ACADEMIC HEALTH
PSYCHOLOGY PROGRAMS

Internship Manual

Clinical Health Psychology

2025 - 2026

INTERNSHIP MANUAL

This manual is intended to clarify aspects of the Clinical Health Psychology Internship with regard to procedures and obligations. It is not intended to supplant or augment the resident contract with the individual medical center. In addition to this manual, each medical center will provide specific information related to that institution.

October 7, 2025

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SECTION I – OVERVIEW OF PROGRAM

1.1. What is MAHPP?

The McLaren Academic Health Psychology Programs (MAHPP) at McLaren Health Care Corporation provides advanced training in predoctoral internship and postdoctoral clinical health psychology that interfaces with medicine, using guidelines recommended by experts in the field, accreditation standards set by the American Psychological Association (APA), the needs of supporting institutions, and the needs and interests of trainees. MAHPP provides this training in an atmosphere of cultural diversity, cultural awareness and humility, and equal opportunity. The MAHPP internship program operates on a practitioner-educator model that is designed to teach collaborative care within healthcare settings.

1.2. The Center

MAHPP is sponsored by McLaren Healthcare Corporation. The MAHPP Clinical Health Psychology Internship conducts clinical activities at McLaren Macomb and McLaren Oakland. These sites are academic teaching medical centers located in Mt Clemens, MI (Macomb) and Pontiac, MI (Oakland), respectively. Both hospital sites hold affiliations with Michigan State University Colleges of Human and Osteopathic Medicine.

1.3. Clinical Health Psychology Internship Program

MAHPP's Clinical Health Psychology Internship provides a twelve-month advanced training experience for doctoral-level candidates. The comprehensive training program prepares graduates for independent practice as Clinical Health Psychologists. The Internship Program is embedded with Graduate Medical Education and abides by the policies of McLaren Graduate Medical Education; therefore, predoctoral clinical psychology trainees are referred to as "residents." This is also commensurate with the level of training that doctoral candidates possess at the time of entering the internship program. Graduating residents will be capable of assuming roles in clinical activity in a variety of settings, making meaningful scholarly contributions within healthcare settings, and being active in relevant professional organizations. The internship is graduated in intensity. Program descriptions and sample schedules for residents are available on the website.

1.4. Accreditation

The Clinical Health Psychology (CHP) postdoctoral fellowship program at MAHPP was the first Clinical Health Psychology program to receive accreditation by the American Psychological Association (APA). The MAHPP predoctoral internship program submitted an accreditation self-study to APA in December 2023 and is scheduled for an accreditation site visit in November 2025. Please be advised that there is no assurance that we will be able to successfully achieve accreditation.

The contact information for the Commission on Accreditation is:

Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979
TDD/TTY: 202-336-6123
Fax: 202-336-5978
http://www.apa.org/ed/accreditation/about/coa/index.aspx
Email: apaaccred@apa.org (general questions)
aro@apa.org (Annual Report Online only)

1.5. Educational Aims & Objectives

The MAHPP Clinical Health Psychology (CHP) internship has four major aims. Upon graduation, residents who complete the one-year Clinical Health Psychology internship will demonstrate the following:

1. Competency in Clinical Health Psychology practice
2. Advanced knowledge of Integrated Primary Care model of service delivery
3. Expertise in hospital and ambulatory practice involving a transdisciplinary model within a team process approach.
4. The ability to critically review research, adopting a commitment to lifelong learning.

In line with the program aims, the internship trains psychologists to achieve competency in Clinical Health Psychology. MAHPP has adopted the APA Health Service competencies. These competencies include:

- Integration of science and practice
- Ethical and legal standards
- Individual and cultural diversity
- Research and/or program evaluation
- Professional values and attitudes
- Assesment
- Intervention
- Consultation and interprofessional/interdisciplinary skills

The MAHPP Internship Core Curriculum contains details regarding these aims, competencies, and the associated objectives along with the methods, sequence, frequency, and outcome measurements. Residents must read and familiarize themselves with the curriculum (See Appendix A of this manual for MAHPP CHP Core Curriculum) as well as the individual descriptions of this training.

1.6. MAHPP Contacts

Dr. Jennifer Carty McIntosh, PhD, is the MAHPP Internship Program Director and Behavioral Health Academic Program Director for McLaren Macomb Family Medicine and Internal Medicine. Her contact information is as follows; Phone: 586-493-3744 | Fax: 586-493-3720 |Email: jennifer.cartymcintosh@mclaren.org

Dr. Christopher Corbin, PsyD, is the MAHPP Internship Associate Program Director and Behavioral Health Academic Program Director for McLaren Oakland Internal Medicine Residency Program. His contact information is as follows; Phone: 248-338-5408 | Fax: 248-338-5567| Email: christopher.corbin@mclaren.org.

JeSonja Less is the MAHPP Academic Program Administrator. Her contact information is as follows: Phone: 810-342-3062|Email: jesonja.lee@mclaren.org

1.6.a. Board of Directors

- Erin O'Connor, PhD, CHP/McLaren Flint MAHPP Fellowship and Internship Training Director, Program Director/Director of Behavioral Medicine Education for Family Medicine, McLaren Flint/Assistant Professor, Michigan State University College of Human Medicine. McLaren Family Medicine Residency Center, 3230 Beecher Rd, Suite 1, Flint MI 48532 | Phone: 810-342-5624 | Fax: 810-342-5629 | Email: erin.oconnor@mclaren.org

- Molly Gabriel-Champine, PhD, CHP/Mclaren Flint MAHPP Fellowship Program Director, Behavioral Health Academic Program Director McLaren Flint Internal Medicine. McLaren Flint/Assistant Professor, Michigan State University College of Human Medicine. McLaren Family Medicine Residency Center, 3230 Beecher Rd, Suite 2, Flint MI 48532 | Phone: 810-342-5827 | Fax: 810-342-5629 | Email: molly.gabriel1@mclaren.org
- Jennifer Carty McIntosh, PhD, CHP/McLaren Macomb MAHPP, Behavioral Health Academic Program Director McLaren Macomb Family Medicine and Internal Medicine/Assistant Professor Michigan State University College of Human Medicine. McLaren Family Medicine Residency Center, 36500 S. Gratiot Ave., Clinton Twp., MI 48035 | Phone: 586-493-3744 | Fax: 586-493-3720. Email: jennifer.cartymcintosh@mclaren.org
- Yen Ju Lee, PhD, Associate Program Director of Behavioral Medicine Education for Family Medicine, McLaren Flint/Clinical Assistant Professor, Michigan State University College of Human Medicine Family Medicine. McLaren Family Medicine Residency Center, 3230 Beecher Rd, Suite 1, Flint MI 48532 | Phone: 810-342-5656 | Fax: 810-342-5629 | Email: yenju.lee@mclaren.org
- Nicole Franklin, PsyD, Assistant Medical Director, McLaren Bariatric Institute/Adjunct Assistant Professor, Michigan State University College of Human Medicine, McLaren Bariatric Institute, 3200 Beecher Rd, Suite MBI, Flint MI 48532. Phone: 810-342-5470 | Fax: 810-342-5788 | Email: nicole.franklin@mclaren.org
- Robert Flora, MD, MBA, MPH, Chief Academic Officer/ VP of Academic Affairs, McLaren Health Care, Professor and Associate Chair for Education, Department of Obstetrics, Gynecology, and Reproductive Medicine, Michigan State University College of Human Medicine | Michigan State University College of Human Medicine, Clinical Professor of Osteopathic Surgical Specialties, Michigan State University College of Osteopathic | McLaren Corporate, One McLaren Parkway, Grand Blanc, MI 48439 | Phone: 810-342-1147 | Email: Robert.Flora@mclaren.org
- Kimberly Keaton-Williams, MBA, Vice President of Talent Acquisition and Development and Chief Diversity Officer at McLaren Health Care. One McLaren Parkway, Grand Blanc, MI 48439 | Phone: 810-342-4634 | Fax: 810-342-5401
- Prabhat Pokhrel, MD, PhD, Program Director of Family Medicine, McLaren Family Medicine Residency Center, 3230 Beecher Rd, Suite 1, Flint MI 48532 | Phone: 810-342-5656 | Fax: 810-342-5638 | Email: Prabhat.pokhrel@mclaren.org
- Erin Reis, EdD, MBA, FACHE, C-TAGME, Associate DIO | Director of Medical Education at McLaren Flint, 701 S. Ballenger Hwy., Flint, MI 48532 | McLaren Bay Region | Phone: 810-342-2416 | Fax: 810-342-4981 | Email: Erin.Reis@mclaren.org
- Fellow Representative: TBD each academic year
- Resident Representative: TBD each academic year

1.6.b. MAHPP Core Faculty (Supervisors)

- Erin O'Connor, PhD, CHP/McLaren Flint MAHPP Fellowship and Internship Training Director, Program Director/Director of Behavioral Medicine Education for Family Medicine, McLaren Flint/Assistant Professor, Michigan State University College of Human Medicine. McLaren Family Medicine Residency Center, 3230 Beecher Rd, Suite 1, Flint MI 48532 | Phone: 810-342-5624 | Fax: 810-342-5629 | Email: erin.oconnor@mclaren.org

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- Christopher Corbin, PsyD, CHP/McLaren Oakland MAHPP Internship Associate Program Director, Behavioral Health Academic Program Director McLaren Oakland Internal Medicine/Assistant Professor Michigan State University Colleges of Human and Osteopathic Medicine. McLaren Oakland Internal Medicine Residency Center, 50 N. Perry Street, Pontiac, MI 48342 | Phone: 248-338-5408 | Fax: 248-338-5567| Email: christopher.corbin@mclaren.org.
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- Kimberly Miller, PhD, Behavioral Health Academic Program Director, McLaren Flint|Email: Kimberley.Miller@mclaren.org
- Susan Martin, PsyD, Behavioral Health Academic Program Director for McLaren Bay Region Family Medicine Residency, Mclaren Bay Family Residency Program, 1900 Columbus Ave, Bay City, MI 48708 |Phone: 989-895-4625 | Email: susan.martin@mclaren.org
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- Sara Ward, Behavioral Health Academic Program Director for Family Medicine, McLaren Northern| Email: sara.ward@mclaren.org
- Yen Ju Lee, PhD, Associate Program Director of Behavioral Medicine Education for Family Medicine, McLaren Flint/Clinical Assistant Professor, Michigan State University College of Human Medicine Family Medicine. McLaren Family Medicine Residency Center, 3230 Beecher Rd, Suite 1, Flint MI 48532 | Phone: 810-342-5656 | Fax: 810-342-5629 | Email: yenju.lee@mclaren.org
- Molly Gabriel-Champine, PhD, Behavioral Health Academic Program Director for Internal Medicine, McLaren Flint, Assistant Professor Michigan State University College of Human Medicine: McLaren Internal Medicine Residency Center, 3230 Beecher Rd, Suite 2, Flint MI 48532 | Phone: 810-342-5827 | Email: molly.gabriel1@mclaren.org
- Kevin Johnson, PsyD, Behavioral Health Academic Program Director for Family Medicine, McLaren Port Huron | Email: kevin.johnson1@mclaren.org
- Gabriela Ramirez, PhD, Behavioral Health Academic Program Director for Family Medicine, McLaren Lansing | Email: gabriela.ramirez@mclaren.org

1.6.c. MAHPP Support Staff

- JeSonja Lee, MAHPP Academic Program Administrator II, McLaren Flint. McLaren Flint Graduate Medical Education| Phone: 810-342-3062 | Email: Jesonja.Lee@mclaren.org
- Additional support is available as needed by the McLaren Macomb and McLaren Oakland Graduate Medical Education department.

SECTION II – ADMINISTRATIVE STRUCTURE

2.1. MAHPP Meetings

2.1.a. MAHPP Board of Directors. The Board of Directors consists of the Training Director (of both the internship and the post-doctoral fellowship), Internship Program Director, fellowship Program Director, a representative of the MAHPP Faculty, the MAHPP Chief Psychologist, the Associate Designated Institutional Officer and a Family and Family Medicine Faculty representative, as well as the corporate Chief of Inclusion and Diversity and one post-doctoral fellow and one resident. This group meets at least twice per year, along with the MAHPP / McLaren Flint Academic Program Administrator, to ensure uniform administration and implementation of the program's training principles, policies, and procedures, and reviews the programs evaluations.

2.2. Diversity Committee

Efforts to create a learning environment that incorporates cultural diversity are ongoing and a vital objective within MAHPP. The Diversity Committee is comprised of faculty, postdoctoral fellows and residents and meets monthly to oversee events and generate ideas for deepening diversity within MAHPP.

The committee develops an annual calendar of events, with events facilitated on a rotating basis by the fellows and residents, along with the faculty facilitators. Fellows and residents have the opportunity to select the topic, format, and/or speakers they identify as pertinent to furthering the diversity committee's mission of deepening exposure to diverse populations, improving recognition of cultural factors relevant to Clinical Health Psychology, and facilitating cultural humility. Events vary from year to year in an effort to promote relevant, timely, and fellow and resident driven experiences. The faculty facilitators also coordinate one diversity field trip per year, where fellows, residents and faculty spend a half-day off-site and engaged in a diversity-related experiential activity.

SECTION III – POLICIES AND PROCEDURES

All MAHPP/McLaren Cooperation policies referenced below can be found on the "McLaren Health Care Corporation Graduate Medical Education Policies" webpage (https://sites.google.com/mclarenmeded.org/medicaleducationpolicies/home). The MAHPP Clinical Health Psychology Internship abides by all GME and Corporate policies for the clinical psychology residents. Information below is to guide clarification of how these policies apply specifically to the clinical psychology residents and MAHPP CHP Internship Program.

3.1. Licensing Policy

All residents must possess a Michigan license to begin the internship, if possible. Residents can apply for either a Doctoral Temporary Educational Limited License or the Doctoral Education Limited License.

The Program Director assists incoming residents in obtaining the Michigan license.

3.2. Confidential Information

Each MAHPP faculty member and resident shall comply fully with all applicable state and federal laws and regulations and maintain the integrity, confidentiality, and security of individual medical charts, billing records, and other individually identifiable health information including HIPAA and its regulations that may, from time to time, be publicized. HIPAA rules and guidelines shall be provided to each resident.

All faculty and residents must not release Confidential Information to which they have access, except to authorized personnel. Confidential information includes any and all information about a patient such as name, phone number, address, treatment, diagnosis, lab reports, or appointment times. This information can be given only if a release is signed by the patient. Furthermore, patient names should never be mentioned outside of the work area or in front of anyone not working directly on the case. If an employer calls desiring any information on office appointments, attendance or diagnosis, there must be a written release from the patient.

Insurance companies can receive information only if there is a release signed by the patient or guardian. For advice regarding institutional policy in these matters, contact the program director and the risk management office.

3.3. Admission and Selection Process

The internship follows all APPIC Match Dates and Policies. Resident selection process begins with open applications on Nov 1st of each year. If the internship does not match all 4 spots during Phase I, they will follow Phase II and PMVS as needed.

3.3.a. MAHPP Admission Requirements. To apply for a MAHPP program, applicants must meet the minimum entrance requirements:

To apply for a CHP internship position, applicants must meet the following entrance requirements:

- Matriculation of doctoral studies at an accredited institution in clinical or counseling psychology, preferably in an APA accredited doctoral program
- License eligible in the State of Michigan as a masters level temporary limited licensed psychologist.
- Possess a broad, general background in professional psychology
- A minimum of 500 intervention hours
- A minimum of 50 assessment hours
- At least 5 Integrated Assessment reports
- Experience with a diverse population
- Special interest in Health Psychology

In addition to ensuring minimum entrance requirements are met, reviewers look for the presence of experiences and/or attributes evidenced within application materials. Examples of desirable experiences and attributes include the following (NOTE: Desirable experiences completed or attributes evidenced apply to CHP:

- Academic training in Clinical Health Psychology (coursework)
- Research experience
- Clinical experience in Clinical Health Psychology/medical settings
- Experience in the primary care setting
- Experience in medical education
- Classroom teaching experience
- Level of support from letters of recommendation

- Personal statement (clarity of goals, match with program, writing skills)

3.3.b. Application Timeline. To be considered as a candidate for an internship position, candidates who meet the admission requirements (2.2.a. above) must complete the following:

CHP Internship Application Instructions: submit an online application (APPIC website https://www.appic.org/Internships/AAPI) and provide the following materials on or before the application deadline, which is posted annually on the website (www.mclaren.org):

- Personal Statement
- Essays
- Curriculum Vitae
- Graduate School Transcripts
- Three (3) satisfactory letters of recommendation, one of which must be from your current supervisor

3.3.c. Internship Selection Process. MAHPP is an Equal Opportunity Employer. We encourage members of historically underrepresented groups to apply, and consider diversity in its broadest sense as one contributing factor in our determination of an applicant's fit. We seek applicants with a solid clinical and scientific knowledge base from their academic program and practicum experiences; strong professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment.

Ultimately, the Program Director selects candidates who, based on all information obtained, are determined to be the best match for the internship program. Candidate selection is based on a review of all aspects of the application materials and other information gained from interviews and internet searches of applicants' names. A particular emphasis is placed upon the congruence between an applicant's prior experiences, future goals, and MAHPP offerings. MAHPP also considers candidates' representation of various cultural, life, and professional experiences to ensure diversity and equity amongst fellows and faculty. When selecting between two equally experienced candidates with high perceived program fit, MAHPP provides priority to applicants who are members of historically underrepresented groups. These factors may be indicated within application materials. Once matched into the program, candidates are offered an internship contract agreement.

3.3.c.1. Applications are initially reviewed by the selection committee which is composed of psychologists involved in internship training. Following this initial review, highly ranked applicants may be invited for an interview.

3.3.c.2. Application Review Period. Faculty may review incomplete and complete applications. Applications are considered complete when all required materials have been submitted. Program directors ultimately determine which applicants are invited for interviews.

3.3.c.3. Candidate Interviews. Interviews within McLaren are done virtually. An interview schedule is prepared and sent to the applicant prior to the interview. The interview process is designed to be comprehensive and maximize fairness for all candidates. During the interview process, assessable knowledge, skills and attributes (KSAs) relevant to Clinical Health Psychology practice are noted. Assessable KSAs may include those related to interpersonal and communication skills, professionalism, teaching and education, ethics, multicultural sensitivity and practice, clinical assessment/intervention, and interprofessional functioning. Various methods may be used in the interview, including standardized questions and case presentations.

3.3.c.3.1. Travel Expenses. There are no travel expenses involved with Virtual interviewing.

3.4. Professionalism

Faculty and residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. In addition, residents are expected to:

- Demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supersedes self-interest, accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- Dress and behave in a professional manner.
- Report absences and tardiness appropriately and be prompt whenever possible.
- Responsibilities including patient care may extend beyond normal work hours and residents are expected to meet these obligations.

3.4.a. APA Ethical Principles. All faculty and residents are expected to uphold the Ethical Principles of Psychologists and Code of Conduct (https://www.apa.org/ethics/code) at all times.

3.4.b. Dress Code. All faculty and residents are expected to dress and behave in a professional manner. Residents are responsible for adhering to each medical center's dress code. In the absence of the dress code, follow these general guidelines:

- Maintain good personal hygiene at all times.
- Clothes should fit properly and be kept neat and clean.
- Shoes should be clean and in good repair. Sandals, platforms and any other similar type shoe or open-toed shoes are unsafe and inappropriate in clinical areas.
- Garments should be knee length or longer, and appropriate to a hospital and business setting. The following garments are prohibited: sheer or revealing, tight-fitting, t-shirts, sweatshirts, and cut-offs.
- Tattoos must be covered

3.4.c. Attendance Policy. Residents are expected to report absences and tardiness appropriately and promptly to their supervisor or designee. Faculty and residents are expected to arrive on-time as scheduled for all MAHPP program activities. Residents attendance at MAHPP seminars is mandatory with the only exception being approval through your supervisor, such as sick, conference, vacation days, or urgent care responsibilities. An attendancee log (sign-in sheet) will be provided at these sessions and attendance shall be recorded in New Innovations. Frequent tardiness and/or failure to report absences in accordance with the sponsoring institution policy may result in dismissal from the program.

> ***3.4.c.1. Absence Notification Procedure.*** Residents must submit an absence notification email to the MAHPP Academic Program Assistant in advance of any MAHPP didactic sessions that will be missed with the exception of unexpected, personal emergencies. This email should be sent as soon as any upcoming vacations are approved by the resident's supervisor. For personal emergencies, the email notification should be sent upon the residents returning to work. On the rare occasion a supervisor authorizes an resident to miss a MAHPP didactic session due to a clinical need, the email notification should be sent at the residents earliest opportunity.

3.4.d. Publications/Presentations. If a resident drafts a paper for publication or presentation about the internship, the medical center, residency, or its curriculum, a draft outline must be submitted to the Program Director for review and approval.

3.4.e. MAHPP Intellectual Property. Sharing, use, and reproduction of intellectual property (e.g., MAHPP manual, training materials, lectures, presentations) require the author's permission as consistent with APA guidelines.

3.5. Evaluations

3.5.a. Online Evaluations. The following MAHPP evaluations shall be completed online through New Innovations (https://www.new-innov.com/Login/Login.aspx):

3.5.a.1. MAHPP Health Psychology Internship Rotation Evaluation.

As residents complete clinical rotations, they use an online evaluation form (see Appendix B). Responses and comments are submitted confidentially and reviewed by the MAHPP Board of Directors. The purpose of the evaluation is to receive resident-based feedback that enhances awareness of programmatic strengths and weaknesses, and consequently supports continuous programmatic improvement.

3.5.a.2. MAHPP CHP Internship Semi-Annual Competencies Evaluation

Residents are evaluated by their designated supervisor. Evaluation, as it applies to measuring acquired competencies, understanding, skills and abilities, attitudes, as related to the program aims and objectives are based on the primary supervisor's opinion. These records are maintained in the residents file an electronic repository. Additionally, the semi-annual evaluation is provided to the resident's doctoral program director of clinical training to ensure that their program is informed of their progress throughout internship. We invite resident's DCTs to contact us with additional questions or concerns based on this evaluation, or on an as needed basis. See appendix B of this manual for a sample evaluation form.

3.5.a.3. MAHPP Supervisor/Rotation Evaluation Form.

MAHPP residents evaluate their supervisors confidentially through an online evaluation form twice per year (February and August; see Appendix B). The Program Director reviews evaluations and results of the in-person meeting with the Training Committee and ADIO. Non-specific feedback is then delivered to relevant faculty afterward. Where specific issues need to be addressed with a particular Supervisor, the Program Director will, as deemed appropriate, conduct the following in this order: Arrange an individual meeting with the resident(s) involved; if necessary and after notifying the resident(s) involved, meet with the supervisor(s) to gather further information and provide feedback. The Program Director may also, after notifying the resident(s) involved, meet jointly with those involved as needed to seek problem resolution. The goal of Resident Evaluations of Supervisors is to share information that can support MAHPP supervisors in making continuous quality improvements, while protecting the confidentiality and anonymity of current residents to the fullest extent possible.

3.5.a.3.1. Resident Evaluation of a Supervisor. This tool is used to assist the residents supervisor and resident navigate to successful completion of the residents developed mobile outreach project. See appendix B for a sample of the evaluation.

When a resident completes an evaluation of a supervisor who is also a Program Director, the evaluation form is submitted directly to the Training Director of MAHPP.

> ***3.5.a.3.1.a.*** The TD will store these evaluation forms.
>
> ***3.5.a.3.1.b.*** The TD will provide a summary evaluation of the Supervisor/Program Director, reviewing non-specifically strengths and areas in need of improvement. Where specific issues need to be addressed with a particular Supervisor/Program Director, the Training Director will, as deemed appropriate, conduct the following in this order: Arrange an individual meeting with the resident(s) involved; if necessary and after notifying the resident(s) involved, meet with the

Supervisor/Program Director to gather further information and provide feedback. The Training Director may also, after notifying the resident(s) involved, meet jointly with those involved to seek problem resolution.

3.5.a.4. Mobile Outreach Project Evaluation Tool

This tool is used to assist the residents supervisor and resident navigate to successful completion of the residents developed mobile outreach project. See appendix B for a sample of the evaluation.

3.5.a.5 Initial Self-Evaluation. Within the first 6-weeks of the training program, residents will be asked to complete a self-evaluation using the Health Service Psychology competencies and VARK (self-preferred learning style) tool to develop their Individual Learning Plan. This plan will be reviewed with their primary psychotherapy supervisor and tracked throughout the year to support the resident's learning, growth, and professional development.

3.6. Due Process

MAHPP follows the policies and procedures for Due Process of McLaren Healthcare Corporation. Refer to the specific policy in the contractual agreement or resident/program handbook/manual. Important details from these policies are described below; please be aware that these are not exhaustive in nature.

The rights and responsibilities of the program and residents related to due process are described below:

- Per McLaren Health Care Corporation GME policies, it is the programs responsibility to provide a fair and timely peer process for resolving academic grievances and affording due process for its residents (Policy Number GME 110). Any alleged violation of this policy should follow the grievance policy as outlined in 3.7.a.
- McLaren Health Care Corporation is an Equal Opportunity Employer. All employees, including program faculty and residents, have the right to a workplace that is free of harassment and discrimination (Policy Number HR 0130). Any alleged violation of this policy should follow the grievance policy as outlined in 3.7.a. Additional details about this policy are provided in 3.10 below. All qualified employees with disabilities, including program faculty and residents, can request reasonable accommodations under the Americans with Disabilities Act (ADA). This policy is outlined under policy GME 011 and HR 0164. Any alleged violation of this policy should follow the grievance policy as outlined in 3.7.a.
- As early as is feasible, residents are expected to fully and completely disclose to the supervisor(s) any issue or problem that has the potential to impact patient care or internship engagement. Failure to disclose such issues will result in a meeting with the resident's supervisor and/or Program Director to develop a remediation plan, the outcome of which may include disciplinary action up to program dismissal.

Remedial Plan Procedures (concerns about resident performance). A remediation plan will be implemented on residents in the following situations:

- Failure to "make process toward meeting developmental expectation" in an area of competency on the semi-annual review.
- Failure to "make progress toward meeting developmental expectation" in an area of competency on rotation review, based on additional input from the programs Clinical Competency Committee

- Violation of professionalism, misconduct, or non-discrimination policies.
- An resident is determined to not be in "good standing."

Should an resident need improvement in a specific area, the steps for **Notice and Hearing** will begin in accordance with McLaren Health Care Corporation Policy GME 100 (Academic Performance Improvement).

Informal Discussion: The first level of notice provided to the resident is informal discussion about the area of deficiency, unless the grievance is such that immediate formal intervention is required (e.g., violation of harassment policy). This allows the resident to have an opportunity to remediate their performance prior to a formal written remediation plan.

Focused Individualized Learning Plan (FILP): If the problem persists, the resident will receive a written Focused Individualized Learning Plan (FILP) developed by the supervisor(s) in consultation with the resident that will be reviewed and signed by all parties including the Program Director. The FILP will include a time frame under which improvement is expected. The remediation plan will also include specific mechanisms for tracking progress, and often include direct observation, feedback from supervisors, and objective metrics of performance. If the residents meets the criteria in the remediation plan by the time specified in the plan, they will be notified that they are no longer on remediation. If performance does not improve within the time frame specified within the remediation plan, a written memorandum outlining the performance concerns will be sent to the resident, Program Director, and the ADIO. A FILP is not considered reportable action and is not subject to the grievance and due process policy. The issuance of a FILP does not trigger a report to any outside agencies, including the residents home program, but may be acknowledged in future training verification requests.

Corrective Action: Corrective Action is defined as a formal disciplinary action issued to a resident as the result of unsatisfactory academic performance and/or misconduct that accompanies the Letter of Development. The program is not required to issue a resident a FILP as a prerequisite to Corrective Action. A Corrective Action may be appealed pursuant to the MHCC Academic Grievances and Due Process Policy. A Corrective Action may trigger a report to outside agencies (e.g., licensing or accreditation boards) and will be reported to the resident's graduate program.

A Corrective Action may include one or more of the following measures:

> ***Probation*** – formal status indicating there are identified areas of unsatisfactory performance that will require remediation and/or improvement or the resident will not be permitted to continue in program.
>
> **Extension of Training or Repetition of Rotation(s)** - due to identified areas of unsatisfactory performance, the resident must repeat a rotation(s) and perform at an acceptable level to advance to the next level of training and complete the program. The duration may not exceed 6 months.
>
> **Suspension** – the resident is placed on a temporary leave and is not permitted to work at any MHCC site or perform any job duties until suspension is lifted.
>
> **Dismissal** – the resident is permanently separated from the program.

Procedures

Issuing a Letter of Development for academic gap(s):

When a program determines a resident has an academic gap, the program director will issue a Letter of Development. Letters of Development may also include:

• Focused Individualized Learning Plans

• Corrective Actions

The Program Director will review concerns, documentation, and gaps with ADIO or designee to determine appropriate Letter of Development, specifically whether a FILP or Corrective Action(s) will be required with the Letter of Development. A Letter of Development (including FILPs and Corrective Actions) must be completed by the program director using the MHCC GME template and must be reviewed and signed by the ADIO (and DIO if applicable) prior to delivery to the resident. If the Program Director and ADIO determine that the resident will be dismissed, Human Resources will automatically be involved in the process, including the Appeal Process if initiated by the resident.

"Good Standing" Definition. An resident is in "good standing" if he/she has ratings of "making progress toward meeting competency" for all internship goals. An resident is not in good standing when his/her supervisor initiates the Resident Focused Individualized Learning Plan Procedures or a more significant corrective action plan.

Appeal Procedure for Academic Corrective Action Decisions
The following is the Appeal Procedure available to residents:

1. Within five (5) business days of the date on which the resident is notified of the action or circumstance which the resident seeks to appeal, the resident may appeal by submitting a written statement of appeal setting forth the grounds for the appeal to the Associate Designated Institutional Official (ADIO)[1] of the site. The written statement of appeal shall be clear and detailed as to the action or circumstance, the reasons for the grievance, the resident's position, and shall include supporting documentation. The resident shall also provide contact information, including email address, to which notices shall be sent.

2. Within seven (7) business days of receiving the written statement an Ad-hoc Grievance Committee shall be established and a date, time and location for the hearing set according to the timeline in this policy. The resident and program director will be notified in writing of the Ad Hoc Committee membership. If the resident or the program director has concerns regarding a committee member, he/she shall notify his/her site's ADIO within three business days of receiving the notice of hearing and shall explain the basis for the objection. The ADIO will rule upon the objection. The notice of hearing shall also include an email address and the date by which the resident and program director shall submit any written documentation they wish to be considered during the hearing. Such documentation will be provided to the Committee at least three business days in advance of the hearing.

3. The membership of the Ad Hoc Grievance Committee will be comprised of an ADIO from a different site, two program directors from different sites that are either members of the Corporate GMEC or another site's GMEC. The ADIO from the other site shall be the Chairperson of the committee. All committee members shall sign a grievance panel worksheet and confidentiality agreement form prior to the Ad Hoc Grievance Committee meeting.

4. Within fifteen (15) business days of receiving the written statement of appeal, the committee shall hear the following:

• Review of the resident's grievance, file and supporting documentation, as well as the program director's supporting documentation.
• Allow the resident and program director (the department representative) to each make a statement (up to 20 minutes).

5. The Ad Hoc Grievance Committee will review the matter to determine if a fair evaluation was completed, if there was sufficient basis for the action, and if applicable policies were substantially followed. The burden of proof will be on the resident to come forward with evidence to establish the decision did not afford him/her due process, there was not sufficient basis for the action, and if applicable policies were not substantially followed. The Ad Hoc Appeals Committee will evaluate the evidence presented.

6. **Decisions** Having reviewed all the pertinent documentation, having heard all concerned parties and having considered all aspects of the appeal, the Ad Hoc Grievance Committee will meet in executive session to decide its recommendation. The Committee may uphold, reverse, or recommend modification of the corrective action. The Chair of the Ad Hoc Grievance Committee will communicate the decision of the Committee to the DIO. The decision of the Ad Hoc Grievance Committee is final and binding. There is no further academic grievance option for the resident. The site ADIO will communicate the decision to the resident and program director within five business days.

Due Process Summary	Total Business Day (Timeline)	Action	Responsibility
	0	Notification of corrective action	
	5	Written Statement of Appeal to site Associate Designated Institutional Official (ADIO)	Resident
	12	Provide notice of committee members, date of hearing, and date documents are due	ADIO
	20	Ad-hoc Committee hearing	ADIO
	25	Program director and resident receives decision	ADIO

5. **Procedural Matters for Academic Grievance and Due Process** 5.1. The resident may decide to abandon the appeal process at any time. In the event the grievance is settled, the settlement terms shall be in writing and the appeal process shall be abandoned.

5.2. If an adverse action is reversed, the resident will be reinstated, and a plan of action will be developed within seven (7) days by the program director and the resident for continuation of training. A reversed action will be removed from the resident's file; however, documentation of the facts underlying the reversed action will remain in the file.

6. **Resident Status during Appeal** 6.1. The resident may be placed on paid administrative leave until the appeal is concluded if the corrective action was termination or other required leave from clinical duties.

7. **Time Periods** 7.1. The time periods provided in this Policy may be modified by the Chair of the Ad Hoc Grievance Committee. Any requests made by either party are to be made to the Chair of the Ad Hoc who will rule upon the request.

8. **Appeals Committee Support** 8.1. The site Manager of Medical Education and the MHCC designated legal counsel shall provide procedural support to the Ad Hoc Grievance Committee as needed, which may include attendance at the hearing.

9. **Attorneys** 9.1. Neither the program director nor the resident shall be entitled to have their personal attorney present at any meeting or hearing provided for in this Policy. However, all parties are entitled to seek an attorney to assist in preparation of documentation and/or statements and to be available for assistance. This does not preclude any resident from seeking legal assistance in any matter regarding their internship or employment.

10. **Communication** 10.1. At any step in this process, the person or committee making the decision may request and review whatever documentation and interview any individual they feel appropriate. Email will be used for all communication regarding the timelines and process. All parties involved in the process are to maintain peer-protection and confidentiality throughout the process. 10.2. Once a written statement of appeal has been submitted, the resident appealing is not to contact the program director, faculty, or program administrator in relation to the proceedings. Regular communication as appropriate for the operations of the program and continuation in the internship , if applicable, may be maintained.

3.7 Grievance Policy

Grievance Policy

MAHPP follows the policies and procedures for Due Process/Grievance Policy of McLaren Healthcare Corporation. Refer to the specific policy in the contractual agreement or resident/ intern handbook/manual. Important details from these policies are described below; please be aware that these are not exhaustive in nature.

The rights and responsibilities of the program and interns related to due process are described below. MAHPP Residents have the right to make a compliant about any element of the training program:

- Per McLaren Health Care Corporation GME policies, it is the programs responsibility to provide a fair and timely peer process for resolving academic grievances and affording due process for its residents (Policy Number GME 110). Any alleged violation of this policy should follow the grievance policy as outlined in the Due Process Policy.
- McLaren Health Care Corporation is an Equal Opportunity Employer. All employees, including program faculty and residents, have the right to a workplace that is free of harassment and discrimination (Policy Number HR 0130). Any alleged violation of this policy should follow the grievance policy as outlined in 3.7.a. Additional details about this policy are provided in 3.10 below. All qualified

employees with disabilities, including program faculty and residents, can request reasonable accommodations under the Americans with Disabilities Act (ADA). This policy is outlined under policy GME 011 and HR 0164. Any alleged violation of this policy should follow the grievance policy as outlined in 3.7.a.

3.7.a. Grievances (resident concerns within MAHPP or the training environment). An resident who has a complaint or grievance is entitled to initiate a grievance as set forth below.

Residents should make every effort to informally resolve grievances with their supervisor and if necessary with the Program Director. Concerns with the Program Director should first be discussed with the MAHPP Training Director and if necessary, the ADIO. Formal grievances should follow the process described below:

All Formal Grievances need to be put in writing and provided to the appropriate party as described below. Grievances should be lodged within six (6) months of graduation from the internship program, unless superseded by a MHCC GME or Corporate policy, or Michigan Law.

3.7.a.1. Employment Issues. In the event of any claim relating to wages, hours, and conditions of employment, excluding solely educational issues, residents shall follow the general grievance procedure of the sponsoring institution; this can be requested from the ADIO. Complaints related to employment should be made to the ADIO who will involve other parties, including Human Resources, as needed. Based on the nature of grievance filed, a time frame for the decision and mechanism by which the resident will be informed will be provided to the resident. Human Resources will be involved in issues that concern harassment and discrimination**.**

3.7.a.2. Educational Issues. For any grievance related solely to educational issues within the MAHPP program, residents will follow the Graduate Medical Education Hearing and Review Procedure. See the MAHPP Internship Program Due Process Policy and Policy GME 110 Academic Due Process for specific timeline and procedures.

3.7.a.3. MAHPP Issues. For any grievance related to MAHPP, and not meeting the criteria for Employment Issues or Educational Issues as described above

- First, discuss the issue with your Supervisor.
- Second, if necessary, seek additional help from the Program Director and Training Director
- Third, if necessary, request mediation by the ADIO.

If resolution cannot be found using the informal method described above, the resident can file a formal written grievance with the ADIO. The ADIO will then perform an internal review of the complaint with a committee consisting of the Training Director, MAHPP Fellowship Program Director, and ADIO from another MHCC institution. The chair of the Review Committee will provide a final decision to the ADIO. The decision of the Review Committee is final and binding. There is no further grievance option for the resident. The site ADIO will communicate the decision to the resident and program director within five business days. Exceptions to this process include issues where HR is involved, in which case MHCC Corporate Policy supersedes this process. Residents will be informed of the exact process involved in their complaint upon filing the complaint. All formal Grievances are managed by the ADIO to avoid potential conflicts of interest with the Training Director or Program Director.

3.8. Termination Policy

MAHPP resident the policies and procedures its Graduate Medical Education office with regard to termination. Refer to the specific policy in the contractual agreement or resident handbook/manual. The resident handbook/manual will be sent as soon as a contract is signed. Additionally, the Clinical Health Psychology Program manual is available on our website.

3.9. Non-Completion Policy

In the event a resident leaves the program early, a non-completion letter will be prepared. The letter shall include an introduction to the program, the date that the resident began the program, relevant aspects of the training experience, the date that the resident left the program, and whether the resident left the program in good standing or otherwise.

3.10. Non-Discrimination Policy/Commitment to Diversity

MAHPP supports the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists as adopted in 2002. As such, MAHPP acknowledges and supports diversity within our recruiting process and throughout our training curriculum. The curriculum includes, but is not limited to the awareness of discrimination, knowledge about cultural differences, and the development of clinical skills and cultural competence essential to functioning within diverse groups and environments.

MAHPP promotes competency and understanding in working with diverse populations which include the following individual characteristics: age; race; ethnicity; sexual orientation; gender; gender identity and expression; people with disabilities; immigrant status; socioeconomic status; religious affiliation and national origin. All decisions regarding educational and employment opportunities and performance are to be made on the basis of merit and without discrimination. Similar to many healthcare settings, MAHPP and McLaren hosts diverse medical learners and treats diverse patient populations. Consequently, cultural awareness and sensitivity are critical to functioning effectively within our healthcare system, and key attributes to effective practice after internship.

Any alleged violation of this policy should follow the grievance policy as outlined in 3.7.a.

3.10.a. Diversity Plan. Maintaining a diverse environment is important to MAHPP. Our efforts to recruit and retain a multiculturally diverse staff and internship cohort are broad, and include the following:

3.10.a.1. Advertising. MAHPP advertisements indicate that MAHPP is an equal opportunity employer. MAHPP advertisements are disseminated broadly and also sent to sources that target historically underrepresented minority groups (e.g., specific training directors, colleges/universities, special interest groups).

3.10.a.2. Recruitment and Selection. MAHPP utilizes a recruitment and selection process that identifies our interest in diversity, and considers diversity representation in selection determinations when selecting between two equally competent applicants.

3.10.a.3. Mentoring. MAHPP shall act as a vehicle for residents specifically concerned with diversity issues or requesting a cultural mentor.

3.10.a.4. Didactics and Training Opportunities. The MAHPP curriculum includes elements of diversity as defined above in every didactic. Residents will be invited to participate in the annual Diversity outing with post doctoral faculty and fellows.

3.10.a.5. Diversity Friendly Work Environment. A lack of cultural competency in the work environment will not be tolerated.

3.10a.6. Ongoing and Continually Evolving Efforts. Through training and clinical activities, MAHPP residents will receive regular exposure to multiculturally representative populations and issues supporting cultural competence. Training supervisors will ensure diversity patients served by fellows. See also Section 2.2. Diversity Committee.

3.10a.7. Unconscious Bias and You. All residents are expected to complete a module concerning diversity and inclusion entitled "Unconscious Bias and You".

3.11. Sexual Harassment

MAHPP's policy is that the work environment must be free of harassment. Sexual harassment can include, among other things, sexual advances, requests for sexual favors, sexual jokes, and unwelcome physical contact. MAHPP considers sexual harassment to be a form of sex discrimination. As such, sexual harassment of MAHPP employees, faculty, fellows, residents and students will constitute a violation of MAHPP's Non-discrimination Policy.

Any allegation of sexual harassment should follow the grievance policy as outlined in 3.6.b

3.12. Record Retention

3.12.a. The MAHPP Internship Program retains a file on each resident in accordance with APA CoA policy. Each resident will have a personnel and an education record, per McLaren GME Policy 114 Record Retention (https://sites.google.com/mclarenmeded.org/medicaleducationpolicies/home). The resident's personnel and education file shall include documents related to the resident's participation in the program and academic performance; and will include documents applicable to psychology doctoral residents only.

The program uses New Innovations as a secure online method of maintaining performance records and formal complaints (https://www.new-innov.com/pub/security.html). These records include demographic information, rotations or clinical activities, performance evaluations, completion certificates, and any formal complaints. This information is permanently maintained. To protect resident confidentiality, users can only gain access to the aforementioned information as relevant and necessary to their role. The resident's record is retained permanently, per APA policy.

Formal complaints are handled through the Department of Medical Education at McLaren Macomb. Records are kept through McLaren Macomb Graduate Medical Education office and are retained at minimum for the amount of time between accreditation visits.

Additional program documents are maintained electronically by the MAHPP program administrative assistant on a secured computer and hard drive. Back-up paper copies of documents are kept in a locked filing cabinet.

3.13. Telesupervision Policy.

1. Purpose and Rationale

The Clinical Health Psychology Internship program recognizes the value of both in-person and telesupervision in developing competent health service psychologists. While in-person supervision provides essential opportunities for professional socialization and recognition of nonverbal cues, telesupervision expands access to diverse supervisors across training sites, models flexibility in modern practice, and fosters skills relevant to integrated behavioral health and telepsychology practice.

This policy establishes guidelines for telesupervision consistent with:
- APA Guidelines for the Practice of Telepsychology (2013, revised 2021).
- APA Guidelines for Clinical Supervision in Health Service Psychology (2014).
- ASPPB Supervision Guidelines for Education and Training Leading to Licensure.
- APA Implementing Regulation C-15 on Telesupervision (2023).

2. Definitions

- Supervision: An evaluative, hierarchical, time-extended relationship to enhance trainee functioning, monitor service quality, and gatekeep the profession.
- Telesupervision: Synchronous supervision conducted via secure audio-visual platforms when supervisor and trainee are in different physical locations.
- In-Person Supervision: Supervision conducted in the same physical setting.

3. Supervision Requirements

• Residents receive a minimum of four (4) hours of supervision weekly, consistent with APA accreditation standards.
• At least two (2) hours per week must be in-person supervision.
• Up to two (2) hours per week may occur via telesupervision.
• Group supervision (1 hour/week) is typically conducted via telesupervision, with at least one in-person group session monthly.
• 'On-the-fly' supervision may occur via telesupervision or in-person, but residents must always have immediate supervisory access.

Supervision Breakdown

Supervision Type	Format
Individual Supervision	1–2 hours weekly (minimum one in-person)
Group Supervision	1 hour weekly (telesupervision or in-person)
Rotation/Consultation Supervision	1 hour weekly (flexible format)
On-the-Fly Supervision	As needed, via secure telesupervision or in-person

4. Rationale for Telesupervision Use

- Expands access to supervisors across McLaren sites with diverse expertise.
- Models flexibility and interprofessional collaboration in modern health settings.
- Provides training in ethical and competent use of telepsychology platforms.
- Supports continuity of supervision during illness, scheduling conflicts, or emergencies, while maintaining accreditation standards.

5. Trainee Participation
- All trainees may participate in telesupervision for group sessions.
- Engagement in individual telesupervision requires meeting minimum levels of achievement (MLAs) and supervisor approval.
- Program Director may restrict telesupervision if performance, clinical need, or professional development warrant.

6. Supervisor Responsibilities
- Maintain primary professional responsibility for clinical cases.
- Be available for non-scheduled consultation and crisis intervention (via phone/video, with local attending support when necessary).
- Ensure supervision relationships are initiated in-person, then supported through telesupervision.
- Demonstrate competence in telepsychology and telesupervision practices.

7. Privacy, Confidentiality, and Technology
- Supervision occurs only through HIPAA-compliant platforms (Microsoft Teams/365).
- Both trainees and supervisors receive orientation and training in platform use.
- Supervision must occur in private, secure settings with attention to confidentiality.
- Supervisors and residents are expected to maintain awareness of and address diversity, equity, inclusion, and accessibility (DEIA) factors in telesupervision.

8. Evaluation and Quality Assurance
- Residents and supervisors provide biannual feedback on telesupervision effectiveness and satisfaction.
- Supervisors are evaluated on their telesupervision competencies during routine performance reviews.
- The program monitors outcomes (trainee competence, patient care quality, supervisor feedback) to ensure telesupervision supports training goals.

9. Conditions for Transitioning Between Formats
- In-person supervision is prioritized when evaluating new trainees, addressing ruptures, or providing corrective feedback.
- Telesupervision may increase temporarily during emergencies (e.g., pandemic) with APA/ACGME and institutional approval.

10. Diversity, Equity, Inclusion, and Accessibility (DEIA)
- Telesupervision promotes exposure to diverse supervisors across training sites.
- Supervisors will intentionally address cultural, individual, and contextual variables affecting the supervisory process.
- Accessibility needs will be accommodated (captioning, adaptive technology, flexible scheduling).

SECTION IV Core Curriculum

4.1 Clinical Care

Residents will complete a 2000-hour predoctoral internship experience through rotations in various clinical settings, including in Family Medicine, Internal Medicine, and Emergency Medicine residencies.

To ensure adequate learning opportunity, residents are generally expected to maintain either an average clinical caseload or average number of clinical hours, depending on the practice setting (e.g., integrated primary care versus outpatient psychotherapy versus consultation-liaison services). The average clinical caseload and clinical hours vary based on residents' clinical experience and learning needs.

The purpose of clinical care is to provide learning experiences in targeted assessment, intervention, and interviewing in order to effectively treat patients in the healthcare setting. In many instances, residents collaborate with their supervisors to choose cases that enhance their knowledge and ensure a wide range of learning experiences, including the biopsychosocial model and ability to apply it to clinical assessment and intervention. Residents also apply evidence-based research to practice.

4.1.a. Integrated Primary Care Consultations. Consultations in integrated primary care are an important skill for the practice of clinical health psychologists. These consults involve a brief evaluation and intervention for patients who are being seeing a medical visit in a Primary Care setting (Family Medicine or Internal Medicine). Patient's may be referred for additional services in-house or in the community. Communication on the patient's diagnosis and treatment plan is documented in the EMR and verbally provided to the primary care resident physician, when able.

4.1.b. Emergency Room Consultations. Hospital consults are a common element of Clinical Health Psychology practice. Consultations usually involve a bedside evaluation of the patient and other informants, based on the specifics of the physician's request. Following the evaluation, a note is written in the format required. Formal communication with referring physicians is encouraged. In addition, MAHPP faculty and supervisors are available on a daily basis to supervise and oversee consultations.

4.1.c. Psychological Testing. Psychological assessment is a valuable skill for the practicing clinical health psychologist and supported in the internship. As psychologists, we are experts on psychological testing and reserve the right to determine the necessity and appropriateness of testing for a given individual patient. Assessment materials relevant to clinical practice are available.

4.1.d Outpatient Psychotherapy. Psychology residents will also provide psychotherapy using evidence-based interventions within an Integrated Care setting. Patients are referred from the IM or FM residency clinics and a short-term psychotherapy model is utilized. Emphasis is placed on patients with chronic health conditions, health behavior change, and substance use disorders, in addition to mental health disorders.

4.2. Supervision

Residents receive a minimum of 4 hours/week of supervision during the program. The program also utilizes telesupervision when appropriate (see Telesupervision policy):

4.2.a. Individual Supervision. Individual face-to-face supervision occurs at least two hours per week. The content of supervision is consistent with the residents training activities and the methods are matched to the experience and training level of the resident. There is daily contact between supervisors and residents, and additional supervision is available as needed.

***4.2.b.* Group supervision** Group Supervision (1 hour per week) will be a part of the resident's supervisory experience.

4.2.c Precepting The fourth hour of supervision will "on the fly" supervision of patient's seen for same day consults (i.e., Integrated Primary Care Consults). These patients will be reviewed with

the supervisor either in preparation for the consult or after the patient is seen. This occurs at minimum for one hour per week.

4.3. Didactic Training

Residents receive didactic training in a variety of Clinical Health Psychology topics using modalities ranging from formal classroom-like instruction to on-the-fly and curbside teaching. At the first session of each scheduled module or series, residents will receive a sample syllabus that includes minimally the topics to be covered, presenters involved, and locations of didactics. See Appendix A for the 2025-2026 Didactic Schedule.

The graduate medical education department hosts a variety of continuing education experiences for learners and faculty that are open to MAHPP faculty and residents. Examples include noon conferences; special GME/CME lectures; Grand Rounds; Morbidity, Mortality and Improvement Conferences; Morning Report; and others.

Residents will also complete training in Lifestyle Medicine through the Academy of Lifestyle Medicine. Residents will complete the ACLM curriculum and participate in lifestyle medicine activities.

4.4. Teaching/Supervision

Residents receive training in medical education techniques and procedures. They then apply this knowledge to their roles as teachers and supervisors of learners.

4.4.a. Lecturing. The Graduate Medical Education (GME) department provides didactics to learners and faculty. MAHPP residents are provided an opportunity to present resident/faculty lectures throughout the course of their internship. Topics are discussed and supervised by the resident's supervisor.

4.4.b. Precepting/Shadowing. Precepting is a term used in medical education to indicate a form of clinical teaching, whereby a faculty member directly oversees the clinical work of the training physician. Psychologists in our medical education setting serve as clinical faculty and, when appropriate, precept resident physicians. Residents will have the opportunity to observe their supervisor precepting with medical residents and attending's, which may involve reviewing videotapes with the physician of interactions with patients, as well as actually accompanying the physician into the exam room ("shadowing").

4.4.c. Community Service or Outreach Activity.

Interfacing with the local community and learning to provide outreach activities are important Clinical Health Psychology roles. Residents will have the opportunity to provide behavioral services for the uninsured in the Family Medicine residency Mobile Outreach Clinic. They will also have the opportunity to participate in additional community outreach provided by McLaren Macomb and McLaren Oakland residency programs.

4.4.d. Supervising.

Residents may provide supervision via a tiered approach for practicum students as assigned/as available.

4.5. Scholarly Activity

Residents receive training and support that enables them to critically review research, adopt a commitment to lifelong learning, and participate in scholarly activities. While research and quality improvement projects are not required, participation is encouraged and often results in peer reviewed dissemination via regional and national presentations.

4.5.a. Quality Improvement Projects. QI projects have become required for all resident physicians involved in training at McLaren. Psychology residents are not required to complete scholarly projects but, if interested, may participate in such projects with resident physicians.

4.5.b. Participation and Presentation at Professional Meetings. Although not required, residents are encouraged to prepare and submit scholarly work for peer-reviewed regional and national meetings on topics of interest. Organizations important for clinical health psychologists include the American Psychological Association (APA), Michigan Psychological Association (MPA), and Association of Behavioral Science and Medical Education (ABSAME), Association for Hospital Medical Education (AHME), as well as Society of Teachers in Family Medicine (STFM). Additional associations may be indicated based on the populations and specific medical learners served. When residents are presenting their own work, monetary support from GME or the hospital system may be available.

SECTION V – Resident Resources

5.1. Administrative Support

MAHPP provides direct administrative support in overall internship functioning including accreditation, recruitment, evaluation, financial expenditures/invoices, meeting-related documentation, and record keeping. MAHPP also has administrative support for residents and faculty related to day-to-day activities and sponsoring institution-specific policies/procedures such as stipend/salary, benefits, continuing education funds, vacation days, scheduling of patient care and teaching responsibilities, authorizations and billing, computer and information technology assistance.

5.2. Financial Assistance

MAHPP does not provide financial assistance for residents. However, one provided benefit is Employee Assistance Program (EAP), which can provide financial counseling.

The 2024/2025 academic year stipend and benefits package is as follows:

Residents are given a stipend of **$40,000**. They are given an annual education allowance ($1,000) to use for education activities including, but not limited to, conference attendance. Educational expenses must be approved through Graduate Medical Education prior to use. Residents are also given a meal stipend to utilize at the hospital. They are allotted 20 days of paid time off, which includes both vacation and sick days. Residents also have health, dental, and vision insurance.

5.3. Resident Rights and Responsibilities

Residents have the right to be treated in a professional and respectful manner by all faculty and staff. Residents must adhere to the policies and procedures outlined in Section III of this manual, which is provided and reviewed at MAHPP orientation. Residents are also expected to follow the policies and procedures as outlined in their resident manual and resident contract.

5.4. MAHPP Calendar

The MAHPP calendar includes routine and special resident activities and events for the month and is available online via Microsoft Outlook calendar. The calendar is shared with all MAHPP faculty, fellows, and residents, and intended to serve as a reference for the date, time, and location of MAHPP activities. Activities are subject to change. Every effort is made to ensure the MAHPP calendar reflects changes as early as is feasible.

5.4.a. Internship Activities/Events.

5.4.a.1. Welcome Luncheon. In August of each year, the residents are welcomed by the FAFF/MAHPP Faculty and fellows at an informal luncheon

5.4.a.2. Orientation. Orientations are provided in August and span introductions to MAHPP, as well as to McLaren Macomb and McLaren Oakland in general.

5.5. Online Resources

5.5.a. MAHPP Website.

The MAHPP website (https://www.mclaren.org/gme-medical-education/mclaren-residency-programs) is where information can be accessed including the application process, faculty and director biographies, and other general information.

5.5.b. New Innovations.

New Innovations is a web-based residency management tool that includes scheduling, evaluations, tracking duty times, case logs, conferences, and other aspects of program maintenance. Login information is provided to all residents.

APPENDICES:

Appendix A: MAHPP 2023-2024 CHP Didactic schedule

Appendix B: MAHPP CHP Evaluations

- MAHPP Health Psychology Internship Rotation Evaluation
- MAHPP CHP Internship Semi-Annual Competencies Evaluation
- MAHPP Supervisor/Rotation Evaluation Form
- Mobile Outreach Project Evaluation Tool
- Psychology Resident Self-Evaluation and Individual Learning Plan

Appendix A: MAHPP 2023-2024 CHP Internship Didactic Schedule

		Internship Didactics				
	Time	Block	Topic	Time	Block	Topic
1	8-10am	Orientation	Program Overview, Orientation, Review Program Manual, Policies and Procedures			
2	8-10am	Orientation	Program Overview, Orientation, Review Program Manual, Policies and Procedures			
3	8am-9am	Professionalism and Diversity	APA Code of Ethics	9am-10am	Lifestyle Medicine	Lifestyle Medicine Curriculum Introduction
4			**HOLIDAY**			
5			Role of Psychologist in IPC	9am-10am	Professionalism and Di	Role of Psychologist - Case Discussion
6			Role of Psychologist in Hospital			Role of Psychologist - Case Discussion
7			Role of Psychologist in Medical Education		Journal Club	Diversity Journal Club
8			Models of Supervision		Foundations of Health	Role of Psychologist - Case Discussion
9		Foundations of Health Behavior Change	Social Cognitive Theory			Health Behavior Change - Case Discussion
10			Health Belief Model			Health Behavior Change - Case Discussion
11			Theory of Planned Behavior		Journal Club	Health Behavior Journal Club
12			Social Determinants of Health			Health Behavior Change - Case Discussion
13			Health Disparities			Health Behavior Change - Case Discussion
14	8am-10am	Motivational Interviewing	Introduction to Motivational Interviewing Principals, Spirit, and Utilization			
15	8am-10am		Motivational Interviewing Interactive Workshop			
16	8am-10am		Motivational Interviewing Interactive Workshop			
17	8am-10am		Wellness Activities with Family Medicine			
18	8am-10am		Motivational Interviewing Interactive Workshop			
19	8am-10am		Motivational Interviewing Interactive Workshop			
20			**HOLIDAY**			
21			**HOLIDAY**			
22		Brief Interventions	ACT		Journal Club	Brief Intervention Journal Club
23			CBT		Brief Interventions	IPC Case Discussion
24			Relaxation Training		Brief Interventions	IPC Case Discussion
25			CBT-i		Lifestyle Medicine	Lifestyle Medicine Activity
26			DBT in Primary Care		Brief Interventions	IPC Case Discussion
27			**HOLIDAY**			
28			IPC Models		Lifestyle Medicine	Lifestyle Medicine Activity
29			Substance Use disorders and MAT - Part 1		Brief Interventions	
30			Substance Use disorders and MAT - Part 2		Journal Club	Brief Intervention Journal Club
31		Brief Assessment/HP Assessment	Screening for Mental Health		Lifestyle Medicine	Lifestyle Medicine Curriculum
32			Screening for Behavioral Health Disorders		Brief Assessment/HP A	Brief Assessment Case Discussion
33			Chronic Pain evaluations		Brief Assessment/HP A	Brief Assessment Case Discussion
34			ADHD		Journal Club	Brief Assessment Journal Club
35			Bariatric Evaluations		Brief Assessment/HP A	Brief Assessment Case Discussion
36		Basics of Medical Education and Physcian Wellbeing	Medical school overview		Lifestyle Medicine	Lifestyle Medicine Curriculum
37			ABCs of ACGME		Lifestyle Medicine	Lifestyle Medicine Curriculum
38			Physician Wellbeing		Med Ed	Case Discussion
39			HOLIDAY			
40			Review Wellbeing Programs		Lifestyle Medicine	LM Activity
41			Engagement in Resident Wellness days		Lifestyle Medicine	LM Activity
42			Engage in LM activities with FM residents		Med Ed	Case Discussion
43		Lifestyle Medicine	Lifestyle Medicine Curriculum			
44			Lifestyle Medicine Curriculum			
45			Lifestyle Medicine Curriculum			
46			Lifestyle Medicine Curriculum			
47			Lifestyle Medicine Curriculum			
48			HOLIDAY			
49			Mobile Clinic Outreach Project Discussion			
50			Mobile Clinic Outreach Project Discussion			
51		Departure Activities	Exit Interviews			
52		Departure Activities	Exit Interviews			

Appendix B. MAHPP CHP Evaluations

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

MAHPP Health Psychology Internship Competencies Evaluation

Semi-Annual Evaluation

Instructions:
Expectations of progress for successful Competency Evaluation: Intern must receive a final rating of 3 in all global competency domains in order to successfully complete internship.

5 = Expert: Performs this activity at the level of an experienced independently licensed psychologist.

4 = Proficient: Performs this activity regularly and independently for a level appropriate for a fellow or early-career psychologist.

3 = Competent: Performs this activity regularly and independently with acceptable quality at a level appropriate for independent entry-level practice. Seeks supervision or consultation appropriately.

2 = Advanced Beginner: Performs this activity with acceptable quality but continued supervision and / or assistance is required (performance may be inconsistent or not yet autonomous). This will be a continued area of focus for training and supervision.

1 = Novice: Rarely or never able to perform this activity with acceptable quality. A clear plan for performance improvement is recommended.

N/A: No opportunity to observe OR not applicable to the rotation.

Research

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

1* Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

2* Accurately evaluates scientific literature regarding clinical issues.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

3* Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

4* Contributes to the knowledge base by generating and/or disseminating scholarly work.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

5* Evaluates practice activities using accepted techniques and uses findings from outcome evaluation to alter intervention strategies as indicated.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

6* At 6 Months (Mid-Year): Resident making progress toward meeting developmental expectation in this area of the Research competency?

◯ Yes
◯ No
◯ N/A
Comment

7* At 12 months (End of Year): Resident meets competency in Research?

◯ Yes
◯ No
◯ N/A
Comment

Ethical Legal Standards

Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

8* Demonstrates advanced knowledge and application of the current APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

9* Independently recognizes ethical dilemmas as they arise, and applies ethical decision- making processes in order to resolve the dilemmas.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

10* Demonstrates adherence to ethical and legal standards across professional activities and takes responsibility for continuing professional development.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

11* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Ethical and Legal competency?

◯ Yes
◯ No
◯ N/A
Comment

12* At 12 months (end of year): Resident meets competency in Ethical and Legal?

◯ Yes
◯ No
◯ N/A
Comment

Individual and Cultural Diversity

Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

13* Demonstrates understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

14* Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

15* Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (research, services, and other professional activities).

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

16* Ability to work effectively with areas of individual and cultural diversity not previously, encountered in training or professional work.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

17* Ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

18* Independently applies knowledge, skills, and attitudes in working effectively with the range of diverse individuals and groups encountered during internship.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

19* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Individual and Cultural Diversity competency?

◯ Yes
◯ No
◯ N/A
Comment

20* At 12 months (end of year): Resident meets competency in Individual and Cultural Diversity?

◯ Yes
◯ No
◯ N/A
Comment

Professional Values and Attitudes

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

21* Monitors and independently resolves situations that challenge professional values and integrity; Displays consolidation of professional identity as a psychologist.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

22* Conducts self in a professional manner across settings and situations; Independently accepts personal responsibility across settings and contexts.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

23* Independently acts to safeguard the welfare of others.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

24* Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

25* Engages in self-reflection regarding personal and professional functioning; recognizes limits of knowledge/skills and acts to address them; engages in activities to improve/maintain performance, well-being.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

26* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Professional Values and Attitudes competency?

◯ Yes
◯ No
◯ N/A

Comment

27* At 12 months (end of year): Resident meets competency in Professional Values and Attitudes?

◯ Yes
◯ No
◯ N/A
Comment

Communication and Interpersonal Skills

Relates effectively and meaningfully with individuals, groups, and/or communities.

28* Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

29* Produces and comprehends oral, nonverbal, and written communications that are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

30* Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

31* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Communication and Interpersonal Skills competency?

◯ Yes
◯ No
◯ N/A
Comment

32* At 12 months (end of year): Resident meets competency in Communication and Interpersonal Skills?

◯ Yes
◯ No
◯ N/A

Comment

Assessment

Conducts evidence-based assessment consistent with the scope of Health Service Psychology

33* Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

34* Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

35* Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

36* Selects and applies assessment methods that draw from the best available empirical literature and reflect the science of measurement and psychometrics; collects relevant data using multiple sources/methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

37* Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

38* Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

39* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Assessment competency?

◯ Yes
◯ No
◯ N/A
Comment

40* At 12 months (end of year): Resident meets competency in Assessment?

◯ Yes
◯ No
◯ N/A
Comment

Intervention

Provides evidence-based interventions directed at an individual, a family, a group, a community, a population, or other systems, consistent with the scope of Health Service Psychology.

41* Establishes and maintains effective relationships with the recipients of psychological services.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

42* Develops evidence-based intervention plans specific to the service delivery goals.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

43* Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

44* Demonstrates the ability to apply the relevant research literature to clinical decision making.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

45* Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

46* Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

47* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Intervention competency?

◯ Yes
◯ No
◯ N/A
Comment

48* At 12 months (end of year): Resident meets competency in Intervention?

◯ Yes
◯ No
◯ N/A
Comment

Supervision

Mentoring and monitoring of others in the development of competence and skill in professional practice and the effective evaluation of those skills.

49* Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

50* Applies this knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision with others and peer supervision with other trainees.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

51* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Supervision competency?

◯ Yes
◯ No
◯ N/A
Comment

52* At 12 months (end of year): Resident meets competency in Supervision?

◯ Yes
◯ No
◯ N/A
Comment

Consultation and Interprofessional/Interdisciplinary Skills

Intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem; seeks or shares knowledge to promote effectiveness in professional activities.

53* Demonstrates knowledge and respect for the roles and perspectives of other professions.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

54* Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to: role-played consultation with others and provision of consultation to peers or other trainees.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

55* At 6-month (mid-year): Resident making progress toward meeting developmental expectation in this area of the Consultation and Interprofessional/ Interdisciplinary Skills competency?

- ◯ Yes
- ◯ No
- ◯ N/A

56* At 12 months (end of year): Resident meets competency in Consultation and Interprofessional/Interdisciplinary Skills?

- ◯ Yes
- ◯ No
- ◯ N/A

Direct Observation

Please note: A portion of the resident's evaluation must be based on direct observation (i.e., live or video-audio recording) during reach evaluation period. Please indicate how often you directly observed the resident, often, and types of sessions.

57* How often was the resident directly observed? (enter number)

Range from 1 to 100

58 Indicate methods used for direct observation (select all that apply):

- ☐ Live/In-Person
- ☐ Video-Audio Recording

59 Indicate the types of activities or sessions observed:

- ☐ Therapy
- ☐ Integrated Care Consult
- ☐ Assessment

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

Individual Learning Plan

ILP

Instructions:
An Individual Learning Plan is designed to tailor education to your specific needs, goals, and learning style. It is an educational tool to help identify strengths, areas for improvement, and personalized strategies. Please put thoughtful consideration into filling out the plan to endure it truly reflects your unique learning needs. Your ILP will be discussed with your individual psychotherapy supervisor.

1* **Career Paths: Describe career areas you see for yourself after completing your internship and doctoral training program. Please include fellowship goals if that is part of your plan.**

2 **Thinking specifically about your work as a health psychology resident working with interdisciplinary teams, which are areas of STRENGTH for you:**

- [ ] Research
- [ ] Ethical Legal Standards
- [ ] Individual and Cultural Diversity
- [ ] Professional Values and Attitudes
- [ ] Communication and Interpersonal Skills
- [ ] Assessment
- [ ] Intervention
- [ ] Supervision
- [ ] Consultation and Interprofessional/Interdisciplinary Skills

3 **Thinking specifically about your work as a health psychology resident working with interdisciplinary teams, which are areas of GROWTH for you:**

- [ ] Research
- [ ] Ethical Legal Standards
- [ ] Individual and Cultural Diversity
- [ ] Professional Values and Attitudes
- [ ] Communication and Interpersonal Skills
- [ ] Assessment
- [ ] Intervention
- [ ] Supervision
- [ ] Consultation and Interprofessional/Interdisciplinary Skills

4* **Please list at least two strengths:**

5* **Please list at least one area for improvement:**

6* **Using your VARK results, please describe your learning styles. Include what environment you learn best in:**

7* **Learning Goals: Utilizing your self-assessment and VARK, identify two (2) SMART goals to guide development of the core competencies and career ambitions. Please use the SMART goal framework Specific, Measurable, Achievable, Relevant, and Time-bound.**

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

MOC Project Eval Tool

Instructions:
Check the number that best corresponds to performance.
Rating Scale:
5: Excellent
4: Good
3: Neutral
2: Fair
1: Poor

Preparation

1* Formulated a project informed by clinical problems encountered, clinical services, and/or clinical needs related to health disparities and/or underserved patient populations.

Poor	Fair	Neutral	Good	Excellent
◯	◯	◯	◯	◯

2* Identified appropriate evidence-based literature, references, and/or resources.

Poor	Fair	Neutral	Good	Excellent
◯	◯	◯	◯	◯

3* Integrated the best of available research, cultural considerations, and clinical expertise into the project.

Poor	Fair	Neutral	Good	Excellent
◯	◯	◯	◯	◯

Execution

4* Implemented the project as designed, in an appropriate and thoughtful manner.

Poor	Fair	Neutral	Good	Excellent
◯	◯	◯	◯	◯

5* Adhered to ethical codes and policies of the profession and sponsoring institute.

Poor	Fair	Neutral	Good	Excellent
◯	◯	◯	◯	◯

6* Provided a clear, well-organized project that could be implemented by another team-member (e.g., future interns, residents)

Poor	Fair	Neutral	Good	Excellent
◯	◯	◯	◯	◯

7* Identify two key strengths of this project:

8* Identify two ways this project could be improved:

9* Summary Rating:

Poor	Fair	Neutral	Good	Excellent
◯	◯	◯	◯	◯

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

MAHPP Health Psychology Internship Resident Rotation Evaluation

Resident Rotation Evaluation

Instructions:
Expectations of progress for successful Competency Evaluation: Resident must receive a final rating of meeting developmental expectations to successfully complete the rotation. If this is not met, residents may be placed on a performance improvement plan.

5 = Expert: Performs this activity at the level of an experienced independently licensed psychologist.

4 = Proficient: Performs this activity regularly and independently for a level appropriate for a fellow or early-career psychologist.

3 = Competent: Performs this activity regularly and independently with acceptable quality at a level appropriate for independent entry-level practice. Seeks supervision or consultation appropriately.

2 = Advanced Beginner: Performs this activity with acceptable quality but continued supervision and / or assistance is required (performance may be inconsistent or not yet autonomous). This will be a continued area of focus for training and supervision.

1 = Novice: Rarely or never able to perform this activity with acceptable quality. A clear plan for performance improvement is recommended.

N/A: No opportunity to observe OR not applicable to the rotation.

Research

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

1* Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

2* Accurately evaluates scientific literature regarding clinical issues.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

3* Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

4* Contributes to the knowledge base by generating and/or disseminating scholarly work.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

5* Evaluates practice activities using accepted techniques and uses findings from outcome evaluation to alter intervention strategies as indicated.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

6* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Research competency?

◯ Yes

◯ No

Comment

Ethical Legal Standards

Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

7* Demonstrates advanced knowledge and application of the current APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

8* Independently recognizes ethical dilemmas as they arise, and applies ethical decision- making processes in order to resolve the dilemmas.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

9* Demonstrates adherence to ethical and legal standards across professional activities and takes responsibility for continuing professional development.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

10* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Ethical and Legal competency?

○ Yes

○ No

Comment

Individual and Cultural Diversity

Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

11* Demonstrates understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

12* Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

13* Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (research, services, and other professional activities).

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

14* Ability to work effectively with areas of individual and cultural diversity not previously, encountered in training or professional work.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

15* Ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

16* Independently applies knowledge, skills, and attitudes in working effectively with the range of diverse individuals and groups encountered during internship.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

17* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Individual and Cultural Diversity competency?

◯ Yes

◯ No

Comment

Professional Values and Attitudes

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

18* Monitors and independently resolves situations that challenge professional values and integrity; Displays consolidation of professional identity as a psychologist.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

19* Conducts self in a professional manner across settings and situations; Independently accepts personal responsibility across settings and contexts.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

20* Independently acts to safeguard the welfare of others.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

21* Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

22* Engages in self-reflection regarding personal and professional functioning; recognizes limits of knowledge/skills and acts to address them; engages in activities to improve/maintain performance, well-being.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

23* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Professional Values and Attitudes competency?

◯ Yes
◯ No
Comment

Communication and Interpersonal Skills

Relates effectively and meaningfully with individuals, groups, and/or communities.

24* Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

25* Produces and comprehends oral, nonverbal, and written communications that are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

26* Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

27* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Communication and Interpersonal Skills competency?

◯ Yes
◯ No
Comment

Assessment

Conducts evidence-based assessment consistent with the scope of Health Service Psychology

28* Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

29* Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

30* Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

31* Selects and applies assessment methods that draw from the best available empirical literature and reflect the science of measurement and psychometrics; collects relevant data using multiple sources/methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

32* Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

33* Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
○	○	○	○	○	○

34* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Assessment competency?

◯ Yes

◯ No

Comment

Intervention

Provides evidence-based interventions directed at an individual, a family, a group, a community, a population, or other systems, consistent with the scope of Health Service Psychology.

35* Establishes and maintains effective relationships with the recipients of psychological services.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

36* Develops evidence-based intervention plans specific to the service delivery goals.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

37* Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

38* Demonstrates the ability to apply the relevant research literature to clinical decision making.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

39* Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

40* Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

Novice	Advanced Beginner	Competent	Proficient	Expert	N/O
◯	◯	◯	◯	◯	◯

41* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Intervention competency?

◯ Yes

◯ No

Comment

Supervision

Mentoring and monitoring of others in the development of competence and skill in professional practice and the effective evaluation of those skills.

42* Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise.

43* Applies this knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision with others and peer supervision with other trainees.

44* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Supervision competency?

Comment

Consultation and Interprofessional/Interdisciplinary Skills

Intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem; seeks or shares knowledge to promote effectiveness in professional activities.

45* Demonstrates knowledge and respect for the roles and perspectives of other professions.

46* Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to: role-played consultation with others and provision of consultation to peers or other trainees.

47* At end of rotation: Resident making progress toward meeting developmental expectation in this area of the Consultation and Interprofessional/Interdisciplinary Skills competency?

Direct Observation

Please note: A portion of the resident's evaluation must be based on direct observation (i.e., live or video-audio recording) during reach evaluation period. Please indicate how often you directly observed the resident, often, and types of sessions.

48* **How often was the resident directly observed?**

49 **Indicate methods used for direct observation (select all that apply):**

50 **Indicate the types of activities or sessions observed:**

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

Rotation Self-Reflection

McLaren Oakland CHP Internship

Instructions:
The purpose of this rotation self-reflection is for you to review the goals and objectives of the rotation prior, during, and after the rotation. You will need to understand the learning expectations of the rotation so that you strive to meet them. It is also important that this document assist you in identifying areas of weakness or concern, or areas that were not covered on the rotation (but may be on in-service training examination or certification examination). Use this document to construct a self-learning plan that will help you attain the expectations prior, during and more important after the rotation.

As you know, patient care is unpredictable at times; therefore it is unrealistic to assume that the rotation will teach you every goal and objective listed. This rotation self-reflection document should help you to develop a self-learning plan.

1* **Did you review the learning objectives prior to the rotation? (Curriculum for each rotation is made available for confirmation every month via New Innovations.)**

◯ Yes
◯ No

2* **Did you review the learning objectives after the rotation?**

◯ Yes
◯ No

3* **Identify key areas that were not met that you believe should have been covered.**

4* **What is your plan to meet them? Please be specific. (e.g., Review Modules, Board Review, Create Presentation, etc.)**

Overall Comment

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

MAHPP Internship Supervisor/Rotation Evaluation

Supervisor Evaluation

Instructions:
The purpose of this evaluation is to gather feedback regarding your experiences with your supervisors and clinical rotations throughout the internship year, including the value of the activities on the rotation, the quality of supervision provided, and recommendations for improvement of the training experience.

Evaluations will be forwarded to the Internship Program Director at the completion of each rotation. The evaluation will be forwarded to the Associate Internship Program Director for rotations that the Program Director is the primary supervisor. Formal ratings and responses will not be shared with individual supervisors until completion of the internship year to protect the anonymity of the interns.

Using the scale below, please indicate the quality of the supervision provided on the rotation and how well your supervisor met your training needs.
5-Excellent
4-Good
3-Acceptable
2-Marginal
1-Poor
N/A-Not Applicable or No Opinion

Supervisor Competencies

Communication and Organization

Using the scale below, please indicate the quality of the supervision provided on the rotation and how well your supervisor met your training needs.
5-Excellent
4-Good
3-Acceptable
2-Marginal
1-Poor
N/A-Not Applicable or No Opinion

1* Provided proper orientation to the rotation (e.g., reviewed clinic/hospital policies and procedures, facilitated introductions to the interdisciplinary team, identified office space/ storage/facilities/amenities for resident use, provided necessary equipment or resources to complete clinical and administrative responsibilities).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

2* Communicated clinical expectations and goals for the rotation (e.g., reviewed available intervention, assessment, and/or research activities; discussed caseload expectations).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

3* Communicated administrative expectations and goals for the rotation (e.g., reviewed processes and procedures for scheduling patients, entering progress notes, and EMR documentation; reviewed requirements and expected timelines for documentation).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

4* Communicated clearly (i.e., verbally and in writing), answered questions effectively, provided explanations and rationales for decisions, emphasized important points, routinely reviewed resident expectations and plans for improving performance as needed.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

5* Provided clear, thorough, and timely feedback on intern strengths, areas of growth, and progress toward goals (e.g., openly discussed intern performance during supervision; provided thoughtful edits and appropriate turnaround of required documentation).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

6* Completed, reviewed in supervision, and was timely in responsiveness to requests for all required programmatic documentation (i.e., Program Manual, Rotation Evaluations).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

Accessibility

Using the scale below, please indicate the quality of the supervision provided on the rotation and how well your supervisor met your training needs.
5-Excellent
4-Good
3-Acceptable
2-Marginal
1-Poor
N/A-Not Applicable or No Opinion

7 Provided at least one hour of regularly scheduled individual, face-to-face supervision per week.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

8 Provided unscheduled supervision and/or consultation (e.g., "on the fly" supervision) as needed or requested.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

9 Demonstrated commitment to supervision and respect for the resident by keeping scheduled appointments, arriving on time and prepared, or communicating clearly and rescheduling when needed.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

10 Communicated preferences for how to be contacted (e.g., office extension, cell phone, PerfectServe, etc.) and was appropriately responsive.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

11 Communicated plans for provision of backup supervision if unavailable for any reason (e.g., name and methods for contacting the designated supervisor, identified who should be listed as the cosigner of progress notes, etc.).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

Clinical Competence

Using the scale below, please indicate the quality of the supervision provided on the rotation and how well your supervisor met your training needs.
5-Excellent
4-Good
3-Acceptable
2-Marginal
1-Poor
N/A-Not Applicable or No Opinion

12 Demonstrated and effectively communicated knowledge/expertise in specialty area (e.g., discussed history of and ongoing developments/research in the field, discussed empirical basis of intervention/assessment and directed the resident to relevant literature/research/resources, discussed multiple or opposing viewpoints, demonstrated breadth and depth of knowledge within health psychology area).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

13 Demonstrated and modeled sound clinical skill and judgment.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

14 Instructed the resident in conducting a thorough chart review, gathering accurate patient and collateral information, objectively evaluating patient problems, interpreting available data, integrating relevant diagnostic criteria, formulating a case conceptualization and treatment plan, implementing evidence-based and/or supportive interventions, and identifying appropriate recommendations.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

15 Instructed the resident in producing quality documentation (e.g., writing style, structure/organization, cohesion, brevity/efficiency) that was appropriate to the population and setting.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

16 Instructed the resident in conducting a comprehensive risk assessment and implementing appropriate interventions to ensure patient safety and effectively communicated relevant ethical and legal implications.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

Supervision Skills

Using the scale below, please indicate the quality of the supervision provided on the rotation and how well your supervisor met your training needs.
5-Excellent
4-Good
3-Acceptable
2-Marginal
1-Poor
N/A-Not Applicable or No Opinion

17 Geared instruction to the resident's level of readiness and supported gradual autonomy and independence over time.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

18 Actively guided the development of clinical skills(e.g., clearly communicated performance expectations, allowed for intern observation, demonstrated clinical procedures and techniques well, provide specific and appropriate practice opportunities, prepared interns for and discussed ways to manage challenging or unique clinical situations).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

19 Demonstrated and actively guided the development of awareness and sensitivity when working with individuals from diverse backgrounds (e.g., encouraged understanding of and openly discussed how one's own history, attitudes, and biases may affect patient, professional, and supervisory interactions).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

20 Provided direct oversight of resident performance (e.g., live observation, audio/video review, co-treatment) at appropriate times during the rotation.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

21 Identified and clearly communicated resident strengths and areas of growth and provided frequent, constructive feedback with specific suggestions for performance improvement.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

22 Established a safe climate that facilitated both clinical and professional development (e.g., encouraged intern initiative and engagement, demonstrated understanding of and clearly responded to intern questions/inquiries, utilized Socratic questioning effectively, assisted interns with organizing and clarifying their thoughts, provided positive reinforcement of efforts, provided a supportive environment in which errors or sensitive topics could be comfortably broached and addressed without fear of retribution).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

Professional Values, Attitudes, and Interpersonal Qualities

Using the scale below, please indicate the quality of the supervision provided on the rotation and how well your supervisor met your training needs.
5-Excellent
4-Good
3-Acceptable
2-Marginal
1-Poor
N/A-Not Applicable or No Opinion

23 Behaved in ways that reflect the values and attitudes of Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others(e.g., demonstrated empathy and respect for others, demonstrated tolerance of value differences, modeled awareness of and sensitivity to moral and ethical practice issues, demonstrated awareness of and sensitivity to individual and cultural differences).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

24 Demonstrated investment in the training process (e.g., listened attentively to resident concerns, demonstrated sensitivity to resident needs, asked/answered questions and provided corrective feedback in a supportive manner, showed genuine interest in resident performance and progress toward professional goals).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

25 Demonstrated effective interpersonal skills and the ability to establish rapport (e.g., demonstrated self-confidence, enthusiasm when teaching, genuineness/authenticity, enjoyable presentation style, ability to facilitate resident initiative and engagement, open-mindedness, non-judgmental attitude).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

26 Actively sought and demonstrated openness and responsiveness to feedback (e.g., demonstrated awareness of limitations, managed sensitive or uncomfortable discussions well, responded appropriately and without defensiveness or arrogance to constructive feedback, took responsibility for actions and actively addressed errors).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
○	○	○	○	○	○

Narrative Feedback

Note: Any ratings below a "3" (i.e., acceptable) warrant an explanation regarding specific skill limitations.

27* Please provide feedback with regard to supervisor strengths and areas of growth as well as any recommendations you have for improving the training experience.

Rotation Experiences

Please indicate the quality of the rotation as it related to available clinical experiences and how well it met your training needs.

28 Provided a variety of clinical opportunities (e.g., intervention, assessment, consultation, scholarly activity).

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
◯	◯	◯	◯	◯	◯

29 Provided exposure to a range of patient populations and/or diagnoses.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
◯	◯	◯	◯	◯	◯

30 Provided opportunities to work within an interdisciplinary team or alongside other disciplines.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
◯	◯	◯	◯	◯	◯

31 Provided sufficient opportunities to engage in challenging and/or meaningful clinical work.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
◯	◯	◯	◯	◯	◯

32 The scope of training was appropriate and contributed to meeting my professional goals.

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
◯	◯	◯	◯	◯	◯

33 Did the experiences on this rotation closely match its description in the program manual and/or when presented during orientation week?

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
◯	◯	◯	◯	◯	◯

34 Would you recommend this rotation to another resident?

Poor	Marginal	Acceptable	Good	Excellent	Not Applicable/No Opinion
◯	◯	◯	◯	◯	◯

35* Please provide feedback with regard to rotation strengths and areas of growth as well as any recommendations you have for improving the training experience.

Thank You!

Your honest feedback is crucial to maintaining a high-quality and successful internship training program.