NATIONWIDE CHILDREN'S®

Division of Psychology

Fellowship Handbook

2026 – 2027

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Program Coordinator: Natalie Ross

Table of Contents

TRAINING PHILOSOPHY OF THE PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

Nationwide Children's Hospital is committed to providing the highest quality in professional education and training of child health care providers. Our training philosophy is based on the expectation that individuals bring to the fellowship solid backgrounds in the science and practice of psychology. The fellowship at Nationwide Children's Hospital trains post-doctoral level psychology fellows in accordance with the scientist-practitioner model. This statement has several implications. First, the fellowship is viewed as a developmental process whereby the fellow is provided with the knowledge and skills needed for increasingly independent practice over the course of training, undertaken in the context of modeling, mentoring, teaching, and supervision. Second, by denoting trainees as "scientific practitioners" we are stating our commitment to furthering the fellow's skills in integrating the science and practice of psychology (Belar & Perry, 1990). Third, training at our fellowship assumes the fellow has had some experience in specialized areas of psychology, within the context of more generalist training. Consequently, fellowship training is designed so that the fellow gains further experience in a chosen area of specialization and develops a level of expertise in that specialty or subspecialty. Ethical, legal professional, cultural and ethnic issues are addressed as they apply to practice.

The fellowship program has identified the following competencies that are the targets of our training (each track has varying levels of emphasis in each of these domains). Those domains are:

1. Assessment
2. Intervention
3. Consultation and interprofessional/interdisciplinary relationships
4. Ethical and legal standards
5. Professional identity and functioning
6. Interpersonal relationships
7. Research
8. Supervision
9. Training

These are foundational and functional competencies that transcend theoretical orientations, are essential to all activities of professional psychologists and are directly related to the quality of psychological services and research (https://irp.cdn-website.com/a14f9462/files/uploaded/Section+C-7062c22b.pdf). We believe that individuals can be educated and trained to develop these competencies, and these competencies can be assessed. Therefore, trainee growth and development are assessed on these competencies.

THE POST-DOCTORAL FELLOWSHIP PROGRAM IN PROFESSIOANL PSYCHOLOGY AT NATIONWIDE CHILDREN'S HOPSITAL

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 postdoctoral psychology fellows annually providing financial, administrative, and logistical support. This support has enabled the fellowship training program to grow within a setting with impressive training, library, and research facilities. Fellows receive approximately 2,000 hours of training per year. The State of Ohio does not have a specific requirement for postdoctoral hours.

Administrative Structure of Fellowship

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

The psychology fellowship program offers training in **8 specialty track areas across Columbus and Toledo.** The *Pediatric Psychology* and *Neuropsychology* specialty tracks are located in the Department of Pediatric Psychology and Neuropsychology at NCH Main Campus. The *Intellectual and Neurodevelopmental Disabilities (IND)* specialty track is located at the NCH Child Development Center in Westerville, Ohio. The *Pediatric Acute Treatment* specialty track is located at NCH Main Campus – Big Lots Behavioral Health Pavilion. The Autism Treatment specialty track is located at the *NCH Center for Autism Spectrum Disorders (CASD)* located in Westerville, Ohio. The *Child Clinical* specialty track is located at various NCH outpatient clinics, including sites in Dublin, East Columbus, and at the Behavioral Health Pavilion (BHP). On the *Toledo* specialty track the *Pediatric Psychology* focus is located at NCH-T Downtown Campus. The *Autism* focus is located at the Autism Center in Maumee, Ohio and Tiffin Primary Care in Tiffin, Ohio. The *Integrated Primary Care Psychology* focus is located at various primary care clinics, including Franklin Avenue, Sylvania, and Tiffin.

These specialty tracks are operated by a training faculty who are all psychologists employed by NCH.

For a full list of psychology faculty, click here: NCH Psychology Faculty

The **Program Coordinator** works closely with the program director and the associate training directors. You can always reach out to the program coordinator with any questions or concerns about fellowship. Some of the duties for the Program Coordinator are:

- Monitors all MedHub evaluations
- Maintains each of the fellow folders and all documents that are required by APPIC
- Obtains E-Signatures for evaluations
- Schedules seminars throughout the year
- Manages PTO requests, the e-signature process, supervision tracking, seminar attendance and generates seminar feedback to presenters in a timely manner

The overall operations of the fellowship program are led by the Fellowship Training Director. The day-to-day operations of the specialty tracks are administered by the Associate Training Directors in each specialty track listed below.

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FELLOWSHIP GUIDELINES

General Fellowship Structure

The structure of the fellowship is designed to enable trainees to gain specialized experience in professional psychology, as well as develop specific areas of expertise. Within a general set of training expectations, the fellows have some flexibility to personalize the experience. In doing so the fellows fill gaps in previous training, expand areas of competence, and develop a specialty area in preparation for independent practice.

Although each specialty track has its own specific training requirements and expectations, clinical fellows will spend at least 20 hours per week in clinical activities. In addition, fellows participate in additional activities, including didactic training, teaching (optional), research/scholarly activities, and supervision.

Realizing the importance of socialization and group cohesion, all fellows 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 $600 per month). Each track will have responsibility for planning three of these social hours:

IND Fellows: August, December and April
ATT and PAT Fellows: September, January and May
IPC and Clinical Child Fellows: October, February and June
Neuropsych and Pediatric Fellows: November, March and July

Didactic Training

There are several seminar series which fellows are expected to attend and participate, as indicated below (specialty track specific didactics are discussed later for each specific specialty track):

1. **Psychology Fellowship Seminar**- Psychology fellowship seminar will be held approximately two hours per month for two-thirds of the training year, starting in September. A schedule with times and dates will be made available at the beginning of the training year. Fellowship seminar will be conducted via virtual format to reduce travel burden for off-site fellows. Fellows are encouraged to network with peers and use seminar as an opportunity to connect with trainees in other specialties. **Fellows are expected to make every effort to attend every seminar, and this time for seminars is supported by track directors.** Fellows in their 2nd year should discuss required attendance at seminar with their track director. Fellows should discuss scheduling conflicts with their track director.

2. **Other Educational Seminars** - Other educational opportunities are offered at Nationwide Children's Hospital, such as Cutting Edge, Grand Rounds, various in-

service trainings, hospital departmental or medical service rounds, research presentations, and ethical "brown bag" conferences. These optional opportunities are communicated to hospital employees via weekly e-mails. There is also a weekly didactic seminar series presented by faculty and/or community professionals for psychology fellows. Seminar topics cover a wide variety of assessment and treatment issues, ethical issues that may arise in clinical and research situations, cultural and individual diversity, and specific topic areas in pediatric psychology. Attendance at these seminars is recommended but not required. Fellows may have the opportunity to present at these seminars as well.

3. **Track-Specific Didactics** – As listed below, each track may have varied offerings for didactic training expectations. Track directors will inform fellows of any required seminars.

Autism Treatment

- *CASD Trainee Group Supervision*: Weekly series for all CASD psychology trainees (advanced graduate practicum students, interns, fellows) led by CASD faculty and presents relevant ASD-related topics. This series is structured as 2-parts, with the first week more didactic focused and the following week more clinical application/group supervision.

- *CASD Program Team Meeting – Case Presentations*: Fellow attends a multidisciplinary (psychology trainees, psychology faculty, BCBAs, licensed social workers/mental health counselors) team meeting weekly within their primary CASD clinical program. Case presentations are scheduled every 4 weeks. The fellow will lead at least 1 case presentation per year.

- *CASD Program Team Meeting – Research to Practice*: Fellow attends a multidisciplinary (psychology trainees, psychology faculty, BCBAs, licensed social workers/mental health counselors) team meeting weekly within their primary CASD clinical program. Research to Practice meetings are scheduled every 4 weeks, where current literature is shared and integrated into clinical problem-solving discussions. The fellow will lead at least 1 research to practice session per year.

- *Fellowship Projects*: 2nd year fellows complete a leadership development project with their track director or primary supervisor(s). Projects can involve research, quality improvement, or program development initiatives.

Clinical Child

- *Vertical Team:* Vertical Team brings together our 3 Clinical Child fellows, as well as our 3 Clinical Child interns, along with the directors of those two training programs (both of whom are licensed psychologists). Vertical Team

includes group supervision, case presentations, and didactic presentations from psychology faculty.

- *Compliance Training Group Observation:* Clinical Child fellows have the option to observe a full round of Compliance Training Group, which is a group behavior management training intervention for parents of children diagnosed with ADHD. Group is based on Russell Barkley's Defiant Child protocol and includes a heavy focus on development and adjustment of token economy systems.

Integrated Primary Care

- *IPC Journal Club:* Fellows join the IPC Psychology team for monthly review of a peer reviewed article that pertains to the work occurring in the primary care setting. Fellows are expected to select an article to review and lead this team-based conversation once during their training year

- *IPC Case Consultation/Group Supervision:* Fellows join the IPC psychology team for monthly presentation and discussion on a specific case or primary care topic. Fellows are expected to present a case and facilitate discussion once during their training year.

- *IPC Team Meeting:* Fellows join monthly team meetings to learn about documentation or EMR updates or changes, participate in rotating didactics, and hear about the scholarly work or community-based initiatives that our team members are leading or participating in.

- *Fellow Project:* IPC fellows complete a year-long project with their track director or primary supervisor(s). Projects can involve research, quality improvement, or program development initiatives.

Intellectual and Developmental Disabilities

- *Connecting the Dots*: Fellows join CDC faculty and staff for a monthly integration of case conference and journal club. Fellows are expected to present a case and support group discussion during their training year.

- *Group Supervision:* Fellows join the CDC psychology team for monthly presentation and discussion on a specific case or primary care topic. Fellows are expected to present a case and facilitate discussion once during their training year.

- *Cutting Edge:* Cutting edge is a research discussion meant to inform trainees and staff on the latest in neurodevelopmental research and practice. Fellows are expected to attend and have the option to present.

- *Extern Seminar:* Lecture series on various topics in neurodevelopmental psychology led by the fellows teaching psychology externs.

Neuropsychology

- ***N**europsychology Seminar:* Focus on ABPP-CN Board preparation with topic in neuropsychological syndromes, neuroanatomy and assessment methods, and board preparation exercises.

- *Neuropsychology Case Conference:* Trainees rotate presenting a neuropsychology clinical case for group discussion.

- *Neuropsychology Research Seminar:* Trainees and faculty will present ongoing research projects or recent relevant research publications for group discussion. Fellows will lead a research discussion at least once per year.

- *Neuropsychology Clinical Practice and Professional Issues Seminar:* Topics include issues related to culture, reflective practice, and individual differences as well as guest speakers from community agencies and other professionals.

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

- *Epilepsy Surgery Conference:* Trainees on epilepsy surgery rotation attend muti-disciplinary surgical case discussion and present neuropsychological data for patients they have seen.

Pediatric Acute Treatment

- *Pediatric Acute Treatment Seminar Series*: Track specific seminar series focused on acute treatment topics (e.g., safety planning, safety evaluation, trauma treatment, behavior plans on inpatient psychiatric units). Trainees also complete one case presentation a year.

- *Group Supervision*: Group supervision with both interns and fellows to focus on pediatric acute treatment topics, such as working on multidisciplinary treatment teams, vicarious traumatization, etc. Fellows will co-lead these sessions with a psychologist to support additional umbrella supervision training.

- *Summer Reading Series:* Reading seminar focused on acute treatment topic research articles reviewed with trainees to support additional training experiences.

Pediatric Psychology

- *Pediatric Psychology Seminar Series:* Pediatric Psychology Seminar Series takes place once per month and focuses on professional development topics in pediatric psychology (e.g., business of psychology, service, research careers, community outreach

- *Supervision Competencies Seminar Series*: Supervision Competencies Seminar Series takes place once per month, focusing on supervision topics such humility in supervision, providing feedback to trainees, and processing of umbrella supervision experiences.

- *Group supervision*: Some fellows participate in group supervision with other trainees with specific clinical experiences (e.g., interns and practicum students).

- *Track-specific*: depending on the track of interest, other opportunities may be available.

Toledo

- *IPC Journal Club:* Fellows join the IPC Psychology team for monthly review of a peer reviewed article that pertains to the work occurring in the primary care setting. Fellows are expected to select an article to review and lead this team-based conversation once during their training year

- *IPC Case Consultation/Group Supervision:* Fellows join the IPC psychology team for monthly presentation and discussion on a specific case or primary care topic. Fellows are expected to present a case and facilitate discussion once during their training year.

- *Grand Rounds:* Hospital-wide grand rounds focused on a variety of topics in children's health.

- *Psychiatry Grand Rounds:* Hospital-wide grand rounds focused on behavioral health.

- *BH Education Days:* Fellows join other behavioral health staff for presentations and discussion regarding current best practices.

Teaching Opportunities

While teaching activities will vary depending on the individual specialty, fellows may participate in any of the following:

1. **Fast Facts** is a weekly seminar series for medical residents (Thursdays from 12:30-1pm) in Columbus. Psychologists and psychology fellows provide didactic training to medical residents as part of this seminar series. This is optional and can be arranged by specialty program directors.

2. **Supervision** – Depending on availability of interns and externs, fellows may be provided with opportunities for supervision of other trainees (e.g., interns, practicum students) based on interest and availability. This opportunity varies across specialty programs. Cases for umbrella supervision will be assigned based on the timing dictated by each specialty. The types and number of supervised cases assigned will be determined by the specialty program director, and may include inpatient consultation, outpatient treatment, or clinic involvement. Supervision will also be addressed in didactic seminars.

3. **Medical Resident Education –** Fellows have the opportunity to participate in education to psychiatry medical residents. Topics include various psychotherapy modalities.

Research and Scholarly Activities

The psychology fellowship program at Nationwide Children's Hospital is based on the scientist-practitioner model. As such, fellows might be expected to complete a research project or proposal depending on their specialty program. Research activities in the training program consist primarily of collaboration with psychology faculty or with physicians, nurses, and/or social workers in other Divisions. Collaboration usually involves ongoing research programs but can involve initiation of an independent research project. Scholarly activities can also include involvement in a quality improvement (QI) project or program development projects.

Track Specific Training Structure

Columbus

Autism Treatment Track

The Center for Autism Spectrum Disorders (CASD) offers clinical training in evidence-based ASD interventions. Fellows will be provided a range of clinical opportunities to develop advanced competencies in the specialty area of ASD and to prepare for independence practice as scientist-practitioners. Training experiences include extensive experience and supervision in the following areas:

- Early Intensive Behavioral Intervention (EIBI) for toddlers/children with ASD
- Triple P-Stepping Stones individual and group parents training for ASD
- Brief behavioral consultation, educational consultation, and transition services for school-age children and adolescents with ASD
- Intensive outpatient services and community-based services for complex problem behavior
- CBT interventions (group and individual) for adolescents with high functioning ASD
- Social skills group interventions

Additionally, fellows will gain experience conducting diagnostic intake appointments to document client's current symptom presentation, document current levels of functioning, and to assist in triaging new cases to the appropriate CASD service. During the course of the fellowship, the fellow will also gain experience in psychological assessment, either based at CASD or the Child Development Center as part of an Interdisciplinary Diagnostic Assessment (IDA) team.
Care coordination and advocacy activities are central to all clinical services provided at CASD. The fellow will engage in coordination of care as related to their clinical cases, including but not limited to, school consultation, supporting families/caregivers at IEP or other school meetings, and collaborating with medical providers and other allied professionals working with clients (e.g., speech therapists, occupational therapists, job coaches, adult services representatives).

Clinical Child Track

The goal of Nationwide Children's Hospital's (NCH) Clinical Child fellowship in psychology is to provide fellows with the best available generalist training, to develop and achieve mastery of the knowledge and skills needed to become successful, versatile, independently-licensed psychologists. The broad-based training foundation provided via the Clinical Child fellowship should prepare trainees either for future careers as generalist child and adolescent psychologists or for future specialization. We aim to provide this knowledge

through didactics, supervision, and diverse clinical experiences in a community mental health center setting.

Clinical Child fellows participate in a wide range of clinical activities in our interdisciplinary outpatient Close to Home Centers, including frequent consultation with social workers, clinical counselors, psychiatrists, educators, and primary care pediatricians.

Clinical Child fellows devote approximately 50 percent of their client contact hours to the role of primary clinician for long- and short-term individual therapy cases with children and adolescents, as well as cases requiring parent behavior management training. Fellow caseloads will include a range of internalizing and externalizing psychological disorders that occur in children and families across all age ranges. Depending on fellow interest and experience, fellows may have the opportunity to co-facilitate an evidence-based group treatment (*The Incredible Years*). In addition, fellows will have the opportunity to observe an additional evidence-based group treatment (based on Barkley's *Defiant Children* Protocol).

Clinical Child fellows devote the remaining 50 percent of their client contact hours to psychological assessment. Typical referral questions include learning disorders, ADHD, and diagnostic clarification regarding other behavioral and emotional difficulties. Evaluations involve evidence-based assessment strategies and typically center on objective testing of cognitive, academic, and emotional/behavioral functioning.

In addition to regularly scheduled individual supervision, Clinical Child fellows also participate in a weekly 2-hour clinical consultation and training group. This group supervision (referred to as "Vertical Team") brings together psychology trainees at various stages of development (including Clinical Child fellows and pre-doctoral interns from our APA-accredited Clinical Child internship). Time in Vertical Team is typically split between didactics in relevant specialty areas and clinical case presentations designed to enhance the practical application of content discussed in didactics.

Integrated Primary Care Track

Primary Care fellows will be embedded in two or more of our off-site pediatric primary care clinics. Fellows will receive in depth training in providing direct care for a wide range of presenting concerns in children ages 0-21. Our model is highly integrated, emphasizing rapid consultation and intervention during medical appointments, while also offering short-term follow-up interventions for some patients. Further, the fellows will receive interprofessional, team-based training experiences and have opportunities to work with pediatric medical residents. There will also be opportunities for brief assessment within the primary care setting, research, program development, and community outreach. Fellows will participate in one or more mini rotation experiences that align with individual training goals. Opportunities for umbrella supervision are also available.

Fellows will participate in weekly primary care didactics as well as regular seminars alongside other postdoctoral psychology trainees. Each fellow will complete a fellow

project which can be varied and determined in collaboration with supervisors and track director.

Intellectual and Neurodevelopmental Disabilities Track

Fellows will participate in a range of assessment, treatment and consultation experiences designed to develop expertise in the field of neurodevelopmental disabilities. Each fellow's yearly rotation schedule will be designed individually to fit this broad goal, as well as to allow for training in specific interest areas unique to each fellow. Rotations will include a mix of the following activities:

Assessment

The fellows take part of an interdisciplinary team to evaluate children suspected of autism or a developmental delay. Following the interdisciplinary team evaluation, fellows will complete a full assessment battery to further document the child's functioning and generate recommendations for services. Fellows will also complete their own psychological evaluations in order to assess for a variety of developmental delays/disabilities and other psychological disorders.

Treatment

Treatment experiences are ample and generally focus on treating externalizing behavioral problems and adaptive functioning deficits commonly seen in children with intellectual and developmental disabilities.

Sub-specialty Clinics

The fellows participate in several medical sub-specialty clinics on the Nationwide Children's Hospital Main Campus as well as other Ohio locations. Current specialty clinics include:

- Participating in team-based assessments in a clinic led by a pediatric neurologist in Neurodevelopmental Clinic
- Completing follow-up assessments of children who have experienced non-accidental traumatic brain injury in the Non-Accidental Traumatic Brain Injury (NATBI) Clinic
- Evaluating children and co-training with medical fellows as part of Fellow Clinic
- Evaluating children at various sites in rural parts of Ohio as part of Rural Outreach
- Training in providing assessment and intervention services in an ICF/MR facility
- Completing team-based evaluations of children who have been recently adopted from other countries in International Adoption Clinic
- Completing targeted evaluations for very young children with concerns for Autism Spectrum Disorder in Early Assessment Clinic
- Participation in hospital in-patient consultations. Consultations typically involve determining current level of functioning, ruling out autism spectrum disorders, designing treatment plans to improve compliance with medical procedures,

evaluating the appropriateness of placement in an ICF/MR facility, and other issues concerning children with developmental disabilities.

Neuropsychology Track

The clinical training component of the pediatric neuropsychology track at Nationwide Children's Hospital is structured around three core areas of:

- Neuropsychological Evaluation
- Neuropsychological Consultation
- Neuropsychological Intervention

Neuropsychological Evaluation

Fellows receive supervised experience in conducting neuropsychological evaluations of both inpatient and outpatient populations. All fellows will complete outpatient evaluations from our general neuropsychology service throughout both years. Fellows will also complete one six-month rotation that includes inpatient neuropsychological services (on the inpatient rehabilitation unit as well as consultation to other inpatient services). Fellows may have the opportunity to elect to complete an additional inpatient rotation, depending on training goals and availability.

Neuropsychological Consultation

Neuropsychological consultation services will be provided during inpatient rotations and also in multi-disciplinary outpatient medical clinics.

Outpatient Medical Clinics

Neuropsychology fellows provide consultation in a variety of outpatient medical clinics, including the Myelomeningocele clinic, Concussion clinic, Complex concussion clinic, Stroke clinic, Rehabilitation clinic, and Epilepsy clinic. Fellows will be assigned 2 outpatient clinic experiences at a time, with 6- or 12-month rotations.

Neuropsychological Intervention

Fellows will be involved in providing neuropsychological informed intervention services. All fellows will provide treatment to patients and families as part of the Teen Online Problem Solving (TOPS) program. This is a family-based problem-solving intervention to target a range of problems after brain injury and other neurologic conditions. Treatment may be delivered in the office or in an online format. Fellows providing clinical services within the Complex Concussion Clinic will also provide brief intervention services for patients presenting with persistent post-concussion symptoms with the Concussion Symptom Treatment and Education Program (CSTEP). Other opportunities for neuropsychologically informed intervention services may be available on an individualized basis.

Pediatric Acute Treatment Track

The Pediatric Acute Treatment fellows engage in supervised and empirically-driven clinical services on the inpatient psychiatric units within the Behavioral Health Pavilion (BHP) and on an outpatient basis (e.g., Partial Hospitalization Program, OCD program, Psychosis Clinic) for children referred for severe emotional or behavioral disorders. The fellows may be involved in individual, family, and group treatment for children and/or adolescents demonstrating acute and severe mental health symptoms. In addition, depending on selected rotations, the fellows may participate in psychiatric and self-harm assessments as well as clinical care through Psychiatry C/L, medical psychiatric units, and the psychiatric crisis department (PCD). Finally, the fellows may participate in cognitive assessments for diagnostic clarity.

In addition to clinical responsibilities, the fellows will participate in inter-disciplinary rounds and case conferences. The fellows will engage in required bi-weekly didactics covering several topics (e.g., DBT, suicide risk management with ethnic minority youth, behavior chain analysis). Program development projects will be encouraged during the fellowship year in collaboration with other disciplines aimed at improving the quality of services within acute services. Opportunities for umbrella supervision or research may also be available.

Pediatric Psychology Track

Pediatric Psychology Track Fellows participate in various supervised inpatient and outpatient experiences. Inpatient and outpatient referrals are obtained from a variety of medical services, medical clinics, and from community physicians and caregivers. Emphasis will be placed on gaining experiences to fulfill the fellow's area of specialization, as dependent on the training plan developed with the fellow's track director and primary supervisor. These experiences may include:

- Inpatient consultation/liaison
- Outpatient therapy
- Participation in outpatient medical clinics

The pediatric psychology track provides experience in interdisciplinary clinical settings. Fellows may be required to attend weekly interdisciplinary rounds on the inpatient units or other relevant meetings dependent on the track. Supervision will be individual, and group supervision may also be part of the fellow training experience depending on the track.

While assessment is not a typical part of this track, experiences in assessment may be available if in line with fellow training goals.

Each fellow will complete a fellow project which can be varied and determined in collaboration with track directors. They will also be given the opportunity to engage in tiered supervision.

Toledo

Training on the *Toledo Track* can include a combination of the experiences below depending on fellow prior training and interest.

Autism Focus

Fellows will participate in assessment experiences designed to develop expertise in the field of neurodevelopmental disabilities. Fellows will primarily evaluate children suspected of autism or a developmental delay. Following the autism intake appointment, fellows will complete a full assessment battery to further document the child's functioning and generate recommendations for services. Fellows will also complete their own psychological evaluations in order to assess for a variety of developmental delays/disabilities and other psychological disorders. Each fellow's schedule will be designed to fit the fellow's individual training goals. Fellows on this track will have an opportunity to assess autism in our autism clinic in addition autism evaluation opportunities within our primary care offices.

Integrated Primary Care Psychology Focus

Fellows on the Integrated Primary Care (IPC) Track will have the opportunity to provide brief problem-focused, solution-oriented behavioral health care provided within the family's primary care clinic. Psychology fellows will collaborate with the child's medical care team throughout development, with an emphasis on early intervention and behavioral therapies to promote change. IPC is implemented through (1) "warm handoffs," during which the primary care provider includes the psychologist in behavior problem solving during appointment and (2) co-located follow-up, during which the psychologist has 3-5 appointments with a family to provide behavioral recommendations and progress monitoring. Common referrals for IPC include disruptive behavior, tantrums, school concerns, Autism, ADHD, anxiety, depression, toileting, picky eating, and sleep.

Pediatric Psychology Focus

Inpatient Consultation-Liaison Services

Fellows will provide brief problem-focused, solution-oriented behavioral health care provided to youth and families during a hospital admission to the general pediatric, pediatric intensive care unit (PICU), or the neonatal intensive care unit (NICU), as well as potential consults from hem/onc or general surgery. Common consultation reasons include coping with illness and hospitalization, parental coping that is impacting the care of the child, adherence concerns, somatic or functional concerns, behavioral interventions, safety planning, difficulties with communication or education efforts. Services can range from a one-time consultation, following a family through the length of an admission, referral to outpatient pediatric psychology services, and ongoing consultation for continuity of care in future hospital admissions.

This track provides experiences in interdisciplinary clinical settings by participating in multidisciplinary rounds, giving recommendations to medical providers to support their care of the child (for example, trauma-informed care practices, communication needs, educational needs of the family), and recommending and supporting referral processes.

Outpatient Pediatric Psychology Therapy Services

Fellows will provide problem-focused, solution oriented behavioral health care to patients seen in the hospital and/or followed by NCH-T medical subspecialty clinics. Common referral questions include adherence concerns, emotions/behaviors/parent-child dynamics interfering with adherence, behavior or emotions affecting medical condition, chronic pain/headaches, coping with medical condition, developmental concerns impacting medical condition, feeding concerns, elimination disorders, and Somatic/Functional Symptoms/Functional Neurological Symptom Disorder.

SUPERVISION AND TRAINING

Faculty Preceptors

Each fellow will have a preceptor within their specialty track who will also serve as the training faculty mentor. This person will be a faculty psychologist. Preceptors may serve in varied capacities depending on the needs of the fellow, including:

- Assisting the training director in coordinating the fellow's training plan
- Ensuring the fellow's experiences are consistent with the fellow'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 and the specialty track training director
- Providing feedback about performance in coordination with the specialty track training director
- Providing support related to career

Ombudsperson(s)

Faculty psychologists who are not postdoctoral training directors will serve as ombudsperson(s) in a supportive and problem-solving role when difficulties with faculty or other fellows arise that cannot be addressed with the preceptor or track director. For the 2026 - 2027 training year, Dr. Jennifer Hansen-Moore will serve in this role.

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Clinical Supervision

Over the course of the fellowship year, all fellows receive supervision from a number of different faculty members. The fellowship faculty believes exposure to a variety of supervisory styles and perspectives assists in fulfilling one of the fellowship's primary goals – to provide fellows with a general set of competencies, as well as expose trainees to particular specialty areas in the field. Fellows receive a minimum of 2 hours of face-to-face clinical supervision each week. Supervision meetings take place at regularly scheduled times although fellows can also receive supervision through discussion in meetings, as well as consultation with training faculty regarding clients and clinical interventions. Additional supervision will be provided if warranted by the fellow's performance and/or case load.

Audio and video taping (on hospital approved devices only), one-way mirrors, direct observation and co- therapy may be used as supervision tools. Supervision includes individual and may include group modalities. Supervisor responsibilities include but are not limited to the following:

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

Ohio Psychology Law & Rules make several stipulations about professional training supervision and 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. Electronic templates are available and must be completed for each patient.
- 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.

EXPECATIONS OF FELLOWS

Minimum Clinical Expectations

The primary training method of the fellowship 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 are based on 1.0 FTE, with variability for fellows at different levels of clinical appointment. These responsibilities include, but are not limited to:

- 20 hours of clinical activity, including 15 hours of face-to-face patient care (additional 5 hours in co-treatment, shadowing, or other clinical activity)
- 10-12 hours in case management, such as case notes, test scoring, or report writing
- 3-4 hours in didactic activities
- At least 2 hours in supervision
- 1-2 hours in research or QI initiatives

Fellows work five days per week. Hours worked per week vary but are generally 40-48, depending on case load and research involvement.

Entry Requirements

Applicants must complete all requirements for their doctoral degree, including dissertation defense, before beginning the postdoctoral training program. Generally, applicants must have received the doctoral degree from an APA/CPA accredited program, including an APA/CPA accredited internship. Exceptions to the requirement for APA/CPA accredited doctoral and internship programs are rare and will be considered on an individual basis. If the doctoral diploma has not been conferred, the applicant must have a letter from their Director of Graduate studies verifying completion of the degree requirements pending the university's graduate ceremony. Applicants must also undergo pre-employment screenings with NCH human resources with includes a background check and drug screening.

Professional Conduct

Fellows 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. A fellow may be dismissed because of gross violations of the law, or of the APA Code of Ethics. 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, you must become familiar with the stipulations regarding professional conduct in the Ohio Psychology Law & Rules.

http://www.psychology.ohio.gov

As clinical staff members of Nationwide Children's Hospital, the fellow is subject to all hospital administrative and clinical care policies. The fellow is considered a full-time employee of Nationwide Children's Hospital and is 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

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

Successful Completion of Fellowship

In order to successfully complete the fellowship 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 Fellowship. In practice, this will be indicated by supervisor ratings on the Formal Fellow Evaluation Form (**Appendix 2.0**). 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 a fellow at this point in the training year. The fellow 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. Complete and/or participate in any other activities or assignments required as a part of the fellowship's educational program.

6. Complete the clinical service/client contact expectations for the assigned training track.

Ohio Licensure Requirements

The state of Ohio requires 3600 hours of supervised training prior to receiving a psychology license. These hours must include a pre-doctoral internship of between 1500-2000 hours. The remaining hours can be either pre-or post-degree training. If post-doctoral fellows choose to submit post-doctoral hours, successful completion of this fellowship program satisfies the requirements for the additional hours needed for psychology licensure in the state of Ohio (2000-hour fellowship, at least 25% time spent in face-to-face patient/client contact).

EVALUATIONS 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 Fellow Performance

Overview of the Evaluation Process

The Psychology Fellowship Program continually assesses each fellow's performance and conduct. Fellows receive ongoing, informal feedback on their performance during the year. Supervisors provide formal evaluations regularly via MedHub and meet with fellows to discuss the evaluation as well as offer recommendations (**Appendix 2.0**). Each supervisor will review their evaluations with the fellow. Both the supervisor and fellow sign the evaluation electronically, and the evaluation is sent through email to the relevant Associate Fellowship Training Director. These are kept within the fellow's file and managed by the program coordinator. Based on the evaluations, the Associate Fellowship Training Director may work with case load, training experiences, etc. to better meet training needs.

Fellow Evaluation of Training Program and Faculty

Fellow Evaluation of Supervisor Performance

Evaluation is not a one-way process. Fellows complete Supervisor Evaluations for each of their supervisors at regular intervals (**Appendix 2.0**). Evaluations are used to assist the faculty in improving their supervision style as well as their annual performance evaluations. Supervisor evaluations are periodically reviewed by the Fellowship Director, Section Chief, and program coordinator with feedback provided to the supervisor and their manager as appropriate.

Fellow Evaluation of Seminars

Fellows complete evaluations of each didactic seminar (**Appendix 2.0**). 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 Fellowship Director and Section Chief for program evaluation. These evaluations are reviewed every 2 weeks by the program coordinator, Fellowship Director, and Section Chief with feedback provided to the instructors.

Fellow Evaluation of the Training Program

Fellows complete formal written evaluations of the fellowship program at the end of the training year (**Appendix 2.0**). These evaluations are very important, and the feedback is taken seriously by the faculty. We use fellow feedback in future program planning. Fellows 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 fellows.

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

DUE PROCESS IN EVALUATIONS AND REMEDIATION

The fellowship program follows due process guidelines to ensure that decisions about fellows are not arbitrary or personally based. The program uses the same procedures to evaluate all trainees, and it has appeal procedures that permit any fellow to challenge program decisions. The due process guidelines and rights and responsibilities of fellows and program faculty are described below:

1. All fellows receive a written statement of program expectations for professional functioning at fellowship orientation (i.e., the training manual).

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 the training manual given to all fellows.

4. Work improvement plans are instituted for identified inadequacies, and they include time frames for remediation and specify consequences for failure to rectify the inadequacies.

5. All fellows receive a written description of procedures they may use to appeal the program's actions, and procedures they may use to file grievances.

6. Fellows are given sufficient time to respond to any action taken by the program.

7. Decisions or recommendations regarding the fellow's performance or conduct are based on input from multiple professional sources.

8. Program actions and their rationale are documented in writing to all relevant parties.

Training Support Plan (TSP)

Observation of specific inefficiencies in the fellow'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 a fellow at that particular point in the training year.

A TSP can be put into place based on supervisor recommendation or a rating of a "needs improvement" or "below competence" by a supervisor on a formal evaluation. If "below competence" is ranked, the TSP must be developed. If the fellow is rated as "needs improvement," writing a TSP is encouraged. A rating of "needs improvement" does require immediate closer supervision and observation regardless of whether a TSP is implemented. For neuropsychology fellows a TSP can be put into place based on a supervisor recommendation or formal competency rating that is below the expected level of independence for the fellow's training plan. Fellows are expected to achieve a minimal rating

of 4 (consistently demonstrates independence) across neuropsychology competencies by the end of fellowship training.

The TSP will be developed collaboratively between the fellow, supervisor(s), upcoming supervisors (if they will be part of the developed plan), and the respective associate director of fellowship training. The TSP will outline specific objectives, goals, and evaluation processes to determine if the fellow 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 fellow's preceptor should be aware of the plan and available to support the fellow professionally. The fellowship 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 fellow has not demonstrated progress in the specified area(s) (i.e., to where they would be rated as "competent" 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 fellow 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 fellow demonstrates problematic performance or conduct.

Definition of Problematic Performance and/or Problematic Conduct

Problem behaviors are said to be present when supervisors perceive that a fellow's behaviors, attitudes, or characteristics are disrupting the quality of their clinical services or research; their relationships with peers, supervisors, or other staff; or their ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when a fellow's problem behaviors are serious enough to fit the definitions of problematic performance or conduct rather than merely being typical problem behaviors often found among trainees.

The fellowship program defines *problematic performance* and *problematic conduct* as follows. *Problematic performance* and/or *problematic conduct* are present when there is interference in professional functioning that renders the fellow: unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as

problematic performance and/or *problematic conduct* when they include one or more of the following characteristics.

1. The fellow does not acknowledge, understand, or address the problem when it is identified.

2. The quality of services or research duties delivered by the fellow is significantly negatively affected.

3. A disproportionate amount of attention by training personnel is required.

4. The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures for Responding to Problematic Performance and/or Problematic Conduct

The fellowship program has procedures to guide its response to fellows with problematic performance or problematic conduct. When supervisors' evaluations indicate that a fellow's skills, professionalism, or personal functioning are inadequate for a fellow in training, the specialty track associate training director will review the negative evaluations, and a determination will be made as to what action needs to be taken to address the problems. The associate training director may consult with the overall fellowship director and the fellowship training committee. After the review and consultation, the training faculty for that specialty track may elect to take no further action.

Alternatively, the associate fellowship training director may inform the fellow that the faculty is aware of and concerned about the fellow's performance and the faculty will work with the fellow to rectify the problem within a specified time frame (i.e., the next quarterly evaluation training period).

The associate fellowship training director will actively and systematically monitor weekly the degree to which the fellow addresses, changes, and/or otherwise improves the problem behaviors.

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

If the associate fellowship training director 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 fellow's case load or workload. If a work improvement plan is written, the associate

fellowship training director will meet with the fellow to review the plan. The fellow may elect to accept the conditions or may challenge the actions as outlined below.

Failure to Demonstrate Satisfactory Improvement on the WIP

When a combination of interventions does not rectify the problematic performance or problematic conduct within a quarterly evaluation period, or when the fellow seems unable or unwilling to alter his or her behavior, the training program may need to take more formal action. If a fellow on a work improvement plan has not improved sufficiently to rectify the problems under the conditions stipulated by the plan, the faculty will conduct a formal review and then inform the fellow in writing that the conditions for terminating the work improvement plan have not been met. The faculty may then elect to take any of the following steps, or other appropriate action.

1. It may continue the work improvement plan for an additional quarterly evaluation period.

2. It may suspend the fellow whereby the fellow 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 fellow, Nationwide Children's Hospital, and Research Institute administration, that the fellow will not successfully complete the fellowship if their behavior does not change. If by the end of the training period, the fellow has not successfully completed the training requirements, the fellowship faculty may withhold certification that the fellow successfully completed the fellowship. A majority vote by a quorum of the entire fellowship training committee is required to withhold certification of completion.

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

4. It may inform the fellow that the faculty is recommending to Nationwide Children's Hospital and Research Institute administration that the fellow be terminated immediately from the fellowship program, and with the administration's approval, move to terminate the fellow. A majority vote by a quorum of the entire fellowship training committee is required to dismiss a fellow.

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

Grievance Procedures and Due Process

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

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

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

1. Raise the issue with the supervisor, staff member, other trainee, or Fellowship 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 Fellowship Director. If the Fellowship Director is the object of the grievance, or unavailable, the issue should be raised with an Associate Training Director.

3. If the Fellowship Director cannot resolve the matter, the Fellowship Director will choose an agreeable staff member acceptable to the Fellow 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 Fellowship Director will convene a review panel consisting of the Fellowship Director, one faculty member from each track chosen by the Fellowship Director and Associate Training Director, and one faculty member from each track chosen by the fellow.

   In the event that the complaint is against the Fellowship Director, responsibility for convening the review panel will fall to an Associate Training Director. The Review panel will review all written materials (from the Fellow, 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. The review panel will have 10 business days to make a determination.

Due Process Procedure

If a fellow disagrees with any training faculty action regarding their status in the fellowship program, they should approach the Overall Fellowship Director for assistance. If a satisfactory solution cannot be achieved at this level the fellow is entitled to challenge the faculty actions by initiating the due process procedure within 10 business days. The fellow must inform the Overall Fellowship Director in writing that they are challenging the faculty's action within 10 business days of the decision. The fellow then has 10 business days to provide the Overall Fellowship Director with information as to why the fellow believes the

faculty's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the fellow's written grievance, the following actions will be taken.

Due process procedure:

1. The fellow will have 5 business days to select one of the fellowship Ombudsperson(s) to convene a Review Panel consisting of one faculty member from each fellowship specialty track, chosen by the Overall Fellowship Director and one faculty member chosen by the fellow. The fellow retains the right to review all facts and the opportunity to dispute or explain their behavior.

2. The Ombudsperson(s) will chair the review of the faculty action and the fellow's challenge. A review hearing will be conducted within 10 days of forming the review panel. 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 fellow of its decisions.

3. Once the Review Panel has informed the fellow and submitted its report, the fellow may seek further review of their grievance through the Nationwide Children's Hospital employee grievance process. Those procedures are described in the Nationwide Children's Hospital Employee Handbook. This process would need to be initiated within 5 business days of the Review Panel's decision.

4. Once a final and binding decision has been made, the fellow and other appropriate individuals will be informed in writing of the action taken.

BENEFITS

Stipend

As of the 2026-2027 training year, fellows are paid a salary of $65,344 for the first year of fellowship and $67,304 for the second year. Fellows also are eligible for NCH employee benefits, such as medical, dental, and vision insurance. More information about NCH benefits will be provided through hospital orientation.

Each fellow can be reimbursed for up to $3,000 for moving expenses (if moving from out of central Ohio; including but not limited to moving truck and packing materials; other expenses subject to approval by the Training Director) and up to $1,500 per year for reimbursement for professional expenses. There may be additional professional funds from donor support on specific fellowship tracks.

Fellows also can be reimbursed for up to $1200 for one EPPP exam, and study materials of the fellow's choosing if taken within 10 months from the start of fellowship for 1-year positions and 18 months from the start of fellowship for 2-year positions. If working in the state of Ohio after fellowship, the Ohio psychology license will also be reimbursed ($300). Subject to approval by the Associate Fellowship Training Director, professional money is intended to support attendance of local and national conferences, membership to professional organizations, licensure expenses, or participation in training workshops related to your fellowship experience. Fellows are encouraged to seek approval prior to purchase. Receipts need to be submitted within 90 days per NCH policy.

Paid Time Off (PTO)

Fellows do not "accrue" paid time off (PTO) given the time-limited nature of their NCH employment. Instead, fellows are provided with a yearly bank of:

1. 15 days of paid vacation per year. Unused vacation days do not "roll-over" to the following year. These days are meant for time away from work for non-professional reasons.

2. 6 days of paid holidays for: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. These days are not part of the 15 vacation days.

3. Up to 5 days of paid professional leave. These days have to be pre-approved by the track director and are intended to support fellows for professional development related activities, such as conference attendance, licensing exams, or job interviews.

4. Up to 5 days of paid leave for job interviews, after using the 5 days of professional leave. These days need to be approved by the track director.

5. Up to 6 days of paid sick time: These days are meant for both planned and unplanned medically related absences. These days cannot be used for vacation. There needs to be a legitimate medical reason to use these days. These sick days are provided so that fellows do not have to use "vacation days" when they are sick or recovering from a medical procedure. Recovery beyond 6 days will need to go through hospital HR for short term disability (fellows may be eligible for short term disability after being employed for > 6 months).

PTO Requests

Fellows must request approval prior to scheduled leave. All leave must be approved by the track director at least 3 weeks prior to the requested time off.

Trainees should submit a request to block off appointments during vacation dates/times in Cadence.

~No time off may be taken during the last two weeks of the fellowship unless specifically approved by the Fellowship Director and Associate Training Director~

Faculty Appointment

Fellows 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. To access your eligible discounts, you can go through your OSU account (**Appendix 6.0**).

Library

The Nationwide Children's Hospital Library is located on the second floor of the Education Center. It is staffed from 8:30 to 7 pm Monday through Thursday and 8:30 am to 5 pm on Friday. It is closed on the weekend. Nationwide Children's Hospital Employees with valid Hospital I.D. badges have 24-access via a card reader to the right of the front door.

The Library is part of The Ohio State University Library System. All Nationwide Children's Hospital employees are entitled to apply for a library card, which will give them borrowing privileges at all OSU Libraries, as well as the statewide network known as OhioLINK. The Library also provides interlibrary loan services and is an NLM docline participant. The Library also features a computer lab, a scanner, a media viewing room, a classroom for small group meetings and photocopy machines.

Reimbursements

Fellows 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/research participants 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 natural setting environment where paid work is to occur.

Employment or Professional Activities Outside of Fellowship

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

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

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

Note: Fellows 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 fellow shall be employed by any professional who has supervisory responsibility for fellows within the fellowship unless the activity is an integral part of a research program approved by the training faculty. The training faculty'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 fellow and with measures in place to avoid an unethical dual relationship. The fellowship assumes absolutely no responsibility or liability for the professional or personal activities of an fellow outside of the formal fellowship structure.

Fellows 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 Training Director and Fellowship Director, who will present information for review to the training faculty, 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 fellowship. The policy also does not apply to research activities which are conducted as a part of the fellowship 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 (**Appendix 4.0**). Complete the form and return it to the Associate Training Director and Fellowship Director at least ten (10) days before the planned initiation of any extramural research activities.
b. To be considered by the training faculty, the request must first be approved by the fellow's preceptor. Approval must be indicated by the preceptor's signature on the form.
c. The request will be brought by the Fellowship Director to the attention of the training faculty for discussion and approval/denial. Approval will be indicated by the Director's signature on the form.
d. The training faculty, or its designees, reserves the right to deny any specific request that is deemed to be in conflict with the fellowship's mission, goals, or policies.
e. No extramural research activity may be undertaken until the fellow has received approval in writing from the Fellowship Director.

Fellows 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 (**Appendix 4.0**), and follow the procedures outlined below.

a. Complete the form and return it to the Fellowship Director at least ten (10) days before the planned initiation of any extramural clinical activities.

b. To be considered by the training faculty, the request must first be approved by the fellow's preceptor. Such approval must be indicated by the preceptor's signature on the form.
c. The request will be brought by the Fellowship Director to the attention of the training faculty for discussion and approval/denial. Approval will be indicated by the Fellowship Director's signature on the form.
d. The training faculty, or its designees, reserves the right to deny any specific request that is deemed to be in conflict with fellowship's mission, goals, or policies.
e. No extramural employment may be initiated until the fellow has received approval in writing from the Fellowship Director.

APPENDICIES

Appendix 1.0: Work from Home and Use of Technology

Working from home may be possible for certain tracks. **Fellows should always be available to work on-site during their normal working hours, even if working from home at any point.** Fellows should be thinking about possible workspace at home and 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 fellowship. 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- Fellowship Evaluation Forms

Fellow Informal Evaluation

Evaluator: _____

Evaluation of: _____

Date: _____

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

1. Relative Strengths * _____
_____
_____
_____
_____

2. Relative Weaknesses * _____
_____
_____
_____
_____

Trainee Signature: _____

Date: _____

Evaluation of: _____

Date: _____

Fellow Formal Evaluation

Evaluator: _____

Evaluation of: _____

Date: _____

Trainee Signature: _____

Date: _____

Evaluation of: _____

Date: _____

ASSESSMENT					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
2. Collects pertinent information during diagnostic interview*	☐	☐	☐	☐	☐
3. Selects appropriate tests and normative data for the case*	☐	☐	☐	☐	☐
4. Solid understanding of test administration and scoring*	☐	☐	☐	☐	☐
5. Interprets findings and conceptualizes case appropriately*	☐	☐	☐	☐	☐
6. Provides appropriate recommendations*	☐	☐	☐	☐	☐
7. Results are clearly communicated in report and oral feedback with the urgency necessary to manage the patients episode of care*	☐	☐	☐	☐	☐
8. Results are clearly communicated in report and oral feedback with the urgency	☐	☐	☒	☐	☐

necessary to manage the patients episode of care*					

INTERVENTION					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
9. Uses theory and research to guide conceptualization*	☐	☐	☐	☐	☐
10. Establishes and monitors therapeutic goals and challenges*	☐	☐	☐	☐	☐
11. Applies therapeutic strategies effectively*	☐	☐	☐	☐	☐
12. Manages therapy termination responsibly*	☐	☐	☐	☐	☐

CONSULTATION					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
13. Communicates results and recommendations effectively to referral source*	☐	☐	☐	☐	☐
14. Appropriately informs future providers of results and impressions*	☐	☐	☐	☐	☐
15. Understands his/her role on an interdisciplinary care team*	☐	☐	☐	☐	☐
16. Receptiveness to education from other team members*	☐	☐	☐	☐	☐

17. Strengths* _____

18. Areas for Improvement* _____

Professional Development/Professionalism:

ETHICAL/LEGAL					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
19. Demonstrates knowledge of APA Code of Conduct and relevant state laws*	☐	☐	☐	☐	☐
20. Recognizes and responds to ethical and legal issues across the range of psychological activities*	☐	☐	☐	☐	☐
21. Maintains appropriate professional boundaries (with patients, families, colleagues, peers)*	☐	☐	☐	☐	☐

PROFESSIONAL IDENTITY/FUNCTIONING					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
22. Demonstrates awareness of personal/professional limitation*	☐	☐	☐	☐	☐
23. Demonstrates understanding of how own beliefs/values impact professional functioning*	☐	☐	☐	☐	☐
24. Performs duties in a dependable and responsible manner*	☐	☐	☐	☐	☐
25. Manifests the capacity to assume and manage multiple professional roles*	☐	☐	☐	☐	☐
26. Functions autonomously*	☐	☐	☐	☐	☐
27. Takes initiative in an appropriately assertive way*	☐	☐	☐	☐	☐
28. Demonstrates self-awareness and identifies ways to grow*	☐	☐	☐	☐	☐

INTERPERSONAL RELATIONSHIPS					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
29. Interpersonal skill mastery (listening, empathy, flexibility, sense of humor, contextual	☐	☐	☐	☐	☐

understanding) with peers and colleagues*					
30. High quality of interpersonal skills with professional staff (at all levels)*	☐	☐	☐	☐	☐
31. Communicates, problem solves, and negotiates effectively*	☐	☐	☐	☐	☐
32. Shares knowledge effectively with others*	☐	☐	☐	☐	☐
33. Shows respect, even when difference of opinion is present*	☐	☐	☐	☐	☐
34. Contributes effectively on a team*	☐	☐	☐	☐	☐

17. Strengths* _____

18. Areas for Improvement* _____

SCHOLARSHIP/RESEARCH					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
37. Applies empirical literature to assessment, consultation, and research activities*	☐	☐	☐	☐	☐
38. Develops or contributes to research*	☐	☐	☐	☐	☐
39. Shows awareness of pertinent literature on ethical, legal, and diversity issues as related to research and scholarship*	☐	☐	☐	☐	☐

40. Demonstrates progress with projects to which he/she committed*	☐	☐	☐	☐	☐

17. Strengths* _____

18. Areas for Improvement* _____

SUPERVISION/SUPERVISORY RELATIONSHIP					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
43. Uses supervision and feedback constructively*	☐	☐	☐	☐	☐
44. Demonstrates follow through on direction/suggestions*	☐	☐	☐	☐	☐
45. Demonstrates willingness to verbalize needs/thoughts*	☐	☐	☐	☐	☐
46. Promptness of work/appointments*	☐	☐	☐	☐	☐

17. Strengths* _____

18. Areas for Improvement* _____

TRAINING: DIDACTICS, CONFERENCES, SEMINARS, GRAND ROUNDS					
	Below Competence	Needs Improvement	Competent	Above Competent	N/A
49. Participates actively in didactics*	☐	☐	☐	☐	☐
50. Attends required and pertinent grand rounds and conferences*	☐	☐	☐	☐	☐

51. Comments*

52. Recommendations*

Fellow Formal Evaluation- Neuropsychology

Evaluator: _____

Evaluation of: _____

Date: _____

Trainee Signature: _____

Date: _____

Evaluation of: _____

Date: _____

Please rate the fellow on each of the competencies below.

Scale

1= Rarely demonstrates (~25% or less);supervisor mostly directs
2= Sometimes (~50%); supervisor frequently directs
3= Frequently (~75%); supervisor acts as consultant except complex cases
4= Consistently (~85%); supervisor consults, rare modeling
5= Independent (~95%); minimal supervision required
N/A= Did not observe

Competency: Neuroscience and Brain and Behavior Relationships

	1	2	3	4	5	N/A
1. Discusses and demonstrates knowledge of structural and functional neuroanatomy as it relates to clinical histories and normal and abnormal brain development in didactics and supervision.*	☐	☐	☐	☐	☐	☐

Comment:* _____

Competency: Integration of Science and Practice

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

2. Discusses how research informs neuropsychological evaluations in didactics and supervision and applies relevant research literature to all aspects of clinical practice (e.g., test/normative data selection, case conceptualization, evidence-based recommendations).*
Comment:*

Competency: Ethics, Standards, Laws, and Policies

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

3. Navigates common ethical dilemmas and legal issues in neuropsychology (e.g., informed consent, use of technicians/psychometrists, third party observers, disclosure of neuropsychological test data, documenting limitations of test interpretation, test security, research).*
Comment:*

Competency: Diversity

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

4. Discusses how diversity issues are related to neuropsychological theory, research, and teaching (e.g., health disparities, health literacy, language differences, educational level, literacy, cultural context, individual differences).*
Comment:*

Competency: Diversity

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

5. Demonstrates in clinical practice how cultural, linguistic, disability, and other demographic/socioeconomic factors affect neuropsychological evaluations through test and normative data selection, test interpretation, case conceptualization, and tailored treatment recommendations.*
Comment:*

Competency: Professional Relationships

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

6. Demonstrates insight regarding personal strengths and areas for growth (e.g., via self-assessments and in supervision) and receives and integrates feedback from collaborators, supervisors, peers and others with whom they have a professional relationship.*
Comment:*

Competency: Professional Relationships

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

7. Communicates clearly and effectively with referring providers, patients, and families/care partners, both orally and in writing.*
Comment:*

Competency: Professional Relationships

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

8. Communicates clearly and effectively with colleagues, supervisors and staff, both orally and in writing.*
Comment:*

Competency: Assessment/Intervention

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

9. Conducts a thorough record review (e.g., history, referral question, prior exams, relevant imaging, medication review) and identifies relevant information needed for case conceptualization.*
Comment:*

Competency: Assessment/Intervention

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

10. Conducts a thorough clinical interview that is appropriate for the presenting problem.*
Comment:*

Competency: Assessment

11. Selects appropriate tests and normative data to answer the referral question.*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Assessment

12. Correctly administers and scores tests (and tests limit and/or flexes battery as needed depending on performance).*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Assessment

13. Conceptualizes the case accurately (e.g., test interpretation, differential diagnosis, etiology, neuropathology, neuroanatomical correlates).*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Assessment

14. Written report is accurate and tailored to patient/referral source needs.*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Assessment

15. Recommendations (e.g., resources, interventions) are tailored to patient/referral source needs.*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Assessment

16. Conducts feedback sessions that facilitate understanding of test results, diagnosis, and recommendations.*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Assessment/Intervention

	1	2	3	4	5	N/A
17. Effectively and flexibly delivers evidence-based interventions (e.g. in clinic consultations, feedback sessions, or intervention sessions).*	☐	☐	☐	☐	☐	☐

Comment:*

Competency: Interdisciplinary Systems and Consultation

	1	2	3	4	5	N/A
18. Communicates clearly and effectively with providers in related disciplines (e.g., neurology, psychiatric, neuroradiology, rehabilitation, social work).*	☐	☐	☐	☐	☐	☐

Comment:*

Competency: Interdisciplinary Systems and Consultation

	1	2	3	4	5	N/A
19. Makes appropriate referrals to other health professionals.*	☐	☐	☐	☐	☐	☐

Comment:*

Competency: Research and Scholarly Activities

	1	2	3	4	5	N/A
20. Demonstrates skills in conceptualizing, implementing, and interpreting research design and statistical analysis (e.g., in didactics and by participating in a scholarly project).*	☐	☐	☐	☐	☐	☐

Comment:*

Competency: Technology and Innovation

	1	2	3	4	5	N/A
21. Discusses use and pros/cons of innovative methods and technologies in supervision and didactics.*	☐	☐	☐	☐	☐	☐

Comment:*

Competency: Technology and Innovation

22. Appropriately incorporates innovative methods and technologies into patient care and recommendations (e.g., provides update recommendations using technological advancements).*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Teaching, Supervision, and Mentoring

23. Demonstrates effective teaching activities (e.g. case presentations, didactics in seminars, vertical supervision when applicable, informal modeling and support to other trainees including medical trainees, effective participation in group supervision).*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Health and Professional Advocacy

24. Demonstrates the ability to advocate for patients and families (e.g., identifies resources, barriers to services, tools, and supports in a culturally responsive manner).*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Health and Professional Advocacy

25. Advocates for oneself as needed (e.g., clearly identifies training goals and areas of growth; discusses training needs and goals with program director, preceptor or other training faculty).*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Administration, Management and Business

26. Follows documentation and billing procedures and other departmental policies.*

1	2	3	4	5	N/A
☐	☐	☐	☐	☐	☐

Comment:*

Competency: Administration, Management and Business

	1	2	3	4	5	N/A
27. Collaborates effectively with psychometrists and monitors their skills in test administration, behavioral management, and scoring.*	☐	☐	☐	☐	☐	☐

Comment:*

Competency: Management/Administration

	1	2	3	4	5	N/A
28. Manages clinical volume (e.g., adheres to deadlines for completing Epic documentation, submitting report drafts to supervisors, responds to urgent clinical needs, meets clinical care hours expectations).*	☐	☐	☐	☐	☐	☐

Comment:*

Overall 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 Significant Deficit	2 Improvement Needed	3 Average	4 Strength	5 Exceptional Strength	N/A
2. Content/Curriculum (relevant, up to date, practical, fits my level of knowledge)	☐	☐	☐	☐	☐	☐
3. Teaching Style (motivating, sets clear expectations, constructive, respectful)	☐	☐	☐	☐	☐	☐
4. Clinical Approach (breadth of interventions, flexible, creative)	☐	☐	☐	☐	☐	☐
5. Professional Role Model (attitude, demeanor, leadership, availability)	☐	☐	☐	☐	☐	☐
6. Other Effectiveness	☐	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐	☐
2. The instructor seemed to have thorough knowledge of the subject	☐	☐	☐	☐	☐	☐
3. The instructor presented material in an organized fashion	☐	☐	☐	☐	☐	☐
4. The instructor made effective use of visual aids	☐	☐	☐	☐	☐	☐
5. The instructor answered questions carefully and clearly	☐	☐	☐	☐	☐	☐

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?

Content

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
9. The scope of the presented material was appropriate for my level of training	☐	☐	☐	☐	☐	☐
10. This seminar was helpful to my professional development	☐	☐	☐	☐	☐	☐

11. I learned a significant amount of new information today	☐	☐	☐	☐	☐	☐
12. This seminar should be repeated next year	☐	☐	☐	☐	☐	☐

Fellowship Program Evaluation

Please write a brief narrative critiquing your experience for the last 12 months of Fellowship. 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.

1. Structure of the Fellowship (e.g., time distribution

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

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. How were you treated interpersonally & professionally?

11. What are the overall weaknesses of the Fellowship?

12. What are the overall strengths of the Fellowship?

13. Other suggestions or comments

Appendix 3.0- Fellow Leave Request Form

FELLOW LEAVE REQUEST

PTO

- 15 vacation days
- 6 sick days
- 5 professional days
- 5 additional job interview days (as needed)
- 6 holidays

Guidance for Taking Days Off

- Complete PTO form and send to track director, supervisors, and Training Program Coordinator
- Training Coordinator will collect electronic signatures, send you a copy, and put in your file
- For PTO:
    - Send email informing supervisors you are out and any urgent coverage needs
    - Communicate with teams as needed
    - Set an Outlook away message
    - Set an Out of Office phone message
    - Block your Outlook
    - Block your EPIC
    - Set EPIC away chat/reassign InBasket
    - Talk with your supervisor about any other steps

FELLOW LEAVE REQUEST

Fellow 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:

_____

Fellowship Track Director

UPDATE THIS AT EACH REQUEST

PTO DAYS REMAINING: _____ ☐ /15

SICK DAYS REMAINING: _____ ☐ /6

PROFESSIONAL DATES REMAINING: _____ ☐ /5

JOB INTERVIEW DATES REMAINING: _____ ☐ /5
(after using professional days)

Appendix 4.0- Request to Engage in Extramural Research Activities/Employment Forms

REQUEST TO ENGAGE IN EXTRAMURAL RESEARCH ACTIVITY

I understand that the Nationwide Children's Hospital Fellowship 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 fellowship and non-fellowship responsibilities, fellowship responsibilities will always take precedence.

Separate from my responsibilities as a psychology fellow, 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
Inclusive Projected Dates of Research Activity
Projected Hours Devotes to Activity (e.g., Wednesdays 5:30 – 8:00 PM)

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
Fellowship Training Director's Signature	Date

REQUEST TO ENGAGE IN NON-PROFESSIONAL EXTRAMURAL EMPLOYMENT

I understand that the Nationwide Children's Hospital Fellowship 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 fellowship and non-fellowship employment responsibilities, fellowship responsibilities will always take precedence.

Separate from my responsibilities as a psychology fellow, 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 **<u>any</u>** extramural employment situation.

Printed Names	
Signature	Date
Preceptor's Signature	Date
Fellowship Training Director's Signature	Date

Appendix 5.0- Psychology Trainee SharePoint

The **NCH Psychology Trainees M365** is a common SharePoint where you will find (almost) everything you'll need for the fellowship year including a copy of this handbook. You can click the button below to take you to the SharePoint page.

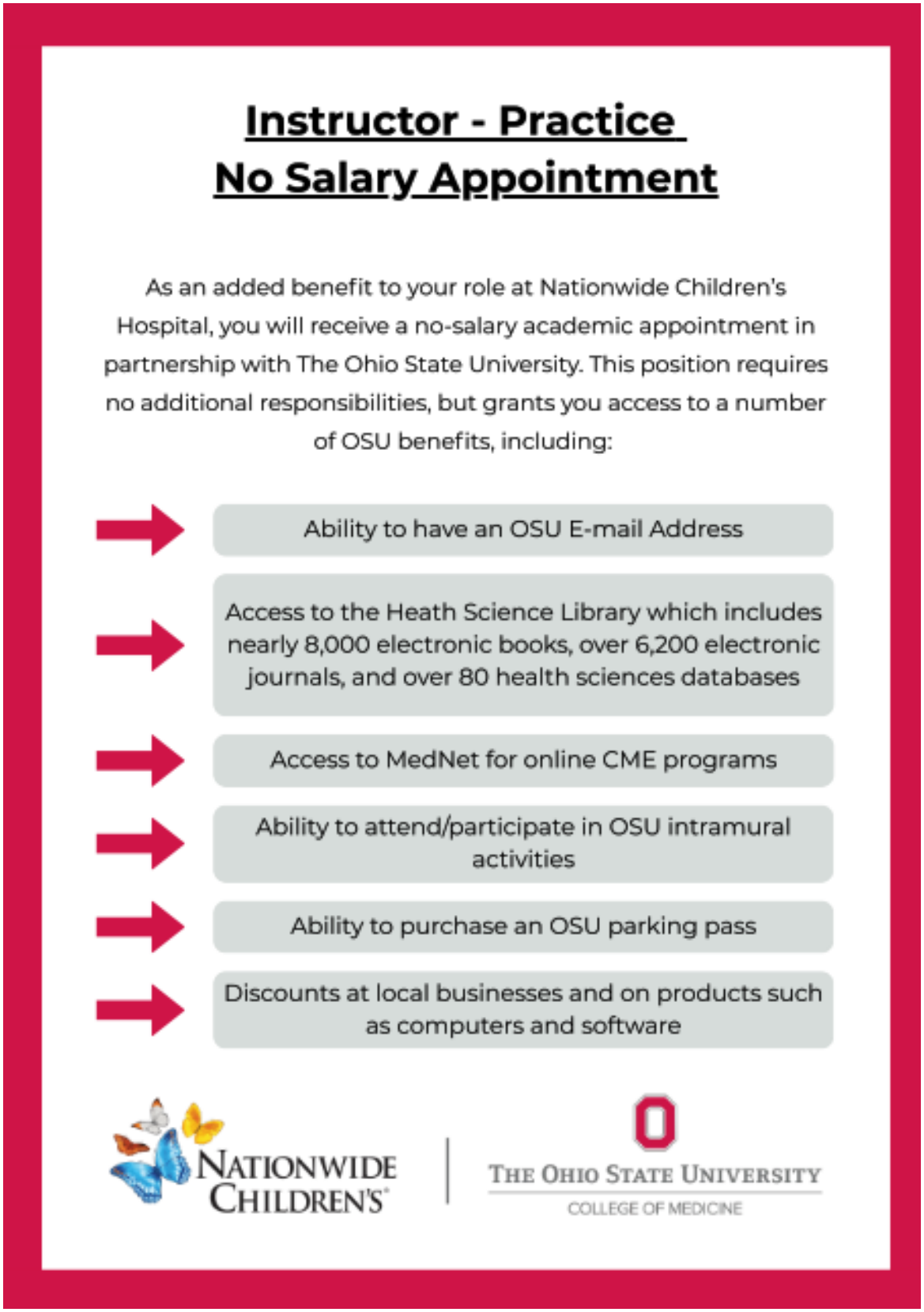
On the home page, you will find resources for trainees across the psychology department.

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

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

On the fellowship page you will find several resources. Toward the bottom of the page, you will find a blue fellowship folder that has resources you may find helpful throughout the training year(s).

Appendix 6.0- Faculty Appointment through OSU



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-sensitve, 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)

NATIONWIDE CHILDREN'S | THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE

Appendix 7.0- Fellow 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 fellow 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/WIP

Training Support Plan (TSP)

Observation of specific inefficiencies in the fellow'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 a fellow at that particular point in the training year.

A TSP can be put into place based on supervisor recommendation or a rating of a "needs improvement" or "below competence" by a supervisor on a formal evaluation. If "below competence" is ranked, the TSP must be developed. If the fellow is rated as "needs improvement," writing a TSP is encouraged. A rating of "needs improvement" does require immediate closer supervision and observation regardless of whether a TSP is implemented.

The TSP will be developed collaboratively between the fellow, supervisor(s), upcoming supervisors (if they will be part of the developed plan), and the respective associate director of fellowship training. The TSP will outline specific objectives, goals, and evaluation processes to determine if the fellow 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 fellow's preceptor should be aware of the plan and available to support the fellow professionally. The fellowship 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 fellow has not demonstrated progress in the specified area(s) (i.e., to where they would be rated as "competent" or higher), several options may be considered.

4. The current TSP may be continued for a specified time period.
5. A new TSP may be developed with modified goals and training strategies.
6. 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.

3. The fellow 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.
4. The fellow demonstrates problematic performance or conduct.

Definition of Problematic Performance and/or Problematic Conduct

Problem behaviors are said to be present when supervisors perceive that a fellow's behaviors, attitudes, or characteristics are disrupting the quality of their clinical services or

research; their relationships with peers, supervisors, or other staff; or their ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when a fellow's problem behaviors are serious enough to fit the definitions of problematic performance or conduct rather than merely being typical problem behaviors often found among trainees.

The fellowship program defines *problematic performance* and *problematic conduct* as follows. *Problematic performance* and/or *problematic conduct* are present when there is interference in professional functioning that renders the fellow: unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as *problematic performance* and/or *problematic conduct* when they include one or more of the following characteristics.

5. The fellow does not acknowledge, understand, or address the problem when it is identified.

6. The quality of services or research duties delivered by the fellow is significantly negatively affected.

7. A disproportionate amount of attention by training personnel is required.

8. The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures for Responding to Problematic Performance and/or Problematic Conduct

The fellowship program has procedures to guide its response to fellows with problematic performance or problematic conduct. When supervisors' evaluations indicate that a fellow's skills, professionalism, or personal functioning are inadequate for a fellow in training, the specialty track associate training director will review the negative evaluations, and a determination will be made as to what action needs to be taken to address the problems. The associate training director may consult with the overall fellowship director and the fellowship training committee. After the review and consultation, the training faculty for that specialty track may elect to take no further action.

Alternatively, the associate fellowship training director may inform the fellow that the faculty is aware of and concerned about the fellow’s performance and the faculty will work with the fellow to rectify the problem within a specified time frame (i.e., the next quarterly evaluation training period).

The associate fellowship training director will actively and systematically monitor weekly the degree to which the fellow addresses, changes, and/or otherwise improves the problem behaviors.

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

If the associate fellowship training director 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 fellow's case load or workload. If a work improvement plan is written, the associate fellowship training director will meet with the fellow to review the plan. The fellow may elect to accept the conditions or may challenge the actions as outlined below.

Failure to Demonstrate Satisfactory Improvement on the WIP

When a combination of interventions does not rectify the problematic performance or problematic conduct within a quarterly evaluation period, or when the fellow seems unable or unwilling to alter his or her behavior, the training program may need to take more formal action. If a fellow on a work improvement plan has not improved sufficiently to rectify the problems under the conditions stipulated by the plan, the faculty will conduct a formal review and then inform the fellow in writing that the conditions for terminating the work improvement plan have not been met. The faculty may then elect to take any of the following steps, or other appropriate action.

2. It may continue the work improvement plan for an additional quarterly evaluation period.

3. It may suspend the fellow whereby the fellow is not allowed to continue engaging in certain professional activities until there is evidence that the problem behaviors in question have been rectified.
4. It may inform the fellow, Nationwide Children's Hospital, and Research Institute administration, that the fellow will not successfully complete the fellowship if their behavior does not change. If by the end of the training period, the fellow has not successfully completed the training requirements, the fellowship faculty may withhold certification that the fellow successfully completed the fellowship. A majority vote by a quorum of the entire fellowship training committee is required to withhold certification of completion.

   If the fellowship program withholds certification of completion of fellowship, they may also choose to extend the fellow's fellowship beyond the usual 12 months of a fellowship training year until either 1) the fellow has been deemed by the training team to have the minimal fellowship level professional abilities or 2) until the fellow

is making no further progress in training. In the latter case, the fellow may be asked to leave without certification of completion of the fellowship.

5. It may inform the fellow that the faculty is recommending to Nationwide Children's Hospital and Research Institute administration that the fellow be terminated immediately from the fellowship program, and with the administration's approval, move to terminate the fellow. A majority vote by a quorum of the entire fellowship training committee is required to dismiss a fellow.

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

Grievance Procedures and Due Process

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

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

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

1. Raise the issue with the supervisor, staff member, other trainee, or Fellowship 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 Fellowship Director. If the Fellowship Director is the object of the grievance, or unavailable, the issue should be raised with an Associate Training Director.

3. If the Fellowship Director cannot resolve the matter, the Fellowship Director will choose an agreeable staff member acceptable to the Fellow 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 Fellowship Director will convene a review panel consisting of the Fellowship Director, one faculty member from each track chosen by the Fellowship Director and Associate Training Director, and one faculty member from each track chosen by the fellow.

   In the event that the complaint is against the Fellowship Director, responsibility for convening the review panel will fall to an Associate Training Director. The Review panel will review all written materials (from the Fellow, 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. The review panel will have 10 business days to make a determination.

Due Process Procedure

If a fellow disagrees with any training faculty action regarding their status in the fellowship program, they should approach the Overall Fellowship Director for assistance. If a satisfactory solution cannot be achieved at this level the fellow is entitled to challenge the faculty actions by initiating the due process procedure within 10 business days. The fellow must inform the Overall Fellowship Director in writing that they are challenging the faculty's action within 10 business days of the decision. The fellow then has 10 business days to provide the Overall Fellowship Director with information as to why the fellow believes the faculty's action is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge. Following receipt of the fellow's written grievance, the following actions will be taken.

Due process procedure:

1. The fellow will have 5 business days to select one of the fellowship Ombudsperson(s) to convene a Review Panel consisting of one faculty member from each fellowship specialty track, chosen by the Overall Fellowship Director and one faculty member chosen by the fellow. The fellow retains the right to review all facts and the opportunity to dispute or explain their behavior.

2. The Ombudsperson(s) will chair the review of the faculty action and the fellow's challenge. A review hearing will be conducted within 10 days of forming the review panel. 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 fellow of its decisions.

3. Once the Review Panel has informed the fellow and submitted its report, the fellow may seek further review of their grievance through the Nationwide Children's Hospital employee grievance process. Those procedures are described in the Nationwide Children's Hospital Employee Handbook. This process would need to be initiated within 5 business days of the Review Panel's decision.

5. Once a final and binding decision has been made, the fellow and other appropriate individuals will be informed in writing of the action taken.

Section 2– Fitness for Duty

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

I. Policy

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

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

II. Definitions and Policy Guidelines

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

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

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

D. **Compliance:** Employees are required to cooperate with mandatory referrals to Employee Health, Employee Assistance Program (EAP) or other provider as designated by NCH. Employees must also comply with requests to sign release of information consent forms and all treatment recommendations resulting from a Fitness for Duty evaluation. ***Employees who violate this policy or refuse to comply with the provisions of this policy will be subject to termination of employment***. Violations of this policy could result in termination on the first offense. Employees who are within the first 90 days of employment and who violate this policy will typically be terminated immediately. Employees who

refuse mandatory drug and/or alcohol testing may be terminated. The manager should contact Employee Relations for assistance. If Employee Relations staff is unavailable, the employee should be sent off duty on investigative leave until Employee Relations is available for consultation. Nationwide Children's Hospital reserves the right to randomly test employees for compliance with its drug free workplace policy.

E. **Reporting Requirements:**

1. Employees who believe that he/she, a co-worker or other individual potentially poses a safety risk, or who are not fit for duty (e.g. physical or mental impairment to safely function in the workplace and safely perform essential job duties, threats or acts of violence, suicidal thoughts or acts, etc.) should immediately report their concerns to management.

2. Observations of the possession, sale, transfer, purchase, or use of illicit or controlled substances or unauthorized alcohol on NCH property should be reported to the appropriate Department Manager and Safety and/or Security Department. Refer to Patient Family Care Policy, Missing Controlled Substances.

3. Employee Assistance Program personnel will notify Nationwide Children's Hospital of employee substance abuse under two conditions: 1) When employee's behavior is considered to be of harm to self or others (includes patients); and, 2) when the employee is non-compliant with assessment and/or treatment recommendations.

4. Security will report unlawful activity (i.e. possessing, transferring, selling, purchasing, diverting or using illegal drugs, controlled substances) to law enforcement agencies when required by Federal, State, or local laws.

5. Drug/Alcohol abuse or controlled substance diversion by employees whose job duties require special licensure/credentialing shall be reported the proper licensure/credentialing agencies or boards.

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

1. Slurred speech

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

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

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

I. <u>Pre-Employment Testing</u>

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. <u>Mandatory Drug/Alcohol Testing</u>

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. <u>Medical/Mental Health Evaluation</u>

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.

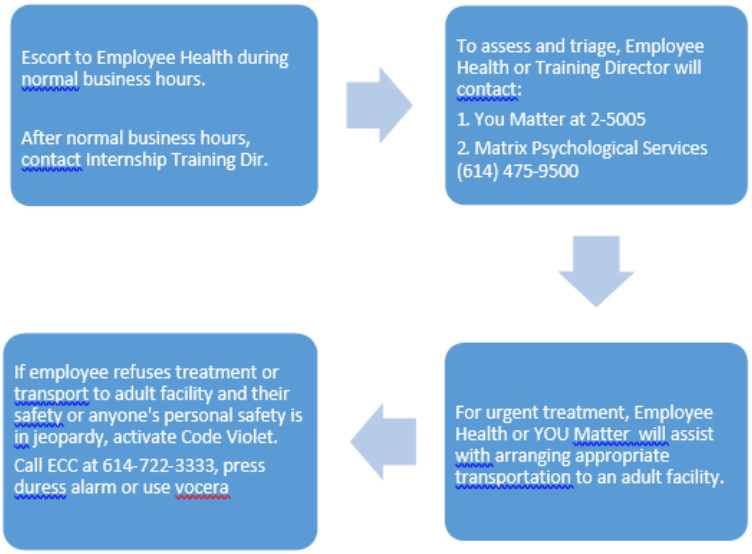
8. If a medical/mental health evaluation by Employee Health, EAP and/or other provider concludes that the employee requires temporary or permanent accommodation, Employee Health and Employee Relations will work with the management team to evaluate if a reasonable accommodation can be made. Accommodations 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

Type	Duration	Paid or Unpaid	Notes
Vacation	15 days	Paid	
Professional Leave	Up to 5 days (with up to 5 additional days, as needed, for job interviews. Approval needed)	Paid	Professional development related activities, job interviews, conferences, etc.
Sick Days	Up to 6 days	Paid	To be used for time away from training due to illness or other health related needs
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- 4th 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 not required to use vacation time for bereavement
Short Term Disability (Includes Maternity Leave)	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 fellow 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. Fellows 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 a fellow 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 fellow experiences more than one emergency during the year, the total number of days off would be addressed as above. This is separate from the fellow's PTO. The fellow may elect to use their PTO if they do not want to extend training.

Section 6 – Trainee Medical Leave plan

Trainee Medical Leave Plan

I, _____, am planning a medical leave, projected to last from

_____ to _____, _____ days/weeks total. As a fellow, I am afforded

15 personal/sick days, 5 professional days, and 6 national holidays (5 total weeks off). I

plan to

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

I understand that whatever time I take that is not part of my allotted days will be added to the end of my fellowship so that my fellowship is 52 weeks (47 weeks with leave).

I understand that whatever time I take that is not part of my allotted days will be unpaid leave.

_____ _____
Trainee Signature Date

_____ _____
Associate Training Director Signature Date

_____ _____
Fellowship Director Signature Date

Section 7 – Trainee Impairment Policy

An impaired trainee is a psychology fellow 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 Fellowship Director immediately, but at the latest within one business day. If the Fellowship 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 Fellowship 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 Training 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 Fellowship faculty, along with the program Ombudsperson(s) is responsible for

investigating the concern. The Fellowship Director will make effort to maintain trainee confidentiality to the extent possible. The Fellowship faculty 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 Fellowship faculty 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.

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

Depending upon the nature of the impairment, the Fellowship faculty 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 Fellowship 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 Fellowship Director and/or designee regularly (at least bi-weekly) to determine their ability to return to regular status within the training program. The Fellowship Director will update the Fellowship faculty 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 Fellowship faculty may elect to require a period of close monitoring following reinstatement to assure that the trainee continues to perform duties satisfactorily.

The Fellowship Director will discuss with the trainee the implications of suspension/limitation of privileges as it pertains to advancement and completion of the fellowship.

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 Fellowship faculty 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

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

2-12-14