day- July 4 Labor Day- First Mon in Sept Thanksgiving- 4 th Thurs in Nov Christmas- Dec 25	Paid	Trainees are not required to use vacation time for holidays
Bereavement	Personnel Policy Guidelines- Bereavement	Paid	Trainees are granted bereavement as per hospital policy
Emergency Time Off	Varies (see policy on next page)	Paid	See specifics on next page to understand requirements for augmenting work.
<i>Short Term Disability (Includes Maternity Leave)</i>	See specific hospital policies. Must be approved through Sedgwick.	Paid according to hospital policies.	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.

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 a period of close monitoring following reinstatement to assure that the 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>Right to be:</i>	<i>Responsibility to:</i>
• Provided with high quality education that meets or exceeds accreditation and certifying Board requirements • Assigned patient care to enhance learning with adequate resources necessary to deliver safe care • Effective, respected member of healthcare team • Supervised commensurate with training and experience within regulations; given back-up for unusually difficult cases • Scheduled to duty hours standards; enabled to participate in "unique" learning opportunities • Offered didactics at level necessary for career development, Board certification, and high quality patient care • Engaged in scholarly activities meaningful to goals and interests • Given periodic feedback from faculty, other members of the healthcare team, and patients/families • Evaluated in writing by the Program Director (PD) at least semiannually; given access to due process for adverse actions • Afforded "safe" mechanisms to offer confidential program and faculty feedback • Guided to successfully launch career • Given summative evaluation before leaving program • Provided timely response to requests for verification of training • Represented by the PD/DIO during investigations of serious violations	• Actively engage in & critically examine own education; document cases & procedures required by ACGME/Board • Complete mandatory didactics & regulatory requirements in a timely manner; maintain Ohio medical license • Carry out responsibilities to each patient, adhere to ethical principles; maintain complete, timely medical records • Provide highest quality patient- & family-centered care as member of team • Report fit for duty; practice within scope; communicate with healthcare team to deliver best care • Accurately & timely log duty hours; report violations /impairments to PD • Teach patients and families, students, residents, and other learners • Complete scholarly activities & QI with guidance from PD, research mentors, & QI coaches • Solicit and utilize performance feedback; seek clarifications as needed; monitor own patient care & make improvements • Communicate openly with PD and faculty; report concerns to PD or Designated Institutional Official (DIO) • Provide balanced, comprehensive feedback on program and faculty • Advocate for career goals • Complete final Board certification requirements in timely manner • Respond to requests for follow-up information from Program

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