THE University of Vermont MEDICAL CENTER

The University of Vermont Medical Center Psychology Internship
Resident Handbook 2027-2028



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Overview

University of Vermont Medical Center

The University of Vermont Medical Center (UVMMC) is the tertiary care cornerstone of The University of Vermont Health (UVM Health), a six-hospital network serving patients and their families in Vermont and northern New York. Serving a population of more than 1 million people in Vermont and northern New York and approximately 160,000 residents in Chittenden and Grand Isle counties, The UVM Medical Center provides a full range of tertiary-level inpatient and outpatient services and provides primary care services at 10 Vermont locations.

We have earned the distinction of being designated a Level I Trauma Center and we are home to the Golisano Children's Hospital at University of Vermont Health, a full-service hospital within a hospital. In addition, The UVM Medical Center is creating an integrated family of patient-centered medical homes, which foster a team approach to improving health outcomes for patients living in rural Vermont and New York.

Psychology Internship

Residents will be members of the Department of Psychological Services with an office located within the heart of the department on the medical center's main campus. Internship training will occur at three sites within the UVM Health all of which are located in the greater Burlington, VT area: the medical center's main campus, UVMMC (inpatient medical consultation and ambulatory subspecialty consultation; outpatient psychotherapy; assessment), the UHC ambulatory care campus (specialty outpatient clinics), and at a pediatric primary care office in Williston, VT (Integrated primary care).

Accreditation

The UVMMC Psychology Internship is an APA accredited program. The next site visit is planned for **Winter of 2036.**

Information regarding our accreditation status can be obtained from the Commission on Accreditation website, or through contacting them:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE,
Washington, DC 20002

Web: www.apa.org/ed/accreditation
E-mail: apaaccred@apa.org
Phone: (202) 336-5979

Resident Selection Criteria

This is a clinically-oriented internship; therefore, successful residents will likely come from graduate programs with a strong clinical training tradition and have had robust practicum experiences. Competitive applicants will have practicum/externship experiences from a variety of settings and serving a diversity of patient populations.

To be considered a candidate for the UVMMC Psychology Internship, applicants must:

- Demonstrate consistency between their interest and the goals of the UVMMC Psychology Internship. Particularly a desire to train in a rural medical center setting.
- Be a registered student, in good standing, and have completed all required course work at an APA or CPA approved doctoral level program in clinical or counseling psychology.
- Have completed supervised practicum and clinical placement experience with a minimum of 500 total intervention hours.
- Have completed assessments in clinical settings (not only as part of a formal class requirement) that integrate multiple assessment measures to answer a clear referral question. Competitive applicants will be able to describe their approach to developing an assessment battery and conducting a thorough, comprehensive psychological assessment.
- Be willing and able to commit to a busy, full-time twelve month internship.
- Be willing to engage in self-reflection in supervisory and training relationships as needed to ensure ethical and appropriate clinical practice.
- Complete all post-offer hiring processes required for employment at the University of Vermont Medical Center. Internship appointment is contingent upon successful completion of these processes.
    - Detailed information about the post-offer processes is available on pages 17-18 in Appendix A.

Diversity is a driver of excellence. We actively seek diversity and inclusion within our staff and trainees, as well as with those we serve. We believe that diversity is an asset in teaching, research and patient care, and we strive to recruit and develop culturally competent residents who reflect and understand the increasingly diverse populations they will serve.

Applications should be submitted through the APPIC Application for Psychology Internships (AAPI) process. There are no supplemental materials required.

Notice of Nondiscrimination
The University of Vermont Medical Center is committed to treating all with whom we interact-including patients, family members, visitors, employees, staff, and potential employees or staff-in a non-discriminatory manner. The UVM Medical Center is committed to providing care to all members of its community without regard to race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

Resident Benefits
Stipends and health insurance: For the 2027-2028 internship year, the stipend is $42,640. Residents are also offered comprehensive health insurance coverage through the University of Vermont Medical Center, which is partially paid for by the UVMMC.

Other Benefits: Paid leave in the form of 30 days of accrued combined time off (CTO), optional vision and dental benefits, option to contribute (with employer match) to a 401K, dissertation defense time, and a $500 professional development stipend.

Organization Mission Summary and Statement of Values

Our mission is to improve the health of the people in the communities we serve by integrating patient care, education, and research in a caring environment.

- We respect the dignity of all individuals and are responsive to their physical, emotional, spiritual and social needs and cultural diversity.
- We are just and prudent stewards of limited natural and financial resources.
- We foster a climate which encourages both those receiving and providing care to make responsible choices.
- We strive for excellence in quality and care and seek to continuously learn and improve.
- We acknowledge a partnership with the community to ensure the best possible care at the right time, in the right place, and by the right provider.
- We are caring and compassionate to each other and to those we serve.
- We communicate openly and honestly with the community we serve.

Psychology Internship Mission Statement and Training Model

The aim of the UVMMC Clinical Psychology Internship program is to provide generalist training focused on delivering services to rural populations in an intellectually stimulating and respectful environment that prepares residents to deliver effective, entry level psychological services to diverse populations in multidisciplinary settings across a continuum of care. We also strive to offer students opportunities to explore and gain experience in more specialized service areas to enhance their understanding of themselves as clinicians and inform their future training and career choices.

The internship follows a Practitioner-Scholar Model that provides psychology residents the skills and training necessary to become successful practitioners of child, adolescent, and/or adult psychology, with an emphasis on delivering psychological services within a rural medical center setting. The program is a one-year, full-time placement with a focus in either pediatric and child/adolescent clinical psychology or adult clinical rotations. Residents will be expected to work 40 to 50 hours per week. Typically, the training year will begin in July and will primarily include year-long placements.

Our Pediatric Program is the anchor to all levels of service within our Health Network. We operate in a largely resource-challenged area and provide not only direct service but consultation to services across the region. We provide generalist training in clinical child and pediatric psychology to better serve the diverse needs of our community.

Residents are expected to generate revenue for the organization; however, training considerations and resident professional development needs will always take precedence over revenue generation. Residents will be expected to generate approximately 10 billable contact

hours per week (which will be a part of the clinical training experiences in their primary tracks), all other time spent in service delivery may or may not be billable and will be based on residents' training needs, balanced with the clinical needs of the patient populations we serve, regardless of revenue generation. Our training program utilizes a developmental approach to cultivating the professional competencies required of fully licensed providers within a medical setting. This includes mentoring residents in effective time management, prioritization of administrative responsibilities, and integration of self-care practices, such as taking appropriate meal breaks, to support sustainable professional functioning.

Clinical Training Experiences

There will be core elements of training in which all residents will participate, including didactics/seminars and assessment experiences integrated into their rotations throughout the year. In addition to these elements, there will be two tracks from which residents can choose: adult or child/pediatric tracks.

Adult Track

General Adult Medical Psychology Consult/Liaison

Supervisor: Wendy Shores, Psy.D

Medical Psychology provides inpatient consultation services to patients and staff on medical-surgical units in the hospital. Residents assess psychosocial and emotional behavioral concerns and provide appropriate intervention while patients are admitted. Interventions frequently address coping/adjustment to illness or injury, developmentally appropriate understanding of diagnosis/treatment, pain management, procedural distress, grief, traumatic stress, or other emotional/behavioral difficulties. Residents also serve as liaisons between the medical team and the patient/family to better enhance communication and facilitate understanding. They may also continue to follow patients on an outpatient basis. Residents regularly participate in multidisciplinary team meetings, care conferences, and program development. Residents participate in a peer consult group and hold between 5 to 8 consults weekly. Medical psychology services are provided to admitted patients in person in 11 different hospital units. Goals of the work are to minimize the impact of stressful hospital experiences, promote adaptive coping, identify existing mental health concerns exacerbated by hospitalization, help patients and their families return to their baseline well-being, provide recommendations for care to hospital teams and provide appropriate mental health referrals as needed.

Cancer Center Outpatient Treatment

Supervisor: Shira Louria, Psy.D

Residents will have the opportunity to learn within a multidisciplinary team of oncologists, surgeons, psychologists, nurses, and social workers and gain experience in providing psychological support to individuals diagnosed with various types of cancer and undergoing treatment (chemotherapy and/or radiation therapy). In addition to their medical diagnoses, patients present with a range of psychiatric symptoms at acute and/or chronic levels. Consultation may be requested for guidance to medical staff and support to patients and their families on an outpatient basis.

The Cancer Center adult rotation provides an opportunity to work with adults diagnosed with various types of cancer with both short and long-term psychotherapy. Residents may participate in various cancer tumor boards and oncology/hematology rounds. Emphasis is placed on biopsychosocial components that influence coping, and adjustment to illness, while focusing on the development of resilience and adaptive coping skills.

Behavioral Sleep Medicine

Supervisor: Daniel Tso, Psy.D

Residents will be embedded in the Vermont Regional Sleep Center within the Outpatient Neurology clinic at UVMMC. They will have the opportunity to work collaboratively with sleep medicine physicians, nurse practitioners, sleep technologists and nursing staff. Sleep clinics will include direct patient care engaging in Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Behavioral Therapy for Hypersomnia (CBT-H), and CPAP adherence work, among other opportunities. They will also learn to triage patients for suspected sleep disorders including obstructive sleep apnea, parasomnias, periodic limb movement disorder, and REM Behavior Disorder.

Liberation Psychology Group Supervision

Supervisor: Marissa Coleman, Psy.D

Adult and Pediatric residents will participate in an in-depth process which involves a weekly supervision group that is focused on didactic learning about Liberation Psychology and clinical application of the theory. The experience within the Liberation Psychology group supervision involves self-reflection, exploration of the social, political, and cultural underpinnings of provider and patient. Previous knowledge of Liberation Psychology is not required.

Residents will also have the opportunity to experience liberation psychology in action by working in partnership with a local non-profit aimed to support Burlington's immigrant and refugee communities.

Assessment Experience

Supervisor: Abby Ryan, Ph.D, ABPP

Adult residents will participate in six outpatient psychological assessments with Dr. Ryan. The level of involvement will be tailored to the resident's prior assessment experience, with a trajectory of increased involvement over time. Residents may also have opportunities to participate in inpatient assessment as available. Residents will attend monthly assessment-related didactics addressing all aspects of assessment through a clinical/therapeutic lens. Topics addressed will include differential diagnosis, mental status screening, culturally informed assessment practices, behavioral observation, and clinical interviewing.

GI Psychology Clinic

Supervisor: Meta Surjaputra, Psy.D

The GI Psychology Clinic supports GI patients from the GI clinic at UVMMC. The role of the psychologist within the GI Psychology clinic at UVMMC is to provide behavioral symptom management and support patients in coping with their GI symptoms. Psychotherapists may also provide emotional support and a space to process and manage thoughts and feelings for an upcoming procedure or surgery. Residents will work with GI patients with upper and lower gastrointestinal conditions, including irritable bowel syndrome, ulcerative colitis, GERD, Crohn's disease, dysphagia, and cyclical vomiting syndrome. Residents will utilize the following interventions: CBT, ACT, mindfulness training, motivational interviewing, and mental health

education. Residents will work with their GI psychology patients every other week for 4-6 sessions. However, the number of sessions will depend on each patients' needs. Moreover, residents have the opportunity to engage in gut-directed hypnotherapy with our GI psychology patients. Level I training from ASCH, NESCH, or another reputable hypnosis training program is required in order to do hypnotherapy with patients.

Pediatric Track

We integrate with the Golisano Children's Hospital Services within UVMMC; a 20-bed pediatric unit, 4-bed PICU, 29-bed NICU with 20 pediatric specialty services. UVM Health hosts the sole pediatric residency program in the state, and psychology residents interact regularly with their medical resident colleagues across services. The goal of the pediatric rotation is to gain training in the exposure to experience level in a number of pediatric settings in a medical center in the service of informing the resident's sense of where they might like to pursue a professional career.

The foundation for the pediatric experience is our Pediatric Consult-Liaison service. Both pediatric residents spend time on the Consult-Liaison service, conduct assessments in hematology/oncology and gastroenterology, spend time in primary care, and will have the option to pursue one specialty experience in either the Endocrinology Clinic or Behavioral Sleep Medicine. Following the match, Residents will be assigned to a specialty clinic based on their expressed preference during interviews.

All Residents year-long experiences:

Pediatric Consult/Liaison - Child and Adolescent Psychiatry and Psychology Consult Service (CAPPCON)

Supervisor: Courtney Fleisher, Ph.D, ABPP

Pediatric Consultation/Liaison residents provide trauma-informed, family-centered inpatient consultation services to children and adolescents, families, and staff on pediatric, pediatric intensive care (PICU), and neonatal intensive care units (NICU). As part of CAPPCON, residents provide evaluation and psychotherapeutic interventions to children and adolescents facing acute and chronic medical and surgical conditions. Consultation is commonly requested to assist patients and families with new diagnoses; life threatening and/or traumatic injuries; behavior negatively impacting medical adherence and overall health; somatic symptom presentations and functional neurological disorder (FND); and pain management. The opportunity to adapt empirically informed psychological interventions in the fast-paced medical setting provides excellent pediatric psychology training. Residents additionally serve as liaisons between the medical team and the patient/family to enhance communication and facilitate understanding. On a weekly basis, residents participate in multidisciplinary rounds and psychosocial rounds. Opportunities may arise to consult to pediatric subspecialty clinics (e.g.,

gastroenterology (GI) and Cystic Fibrosis (CF)) to deliver targeted assessment of and intervention to patients with condition-related psychological concerns.

Pediatric/Young Adult Hematology Oncology Neurocognitive Assessments

Supervisor: Kimberlee Roy, Ph.D, ABPP

Pediatric Track Residents will have the opportunity and responsibility of assessing Pediatric and Young Adult patients either at the end of their Oncology treatment or during long-term follow-up. Research shows us many long-term Neurocognitive effects of chemotherapy, radiation, and other life-saving therapies and it is our job to track these effects and help to document their potential effects on development. Similarly we are sometimes called to assess children and/or young adults who are suffering from brain related sequelae of blood disorders such as sickle cell. Assessments will be assigned based on a number of factors including other rotation responsibilities, Resident experience, and availability of patients.

Pediatric Inflammatory Bowel Disease (IBD) Specialty Care

Supervisor: Courtney Fleisher, Ph.D, ABPP

As part of the Pediatric Crohn's and Colitis Program, an active member site of the Improve Care Now Network, residents may conduct baseline assessments of youth newly diagnosed with inflammatory bowel disease (IBD) to identify psychosocial interventions useful for patients in managing their medical condition. Patient education about the gut-brain connection, coping skills development, self-management and medical adherence, problem-solving school challenges, and anxiety and depression intervention are clinical skills residents are called upon to apply with this patient population in the inpatient hospital settings and when referred for outpatient treatment.

Integrated Primary Care

Supervisor: Rebecca Ruid, Ph.D

For one resident, training will include participation in a multidisciplinary ADHD clinic supporting youth and their caregivers at varying stages of diagnosis navigating ADHD. There will be the opportunity to co-lead a PMT group and a SPACE group for caregivers of youth in our primary care system. There will be exposure to treatment for commonly referred conditions within primary care including needle phobia, pill swallowing challenges, incontinence, and other such presentations. The resident will continue to update and modify programs in place focused on population health, prevention, and treatment.

For another resident, training will include exposure to treatment for commonly referred conditions within primary care including needle phobia, pill swallowing challenges, incontinence, and other such presentations. This resident will be offered opportunities to be involved in development of new interdisciplinary programs to address population health and prevention initiatives within the primary care system. Participation in PMT and SPACE groups may be considered.

Outpatient Cases

Supervisors: TBD- based on referring clinic/concern

Residents will carry up to six outpatient cases separate from their clinic experiences. These cases will be a combination of pediatric and child-clinical cases; some using a briefer model and others for most of the training year. In general, residents could expect to see cases referred from our hematology/oncology, transgender youth program, endocrine, and gastroenterology clinics. They might see patients that have medical conditions who are also diagnosed with general psychiatric issues and/or child clinical cases that are presenting within a general medical context.

Choice of one following year-long specialty experiences:

Pediatric Endocrine/Diabetes

Supervisor: Rebecca Ruid, Ph.D

The pediatric endocrine clinic is a multidisciplinary outpatient specialty care clinic and an inpatient hospital service in which mental health providers are an integral part of the treatment team. Residents will participate in a weekly multi-disciplinary meeting, deliver targeted services for prevention and intervention within the outpatient clinic, complete annual mental health assessments, and mentor externs from UVM's graduate program in psychology. They may also be called upon to assist with communication with medical providers, promoting optimal disease management, treatment adherence and self-care, and helping patients and families navigate adjustment to the demands of chronic illness. A key component of this rotation is program development focused on preventative services.

Behavioral Sleep Medicine

Supervisor: Pamela Swift, Ph.D, DBSM

Residents will have the option to be embedded in the Vermont Regional Sleep Center within the Outpatient Neurology clinic at UVMMC. They will have the opportunity to work collaboratively with sleep medicine physicians, nurse practitioners, sleep technologists and nursing staff. Sleep clinics will include direct patient care engaging primarily in Cognitive Behavioral Therapy for Insomnia (CBT-I) and PAP adherence/acclimation work. Additionally, interns will obtain exposure to pediatric behavioral sleep medicine and sleep training/behavior management protocols with caregivers of children as young as 6 months. They will also learn to triage patients for suspected sleep disorders including obstructive sleep apnea, parasomnias, periodic limb movement disorder, and nightmare disorder.

Didactics and other learning opportunities

In addition to clinical activities, residents will participate in a combination of formal didactic seminars and informal, one-to-one teaching and mentoring by the primary supervisors of their core tracks. All students are further encouraged to attend lectures, seminars, and other Grand Round series offered through the medical center and the University of Vermont (the schedule of offerings is updated regularly by the hospital and will be made accessible to all residents). Below is a description of the didactic schedule:

Clinical Topics in the Academic Medical Center (weekly, 1hr)**:**
The goal of this course is to support the development of advanced competencies in general practice areas, as well as provide exposure to issues of specialty clinical practice, in the context of the academic medical center setting. Residents will receive didactic instruction in a wide range of topics relevant to clinical practice in this setting. The course will consist of readings, didactic lectures, case presentations, and open discussion intended to familiarize the resident with the medical center setting and its professional demands. Further, residents will receive specific instruction about assessment and intervention for several different medical conditions and populations that we serve at the medical center.

Professional Development Seminar (monthly, 1hr)**:**
This seminar provides the opportunity for residents and psychology training faculty to discuss important issues central to our work and identity as clinical psychologists, including: ethics and standards of practice, psychology as a profession, legal and political issues, diversity issues, and sensitivity to individual differences, the integration of research and clinical work, career development, theoretical bases of important content areas, and socialization into the profession of psychology. This seminar is designed to prepare residents for the transition from student to entry level psychologist.

Diversity, Equity, and Inclusion Seminar (monthly, 1.25hrs):
The DEI Didactic Series is a year-long seminar that provides experiential training in areas related to multiculturalism and fostering a sense of belonging among trainees. The eleven session series is facilitated as a closed process group focusing on (a) processing how one's own culture affects both the personal and professional self and (b) increasing understanding of how the intersection of multiple identities impacts the therapeutic process. Intentionally shifting from traditional multicultural training, the focus shifts from a "way of doing" to "a way of being." Increasing cultural humility and engaging in critical conversations about one's own identity is the hallmark of this unique series.

Supervision Seminar (monthly, 1hr):
Didactic presentations, readings, group discussion, and in-session activities are utilized to provide residents with foundational knowledge for developing competency in the provision of clinical supervision.

Assessment Seminar (monthly, 1 hr):
This seminar will focus on all aspects of assessment through a clinical/therapeutic lens. Topics addressed will include differential diagnosis in complex cases, mental status screening and assessment for delirium, cognitive domains, culturally informed assessment practices, behavioral observation, clinical interviewing, and communicating results.

Grand Rounds Series (year-round, Fridays 10:30-11:45, Davis Auditorium)**:**
Residents will be strongly encouraged to attend Psychiatry Grand Rounds which offers presentations on a wide range of topics in mental health and psychiatric medicine by speakers from around the country. A list of the current Psychiatry Grand Rounds topics and schedule can be found at https://www.uvm.edu/larnermed/psychiatry/education. In addition, residents will be encouraged to attend Pediatric, Family Medicine, Internal Medicine, and Neurology Grand Rounds, as well as Pediatric Professor Rounds and Ethics Case conferences, as topics are addressed that pertain to the practice of psychology in the medical center.

Gibbard Lectureship Series (annual, full day lecture series)**:**
Residents will be strongly encouraged to attend the Bruce A. Gibbard Lectureship in Psychiatry at the University of Vermont. This is an endowed lectureship established in 2003 to honor the memory and contributions of Dr. Bruce Gibbard who died September 4, 2002. The Bruce A. Gibbard Lectureship supports visiting scholars in the areas of Dr. Gibbard's interests (bridging neuroscience with psychoanalysis, teaching students and residents about psychodynamics, ethics, dream work, and therapeutic action). A schedule of past speakers/topics can be found at http://www.med.uvm.edu/psychiatry/conferences/gibbard_lecture

Health Equity Summit (annual conference, Fall)
Residents will be strongly encouraged to attend the Health Equity Summit which takes place over two days in the fall. This summit aims to bring together voices in across the spectrum of helping professions in the community to converse, brainstorm, and collaborate on methods to increase health equity and minimize health disparities in minoritized populations. More information on the current summit can be found at https://www.uvmhealth.org/classes-and-support-groups/2026-health-equity-summit.

Resident Performance and Evaluation

In addition to ongoing verbal feedback through individual supervision, group supervision, informal interactions with staff and mentors, and group learning processes, residents will receive formal written evaluation and feedback utilizing the UVMMC Psychology Trainee Competency Evaluation at least three times during the training year. This evaluation will give ratings that specify whether residents are meeting minimal levels of expected achievement, as well as opportunities for more in-depth feedback from their supervisors on their areas of strength and need for further development. This evaluation process will also alert residents to any remediation processes that may need to be initiated and involve them, their supervisor, and the training director in a process of developing and implementing that plan. Decisions about retention and termination will be made based on completion of required remediation processes and demonstrated ability to meet minimum competency requirements by the end of the internship year. Profession-Wide Competency areas that will be assessed include: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills (see Appendix C, pages 32-39).

More detailed information on resident performance evaluation, feedback, retention, and terminations decisions, as well as retention and termination decision, identification of remediation for competence and/or problematic behavior, due process steps of notice, hearing, and appeal, can all be found in our Policies and Procedures document (Appendix A) of this handbook.

Living in Vermont

Below are a few websites with resources and helpful information about living in the Burlington, VT area:

Cultural Resource Guide | Division of Diversity, Equity & Inclusion | The University of Vermont (uvm.edu)

https://www.uvmhealth.org/gme/Pages/life-in-vermont.aspx

Visit Burlington Vermont! (helloburlingtonvt.com)



Appendix A

UVMMC Psychology Internship
Policies and Procedures

Resident Recruitment and Selection

The UVMMC internship program will participate in the APPIC Match program. We will require the completion of the match application, the applicant's current matriculation in an American Psychological Association (APA) or Canadian Psychological Association (CPA) - accredited doctoral program in Clinical or Counseling Psychology, as well as indication from the applicant's Program Director that the applicant has completed adequate preparation for internship. This will be a clinically oriented internship and so we will place a premium on those experiences that prepare applicants for clinical practice informed by scholarship. We will encourage a minimum of 500 intervention hours of practicum training and emphasize to students that successful applicants to our program will likely have had a diverse practicum experience and come from programs with a strong clinical training tradition. Listed below are specific requirements for students' preparation.

The University of Vermont Medical Center is committed to treating all with whom we interact including patients, family members, visitors, employees, staff, and potential employees or staff- in a non-discriminatory manner. The UVMMC Psychology Internship program believes that diversity is a driver of excellence. We actively seek diversity and inclusion within our staff and trainees, as well as with those we serve. Recognizing the limited ethnic and racial diversity of Vermont, we will actively seek residents to develop a community within our department that is more diverse than the population of our State. We believe that diversity is an asset in teaching, research and patient care, and we strive to develop culturally competent residents who reflect and understand the increasingly diverse populations they will serve.

Required Doctoral Program Preparation and Experiences

To be considered a candidate for the UVMMC Psychology internship, applicants must:

- Demonstrate consistency between their interest and the goals of the UVMMC Psychology Internship.
- Be a registered student, in good standing, and have completed all required course work at an APA or CPA approved doctoral level program in clinical or counseling psychology.
- Have completed supervised practicum and clinical placement experience with a minimum of 500 total intervention hours.
- Have completed assessments in clinical settings (not as part of a formal class requirement) that integrate multiple assessment measure to answer a clear referral question. Competitive applicants will be able to describe their approach to developing

an assessment battery and conducting a thorough, comprehensive psychological assessment.

- Be willing and able to commit to a busy, full-time twelve-month internship.
- Be willing to engage in self-reflection in supervisory and training relationships as needed to ensure ethical and appropriate clinical practice.
- Complete all post-offer hiring processes required for employment at the University of Vermont Medical Center. Internship appointment is contingent upon successful completion of these processes.
    - Detailed information about the post-offer processes is available on pages 17-18 in Appendix A.

Post-Offer Processes at the University of Vermont Medical Center:

The Human Resources post-offer process applies to all new hires, re-hires and reinstatements and requires the following:

A. An extensive background investigation which includes, but is not limited to, a social security number search, a county criminal conviction search, basic employment verification, education history verification, and a comprehensive sanctions database check of the following:
    - The U.S Government System for Award Management (SAM) (https://www.sam.gov/portal/public/SAM/)
    - The Department of Health and Human Services' Office of Inspector General's (OIG) List of Excluded Individuals/Entities (http://exclusions.oig.hhs.gov/)
    - The New York State Office of the Medicaid Inspector General (OMIG) (http://www.omig.ny.gov/search-exclusions)
    - The Social Security Administration Death Master List (https://www.ssdmf.com)\
    - For providers, the National Plan Provider Enumeration System (NPPES) (https://npiregistroy.cms.hhs.gov) – done through Credentialing, if needed.

B. A criminal record check from the Vermont Criminal Information Center;

C. A check of the Vermont Adult Abuse Registry and the Vermont Child Protection Registry;

D. A signed statement from the new hire confirming s/he is not on the list of sanctioned individuals identified in the databases noted in Section IIIA. (UVM Medical Center will not employ any Ineligible or Blocked Person.);

E. A signed pre-employment statement;

F. A completed I-9 U.S. Department of Justice form;

G. A completed EEO form;

H. A health screening from Employee Health;

I. A physical capacity screening for designated positions;

J. Candidates for positions in our Specialty Pharmacy must submit to a drug screen from a vendor approved by the UVM Medical Center. Specialty Pharmacy candidates who refuse to obtain a drug screen within the time frame requested may have their offer of employment rescinded. The recruiter informs the candidate of the result of the drug screening. If a Specialty Pharmacy candidate's drug screen reveals a positive test result, dependent on the circumstances, his/her offer of employment may be rescinded.

K. Licensure and/or certification validation for designated positions;

L. A Department of Motor Vehicles check for designated positions.

IV. All information submitted by an applicant relating to his/her prospective employment with UVM Medical Center must be true and accurate. Falsified or misrepresented information is reason for rejection or termination.

UVM Medical Center reserves the right to reject an applicant for any lawful reason.

Financial and Administrative Assistance

Financial assistance: For the 2027-2028 internship year, the stipend is $42,640. Residents are also offered comprehensive health insurance coverage through the University of Vermont Medical Center, which is partially paid for by the UVMMC. Paid leave will be available in the form of 30 days combined time off (CTO) that residents can use as needed throughout the year.

Administrative support: Administrative/clerical support is available to the residents through the administrative staff in Psychological Services. Residents will each have access to a computer, the internet, and the medical center's private network and electronic health record. They will have access to a hospital phone, their own phone number and confidential voicemail.

Technical support is available through the UVMMC's Information Technology services.

Resident Performance Evaluation

In addition to ongoing verbal feedback through individual supervision, group supervision, informal interactions with staff and mentors, and group learning processes, residents will receive formal written evaluation utilizing the UVMMC Psychology Trainee Competency Evaluation (see Appendix C, pages 32-39) at least three times during their training year. This evaluation will give them ratings that specify whether they are meeting minimal levels of

expected achievement, as well as opportunities for more in depth feedback from their supervisors on their areas of strength and areas in need of further development. This evaluation process will also alert residents to any remediation processes that may need to be initiated and involve them, their supervisor, and the training director in a process of developing and implementing that plan, as well as making decisions about retention and termination based on completion of remediation processes and ability to meet minimum competency requirements.

Successful internship performance will include:

- Completion of all competency requirements of the internship, as described in the UVMMC Psychology Trainee Competency Evaluation form (see Appendix C, pages 32-39).
- Completion of UVMMC Evaluation of Supervisor Form for all supervisors during the internship year (see Appendix C, pages 40-41)
- Completion of an exit interview with the Training Director or designee
- Receipt of the Certificate of Internship completion from the Training Director

Completion of Training Program and Due Process

(Retention and termination decisions, identification of remediation for competence and/or problematic behavior, due process steps of notice, hearing, and appeal)

The UVMMC Clinical Psychology Internship Program is committed to demonstrating excellence in training and providing residents with the support they need to develop the skills necessary for entry level practice. Our goal is to take a non-threatening, compassionate, and growth oriented approach to all remediation processes with residents. If a supervisor feels unable to do so (personality conflicts, etc.), another supervisor will become involved with the resident.

Typically, problems within training will be defined as difficulty within the following areas of professional functioning:

- Maintaining Professional Standards
- Professional Skills Development
- Professional Behavior
- Ethical Boundaries

It is not uncommon for trainees to exhibit difficulty in some of these areas and require increased supervisory support and potentially remediation; however, difficulty in these areas that is considered problematic often includes one or more of the following qualities:

- The resident does not acknowledge, understand, or address the problem when it is identified,
- The problem is not merely a reflection of a skill deficit which can be rectified by enhanced training,

- The quality of services delivered by the resident is significantly negatively affected,
- The problem is not restricted to one area of professional functioning,
- The resident's behavior does not change as a function of feedback, remediation efforts, and/or time,
- The problematic behavior has potential for ethical or legal ramifications if not addressed,
- The problematic behavior negatively impacts the resident cohort, the culture of the department, or that of the organization

When it is recognized that a trainee needs remedial work for competence and/or to address areas of behavioral concern, the below procedures will be followed:

Notification of Problem and informal resolution attempts: The primary supervisor will first discuss the problem(s) directly with the resident. The resident will be given time to correct the problem(s), as deemed reasonable by the supervisor, as well as direct instruction/discussion on reasonable/acceptable ways of correcting the problem. The supervisor will keep written documentation of this process. If the resident has not made sufficient progress in rectifying the behavior or skill development, the primary supervisor will initiate a formal review process. The Training Director may be involved as the final arbiter in determining the progression from informal to formal review.

If the behavior includes gross misconduct, clear violations of ethical guidelines or Vermont State law, the primary supervisor will initiate the formal review process immediately. Similarly, a formal review process will be initiated immediately if a resident receives a score of "1" on a competency evaluation.

Formal Review: When the Training Director is notified of the need for formal review, a Review Committee will be appointed by the Training Director consisting of the primary supervisor, the Training Director, and other training supervisors as deemed appropriate/necessary by the Training Director. A formal review meeting will be scheduled and the resident will be invited to submit a written statement in response to the problem that has been brought forth to the committee. The resident may also be invited to participate in parts of the meeting, as deemed appropriate by the Training Director. Following the meeting, the Committee will make the determination for implementing a remediation plan, placing the student on probation, or dismissal from the program. Each of these options is described in more detail below.

Remediation Plan: A written plan is developed by the supervisor in collaboration with the Training Director. The plan will contain: a description of the resident's unsatisfactory performance or behavior, actions needed by the resident to correct the behavior, actions

planned by the supervisor to support the resident in correcting the problem, the time line for correcting the problem, specific procedure for evaluating whether the problem has been adequately addressed, and action that will be taken if the problem is not corrected. The resident will have the opportunity to review the plan with their supervisor, sign, and return to the Training Director. Copies of this documentation will be kept in the resident's file and the resident's Graduate School Director of Clinical Training will be notified. If a problem is not successfully remediated, the resident will be placed on probation.

Probation: Residents will be notified in writing that they are on probation and that non-compliance with the remediation plan could result in dismissal from the internship program. Probation is a time limited process that remains remediation oriented. The purpose of the probation is to assess the resident's ability to complete the internship and to return to a more fully functioning state. During a probationary period, the Training Director and supervisor systematically monitor (for a specified length of time) the degree to which the resident addresses changes and/or otherwise substantially improves the behavior associated with the probation. The resident will also be notified of: the specific behavior(s) involved in the probationary status, the recommendations for rectifying the problem, the time frame of the probation, and the procedures to ascertain whether the problem has been addressed.

At the end of the probationary period, if the Review Committee determines that there has not been sufficient improvement in the resident's behavior, the training director will communicate in writing to the resident and the residents Director of Clinical Training that the conditions for revoking probation have not been met. This notice will include the course of action the Review Committee has decided to implement, which may include: 1) making adjustments to remediation plans and/or extended the probationary period or 2) moving for dismissal of the resident from the training program.

If it is determined by the Review Committee that the resident has met the requirements of probation within the allotted time, a letter revoking the resident's probationary status will be provided to the resident and the Director of Clinical Training of their doctoral program.

Dismissal: A dismissal from the internship may be issued for the following reasons:

- The resident has not made sufficient progress during the probationary period, and the Review Committee has determined that further intervention will not sufficiently address the issue or that remediation is not feasible within the allotted time frame and resources of the internship program

- The severity of the problem signifies gross misconduct or includes ethical and/or legal violations that have caused or have the potential to cause harm to patients, the training program, and/or the University of Vermont Medical Center.

The decision to dismiss a resident from their placement will be made through consensus of the Review Committee, in discussion with training supervisors, the Department Manager/Chief Psychologist and/or Associate Chief Psychologist and possibly the resident's Director of Clinical Training, and would represent a discontinuation of participation by the resident in every aspect of the program. The Training Director may decide to suspend the resident's clinical activities during the time period the decision is being made. Before taking final action, the Review Committee, Department Manager/Chief Psychologist and/or Associate Chief Psychologist and training director and/or assistant training director may meet with and interview the resident. The training director will communicate to the resident's academic department that the resident has not successfully completed the internship. In addition, they will provide a statement as to action to be taken on salary, fringe benefits, and training certification. In some cases of termination, training certification may be granted for the period of months of acceptable service. The resident will be informed of their right to appeal this decision.

Appeal Process: If a resident disagrees with the decision of the Review Process, they may appeal the decision by requesting a hearing via the Appeal Form located in Appendix C (page 45) submitted to the Training Director within 5 business days of the Review Committee's decision. After receiving the Appeal Form, the Training Director will appoint and convene an Appeal Panel to review the request.

The Appeal Panel will consist of at least three staff members involved in internship training. The Training Director will make every effort to choose staff that are uninvolved in the disciplinary matter and have not participated in previous steps of the review process. The Appeal Panel will review all documentation and may interview any or all involved parties. The Appeal Panel will make a decision to either uphold or modify the decision made through the Review Process. The decision of the Appeal Panel will be considered final. Written communication of the decision will be sent to the resident and the Director of Clinical Training at the resident's doctoral program.

Grievance Procedures

The following guidelines are provided to residents who may be experiencing problems in their internship that are interfering with their progress in the training program. Residents can pursue grievances about the program, staff members, supervisors, other residents, or other employees and staff of the hospital. No negative repercussions from the members of the Psychology

Trainee Committee will result when resident's claims are made in good faith.

Prior to filing a grievance concern, we encourage all residents to first address their concern(s) with the parties directly involved. An honest attempt to resolve any grievance should be made by all parties involved prior to taking any more formal grievance action. If the grievance involved the policies of the Training Program, the resident is expected to speak with their primary supervisor and/or the Training Director. Any instance of staff or supervisor misconduct, discrimination, or harassment should be brought immediately to the attention of the Training Director, Assistant Training Director, Chief Psychologist, or Associate Chief Psychologist

Grievance Process: If a resident has concerns, he or she should first notify his or her immediate clinical supervisor and/or the internship Training Director as described above, if the situation cannot be addressed to the resident's satisfaction in this way, the resident should ask the Training Director for review by the Internship Grievance Committee. In the case of legal or harassment concerns, the resident is also entitled to pursue reporting procedures available through the University of Vermont Medical Center Office of Human Resources.

The UVMMC Grievance Committee: The Grievance Committee will be appointed by the Training Director. The Grievance Committee will consist of at least three staff members involved in the internship training. Only staff uninvolved in the investigated matter may sit on the Grievance Committee. The Grievance Committee will investigate the grievance and communicate with all involved parties prior to reaching a decision. The Grievance Committee will then render a decision in the form of a written recommendation to the Training Director, who will then make the final decision on the matter. If the decision is still dissatisfactory to the person who had filed the grievance, the resident may file the grievance with the Chief Psychologist or Associate Chief Psychologist. If the grievance involves the Chief Psychologist or Associate Chief, she will be excused from the process, and her immediate supervisor (Medical Group Director) or an appointed designee will hear the grievance.

Supervision Requirements

Residents will receive a minimum of four hours of weekly, face-to-face supervision with doctoral level licensed psychologists, at least two of which will be individual supervision hours provided by psychologists in the primary service area(s) in which the resident is engaged. Residents will also participate in weekly group supervision experiences. At least one supervisor in the training program will remain available to residents at all times to address any consultation or supervision needs that may arise.

Telesupervision

Telesupervision is defined as clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video rather than in person. In normal

conditions, as per the APA Commission on Accreditation, telesupervision will not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns. However, in the event of unprecedented global health crises such as the COVID-19 pandemic, expansion of the use of telesupervision has been allowed and may in some cases be the primary form of supervision. Currently, our program's main provision of supervision is in person.

Rationale: Telesupervision is used as an alternative form of supervision when in-person supervision is not practical or safe. Our rationale is that telesupervision allows for continuation of high-quality training even when issues of physical space in our hospital system, prohibitions on travel, illness, or other extenuating circumstances present themselves. In addition, telesupervision ensures intern access to a broader range of supervisors and increase expertise areas than would be possible otherwise. Finally, telesupervision allows interns and supervisors to navigate relational and technological issues that can arise with the use of telehealth platforms. This is particularly relevant due to the increase in telehealth services offered in the UVMMC health care system following the COVID 19 pandemic.

Consistent with Training Model: This policy remains in line with our current program aims and training outcomes by providing intensive supervision to our interns even if that cannot occur in person. Telesupervision continues to provide the same, content, structure, and philosophy as all face-to-face supervision that is provided. Telesupervision also meets the aims of our program by allowing our interns to interact with diverse faculty across the UVMMC system that they may not be able to interact with on a regular basis otherwise.

How and When Telesupervision is used: Telesupervision is used in place of in-person supervision when meeting physically is not possible due to the structure of a clinic or is not safe (such as extenuating schedule, travel, life event, or public health emergency situations). Telesupervision is implemented by using a secure, HIPAA compliant videoconferencing platform, such as Zoom Healthcare or Microsoft Teams. Supervisors and supervisees may access telesupervision either from offices on-site or from secure and confidential space within a home.

Trainee participation: All trainees will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable and provided they and their supervisor adhere to the guidelines in this policy.

Appendix A

Establishing Relationships and monitoring effectiveness: All supervisors meet first with their trainees in-person during the Psychology Internship Orientation week in order to establish relationship and rapport, prior to engaging in any telesupervision. In congruence with best practice in in-person supervision, supervisors will check-in regularly with supervisees to monitor the effectiveness of the supervision in meeting trainee needs, including the mode of delivery of the supervision. Trainees will also have the opportunity to give feedback to the Training Director on an ongoing basis related to their experience of telesupervision, during their twice-yearly written feedback related to supervision, or during their exit interview at the end of the training year.

Professional Responsibilities of Clinical Cases: The supervisor conducting telesupervision continues to have full oversight and professional responsibility for all clinical work discussed. On-site and/or remotely working clinical staff are also available to our trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's onsite needs or client care.

Non-scheduled Consultation and Crisis Coverage: An intern is encouraged to call or email his/her supervisor in times of needed non-scheduled (non-emergency) consultation. Other clinical staff are also available on-site or through the above-mentioned forms of communication, as needed if the direct supervisor is unavailable. If a trainee is working on-site, we maintain an open-door policy for consultation and crisis management and clinical staff can be approached in this manner. Supervisors and other clinical staff can also be invited to virtual sessions to assist in crisis management that necessitate supervisor intervention.

Privacy and confidentiality: Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or in a home-based setting. Our videoconferencing platforms, Zoom and Microsoft Teams, provide end-to-end encryption and meet HIPAA standards.

Technology Requirements and education: Prior to the onset of telesupervision, typically during intern orientation, appropriate training and testing of the required technologies is provided. Our staff receive ongoing continuing education and training in providing services in a teleconferencing environment. Individual supervisors will review this policy prior to initiating telesupervision. Appropriate adjustments will be made regarding technology utilized to ensure equal and fair access to use of telesupervision within the program for all trainees

Maintenance of Records

Appendix A

All records, including resident, staff, and alumni data; resident, staff, and learning activity evaluations; written information involved in remediation, termination, and grievance process; and communications with accrediting bodies (i.e. APA and APPIC) will be kept and maintained by the Training Director permanently. The records will be stored securely in a filing cabinet on site, as well as electronically, following the privacy policies of the medical center. Residents can request access to their records at any time and will be provided with paper or electronic copies.

Non-Discrimination

The University of Vermont Medical Center is committed to treating all with whom we interact-including patients, family members, visitors, employees, staff, and potential employees or staff-in a non-discriminatory manner. The UVM Medical Center is committed to providing care to all members of its community without regard to race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

Appendix B

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 09/01/2026

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	☐ **Yes** ☒ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

Appendix B

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 aim of the UVMMC Clinical Psychology Internship program is to provide generalist training in an intellectually stimulating and respectful environment that prepares residents to deliver effective, entry level psychological services to diverse populations in multidisciplinary settings across a continuum of care. We also strive to offer students opportunities to explore and gain experience in more specialized service areas to enhance their understanding of themselves as clinicians and inform their future training and career choices. The internship follows a Practitioner-Scholar Model that provides psychology residents the skills and training necessary to become successful practitioners of child, adolescent, and/or adult psychology, with an emphasis on delivering psychological services within a medical center setting. This is a clinically oriented internship; therefore, successful residents will likely come from graduate programs with a strong clinical training tradition and have had robust practicum experiences.

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:			
Total Direct Contact Intervention Hours	Yes		Amount: 500 hours
Total Direct Contact Assessment Hours		No	Amount: N/A

Describe any other required minimum criteria used to screen applicants:
• Demonstrate consistency between their interest and the goals of the UVMMC Psychology Internship. • Be a registered student, in good standing, and have completed all required course work at a doctoral level program in clinical or counseling psychology. • Have completed supervised practicum and clinical placement experience with a minimum of 500 total intervention hours. • Have completed assessments in clinical settings (not as part of a formal class requirement) that integrate multiple assessment measure to answer a clear referral question. Competitive applicants will be able to describe their approach to developing an assessment battery and conducting a thorough, comprehensive psychological assessment. • Have successfully proposed dissertation by time of internship application. • Be willing and able to commit to a busy, full-time twelve month internship.

Appendix B

- Be willing to engage in self-reflection in supervisory and training relationships as needed to ensure ethical and appropriate clinical practice.

Ability to complete all post-offer hiring processes required for employment at the University of Vermont Medical Center. Internship appointment is contingent upon these processes.

Appendix B

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$42,640	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	☒ Yes	☐ No
If access to medical insurance is provided:		
Trainee contribution to cost required?	☒ Yes	☐ No
Coverage of family member(s) available?	☒ Yes	☐ No
Coverage of legally married partner available?	☒ Yes	☐ No
Coverage of domestic partner available?	☐ Yes	☒ No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	240	
Hours of Annual Paid Sick Leave	Included in PTO	
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	☐ No
Other Benefits (please describe): Please note, our institution does not separate PTO/vacation and sick leave in regards to time off. Rather, residents accrue time off per pay period to amount to 240 hours of combined time off (CTO; personal, vacation, sick leave). Additional time for conference / dissertation defense is also available (5 days). Other benefits also include optional vision and dental insurance, option to contribute (with employer match) to a 401K, life insurance, excused dissertation defense time, and a $500 professional development stipend.		

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Appendix B

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	1	0
Hospital/Medical Center	3	3
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	3
Other	0	0

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.

University of Vermont Medical Center Psychology Trainee Competency Evaluation Form

Trainee: _____Supervisor: _____

☐ 1st Evaluation ☐ 2nd Evaluation ☐ Final Evaluation ☐ Other:_____

Assessment Methods Used:

☐ Direct Observation ☐ Video Observation ☐ Patient Feedback

☐ Review of Written Work ☐ Discussion of Cases ☐ Feedback from other staff

☐ Review of Test Data ☐ Case Presentation

Competency Rating Descriptions

What level of supervision is required for the trainee at this level of competency?

5	This is the rating expected at the completion of postdoctoral training. Trainee is functioning at the level of a psychology staff member and supervision is only required due to the trainee's unlicensed status and/or for highly complex cases.
4	This is a frequent rating at completion of internship. At this stage a trainee is broadly able to independently function in this area, generalize their skills and knowledge to new situations, and self-assess when to seek additional support. *Supervision is not needed for routine patient care and is only necessary due to unlicensed status and rigors of internship requirements.*
3	This is a common rating throughout internship. Trainees engage in supervision and consultation according to the internship model and are accordingly building skills for independent practice. *If this rating is still present by final evaluations, this only reflects an area of continued growth for a trainee but would not prevent them from practicing independently.*
2	This is a rating most common for practicum. Routine, potentially intensive, supervision is needed and this rating should be *accompanied by a remediation plan if still noted during 2nd competency evaluations.*
1	Requires remedial work if trainee is on internship or practicum. *This rating should be accompanied by a specific remediation plan at any point during internship year.*
N/O	Not Observed during rotation

Appendix C

Expectations for competencies: *Competency areas below speak to broad skills in both foundational (e.g., professionalism) and functional (e.g., specific clinical skills within a rotation) areas. By the end of the internship year, residents will have 75% of these items within each area rated at a 4 or above. Any remaining items may not be lower than a 3.*

Competency 1: Research

Note: there should be no scores of 3 in this area by end of internship

	Demonstrates ability to independently critically evaluate information presented in seminars, case conferences, and other learning/scholarly activities demonstrated by active participation in these contexts.
	Displays the ability to disseminate research in seminars, case conferences, journal club, walking rounds, grand rounds presentation, or other scholarly activities
	Demonstrates scientific mindedness through use of critical thinking, demonstration of scholarly curiosity and questioning of assumptions, and an understanding of evidence-based practice

Comments:

Competency 2: Ethical and Legal Standards

Note: there should be no scores of 3 in this area by end of internship

	Demonstrates knowledge of ethical, legal, and professional standards and guidelines governing health service psychology and acts accordingly in all professional contexts
	Demonstrates awareness of ethical dilemmas as they arise and utilizes an ethical decision-making model in alignment with the APA Psychologist Code of Conduct when resolving dilemmas
	Conduct self in an ethical manner in all professional activities

Comments:

Competency 3: Individual and Cultural Diversity

	Demonstrates awareness and knowledge of self and others as shaped by individual and cultural diversity (as defined in current literature) and context
	Understands the impact of self and other cultural variables on the clinical context and applies that knowledge sensitively and appropriately in clinical work
	Demonstrates understanding of the current theoretical and empirical knowledge base as it relates to addressing diversity, equity, and inclusion in all professional roles
	Articulates and applies a framework for working effectively with areas of individual and cultural diversity both familiar and unfamiliar to the trainee
	Applies knowledge, skills, and attitudes appreciative of individual and cultural diversity to all professional roles ensuring that they are able to work effectively and sensitively with a range of diverse individuals and groups

Comments:

Competency 4: Professional Values, Attitudes, and Behaviors

	Demonstrates professionalism that reflects the values of the field of psychology, including: integrity, deportment/conduct, accountability, concern for the welfare of others, and commitment to professional identity (self-awareness and cultural humility, maintaining knowledge central to the field, commitment to lifelong learning, integration of science and practice)
	Demonstrates reflectivity in the context of professional practice and functioning; acts upon reflection to maintain and improve personal well-being and professional performance and effectiveness; uses self appropriately as a therapeutic tool
	Actively participates in the supervision process by seeking and using supervision appropriately, with openness and responsiveness to feedback
	Responds professionally in increasingly complex situations with a greater degree of independence throughout the course of training

Comments:

Competency 5: Communication and Interpersonal Skills

	Develops and maintains effective relationships with a wide range of individuals including colleagues, our community and organization, supervisors, supervisees, and patients
	Communicates in a manner that reflects comprehension of professional language and concepts in both verbal and written expression that is informative and well-integrated in all professional contexts
	Manages complex/difficult interpersonal situations appropriately in relation to their professional context
	Demonstrates awareness of impact on others in the professional setting and has ability to adjust behavior appropriately

Comments:

Competency 6: Assessment

	Demonstrates knowledge of diagnostic classification systems, contextually informed functional and dysfunctional behaviors, potential patient strengths and psychopathology, and ability to apply this knowledge within the context of the evidence-based assessment or diagnostic processes
	Appropriately selects and applies assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; uses evidence-based assessment tools to collect relevant data from multiple sources using multiple methods taking into consideration the identified goals and questions of the assessment and relevant contextual (e.g. family, social, societal and cultural) and individual diversity characteristics of the patient
	Demonstrates ability to interpret assessment results following current research and professional standards and guidelines while guarding against decision-making biases
	Utilizes assessment data appropriately to inform case conceptualization, diagnosis, and recommendations while appropriately distinguishing between subjective and objective aspects of the assessment process
	Communicates findings and recommendations of the assessment accurately, clearly, and effectively to all relevant audiences

Comments:

Competency 7: Intervention

	Establishes and maintains effective psychotherapeutic relationships with patients
	Formulates evidence informed treatment plans appropriately linked to the case conceptualization and patient goals for treatment
	Displays clinical skills necessary to implement interventions informed by the current scientific literature, assessment findings, diversity characteristic of the patient and therapist, and other relevant contextual variables
	Demonstrates ability to apply the relevant research literature to clinical decision making and utilizes good clinical judgement in unexpected or difficult clinical situations, adapting evidence informed interventions appropriately, particularly when clear evidence-base is lacking
	Monitors the impact of interventions and adjusts case conceptualization, goals, and treatment plan accordingly and consistent with ongoing evaluation

Comments:

Competency 8: Supervision

Note: there should be no scores of 3 in this area by end of internship

	Engages appropriately in peer supervision/consultation, role-play of supervision practice, and/or direct supervision with other health professionals utilizing information grounded in the science of supervision
	Demonstrates supervisory skill of observing and evaluating, as well as the capacity to give appropriate guidance and feedback, to others in simulated or direct practice situations (i.e. peer consultation, rounds, role-play, etc.)
	Fosters and maintains a positive atmosphere for peer and supervisee learning in all professional contexts

Comments:

Competency 9: Consultation and interprofessional/interdisciplinary skills

Note: there should be no scores of 3 in this area by end of internship

	Utilizes knowledge of consultative models as well as accurate knowledge and respect for the roles of other professionals to form effective consultative relationships
	Clarifies and refines referral questions and goals of consultation collaboratively, develops and implements an appropriate consultation plan reflecting use of consultative knowledge and skills, and communicates consultation findings and recommendations effectively to professionals representing multiple disciplines

Comments:

Summary of Strengths:

Areas For Additional Development:

Competency Goals

Goal for Intern evaluations done prior to Final Evaluation

At least 75% of competency elements within each area will be rated at a level 3 or higher. No competency areas will be rated as a 1 (in any evaluation) or a 2 (by the second evaluation). If these ratings are present, remediation plans must be created and implemented prior to evaluation deadlines (typically October and February of the training year)

Goals for Final Evaluation of residents

By the end of the internship year, residents will have 75% of competency elements within each area rated at a 4 or above (e.g., no 3s will be given in competency areas with less than 4 elements). Any remaining items should not be lower than a 3. They will also collectively be designated as ready for entry level practice by the supervisory team.

Remedial Work Instructions

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out immediately, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised, attached to the evaluation form, and implemented promptly. More information on this process can be found in the handbook.

Achievement of Competency Goals

____ The trainee **has** successfully completed their competency goal. We have reviewed this evaluation together. ***If this is their final evaluation, we attest that this trainee is prepared for entry-level practice.***

____ The trainee **has not** successfully completed their competency goal. We have made a joint, written remediation plan which is attached to this evaluation, and which includes specific dates for completion. Once completed, the trainee will be re-evaluated. We have reviewed this evaluation together.

Supervisor Signature:_____Date:_____

Training Director Signature:_____Date:_____

Trainee Comments (if any):

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I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee Signature:_____Date:_____

Appendix C

University of Vermont Medical Center Psychology Trainee

Evaluation of Supervisor

Supervisor Name:_____ Trainee Name:_____

Date:_____

As part of a continuous quality improvement effort, your feedback is used to strengthen the quality of supervision provided to trainees. We encourage you to address each of these topics directly with your supervisor on an as needed basis; however, we will also utilize summaries of the data you provide here to give feedback to supervisors in a more anonymous fashion and improve our program moving forward.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
This supervisor placed a high priority on my learning needs and professional goals						
The supervisor offered a supportive professional relationship						
This supervisor taught me practical skills and gave me practical guidance that was relevant and useful in my placement						
The supervisor directed me to appropriate literature and helped me to apply information from literature to practice						
This supervisor provided fair, timely, and useful feedback about my						

Appendix C

knowledge and skills and worked to make sure I understood the feedback						
The frequency and length of scheduled supervision sessions was satisfactory						
This supervisor consistently was available for scheduled supervision sessions and provided the scheduled amount of time						
The supervisor was accessible if needed, between supervisory sessions						
This supervisor was an effective role model who demonstrated respectful professional interactions with me and, if observed, with others						
Overall, I would rate this supervisor's ability to supervise as highly effective						

Please comment on specific ways for this supervisor to improve as a supervisor and a role model:

Please comment on specific strengths of this faculty member:

Trainee Signature:_____Date:_____

Appendix C

Evaluation of Didactic/Seminar Presentation

Psychology Training Program
University of Vermont Medical Center

Fill out only one form per presenter/topic.

Date of Presentation: _____ Presenter: _____

Topic: _____

1. On the basis of my overall impression of this presentation I would evaluate it as:

Excellent_____ Good_____ Undecided_____ Bad_____ Very Bad_____

2. The consultant was well prepared for the presentation.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree____

3. The material presented was interesting.

Strongly agree____ Agree_____ Undecided_____ Disagree_____Strongly disagree___

4. The material presented was informative.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____Strongly disagree____

5. The consultant's method of presentation was:

Excellent_____ Good_____ Undecided_____ Bad_____ Very Bad_____

6. The consultant addressed relevant diversity issues.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree_____

7. What aspect of the presentation did you like most and why?

9. Suggestions for improvements in the topic or the consultant's presentation.

Appendix C

UVMMC Psychology Internship
Remediation Plan

Resident: Date of Formal Review:

Review Committee Members:

Primary Supervisor:

Competency Domain affected:

Description of Problem(s):

Date the problem(s) was first addressed with the resident:

Steps or measures already taken by the resident to address these problems:

Steps or Measures already taken by the supervisor to address these problems:

Competency Domain	
Target Behaviors	
Expectations for Acceptable Performance	
Recommendations and steps for Remediation	
Supervisors Responsibilities	
Timeframe for acceptable performance	
Review meeting date	

I, _____, have reviewed the above remediation plan with my Training Director and primary supervisor. My signature below indicates that I fully understand the above remediation plan. I agree/disagree with the above plan (please circle one). My comments, if any, are attached (*PLEASE NOTE: Comments are required if the resident disagrees with the plan*).

Appendix C

Resident/Date	Training Director/Date	Primary Supervisor/Date
Review Committee Member/Date	Review Committee Member/Date	Review Committee Member/Date

Appendix C

UVMMC Psychology Internship
Appeal Form

Resident: Date:

Primary Supervisor:

Please attach all documents and relevant information to this coversheet. Documentation should include the following:

- A complete and concise statement of your appeal.
- The date and nature of the review decision in question
- A discussion of the specific resolution you seek
- Any other documentation that you believe would be relevant to the review decision in question

If needed, you are encouraged to seek assistance and/or mentoring on this process from any senior staff member or non-agency professional.

Resident Signature Date