The training program has developed a due process model, which focuses on prevention and a timely response to identified problems. This ensures that decisions made by the program concerning interns are not arbitrarily or personally based and requires that the program identifies specific evaluative procedures which are applied to all interns. To this end, all notifications and the transcripts and/or “memory notes” of Committee meetings regarding specific intern issues that are created by the Training Director or designee shall be kept as part of that intern’s competency file. Additionally, the program must have appropriate appeal procedures in place so that the intern may challenge the program’s decision or action of he/she so desires. Further, the same guiding principles shall govern the process by which an intern may address a corresponding issue with some aspect of the Training Program or one of its members.

I. Intern Inability to Perform to Competency Standards

Intern inability to perform to competency standards is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior; an inability to acquire professional skills in order to reach an acceptable level of competency; an inability to control reactions which interfere with professional functioning (Lamb, Illinois State University Student Counseling Center 1986). The evaluation process developed to assess an intern’s performance is critical to providing the criteria necessary to operationalize this definition.

Problem behaviors are noted when supervisors perceives an intern’s behaviors, attitudes or characteristics as disruptive to the quality of his/her clinical services; ability to comply with appropriate standards of professional behavior; or his/her relationships with supervisors, or other staff. It is a professional judgment as to when an intern’s behavior becomes serious enough (i.e., impaired) to necessitate remediation efforts rather than just behaviors to be not unexpected or excessive for professionals in training. Problems typically become identified as inability to perform to competency standards when they include one or more of the following characteristics:

A. The intern does not acknowledge, understand or address the problem when it is identified.
B. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
C. The quality or quantity of services delivered by the intern is sufficiently negatively affected.
D. The problem is not restricted to one area of professional functioning.
E. A disproportionate amount of attention by training personnel is required.
F. The trainee’s behavior does not change as a function of feedback, remediation, and/or time.
In areas of skill competencies, there are expected competency outcomes for Interns during Internship year:

**Beginning to Mid-Year:** Ratings in all areas of competency will be I or higher. No ratings at level E.

**Mid-Year to End:** 80% of ratings at HI or higher. No ratings at level E, remediation at level I.

Completion of Internship: 80% of ratings at A. No ratings at level E or I.

When areas of weakness are observed (rating E or I), the intern and supervisor will collaboratively address possible avenues of remediation and progress will be monitored and documented regularly. However, should this collaborative effort fail in improving the intern’s performance rating, the procedures listed in the PPC Psychology Internship Due Process /Grievance Policy will be followed and the same consequences will be included as noted in policy.

If an intern demonstrates weakness in any area at the 3rd quarter evaluation, and there is a possibility that they are in danger of less than 80% in any objective towards the 4th and final quarter, the Supervisor will provide additional remedial measures so that the intern will have more individual intervention, practice and time to remedy the deficiency before the completion of the internship.

These problems or deficiencies will be addressed through plans of remedial action. The following procedures will be initiated to insure that the handling of such issues is not arbitrary or biased.

A. At a meeting with the intern, the supervisor will address the concerns directly with the intern. If a satisfactory resolution is not reached within a timely manner (i.e. four weeks), the Training Director will be notified and the intern will be provided a written summary of the specifications of the notification and a plan of correction.

B. If the matter remains unresolved within the specified time frame, a meeting will be held with the intern, the supervisor, and the Training Director. The intern’s graduate program training director will be notified at this time and kept apprised of all subsequent steps.

C. If termination of the internship is considered, the matter will be brought to the Training Committee and the facility Clinical Director will be contacted within one working day. The intern will be notified in writing that the Committee has been so convened.

   1. The Training Director will obtain information from all staff involved with the intern in a teaching or supervisory relationship and from other interns.
2. All members of the department, including the intern under consideration, will be provided an opportunity to communicate their views directly to the assembled Committee.

3. The Training Director will, within three working days, convene the Training Committee to make a final decision.

D. The Training Director will, within three working days, convene the Training Committee to make a final decision.

E. The outcome of the Training Committee’s deliberations may be:
   1. No further action is warranted.
   2. The development of a formal plan of corrective actions. In this case, possible remedial steps may include (but are not limited to): changes in format or focus of supervision, increasing supervision, recommending and/or requiring personal therapy, reduction of workload, revision of placement assignment, leave of absence from internship or termination from the internship.

F. Once a decision has been reached, the Training Director will meet with the intern to notify him/her of the committee’s decision and review the required remedial steps. The intern may accept the decision reached by the committee or challenge the committee’s actions.

If a plan of corrective action is implemented it will include specific criteria for improved performance and mechanisms for continued evaluation of intern performance. The intern’s academic program will be informed of the plan of corrective action and asked to provide further assistance.

The above procedures are pre-empted in cases where termination of employment is dictated by OMH policy and procedures, as in the case of patient abuse. Termination of employment constitutes termination of the internship.

If after a reasonable amount of time (no more than four weeks), the plan for corrective action does not rectify the problem, or when the intern seems unable or unwilling to alter his/her behavior, the training program as represented by the Director of Training, and the Clinical Director, will take more formal action, including such actions as:
   A. Giving the intern a limited endorsement, including specifying those settings in which he/she could function adequately;
   B. Communicating to the intern and academic department that the intern has not successfully completed the internship;
   C. Recommending and assisting in implementing a career shift for the intern;
   D. Termination of the intern from the training program.

II. Intern Complaint or Grievance About Supervisor, Staff Member, Trainee, Or The Training Program

The training program is one that, of necessity, encourages open and frank communication between the intern and supervisor with regard to all aspects of the facility’s various systems, the clinical skills sets which are the foci of the training, the
interpersonal relationships among the interns as well as between interns and supervisors, and the clinical issues related to the treatment of the patients. These communications are occasionally difficult, and the resolution of these problem situations in the meetings with supervisors is a significant part of the training of the interns. While by and large the difficulties are processed to resolution, sometimes there are more serious and durable problems raised by the trainee that require addressing and mediation by the Training Director and/or committee.

This topic is reviewed during the training and orientation of each new supervisor, and supervisors are subsequently expected to exercise clinical judgment with regard to what can be resolved during the supervisory sessions and when the trainee should be advised or even encouraged to request the intervention of the Training Director and/or committee.

In the event an intern identifies a grievance:

A. He/she will raise the issue with the supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem.

B. If a satisfactory resolution is not achieved within four weeks or the intern is either uncomfortable or deems it is inappropriate to address with the other individual, the grievance should be submitted to the Training Director.

C. If the issue remains unresolved to the satisfaction of the intern, he/she may request to present the grievance to the Training Committee. Grievances related to the Training Director should be submitted to the Chief Psychologist and those related to the Chief Psychologist to the facility Clinical Director.

D. Grievances should be submitted in writing on the Grievance Form which requests the identification of the nature and duration of the problem, the steps already taken to address the problem, and the intern’s thoughts about what would solve the problem at this point. Any other supporting documentation pertinent to the issue should be appended to the Form. If an intern should raise a grievance orally, he/she shall be directed to complete the written Grievance Form.

E. The completed form shall be submitted to the Training Director or a member of the Training Committee who will forward it to the Training Director, Chief Psychologist, or Clinical Director. Upon receipt of the Grievance Form, a preliminary inquiry shall be conducted and a meeting convened by the Training Committee within three working days with all involved parties. A transcript or “memory notes” of the content of the meeting including the outcome and the rationale for the outcome shall be maintained by the Training Director, Chief Psychologist or designee, together with the Grievance Form.

F. If a resolution cannot be agreed upon at this meeting the next level of appeal, the Training Director will convene a panel consisting of the Training Director, Chief Psychologist (if either above the above mentioned members are the subject of the grievance they shall be replaced by the Clinical Director), and two staff members of the intern’s choice. The panel will have final discretion regarding outcome and will be considered binding for all parties concerned.

The above procedures are designed to be timely and fair, and to be appropriately documented and implemented in ways that are consistent with established appeal
procedures. In most cases of identified intern inability to perform to competency standards, it is expected that the outcome of the deliberations will be a plan of corrective action. This plan is intended to promote optimal growth for the intern, to prevent further failures, and to identify a process and the specific performance criteria for eventual re-evaluation.

Should an intern be the subject of or witness of any inappropriate workplace behaviors (i.e. sexual harassment, discrimination, etc), he/she should inform the facility Affirmative Action Administrator. The matter will then be addressed through designated PPC policies. If the intern feels comfortable they should also involve the Director of Training to direct them to PPC resources.