

**Scott & White Psychology  
Internship Program  
July 1, 2018 – June 30, 2019**

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## I. INTRODUCTION

Welcome and thank you for your interest in the **Scott & White Psychology Internship Program in Health Service Psychology**, an APA-accredited internship affiliated with Baylor Scott & White Health, the largest nonprofit healthcare system in Texas. With hospital and clinic facilities concentrated in Temple, Texas, the Scott & White Psychology Internship Program features **two adult positions** for interns interested in generalized clinical training in a multi-specialty health care environment. We seek individuals who are well-educated in academic knowledge of clinical psychology, who have obtained practicum experiences in more than one clinical setting, who communicate well orally and in writing, and who are curious, flexible, and show initiative. We provide interns with broad-based clinical experiences in a supportive, encouraging learning atmosphere augmented by supervision and didactic instruction designed to enhance one's professional development toward a career in health service psychology.

In the next section of this brochure, you will find a **bullet point summary of our program structure, rotations, facilities, faculty and stipend which will give a "snapshot" overview of our internship**. Following this summary, you will find more detailed descriptions of our geographic setting, facilities, philosophy of training, program structure, core competencies, major rotations, evaluation methods, stipends and benefits, application requirements, selection process, and training faculty as well as due process and grievance procedures.

## II. BULLET POINT SUMMARY

- APA-accredited psychology internship in health service psychology
- Located in Temple, Texas, a medium-sized city on I-35 between Waco and Austin
- Clinical facilities part of Baylor Scott & White Health care system
- Affiliated with Texas A&M College of Medicine
- Offers two (2) adult psychology internship positions
- 53-week contract (with orientation week) from June 25, 2018 through June 30, 2019
- Year-long experience in outpatient Mental Health Center (half-time)
- Four (4) major rotations of three (3) months' duration (half-time)
- Two required rotations: Inpatient Psychiatry and Clinical Health Psychology
- Choose two other rotations: Neuropsychology, Supportive & Palliative Care, Primary Care Psychology, Research
- Four hours (4) of supervision per week: 1 individual hour with Clinic supervisor and 1 individual hour with Rotation supervisor; 2 hours of group supervision
- Monday afternoons reserved for Didactic Seminar Series, case presentation and group supervision
- Faculty diverse in theoretical orientations and research/scholarly interests
- Stipend = \$25,099 annually paid biweekly (24 payments)

- Health Insurance, Vacation, Sick leave, Bereavement, Professional Education leave
- Training Director: Louis A. Gamino, PhD, ABPP, FT; Program Administrator: Tina Miller

### III. SETTING

Baylor Health Care System and Scott & White Healthcare merged in 2013 creating Baylor Scott & White Health (BSWH), the largest nonprofit healthcare system in Texas. Our singular vision is *Creating healthier communities in the areas we serve*. **Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary health care, education and research as a Christian ministry of healing.** BSWH is affiliated with the Texas A&M University (TAMU) College of Medicine (COM). TAMU COM is committed to preparing a competent healthcare workforce that meets the healthcare needs of an increasingly diverse population of Texans, especially those living in rural areas.

Baylor Scott & White Health Central Texas Division is recognized on a national basis, consistently earning the “Top 100 Hospital” designation by Truven Health Analysis (formerly Thompson Reuters). Scott & White Medical Center - Temple, was named one of the best hospitals in the nation by U.S. News & World Report for Texas Prairies and Lakes Region for three years running. BSWH now provides for the health care needs of the majority of Central Texans. Using an integrated healthcare model, the system delivers 5.3 million patient encounters annually across 45+ hospitals and 500 patient care sites. BSWH includes facilities (clinics and hospitals) covering 29,000 square miles of Central Texas, including: Scott & White Medical Center - Temple, a 636-bed specialty care/teaching hospital and Level-I Trauma Center, McLane Children’s Scott & White Hospital – Temple (112 beds including 48 NICU), 50-bed long-term Continuing Care Hospital in Temple, 13 additional hospitals/partners and more than 70 primary care and specialty clinics. BSWH employs more than 36,000 employees and more than 6,000 affiliated physicians. The system contributes more than \$857 million in community benefit.

Baylor Scott & White Health has two graduate medical education (GME) divisions. Scott & White Healthcare in the Central Texas division is uniquely qualified to sponsor training given its national reputation as one of the largest integrated healthcare systems in the United States. Scott & White Healthcare’s GME programs provide advanced training to health care professionals in medicine and allied health disciplines. The Scott & White Psychology Internship Program (PIP) in Health Service Psychology prepares future psychologists to treat members of underserved populations and helps ensure continued provision of psychological services to individuals with a high level of mental health needs.

There is a need for training and retention of professional psychologists in the state of Texas, particularly in medically underserved areas. One purpose of the Scott & White Psychology Internship Program is to increase access to psychological services for Texans in rural and medically underserved regions within the BSWH service area. According to the Texas A&M University's Southwest Rural Health Research Center, State Offices of Rural Health have identified suicide, stress, depression and anxiety disorders as well as lack of access to mental/behavioral health care as major rural health challenges. Part of our institutional mission is to reach these marginalized and impoverished individuals. Establishment of the internship program has expanded access to psychological services for those underserved populations.

## **IV. FACILITIES**

### **Scott & White Medical Center – Temple**

Scott & White Medical Center – Temple is a 636-bed, not-for-profit facility that offers a full range of medical services, from advanced trauma treatment to neonatal intensive care to transplant technology. The hospital is designated as a Level 1 Trauma Center. The hospital offers advanced imaging, uses the de Vinci surgical systems, and its NICU has survival rates in the top three percent. The hospital is staffed by physicians and scientists employed by Baylor Scott & White Health Clinic, the largest multispecialty medical practice in Texas and one of the largest in the nation. All Baylor Scott & White Health physicians and psychologists in the Departments of [Psychiatry & Behavioral Science](#), [Family & Community Medicine](#), and [Pediatrics](#) hold faculty appointments with the [Texas A&M College of Medicine](#). In 1974, Scott & White became the clinical education site to train future physicians and, subsequently, allied health care professionals for the Texas A&M Health Science Center. Baylor Scott & White Health has a long tradition of Graduate Medical Education and has sponsored medical residencies for more than 75 years.

### **Scott & White Mental Health Center - Temple**

Scott & White Mental Health Center - Temple is the main location of the Department of Psychiatry & Behavioral Science where adult outpatient services are delivered. The Scott & White Mental Health Center – Temple is staffed by a multidisciplinary team of general psychiatrists, clinical and counseling psychologists, marriage and family therapists, licensed professional counselors, social workers, and advanced psychiatric nurse practitioners. Attentive to advances in psychiatric care and research on empirically-based protocols, patients benefit from state-of-the-art approaches to diagnosis, treatment and rehabilitation. Our system of care has primary responsibility for meeting the mental health needs of a large, diverse population in Central Texas—health plan members, military personnel and their dependents, veterans, retirees, and a large indigent population.

In addition to the Psychology Internship Program in Health Service Psychology, the Department of Psychiatry & Behavioral Science also has a Post-doctoral Fellowship Program in Clinical Health Psychology (with two tracks: end of life care/grief/bereavement and health psychology). The Department features a medical residency program in General Psychiatry as well as a Child and Adolescent Psychiatry Fellowship located at the McLane Children's Scott & White Clinic – Temple.

## **Baylor Scott & White Health Clinics**

Baylor Scott & White Health has more than 60 primary care, specialty and urgent care clinics which range from the Bryan/College Station area in the east, the Waco area in the north, the Round Rock/Austin area to the south, and as far as San Saba to the west. Clinic locations include: Austin, Bellmead, Belton, Brenham, Burnet, Cameron, Cedar Park, College Station, Gatesville, Georgetown, Harker Heights, Hewitt, Horseshoe Bay, Hutto, Killeen, Kingsland, Llano, Marble Falls, Pflugerville, Round Rock, Salado, San Saba, Taylor, Temple and Waco. Psychology Internship Program training occurs at the [Scott & White Mental Health Center - Temple](#), [Scott & White Medical Center - Temple](#), [Scott & White Mental Health Clinic – Killeen](#), and at Scott & White Family Medicine Clinics in the Central Texas area.

## **V. PHILOSOPHY OF TRAINING**

The mission of the Scott & White Psychology Internship Program in Health Service Psychology is to provide broad-based clinical training in assessment, diagnosis, and treatment with a diverse population of patients so that interns can attain professional competence at a level sufficient for entry to practice by the completion of the internship. Interns benefit from participating in multi-disciplinary teams operating in a fast-paced medical center. Interns considering a variety of practice areas and types of professional psychology endeavors are prepared for entry-level positions in the field or for post-doctoral supervised professional experience required for licensure. The internship program strives to help interns further develop and refine their knowledge of normal development, psychopathology, and psychosocial problems so that interns can intervene as effective practitioners.

The Scott & White Psychology Internship Program faculty is committed to the development and expansion of interns' competencies in health service psychology and to the pursuit of licensure as a psychologist in the state of Texas. Training takes place in a supportive atmosphere so that ongoing pursuit of one's professional development becomes an integrated part of the internship's community of professional support. The program allows professional learning to evolve at an optimal pace by incorporating graduated, sequential training drawn on the scientific foundations of psychology. Because interns bring their own unique competencies and skill sets to the program, the faculty's task is to build upon these existing skills.

The Scott & White Psychology Internship Program provides a balanced set of clinical experiences within the Baylor Scott & White Health network of integrated care. Interns have the opportunity to collaborate with professionals from other departments (e.g., Family Medicine, Pediatrics, Internal Medicine, Anesthesia, Surgery) as well as other disciplines: Psychiatrists, Nurses, Physician Assistants, Clinical Nurse Practitioners, Licensed Professional Counselors, Social Workers, Occupational Therapists, Physical Therapists, Speech Pathologists, Recreation Therapists and art therapists as well as a talented and enthusiastic support staff. This network emphasizes building supportive professional communities and working closely with psychology interns as members of an integrated healthcare team.

## VI. PROGRAM STRUCTURE

The overarching goal of the Scott & White Psychology Internship Program in Health Service Psychology is to provide interns with clinical experience, supervision, didactic learning and exposure to research so they may develop the profession-wide competencies considered crucial for entry to practice in health service psychology. These four foundational pillars of the internship are described below. Together, these activities combine for a robust training experience with outstanding faculty. Clinical training is unified by a general philosophy of education consistent across various clinical sites and rotations. Interns gain experience using and applying a variety of interviewing, assessment and intervention strategies appropriately tailored to effectively treat individuals with a wide range of psychological, psychiatric and medical impairments.

### Clinical Experience

Clinical training over the course of the internship year proceeds in two parallel arenas: work in the outpatient mental health center and focal experiences in four (4) three-month rotations. For the entire year, approximately two days per week are spent delivering psychological assessment, psychometric testing, consultation, and psychotherapy to outpatients presenting with a variety of medical problems and psychiatric pathology. Given our patient volume and the range of medical subspecialists practicing at Baylor Scott & White Health, interns have the opportunity to evaluate and treat problems only rarely, if ever, encountered in more restrictive settings. Interns spend approximately 24 hours per week in clinical contact between their work at the outpatient mental health center and their rotation assignment.

Each intern completes four (4) three-month rotations during the 12-month internship. Two rotations are required—**Inpatient Psychiatry** and **Clinical Health Psychology**. During orientation, interns will have the opportunity to learn more details about their options for selecting two additional rotations from the choices available: Neuropsychology, Supportive & Palliative Care, Primary Care Psychology, and Research. This arrangement allows interns some latitude in customizing their training sequence to best fit their professional goals and anticipated career trajectory. Potential

sample schedules for the training year (with probable supervisors) for two different interns are displayed in the following table.

INTERN A			INTERN B	
CLINIC	ROTATION		CLINIC	ROTATION
Supervisor: Dr. Romers	Inpatient Psychiatry (Dr. Gamino)	Jul. – Sept.	Supervisor: Dr. Ross	Health Psychology (Dr. Blackburn)
	Health Psychology (Dr. Blackburn)	Oct. - Dec.		Neuropsychology (Dr. Bengé)
Supervisor: Dr. Gamino	Palliative & Supportive Care (Dr. Ross)	Jan. – Mar.	Supervisor: Dr. Blackburn	Inpatient Psychiatry (Dr. Gamino)
	Primary Care Psychology (Dr. Embry)	Apr. - May		Research (Dr. Romers)

## Supervision

Interns receive four hours per week of clinical supervision. Two hours come from individual, face-to-face supervision—one hour with the clinic supervisor and one hour with the respective rotation supervisor. Two additional hours of clinical supervision come in the form of proctored case presentations (one hour) and group supervision (one hour) provided weekly during the Monday afternoon didactic time. Additional supervision by faculty occurs as well in an ongoing manner as part of the interns' daily participation in rotation activities, e.g., “debriefing” after group therapy on the psychiatric inpatient unit, discussing a case consultation from the medical-surgical hospital.

Interns are closely supervised in every aspect of the skills pertinent to professional psychology (e.g., assessment, intervention, consultation, ethics). Supervision includes



discussion of theoretical, conceptual, clinical, ethical, empirical and practical dimensions of work with patients. It is expected that interns will regularly present **videotaped examples** of their evaluation and therapy sessions during supervision. This practice enables supervisors to make an accurate appraisal of the intern's skill level and provide the most helpful, in depth suggestions for improvement. Supervisors allow interns more independence and self-direction as their skills develop. Use of electronic media to enable psychologists from distal sites to participate in supervision is under exploration.

Monday afternoon case presentations are made by a designated faculty member or intern, on a rotating basis. This exercise allows the non-presenting intern(s) to function as a simulated "supervisor" or "consultant" to a faculty presenter or a peer supervisor to a fellow intern and helps build important competencies in these domains.

Group supervision allows for a wide-ranging discussion of pertinent professional topics and permits flexibility for interns or the training staff to introduce a variety of issues, including clinical matters, ethics, professional practices and multi-cultural awareness. Typically, group supervision is "jump started" by mention of a challenging case or by identification of an ethical or practice dilemma encountered in the course of one's everyday clinical work. The spontaneity and richness of these exchanges prove to be stimulating both for faculty and interns. Group supervision is intended to foster an attitude of curiosity and inculcate a habit of seeking peer consultation that will serve interns well in their subsequent professional endeavors.

## **Didactics**

Didactic training occurs weekly on Monday afternoons when interns and their faculty mentors meet for four hours of training. Training includes a clinical case presentation with discussion (1 hour), group supervision (1 hour), which are described in the previous section, and a didactic seminar topic (2-hours).

The yearlong series of 2-hour didactic seminars conveys information pertinent to professional practice over a broad spectrum of topics. Among the topics are psychological assessment, evidence-based treatment protocols, professional ethics, recovery and wellness, cultural sensitivity, under-served populations, group psychotherapy, end-of-life/grief/bereavement, managed care, health psychology, neuropsychology, primary care psychology, pain management, psychopathology, psychopharmacology, spirituality, supervision, confidentiality, and management of a private practice. Also, toward the end of the training year, each intern presents to their peers on a topic of their choice as an exercise in teaching psychology. In addition, the schedule can accommodate topics "to be determined" according to the specific training needs/requests of the current intern class.

The entire psychology staff (training faculty, Postdoctoral Fellows, and interns) meets once a month for a "vertically integrated" Psychology Case Conference at noon on the fourth calendar Monday. Faculty and trainees take turns presenting a case with some unique or challenging aspects for the entire group to process and discuss. Special efforts

are made to include a faculty member from a training site beyond the Mental Health Center on the Temple campus to ensure a more diversified discussion. Such a forum allows interns to hear senior staff members actively formulate case understanding, utilize theory, and offer suggestions as to the most effective treatment strategies. Because theoretical conceptualizations can differ and alternate treatment courses can be charted, interns learn to appreciate that there may be multiple approaches to a problem.

In addition, interns are required to attend Department of Psychiatry & Behavioral Science Grand Rounds, typically scheduled biweekly from September through May. Interns also attend multidisciplinary training conferences associated with their clinical rotations such as journal club, consultation-liaison case conferences, quality improvement initiatives, and ethics conferences. Other selected training opportunities may occur as well, such as the Department of Psychiatry and Behavioral Science's Biennial Scott & White Bereavement Conferences held on campus in September of even-numbered years, e.g., 2018.

## **Research**

Clinical activities by faculty of the Scott & White Psychology Internship Program in Health Service Psychology occur against a backdrop of active participation in ongoing research and scholarly investigation aimed at contributing to the scientific basis of psychology. In addition to the option for a Research rotation, some provision is made for interns to spend time on dissertation-related research during the training year. Interns who have already completed their dissertation and who demonstrate an aptitude for empirical research can choose to become involved with faculty projects or conduct pilot studies under the aegis of the training staff.

Interns have access to Baylor Scott & White Health's computers for clinical as well as research purposes. In addition, our campus features the Richard D. Haines Medical Library, an extraordinary collection of print and electronic materials which, through its affiliation with the Texas A&M University, affords access to almost any medical and/or social sciences-related material.

## **VII. ROTATIONS**

Each of the two required rotations (Inpatient Psychiatry and Clinical Health Psychology) as well as the four optional rotations (Neuropsychology, Supportive & Palliative Care, Primary Care Psychology, and Research) are described in detail below, accompanied by a sample weekly schedule. During the first two weeks of internship, a customized "rotation plan" will be finalized for each intern.

### **Inpatient Psychiatry**

The Inpatient Psychiatry rotation is intended to give interns the experience of being part of a multidisciplinary team collaborating to provide timely and effective treatment to

patients hospitalized for acute care because of psychiatric illness or chemical dependency. The inpatient psychiatry unit (STC-1) of Scott & White Medical Center – Temple, is a 21-bed unit serving adult patients 18 years of age and older, including patients requiring the security of a locked unit. Psychiatric patients with significant medical comorbidities can be treated there as well by utilizing consultations with other medical services such as internal medicine, neurology, endocrinology, or orthopedics/physical therapy. Interns participate in multidisciplinary rounds, conduct psychological evaluations, provide crisis-oriented individual therapy and co-facilitate a Yalom-style therapy group each morning Monday – Friday. The goals of this rotation are: a) learning to recognize, diagnose and treat individuals with major mental illness and addictions; b) learning to collaborate with other mental health and medical professionals as a member of a multidisciplinary treatment team; and c) learning the art and science of inpatient group psychotherapy. In addition, interns have some opportunity to cross-train with or, at times, even supervise other trainees such as medical students, nursing students or psychiatry residents.

Primary Supervisor: **Louis A. Gamino, PhD, ABPP, FT**  
 Days for Rotation: **Monday through Friday, 1/2 Days AM**

	M	T	W	TH	F
AM	STC-1	STC-1	STC-1	STC-1	STC-1
PM	Didactics	Clinic	Clinic	Clinic	Clinic

### **Clinical Health Psychology**

The Clinical Health Psychology rotation balances clinical practice with didactic instruction while allowing the intern to develop competencies in health psychology. Interns will receive training toward functioning effectively as independent clinicians and as members of interdisciplinary health care teams at Scott & White Medical Center – Temple. Core educational objectives include: a) provision of integrated mental health assessment/intervention services for a variety of clinical populations including transplant candidates, candidates for left ventricular assist device (LVAD), prospective bariatric surgery and dorsal column stimulator (DCS) patients; b) provision of brief mental health evaluations and individual-based treatment; c) participation with healthcare staff providing evidence-based methodologies to effectively communicate with, motivate, coach, and support patient-centered care, health promotion and disease prevention; and d) provision of “curbside” and formal consultation with psychiatry and other hospital medical staff.

Primary Supervisor: **David Blackburn, PhD**  
 Days for Rotation: **Tuesday – ½ Day AM; Wednesday – ½ Day PM; Thursday – ½ Day AM; Friday – ½ Day PM**

	M	T	W	TH	F
AM	Clinic	Health	Clinic	Health	Research

PM	Didactics	Clinic	Health	Clinic	Health
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### **Neuropsychology**

The neuropsychology rotation is designed to expose interns to the clinical practice of neuropsychology in an academic medical setting. Working with their primary supervisor, psychometricians, as well as neuropsychology fellows, interns will observe and participate (at a level appropriate to their prior experience) in two comprehensive neuropsychological evaluations per week. The majority of the referrals on this rotation involve differential diagnosis of geriatric neurocognitive disorders and movement disorders, with pre-neurosurgical evaluations of patients considering deep brain stimulation or epilepsy surgery semi-regularly. Prior experience with neuropsychological procedures, conditions, and reports is not required and clinical duties will include a mixture of observation versus independence. Specific goals of the rotation will be tailored to the intern's needs and goals. In addition to the core outpatient experience, observation of Wada procedures, deep brain stimulation (DBS), inpatient consults, and other procedures are possible on a daily basis. As the Division of Neuropsychology hosts a 2-year APPCN neuropsychology fellowship program, interns rotating from September through June would be expected to attend our neuropsychology didactic series. On Wednesdays, this series entails a 1-hour conference with a rotating focus (e.g., professional development seminar, ABPP –style fact finding practice, journal club, and case presentations). Thursdays feature the 1- or 2-hour neuropsychology seminars designed to prepare fellows for ABPP written exam which cover a wide variety of topics pertinent to the practice of clinical neuropsychology.

Primary Supervisor: **Jared Benge, PhD, ABPP-CN**

Days for Rotation: **Wednesday – all day; Thursday – all day**

	M	T	W	TH	F
AM	Clinic	Clinic	Neuro	Neuro	Clinic
PM	Didactics	Clinic	Neuro	Neuro	Research

### **Supportive and Palliative Care**

The Supportive and Palliative Care rotation is designed to expose interns to the clinical practice of psychology in conjunction with the supportive and palliative care team in an academic medical setting. Working with a primary psychology supervisor and supportive as well as palliative care physicians and staff, interns will observe and participate (at a level appropriate to their prior experience) in psychotherapeutic interventions and consultations with individuals and families. The majority of the referrals on this rotation involve adjustment disorders related to chronic illness, life-limiting disease, end of life decision making, chronic pain, and other depressive and anxiety symptoms. Prior experience with psychological practice in an inpatient medical setting is not required. Interns will begin the rotation as observers prior to initiating their own clinical activities with patients. Interns will also attend a weekly 1 ½ hour group

supervision with psychology fellows and or practicum students that will include readings, discussions of research articles relevant to palliative care and end-of-life issues, and case discussion. Palliative care cases will be presented and discussed as well during group supervision.

Primary Supervisor: **Jae Lee Ross, PsyD**

Days for Rotation: **Tuesday – All day; Thursday – ½ day PM; Friday – ½ day AM**  
**(First two Wednesday mornings of rotation required for observation of Dr. Ross)**

	M	T	W	TH	F
AM	Clinic	Palliative	Clinic	Clinic	Palliative
PM	Didactics	Palliative	Clinic	Palliative	Research

### **Primary Care Psychology**

The Primary Care Psychology rotation exposes interns to the biopsychosocial model of health and to collaborative multidisciplinary treatment in a primary care setting. Interns will work in Family Medicine clinics with a treatment team that may include family medicine physicians, physician assistants, family medicine residents, medical students, nurses, pharmacists, and social workers as well as a psychologist. Interns will be expected to serve as a member of the treatment team and participate in team activities such as huddles. Emphasis will be on biopsychosocial, goal-focused, short-term treatment, with emphasis on cognitive techniques and empowerment of the patient, and may include group treatment. Interns will learn treatment of common mental health conditions such as depression, anxiety, stress, grief/loss, and somatic disorders and will collaborate with prescribing clinicians regarding these conditions, especially when psychotropic medications are needed. Interns will work closely with medical staff to help patients make health behavior changes through exercise, proper diet, relaxation/mindfulness, and medical compliance. They will learn to screen for other more complex psychiatric conditions and discover when to refer those patients for more specialized treatment. Supportive care will also be provided for patients with chronic and medically ambiguous conditions.

Primary Supervisor: **Judy Embry, PsyD; Michael Strand, PsyD**

Days for Rotation: **Tuesday—all day; Thursday—all day**

	M	T	W	TH	F
AM	Clinic	Primary Care	Clinic	Primary Care	Clinic
PM	Didactics	Primary Care	Clinic	Primary Care	Research

### **Research**

The Research rotation is intended for interns who are far enough along with their dissertation work to realistically involve themselves in other research/scholarly initiatives (i.e., it is not intended simply as “release time” for dissertation completion). Typically,

interns who choose this rotation envision a scholarly component to their future careers and wish to take advantage of the many research opportunities available at a large medical center to begin building this aspect of their professional lives. Interns have the option of working with other psychologists (both clinical and experimental) who are engaged in ongoing research projects. For example, scientists with the Center for the Applied Health Research have numerous projects ongoing and are very helpful with guiding and mentoring trainees interested in initiating a project or “mining” the vast data sets available through our integrated health care system. There are also opportunities for collaboration with medical clinicians who want to incorporate a psychological or behavioral perspective in their research investigations.

Primary Supervisor: **Cinamon Romers, PhD**

Days for Rotation: **Wednesday (all day); Friday (all day)**

	M	T	W	TH	F
AM	Clinic	Clinic	Research	Clinic	Research
PM	Didactics	Clinic	Research	Clinic	Research

## VIII. CORE COMPETENCIES

Psychology training is designed to cultivate core competencies considered foundational for the professional practice of health service psychology. The nine (9) core competency areas include: research; ethical and legal standards; individual & cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation and inter-professional/interdisciplinary skills.

### Research and Teaching

Interns are encouraged to investigate phenomena and operate clinically from a scientific and scholarly basis. This principles means applying empirically supported treatments and discharging the obligation to remain current with developments in the field. Through their own research/scholarship as well as through familiarity with the professional literature, interns are expected to integrate research and scholarly theory into their clinical work.

In addition, interns are expected to make timely progress toward completion of their dissertation (if not yet completed). Interns teach a formal seminar (two hours) to their fellow intern and faculty supervisor toward the end of the training year. The responsibility to actively disseminate research/scholarly knowledge of psychology is considered a life-long professional obligation.

### Ethical and Legal Standards

Ethical considerations are a continuous topic in clinical training. A copy of the APA's Ethical Principles of Psychologists and Code of Conduct, the Texas Psychologists Licensing Act, and Rules and Regulations of the Texas State Board of Examiners of Psychologists guidelines for practice are provided to all interns. Review of Federal law, such as the Health Insurance Portability and Accountability Act (HIPAA) affecting privacy and confidentiality, is addressed during orientation and throughout training. Ethical decision-making is incorporated into every aspect of the intern's training experience, including case discussions and individual supervision, following the rubric that "sound ethical practice is good clinical practice."

## **Individual and Cultural Diversity**

Interns gain clinical experience working with diverse populations including underserved cultural groups, women, African-Americans, Hispanics/Latino(a)s, Asian/Pacific Islanders, South Asian, American Indian, lesbian/gay/bisexual/transgender individuals (LGBT), and the uninsured or impoverished. Considerations regarding cultural diversity and ethnic pluralism guide case discussions/formulations and are constantly integrated into ongoing clinical care and educational activities. The didactic series includes information from APA's Recovery to Practice curriculum in formal seminar presentations on recovery, wellness and underserved populations as well as periodic "Cultural Humility" rounds aimed at sensitizing interns to their own personal/cultural histories that may be sources of bias. With patients for whom English is not their primary language or who are hearing impaired, translation services are provided through Baylor Scott & White Health's interpretive services.

Although Baylor Scott & White Health identifies its mission as a Christian ministry of healing, we serve all people regardless of age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation or socioeconomic status. Interns are not required to take a creedal oath and there is no institutional assumption of Christian affiliation.

## **Professional Values, Attitudes, and Behaviors**

The five general principles of APA's *Ethical Principles of Psychologists and Code of Conduct* (beneficence/non-maleficence; fidelity/responsibility; integrity; justice; respect for people's rights and dignity) are stressed as the bedrock of professional values practiced in the internship program. The general and aspirational nature of these ideas are heralded as a strength in terms of broad applicability to any patient care encounter as well as colleague-to-colleague interactions. Accountability in all professional activities is stressed and interns are expected to prioritize a concern for the welfare of others.

Coupled with conscientious adherence to ethical and legal standards, a "virtue ethics" approach to handling practice questions, dilemmas, procedural choices and personal deportment (e.g., what do my behaviors/actions say about me as a person/professional?) is employed to enable interns to think through complex situations with increasing levels of self-sufficiency.

## **Communication and Interpersonal Skills**

In health service psychology, the ability to communicate clearly and generate goodwill among those with whom one interacts are crucial keys to success. Sometimes thought of as the “intangibles” in professional development, demonstrating expertise through clear speaking, unambiguous non-verbal signals, and clear writing as well as generating conviviality in one’s personal deportment enable interns to build effective relationships with patients, families, colleagues, supervisors and organizations. The faculty strives to model these characteristics for the interns and foster their development through supervisory guidance.

Interns are expected to communicate well with a wide range of constituents. Interns regularly give case presentations during Monday afternoon didactics as well as present case material during multidisciplinary rounds (e.g., Inpatient Psychiatry, Supportive and Palliative Care) or surgical team meetings (e.g., LVAD and heart transplant). All of these venues provide opportunities for interns to refine their communication and persuasion skills.

## **Assessment**

Psychological assessment is a fundamental professional activity for psychologists. It entails the technical skills of selecting, administering, scoring and interpreting commonly used psychological assessment instruments, such as objective personality tests, projective tests, intellectual tests, achievement tests and developmental tests. Assessment also involves integrating test results with other information and producing a psychological report that will be useful to mental health professionals, schools, courts, agencies or other referral sources. Psychological assessment also involves a number of other skills: developing and refining intake interview skills, sharpening observational abilities, accounting for diversity characteristics of the patient, conducting mental status evaluations, and reviewing and integrating archival information from available records, and formulating a biopsychosocial summary.

BSWH’s electronic medical record system (Epic) allows interns to gain a much more comprehensive view of a patient’s strengths and medical fragility. In a larger sense, a psychologist’s expertise and training in assessment guides all clinical evaluation activities. Continuous training and supervision in psychological assessment is provided throughout the internship year.

## **Intervention**

The program provides clinical training with individual, group and couples/family psychotherapy interventions. Interns are expected to develop basic competence in conducting sustained individual psychotherapy (at least six months in duration) using a cognitive-behavioral, psychodynamic, family systems, existential/humanistic,



interpersonal, or other established theoretical frame (e.g., ACT, Motivational Interviewing) as appropriate for the patient's needs. Second, interns are also required to demonstrate basic proficiency in short-term, focal individual psychotherapy (e.g., problem-solving methods, exposure therapy) as well as crisis intervention and management. Employing evidence based interventions, such as cognitive-processing therapy or complicated grief therapy, are stressed.

Each intern will participate as a co-therapist conducting a Yalom-style inpatient psychotherapy group on the inpatient psychiatry unit. In addition, interns are expected to participate either as the primary therapist or as a co-therapist in intervention procedures that involve more than one patient, such as an outpatient therapy group and/or couples/family therapy. Acquiring these intervention skills with groups are crucial to the development of a broadly applicable repertoire of clinical expertise.

## **Supervision**

Besides receiving supervision, interns gain experience in providing supervision where possible. For instance, they may assist in the onboarding and orienting of future psychology interns and post-doctoral fellows as well as provide expertise and supervision to medical students, medical residents, and other allied health professionals. During case conferences and group supervision, interns have the opportunity to provide peer supervision. Structured role-plays in these situations further help interns build these valuable professional skills.

It is stressed that future health service psychologists will most likely have not only supervisory but also administrative responsibilities in many health care settings. Interns will have the opportunity to represent their cohort on joint Training Committee Meetings, assist with recruiting, and serve on the program's Diversity Committee.

## **Consultation and Interpersonal & Interdisciplinary Skills**

Interns consult regularly with other health care professionals (e.g., physicians, educators, nurses, counselors, therapists, administrators, caregivers) and other community service agencies regarding a patient's mental health status for purposes of collaborative treatment planning. The ability to provide timely and helpful consultation to one's professional peers is one mark of a competent psychologist. Interdisciplinary skills are also built through participation in institutional activities of an advocacy or outreach nature, e.g., volunteering with World AIDS Day efforts.

## **IX. EVALUATION METHODS**

Evaluation and feedback about an intern's performance are provided in an ongoing fashion throughout the year during clinical supervision. The supervisory relationships between interns and their clinic supervisors, as well as their rotation supervisors,

constitute an essential learning environment where interns can receive constructive guidance, reflect on their own performance, and envision the directions in which they need to grow.

Each month at the Training Committee Meeting, supervisors who have contact with the interns report to the training faculty a summary of the interns' performance to date. This system allows exchange with other faculty who may have observed the interns' performance or who may be in a position to communicate feedback in a constructive manner, e.g., encouraging greater participation in didactic seminars and group supervision or reinforcing timeliness of report preparation.

Interns' clinical performance is evaluated formally by their training supervisors and the Training Committee on a quarterly basis. A synopsis of that evaluation is conveyed in writing and discussed with the intern by their supervisors.

Supervisors' ratings are based on a combination of various methods of observation including discussion, audiotape, videotape, co-therapy, live supervision, telepsychology supervision, seminar presentations and case material. Their ratings, together with ongoing evaluations of an intern's performance by the training committee, determine whether an intern has met or exceeded performance expectations. Final decisions concerning intern performance are determined by the consensus of the training committee members. It is the responsibility of the Training Director to communicate in a timely fashion with interns' graduate programs about their performance evaluations.

By the end of the training year, the minimal level of achievement (MLA) expected of interns is operationally defined to incorporate two factors:

- An average of 3.0 or better on cumulative ratings (by year's end) for each of the nine competencies measured; and
- Either a *consistently acceptable* level of achievement, i.e., ratings of 3.0 or higher throughout the year, or an *upward trajectory* of growth (e.g., ratings increasing from 2.0 to 3.0 to 4.0 or higher on successive evaluations).

Interns must satisfy *both* of these requirements in order to be considered to have demonstrated competence at a level sufficient for entry to practice by the completion of the internship.

Each week, interns are asked to evaluate the quality of the didactic presentations conducted as part of the didactic seminar sequence. Interns also are asked to evaluate the quality of their rotations and supervisors. At the end of each rotation and/or supervisory change, interns' perceptions of their learning experiences are queried to determine whether the stated goals and objectives for a given rotation are met. This information is used to refine modify the training program, as needed. Finally, an analysis of the overall training program is completed at the end of the year. Interns' evaluations assist the training committee in evaluating each rotation and training site on an annual basis.

The Scott & White Psychology Internship Program in Health Service Psychology is committed to maintaining contact with former interns beyond the end of the training year. As part of our drive to compile “distal” data as a measure of program outcome, it is expected that former interns will apprise the Training Director of the date of completion of certain career milestones: dissertation or doctoral project; awarding of doctoral degree; successful passing of EPPP; licensure; employment in the field of psychology; presentation/publications; honors, awards, and appointments. Such information is required by the program in order to maintain our APA accreditation in the future. It is hoped that each intern will leave the program with a happy resolution to maintain such contact with the training faculty on a courtesy and collegial basis, not merely a compulsory one.

## **X. STIPENDS AND BENEFITS**

The stipend for full-time interns is set at \$25, 099.00 for a 12-month period. The \$25,099.00 will be paid in 24 payments. Full-time interns will receive benefits consistent with the policies of Graduate Medical Education at Baylor Scott & White Health. Benefits include 15 days of vacation, 13 days of sick leave, 5 days of educational leave, professional liability insurance, and health insurance through Scott & White Health Plan, including (optional) additional coverage for legally married partner and family members. Additional (optional) coverage available for dental insurance (including dependents) and for death and dismemberment insurance. Additional benefits include free parking, funding assistance for research presentations at state/national professional meetings, free onsite gym, and retirement matching program.

**The internship year begins on July 1, 2018. Baylor Scott & White Health requires incoming trainees to attend a paid, one-week Graduate Medical Education (GME) pre-service orientation in the last week of June prior to their 12-month contract.**

This program provides interns with a general orientation to BSWH as an organization, including mission and vision, confidentiality, professional decorum, ethics, and standards of care. In addition, more specific information on not-for-profit hospitals, satellite health clinics, the medical school, and community mental health systems is provided. During the orientation week, the Psychology Internship Program also focuses on how psychology fits into these broader systems in terms of patient needs, administration, and psychology's collaboration with other disciplines and specialties.

In accordance with BSWH organizational regulations regarding an illicit drug free work environment, prospective psychology interns accepting an offer from the Scott & White Psychology Internship Program must pass a urine drug screen and background check prior to formal employment commencing at the beginning of the internship year.

## **XI. ACCREDITATION**

On October 27, 2015, the Scott & White Psychology Internship Program was awarded Accreditation by the American Psychological Association Committee on Accreditation (CoA) for seven years. Our next site visit will be in 2022.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

[Office of Program Consultation and Accreditation](#)

American Psychological Association

750 1st Street, NE

Washington, DC 20002

Phone: 202-336-5979

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

The Scott & White Psychology Internship Program is a member of the Association for Psychology Postdoctoral and Psychology Internship Centers (APPIC). We participate in the annual match coordinated through APPIC.

## XII. APPLICATION INFORMATION

### Eligibility

The Scott & White Psychology Internship Program encourages applications from doctoral psychology candidates (PhD, PsyD) enrolled in **APA/CPA-accredited clinical or counseling graduate programs**. It is the policy of the program to provide equal educational opportunity to persons regardless of race, ethnic background, gender, religion, or creed. **Applicants must be U.S. citizens.**

Prior to starting the internship year, candidates must have accomplished several academic milestones in order to start the program.

- Completed all graduate course work.
- Completed all comprehensive examinations.
- Maintained a cumulative graduate grade point average of 3.0 or better.
- Proposed their dissertation/clinical research project.
- Verified in good standing in their graduate program as evidenced by their DCT letter of recommendation.
- Completed a minimum of 500 total combined intervention and assessment practicum hours.
- Received their master's degree by the start of the internship year.

The Scott & White Psychology Internship Program observes all rules and policies established by the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC guidelines and applications are provided on the APPIC website

[www.appic.org](http://www.appic.org)). Our internship program agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

## Application Process

Applicants who meet the aforementioned eligibility requirements and complete the following steps are eligible to apply.

- Register for the APPIC Match and obtain a unique 5-digit Applicant Code Number to participate in the match.
- Complete an online APPI (APPIC Application for Psychology Internships) with two sample psychological evaluations with all protected health information (PHI) removed.
- Submit application materials through the online AAPI so that they are received by this training program no later than **November 7, 2016**. Completed applications will be reviewed as they are received. No materials will be accepted by e-mail or US mail.
- In person and phone interviews are conducted by invitation only. **Two in-person interview dates will be held: Monday, January 15, 2018 and Friday, January 19, 2018.**

Applicants must register for the APPIC match and select our internship slots in order to be matched to the Scott & White Psychology Internship Program.

## XIII. SELECTION PROCESS

The selection process begins with each completed application being reviewed by a training staff member. In addition to meeting all aforementioned academic requirements, special attention is paid to “goodness of fit” with the Scott & White Psychology Internship Program’s philosophy, mission, and goals. Applicants with an acceptable overall degree of fit with our program remain in the applicant pool. Applicants eliminated during this first phase of the selection process will be notified in writing of their removal from the pool as soon as possible.

Applicants remaining in the pool may be invited for an interview. Interviews are conducted in-person or by phone if distance, travel or program resources preclude an on-site interview. On site interview days last approximately 4.5 hours and are scheduled for Monday January 15, 2018 and Friday January 19, 2018.

The interview day begins with an overall program description accompanied by a presentation about each of the available clinical rotations. Each applicant will have a combination of individual and group interviews with training staff and/or postdoctoral fellows. Applicants also have a “conversation hour” with the Training Director and a group interview with members of the current intern class. The interview with members of the current intern class is strictly confidential between the applicants and the current interns. Training faculty do not solicit information from the interns concerning applicants nor do interns’ opinions enter into the selection process.

Ratings from the individual and group interviews for each applicant are considered and deliberated by the training committee. Applicants are ranked based on their interview performance, caliber of credentials, and perceived goodness of fit with our program. All applicants deemed acceptable are ranked and remain in the applicant pool through match day.

### **XIII. INTERNSHIP PROGRAM TABLES (IR C-27 I)**

*Updated June 2017*

#### **TABLE I:**

##### **Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

*The Scott & White Psychology Internship Program features **two adult positions** for interns interested in generalized clinical training in a multi-specialty health care environment. We seek individuals who are well-educated in academic knowledge of clinical psychology, who have obtained practicum experiences in more than one clinical setting, who communicate well orally and in writing, and who are curious, flexible, and show initiative.*

Does the program require that applicants have received a minimum number of hours of the following at time of application?

If Yes, indicate how many: *Minimum of **500 total** combined assessment and intervention practicum hours*

Total Direct Contact Intervention Hours-*above*

Total Direct Contact Assessment Hours-*above*

Describe any other required minimum criteria used to screen applicants:

*Enrolled in an **APA/CPA-accredited** graduate program in clinical or counseling psychology*

***US citizen***

*Prior to start of the internship year, candidates must have met the following **milestones**:*

- *Completed all graduate course work*
- *Completed all comprehensive exams*
- *Maintained a cumulative graduate grade point average of 3.0 or better*
- *Proposed their dissertation/clinical research project*
- *Verified in good standing with their graduate program*
- *Received their Master's degree*

**TABLE II:**

## Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns \$25,099Annual Stipend/Salary for Half-time Interns n/a


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 Program provides access to medical insurance for interns? ✓ Yes

If access to medical insurance is provided,

Intern contribution to cost required? ✓ Yes

Coverage of family member(s) available? ✓ Yes

Coverage of legally married partner available? ✓ Yes

Coverage of domestic partner available? No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation) 15 DaysHours of Annual Paid Sick Leave (non-accruing) 13 Days

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? ✓ Yes

\*Other Benefits (please describe)

- *Five (5) days of Professional Education leave*
- *Professional liability insurance*
- *Optional dental insurance (dependents also)*
- *Optional death/dismemberment insurance*
- *Free parking*
- *House Staff Council*
- *Funding assistance provided for research presentations at state and national research conferences*
- *Onsite gym*
- *Retirement matching program*



**TABLE III:****Initial Post-Internship Positions**

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

**2014-2017**


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 Total # of interns who were in the 3 cohorts: 2014-2015 (four) 2015-2016 (four) 2016-2017 (four)
 

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 Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree—n/a
 

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	<u>Postdoctoral Position (PD)</u>	<u>Employed (ED)</u>
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	2	
Military health center		
Academic health center	2	2
Other medical center or hospital	1	2
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		2
Not currently employed		
Changed to another field		
Other		
Unknown	2	

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

**XV. TRAINING FACULTY AND STAFF**

LOUIS A. GAMINO, PhD, ABPP, FT (University of Kansas, 1980). Psychologist. Training Director, Scott & White Psychology Internship Program. Program Director, Scott & White Postdoctoral Fellowship Program in Health Psychology. Professor, Texas A&M University College of Medicine. Vice President, Association for Death Education and Counseling (ADEC). Interests: Grief & Bereavement, Ethics, Clergy Evaluation & Treatment, Marital Therapy, Psychotherapy.

JARED BENGE, PhD, ABPP-CN (University of Houston, 2008). Neuropsychologist. Program Director, Scott & White Neuropsychology Postdoctoral Fellowship Program. Interests: Neuropsychology.

DAVID BLACKBURN, PhD (University of Houston, 1989). Psychologist. Assistant Professor, Texas A&M University College of Medicine. Interests: Cognitive Behavior Psychotherapy, Physical Medicine & Rehabilitation.

JULIENNE A. CLOWNEY, PsyD (California School of Professional Psychology, 1998). Psychologist, Department of Family Medicine. Interests: Adult Mental Health, Pediatric Mental Health Services.

JUDY EMBRY, PhD (University of North Texas, 1992). Psychologist, Department of Family Medicine. Interests: Behavioral Medicine, Cognitive Behavior Psychotherapy, Differential Diagnosis, Pain Management, Substance Abuse Education, Trauma Therapies, Relaxation Training, Stress.

NORM FLUET, PsyD (Baylor University, 1978). Psychologist, Department of Family Medicine. Assistant Professor, Texas A&M University College of Medicine. Interests: Primary Care Psychology, Psychotherapy.

ROSE GONZALEZ, PhD (University of Southern Mississippi, 2014). Psychologist, Department of Neurology. Interests: Chronic Pain, Psycho-oncology, Assessment, ACT.

HEYWARD GREEN, PsyD (Baylor University, 1984). Psychologist, Department of Family Medicine. Assistant Professor, Texas A&M University College of Medicine. Interests: Adolescents & Families, Attention Deficit Hyperactivity Disorder, Marital Therapy, Behavior Therapy.

LAUREL KILPATRICK, MD (Texas A&M College of Medicine, XXXX). Physician, Department of Internal Medicine. Interests: Palliative Care.

BERYL LAWN, MD (Temple University School of Medicine, 1972). Physician (emerita), Department of Psychiatry and Behavioral Science. Interests: Interviewing, Patient-centered Care; Psychodynamic psychotherapy.

CATHERINE OSBORNE, PsyD (Baylor University, 1997). Psychologist. Assistant Professor, Texas A&M University College of Medicine. Interests: Psychotherapy.

DEAN K. PARET, PhD (Southwestern Seminary, 1991). Psychologist, Department of Family Medicine. Interests: Adult Mental Health Services, Telepsychology.

CINAMON C. ROMERS, PhD (Fielding Graduate University, 2015). Psychologist, Department of Psychiatry & Behavioral Science. Interests: Behavioral Medicine, Cognitive Behavior Therapy, Psychological Fitness for Surgery, Psychological Aspects of Heart Failure, Insomnia.

JAE L. ROSS, PsyD (CSPP at Alliant International University, 2015). Psychologist, Departments of Internal Medicine and Psychiatry and Behavioral Science. Interests: Patient-Centered Communication, HIV/Hepatitis C, Palliative Care, LGBTQQIA, Multicultural Issues.

JASON SAPP, DO (xxxx). Physician, Department of Psychiatry & Behavioral Science. Interests: Addiction, Psychopharmacology.

MICHAEL STRAND, PsyD (James Madison University, 2016). (Provisionally Licensed) Psychologist, Departments of Family Medicine and Psychiatry and Behavioral Science. Interests: Primary Care Psychology, Humanistic/Existential Psychology.

TINA MILLER, Program Administrator.

## **Training Committee**

The Scott & White Psychology Internship Program Training Committee members include the training director, psychologists from each of the primary training rotations/sites, and a psychology intern representative. It is recommended that each intern serve a six-month term as class representative. Training Committee Meetings (TCM) occur monthly on the first Tuesday of the month at the noon hour.

Joint training committee meetings comprised of all interns, standing members of the training committee, any training staff member who wishes to participate, and Postdoctoral Fellows are held quarterly during the training year. This arrangement gives interns and staff members an opportunity to voice their opinions in a public forum and participate constructively in the administration of our internship program in health service psychology.

## **XVI. DUE PROCESS**

The Scott & White Psychology Internship Program utilizes the due process procedures implemented by Graduate Medical Education (GME) and considered standard for professional training programs throughout Scott & White. Interns whose professional competence or conduct is not satisfactory will be subject to disciplinary action initiated by the Training Director and endorsed by the Chair, Department of Psychiatry & Behavioral Science.

### **Process**

The intern in question will meet with at least two senior staff members of the Department of Psychiatry & Behavioral Science. One of the departmental representatives should be the Training Director, unless prohibited by extenuating circumstances. During the meeting, a written document including a detailed, itemized description of the issues regarding professional competence or conduct, and any prior evaluations of the intern,

will be presented to the intern. If the issues of concern predate the last formal written evaluation, those issues should be documented in that evaluation. The intern's Director of Clinical Training for their graduate program will also be notified of issues related to professional competence or conduct that is not satisfactory. The written material(s) should describe the following elements.

- Nature of concern about either professional competence or conduct.
- Disciplinary action taken which could include: remediation; probation; suspension; or dismissal.
- Duration of action (if other than dismissal) or effective date (if dismissal).
- Required remediation (see below) by the intern, if other than suspension or dismissal.
- Description of methods and conditions of enhanced monitoring of the intern's clinical and/or academic activities if his/her performance suggests an inability to render an appropriate level of patient care and/or exhibit appropriate personal or professional conduct. By definition, "enhanced monitoring" should include (1) specific goals/objectives developed for the intern and (2) periodic, written assessments of the intern during the specified time period.
- Discussions and written documents pertaining to the issues regarding professional conduct should center on specific behaviors. This process constitutes both **notice** to the intern of concerns and the opportunity for **hearing**, i.e., intern listening to and responding to stated concerns.

A copy of documentation supplied to the intern shall be marked "CONFIDENTIAL" and forwarded to the BSWH Designated Institutional Officer (DIO)/Director of Graduate Medical Education. The Designated Institutional Officer (DIO)/Director of Graduate Medical Education may initiate a review process of the disciplinary action if the action is felt to be inappropriate. For the review, the Designated Institutional Officer (DIO)/Director of Graduate Medical Education may appoint a committee that consists of a program director from another program, a department head from a different department, an advanced trainee from another program, and the GME ombudsperson to review both the merit and the procedures, and make recommendations. The role of the ombudsperson is to ensure fair treatment for the intern. The committee may request that the intern, the Training Director or others involved in the case meet with the committee to discuss the issues before a recommendation is made. The decision of the involved program and the committee recommendations will be reported to the Designated Institutional Officer (DIO)/Director of Graduate Medical Education for final approval.

Suspension of the intern from program activities for the duration of the disciplinary process may be initiated by the Training Director. Suspension may also be reviewed by the committee described above.

If an intern is dismissed, he/she will be paid for unused PTO on a prorated basis, i.e., if due ten (10) weekdays of annual PTO and he/she has participated in the training program for six (6) months, the intern/fellow would be paid for five (5) weekdays of PTO.

## **Appeal**

**Within 10 working days of the receipt of written notice either of intent to discontinue the intern's employment or to impose conditions of remediation for continued employment, the named intern may request an *ad hoc* review committee**, composed of the membership of the committee described above. The Designated Institutional Officer (DIO) will coordinate the appeal process and function as a non-voting member of the various committees or councils involved. The ad hoc committee will be charged with reviewing the circumstances of the disciplinary action to assess both the merits of the action and the procedures (i.e., the extent to which the action followed appropriate procedures and whether the intern was treated in a fair manner). The review committee may request related documentation and invite testimony from the intern and Training Director involved. The ad hoc review committee will make recommendations to the Director of Graduate Medical Education who will review their recommendations and, with agreement from the Designated Institutional Officer (DIO), take action if necessary. The Designated Institutional Officer (DIO) will serve as the final authority.

## **XVII. GRIEVANCE POLICY**

Baylor Scott & White Health encourages interns to bring to the attention of their Training Director any concerns or complaints about work-related conditions. In order to aid in prompt and constructive problem solving, interns shall be provided with the opportunity to present such information through a formal procedure. Many problems result from misunderstandings or lack of information and can generally be resolved by discussing them with the Training Director.

If formal discussion with the Training Director does not result in a satisfactory solution to the issue, the intern should submit the problem in writing to the Training Director as soon as possible. The Training Director will meet again with the intern to discuss the issue and will present a written reply to the intern as soon as possible.

If the intern is not satisfied after receiving the Training Director's written reply, the intern should request a meeting with the Department Chair and provide (1) the original description of the issue, (2) the Training Director's reply, and (3) a written explanation as to why the Training Director's reply was not satisfactory. This process must be accomplished within two weeks from the date of the written reply to the intern from the Training Director. The Chair will respond in writing after interviewing the intern about the matter. The Chair may choose to interview other individuals including the Training Director.

If the issue is not satisfactorily resolved at this point, the intern may pursue further action by providing copies of all written materials and a written response to the Chair's letter to the Designated Institutional Officer (DIO)/Director of Graduate Medical Education within two weeks of the Chair's reply. The DIO/Director of GME will further evaluate the complaint and, if he/she so chooses, form an ad hoc committee of the Graduate Medical Education Committee (GMEC). The committee shall review all pertinent information and conduct interviews necessary to reach a decision about the grievance. The committee's recommendations will be forwarded to the Designated Institutional Officer (DIO)/Director of GME for final resolution.

**There will be no unfavorable action on the part of Baylor Scott & White Health against any intern as a result of the submission of a complaint or problem.** All information concerning an intern's problem/complaint should be received in confidence and the issue should be discussed only with those involved in the process or with individuals who can provide necessary information.

Complaints of discrimination or harassment may be addressed through this procedure or by contacting the Director of Employee Relations in Human Resources.

### **Confidential Grievance Procedure**

At times, an intern may have concerns that are outside the Training Director's jurisdiction or for which the intern does not wish to include the Training Director or Department Chair. The intern may communicate these concerns to an institutional ombudsperson outside the Department of Psychiatry & Behavioral Science who is designated by the Office of Graduate Medical Education (GME). The ombudsperson may report to the Designated Institutional Officer (DIO)/Director of GME who may follow the aforementioned procedure of choosing an ad hoc committee to review the concerns and reach a solution.