



Samaritan Health Services

**Health Psychology Post-Doctoral
Residency 2025-2026 Academic Year**

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ACCREDITATION STATUS

Samaritan Health Services Health Psychology Post-Doctoral Residency program is currently not accredited by the American Psychological Association (APA). 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 St NE, Washington DC, 20002
Telephone: (202) 336-5979

Samaritan Health Services Health Psychology Post-Doctoral Residency program has submitted our application for membership with the Association of Psychology Postdoctoral and Internship Centers (APPIC). As of June 2025, we have received notification that our program meets all APPIC criteria and are awaiting final approval of APPIC membership status from the APPIC Board. We agree to abide by APPIC policies for postdoctoral training and we already abide by the APPIC Common Hold Date (CHD).

For more information on APPIC Postdoctoral Training policies:

<https://www.appic.org/About-APPIC/APPIC-Policies/Postdoc>

or to contact APPIC regarding postdoctoral issues:

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INTRODUCTION

Samaritan Health Services (SHS) is a network of hospitals, clinics, and health services located throughout the beautiful Willamette Valley and central coast region of Oregon. The network began in 1997 with two hospitals joining to serve the Mid-Willamette Valley and has grown to five hospitals, including a Level 2 trauma center in Corvallis, 100+ primary care and specialty physician clinics, a senior care facility and several healthcare plans all with the goal of “building healthier communities together.”



“building healthier communities together.”

The SHS postdoctoral year allows behavioral health residents to advance in their clinical and professional skills as a psychologist-in-training practicing within an integrated medical setting through one of two primary placements: 1) **Primary Care Behavioral**

Health or 2) **Cardiac Psychology**. The objective of this residency is to ensure competence and proficiency across the areas of clinical and health psychology including assessment, therapy, and consultation, at a deeper and more complex level of training than achieved at the end of internship, preparing residents to practice independently as licensed psychologists in medical / health settings. Residents complete a yearlong primary placement in one of the two aforementioned specialties as well as a yearlong minor rotation, which provides additional breadth of training in a related health psychology field. The SHS residency program welcomes, supports, and encourages a learning environment for all residents, including residents from diverse and underrepresented communities.

The one-year residency (with exception for personal situations such as parental leave, family leave, etc.) is a requirement for Oregon licensure per the Oregon Board of Psychology (OBOP). Residents must have completed all requirements for conferment of their doctoral degree by the time their residency year begins. The SHS residency program does meet licensing requirements for Oregon, however, candidates should review requirements for residency within the state licensing board for which they are considering working in the future (if other than Oregon) as requirements vary significantly from state to state.

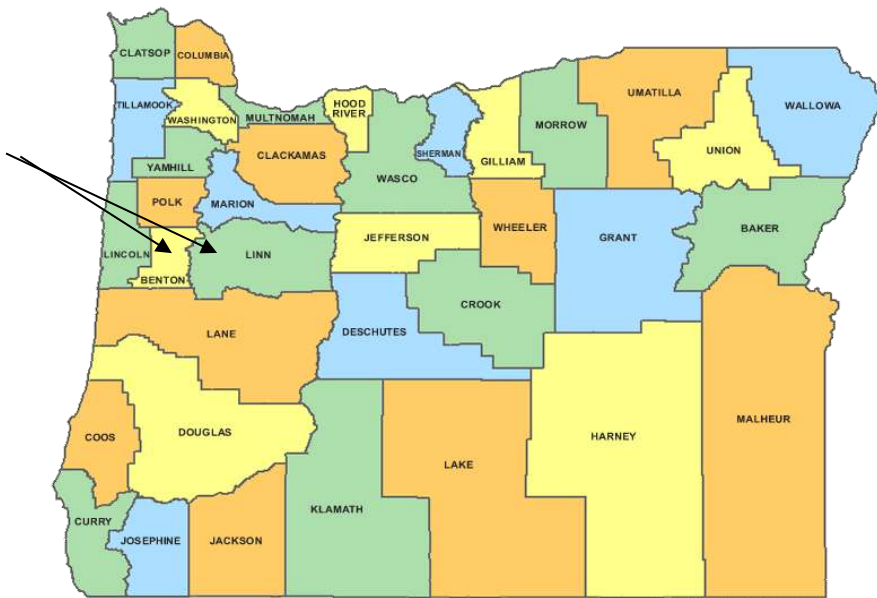
Residents work as part of a multidisciplinary team in their respective clinic(s), providing integrated behavioral health services within the Primary Care Behavioral Health model (PCBH). Following a developmental model of training, residents typically work on site with their supervisor, building their competence with the PCBH model and advancing their health psychology skills throughout the year through sequenced learning activities; these range from various shadowing opportunities; direct

observation and feedback of residents' clinical activities; attending didactics, clinic and department meetings; co-therapy with supervisors (including co-leading behavioral health groups); and weekly individual and group supervision.

Residents work with patients referred from medical providers within their clinic who have a health concern that is being impacted by psychosocial / behavioral factors. As part of the integrated health care model, residents work with referred patients on a short-term basis to target specific behavioral health habits and concerns, helping patients to develop a healthier lifestyle and more effective coping skills. Residents also consult with and make recommendations to medical personnel to ensure patients are receiving optimal health care. In addition to individual therapy and assessment, residents can lead and co-lead a variety of behavioral health groups such as a stress management group for heart patients. There is an increasing focus on cross training and cross collaboration within the Samaritan Family Medicine Resident Clinic, including some shared didactics, shared medical appointments, and motivational interviewing coaching with family medicine residents. Residents also have opportunities to develop their own clinical supervision skills through layered supervision, participation in interns' case conferences, and co-facilitating a monthly diversity seminar provided for interns. Residents also complete a research or program evaluation project over the course of the training year.

Setting: Placements within *Primary Care Behavioral Health (PCBH)* can include Samaritan's Family Medicine Resident Clinic located in Corvallis, OR (Benton County) and the Geary Street Family Medicine Clinic located in Albany, OR (Linn County). The *Cardiac Psychology* emphasis places a resident within Samaritan's cardiology clinic in Corvallis, OR (Benton County) with an option to spend one day/ week serving a rural clinic on the Oregon coast. Residents are required to travel to and from their rotation sites, thus it is advisable that they have their own transportation. Travel times between sites

hosting major and minor rotations vary but are typically under 30 minutes. The Mid-Valley region of Oregon, in which both Corvallis and Albany are situated, are culturally diverse and represents a broad socioeconomic spectrum with opportunities to work with the local population across the lifespan as well as residents who attend the local community colleges and Oregon State University. These settings range from rural communities in Linn County and on the Oregon coast to more urban settings in the Mid-Valley.



TRAINING PHILOSOPHY

Goals of the SHS residency Program: To provide a diverse group of residents with comprehensive integrated training that emphasizes ethical practice while providing the skills they will need to become effective leaders in the field of health psychology and confidently serve underrepresented or marginalized populations.

Objectives: The objective of this residency is to ensure competence and proficiency across the areas of clinical and health psychology including assessment, therapy, and consultation, at a deeper and more complex level of training than achieved at the end of internship, preparing residents to practice independently as licensed psychologists in medical settings.

An integral part of residency training at SHS is the transition to increased independence and confidence in practicing, collaborating effectively with multidisciplinary teams, and representing psychology as a profession within the medical field. As such, residents are expected to participate in program development, attend clinic meetings, and participate in departmental or other administrative meetings as deemed appropriate by their supervising psychologist. Research is also an integral component to competent and ethical practice, and residents are required to complete a research or program development project during their training year. They will present their results at the SHS Research Symposium and / or at a local or national conference.

SHS is an equal opportunity employer, and it is the policy of Samaritan Health Services that all employees are able to work in a setting free from all forms of unlawful discrimination, including harassment, on the basis of race, color, religion, gender (sex), national origin, age, sexual orientation, gender identity, disability or retaliation [Appendices A, B]. Additionally, the SHS residency program strongly values diversity and this value is explicitly reflected in multiple areas of the program, including efforts to recruit and retain diverse residents and staff members, create an inclusive and affirming work environment, and effectively train residents to skillfully navigate individual and cultural diversity within all aspects of their professional lives [Appendix C]. As such, residents are expected to participate in a monthly diversity seminar which encourages sensitivity, awareness, knowledge, and skills in an effort towards cultural humility in the field of psychology; residents play an active role in co-facilitating this seminar offered for doctoral interns.

COMPETENCIES

Residents are evaluated on the following competencies following OBOP guidelines:

- Ethical and Legal Standards
- Supervision
- Clinical
- Assessment

Community Involvement
 Program/Administration
 Professional Development and Conduct
 Managed Care and Utilization

As part of these competencies, residents will be expected to utilize evidence-based practices and to incorporate considerations of individual and cultural diversity into their work. These competencies include an emphasis on clinical and professional skills within the practice of health psychology in integrated medical settings, and this is reflected in the SHS residency evaluation form.

This evaluation form follows OBOP guidelines and competencies are evaluated on the following scale: below standards, meets standards, exceeds standards, outstanding (see more under Supervision and Evaluations). Residency evaluation expectations will be reviewed at the beginning of the residency year. Evaluation on competencies will occur at mid-year and at the end of residency. Residents will also complete an evaluation of their supervisors at the end of their training year.

RESIDENCY PROGRAM STRUCTURE

The SHS Residency program is a 2000-hour training program occurring over 1 year, or 52 weeks, with exception for extenuating personal circumstances (e.g., pregnancy leave, family leave). Residents are expected to work for 40 hours per week (which includes direct patient care, didactics, supervision, research, and documentation), though actual time to complete documentation may, at times, fall outside this range. Residents spend approximately 20 hours per week in direct patient care.

In order to meet Oregon licensure requirements, residents must complete at least 1,500 hours of psychological services in no less than a 12-month period and no longer than a 24-month period. Please note that OBOP defines “psychological services” as all clinical and evaluation services, consultation, research or program development activities so long as it pertains to clinical services, time spent in documentation of clinical services, and supervision time. Candidates should check licensure requirements for other states. Candidates should be aware that if they are selected and decide to match with a residency position at SHS, they will need to apply to be a candidate for licensure in Oregon in order to receive approval for residency supervision contract, per OBOP requirements (OBOP- Chapter 858, Procedure 10, clause 3). The SHS residency program abides by OBOP standards, policies, and procedures.

The SHS Psychology Post-Doctoral Residency program allows residents to develop advanced health psychology skills within one of two different primary placements (i.e., a major rotation): 1) **Primary Care Behavioral Health** or 2) **Cardiac Psychology**. Residents typically spend 3 days/ week in their primary placement, 1 day/ week in a minor rotation, and 1 day/ week engaged in didactic and research activities. In addition to individual supervision provided through their primary placement (2 hours per

week) and also through their minor rotation (1 hour per week), residents spend 1 hour in group supervision per week. Availability for minor rotations will be determined at the beginning of the residency year and is based on supervisor availability and residents' interests. Minor rotations allow for a broadening of knowledge in a clinical area and translation of advanced skills to a different population. Options for minor rotations may include placement within a specialty clinic at SHS include cardiology, endocrinology, and obstetrics/gynecology, or within a primary care setting. Minor rotations, similar to the residents' chosen primary placement, are typically yearlong.

All Behavioral Health services performed by SHS psychologists, residents, interns, and practicum students follow the Primary Care-Behavioral Health (PCBH) model. The PCBH model emphasizes brief treatment of mental health and physical health related issues, with focus on improving overall functioning in managing current difficulties. Referrals for patient care come directly from medical providers in their respective clinic/ placement. Residents work closely with medical providers in implementing treatment plans, conducting brief consultative services, and curbside consultation with medical providers as needed. The purposes of the PCBH model are to improve access to mental health care, improve medical provider satisfaction, and improve patient outcomes. Emphasis is on brief treatment with referrals to specialty mental health services for traditional psychotherapy in the community when identified as appropriate. Residents work within the PCBH model for patient care and conduct warm handoffs to meet briefly with patients during regularly scheduled primary care (or cardiology) appointments to introduce patients to behavioral health services.

Leadership Structure: All SHS psychology training programs are overseen by the *Director of Clinical Training (DCT)* and *Associate Director of Clinical Training (aDCT)*. The SHS residency program is directly overseen by the *Assistant Director* for the SHS Psychology Post-Doctoral Residency Program. The Director, Associate Director, and Assistant Director operate in conjunction with the Training Committee (TC), which consists of a larger group of Behavioral Health Department staff [see Operations of Training Committee].

THE PRIMARY CARE BEHAVIORAL HEALTH (PCBH) PLACEMENT

In this placement, residents operate as an integrated member of the primary care team in the role of a behavioral health consultant. Regardless of clinic placement, residents work as part of a multidisciplinary team with a focus on integrated behavioral health care within the Primary Care Behavioral Health model (PCBH). The PCBH model emphasizes brief treatment of mental health and physical health related issues, consisting of 15-30 minute sessions, with focus on improving overall functioning in managing current difficulties. Emphasis is on brief treatment with referrals to specialty mental health services for traditional psychotherapy in the community when identified as appropriate. The purposes of the PCBH model are to improve access to mental health care, improve medical provider satisfaction, and improve patient outcomes. Residents also conduct warm handoffs to meet briefly with patients during regularly scheduled primary care appointments to introduce patients to behavioral health services. There is also an increasing focus on collaborative training with family medicine residents.

Clinic Sites within the PCBH Placement include:

Samaritan Family Medicine Resident Clinic – Corvallis



The training on this clinic emphasizes clinical integration as a behavioral health consultant in a primary care setting. The clinic operates with seven physicians, nine resident physicians, nine medical interns, additional medical students, a Behavioral Health psychologist, a clinical pharmacist, and a dietician. The training on this rotation emphasizes knowledge of the following domains: cognitive models and associated brief interventions for both mental and behavioral health concerns, case conceptualization and screening measures

interpretation, efficient documentation and feedback to the medical providers and staff, effective interaction with other disciplines as a consultant, and patient feedback and follow-up. Optional training experiences may include bariatric evaluations and gender affirming evaluations. There may also be also opportunities to lead/co-lead psychoeducation groups and shared medical appointments and provide layered supervision. Navigating the clinic requires a behavioral health consultant model of clinical service and communication.

The primary supervisor for this clinic is **Dr. Terra Bennett-Reeves**.

Samaritan Geary Street Family Medicine – Albany

Samaritan Geary Street Family Medicine is a department of Albany General Hospital. Geary Street Family Medicine treats patients across the lifespan and consists of thirteen primary care physicians, one physician assistant, one behavioral health care coordinator, one medical care coordinator, and three primary care psychologists. Geary Street is a Level 3 Patient-Centered Medical Home and staff participate in true integrated biopsychosocial care. Training in this clinic operates from the behavioral health consultant model and focuses on mental health support, behavior change, managing chronic conditions, collaboration with the whole medical team, brief CBT, and motivational interviewing. There may also be opportunities to lead/co-lead psychoeducation groups and shared medical appointments and provide layered supervision.

The primary supervisor for this clinic is **Dr. JoAnna Elmquist**.

THE CARDIAC PSYCHOLOGY PLACEMENT

Cardiology – Corvallis

At Good Samaritan Regional Medical Center's Heart & Vascular Institute, Behavioral Health plays an important -- and expanding -- role as a member of the Heart Center team, including through the provision of behavioral health services to adult patient with cardiovascular disease. This robust clinic is comprised of 30 providers, which includes cardiologists, cardiac electrophysiologists, advanced practitioners as well as cardiology fellows.



Behavioral health residents provide behavioral health services to adult patients with CVD with the objective of managing cardiovascular behavioral risk factors and promoting adjustment to living with a cardiac condition. Residents conduct curbside consultations with cardiology providers, facilitate warm hand offs, and offer targeted courses of behavioral health treatment using evidence-based interventions including motivational interviewing, CBT, and ACT. Common referrals include health behavior change such as smoking cessation, exercise engagement, and adoption of heart healthy dietary practices; promoting self-management of conditions including Heart Failure; and addressing depression and/or anxiety that's developed following a cardiac event or diagnosis. Residents also facilitate group-based programming including psychoeducational classes for a cardiac rehab program and co-lead a therapy group called Minding the Heart: Stress Management for Heart Health. There are many exciting additional opportunities to develop new group programming as well as to collaborate with cardiologists

on program development projects focused on primary and secondary prevention of CVD. Additionally, residents have opportunity to provide layered supervision to interns in this clinic.

The primary supervisor for this rotation is **Dr. Jules Cunningham**.

EXAMPLE OF MINOR ROTATIONS

OB/GYN – Albany

At the Albany OB/GYN Clinic, Dr. Zdenkova sees primarily patients age 17 and older with mental and behavioral health issues. She conducts functional assessments and provides time-limited, evidence-based treatment, primarily from a CBT approach but also integrating interpersonal therapy and narrative techniques. Common presentations include perinatal mood disorders, loss and grief, pregnancy complications, traumatic birth experiences, pelvic and endometriosis pain, and other women's health and mental health concerns. This clinic has four obstetrics/gynecology physicians, a nurse practitioner, a triage nurse, and a maternity care coordinator. The primary supervisor for this location is **Dr. Petra Zdenkova**.

Options for minor rotations are based on supervisor/ clinic availability and resident interests. Options may include: OB/ GYN (as described above), endocrinology, cardiology (available as a minor rotation for a resident whose primary placement is PCBH), and primary care (available as a minor rotation for a resident whose primary placement is cardiac psychology). Residents typically spend 1 day/ week, across the training year, in their minor rotation.

SUPERVISION AND EVALUATIONS

Supervision: Each week residents receive two hours of individual, face-to-face supervision with their primary supervisor within their primary placement and one hour of individual, face-to-face supervision as part of their minor rotation. Additionally, one hour of group supervision with the Assistant Director is held every Thursday with the exception of the first Thursday of the month, as residents are engaged in several other structured learning activities on this day (i.e., the two-hour Diversity seminar plus group supervision with the diversity seminar psychologist(s), the monthly Behavioral Health department meeting). Group supervision covers a range of clinical and professional development topics, and also includes three fact finding exercises across the training year. Residents are expected to keep track of all supervision hours according to OBOP standards for supervision logs.

Layered Supervision: Interested residents may also have the opportunity to build their own skills within clinical supervision through layered supervision, working directly with interns and / or practicum

students who are also completing a rotation within the same clinic. Layered supervision is a structured experience that is overseen by the supervisor of that particular rotation. Residents are expected to attend psychology interns' case conference presentations, which occur every 3 months throughout the training year, to further develop their supervisory skills and to provide another level of assessment and feedback to interns. Additionally, residents' role in facilitating the monthly diversity seminar for interns is another opportunity to specifically develop group supervisory skills.

Evaluations: Evaluations of psychology residents are ongoing throughout the training year, with formal evaluations occurring at the midpoint and the end of the training year. Please note that the resident and primary supervisor must complete the Oregon Board of Psychology (OBOP) Resident and Supervisor Contract and have received approval of the supervision contract from OBOP prior to the resident's start date at SHS. The Assistant Director (who oversees the SHS residency program) helps to facilitate this process and will reach out incoming residents several months before the start of the residency year to provide guidance on these steps.

The format for all evaluations is provided at the outset of the training year during orientation with the Assistant Director. The SHS Residency evaluation form meets the requirements for OBOP residency evaluation procedures. Visit the OBOP website more information on their requirements at www.oregon.gov/Psychology/Pages/Residency.aspx. The Interim Resident Evaluation form is completed at mid-year and the Final Evaluation of Resident form is completed at the end of the training year. The Final Evaluation of Resident form is required for completion of residency and residents must submit this form to OBOP within 30 days of completing their academic training year. If a resident is participating in a specialty clinic with an associate supervisor, that associate supervisor provides input to the primary supervisor. The Interim Resident Evaluation form is kept on file with the Assistant Director and must be made available to OBOP if requested.

RATINGS ON EVALUATIONS

Ratings are categorical and residents must achieve a minimum of "Meets Standards" on all items to continue in the residency program at 6 months and to successfully complete their residency at 12 months. If a resident does not meet standards at the mid-year evaluation, due process will be implemented to support the resident in working to meet standards by the end of the training year. Residency is not considered complete and may not be approved by OBOP if the resident does not receive at least a "Meets Standards" by the end of the academic year.

Outstanding: Consistent, independent high-level demonstration of competency across settings and expertise in a number of areas.

Exceeds Standards: Competency is evident in skills as well as maturity in working flexibly across settings. Competency and maturity is demonstrated at a level of someone who is 2-5 years out of training.

Meets Standards: Competency is evident in majority of settings and foundation in majority of skills present, with early expertise demonstrated in focus area. Resident demonstrates ability to utilize skills within their clinical population and able to manage complex clinical cases and situations with maturity and appropriate interventions. By the end of the residency year, this level represents readiness for entry into the psychology profession at the level of an independent practitioner.

Below Standards: Competency appears newer for resident and development of foundational skills with frequent review is the focus of supervision. Or, development in this competency remains lacking despite focused feedback and frequent review. By the end of the residency year, this level represents continued limited proficiency in this skill and a need for continued supervision.

Residents must also keep written documentation of all their supervision hours throughout their training year and submit this documentation to OBOP at the completion of their training year. The Record of Supervised Hours form is available on OBOP's website. Residents will also need to work with their primary supervisor to complete and maintain documentation of all supervision sessions (Supervision Logs through New Innovations), which can be requested by OBOP at any time.

Residents also complete formal evaluations of their supervisors (Final Supervisor Evaluation Form) and the resident must submit the attestation to this form at the end of residency to OBOP. Residents complete brief evaluations of any didactic seminars they attend. Finally, residents also complete comprehensive program evaluations at the end of their training year and this is kept on file with the training program for further program development. All evaluations are used to inform any necessary changes to the residency program.

TABLE: STRUCTURED LEARNING ACTIVITIES FOR RESIDENTS

Learning Activity	Day	Time	Hours	Description
Supervision – Major	<i>TBD by supervisor</i>		2/ week	Individual, face to face supervision for their major rotation / primary placement
Supervision – Minor	<i>TBD by supervisor</i>		1/ week	Individual, face to face supervision for their minor rotation
Residency Group Supervision	2 nd , 3 rd , 4 th (5 th) Thurs / month	8-9am	1/ week *except for 1 st Thurs/ month	Residents’ group supervision with the Assistant Director, covering a range of professional development and clinical topics
Diversity Seminar	1 st Thurs / month	8-9am 11-12pm 3-4pm	3/ month	8-9am: Diversity Process Group for interns, facilitated by the psychology residents 11-Noon: Diversity Meeting (monthly topic), facilitated by residents and supervisor(s) 3-4pm: Residents’ Supervision with diversity seminar supervising psychologist(s)
Behavioral Health Department Meeting	1 st Thurs / month	1-2pm	1/ month	Attending the monthly Behavioral Health department meeting. These meetings include administrative updates and training topics.
Case Conference	11/13/25 2/19/26 4/16/26	9-11:15am	2/ every three months	Serving on panel with supervising psychologists, to provide feedback on interns’ case presentations. Resident also to provide one case presentation to the training committee during the spring of the AY, date TBD.
Research Project	Variable		1+/- week of protected time	Residents take on a supervised, year-long research or program development project. Residents have protected time to work on their project and meet, as needed, with their research mentor. They are expected to formally present their findings either at the SHS Research Symposium or a local or national conference.
Didactics	Variable			Based on their training needs and previous experiences, residents attend select didactics, which are offered every Thursday morning to psychology interns. Topics vary. There are several didactics each year that residents are required to attend including: EPPP& Jurisprudence Exam and Clinical Supervision. Residents also are required to present one didactic (topic of their choosing) to the interns or medical residents.

DIDACTICS

Residents are welcome and encouraged to attend the didactics that are provided to the doctoral psychology interns at SHS, which occur on Thursday mornings. At the start of the year, residents review the didactics calendar with the Assistant Director to identify the topics that are of most interest and best fit for each resident given their prior training experiences and training needs. Residents are required to attend a small, select number of these didactics, those that are particularly relevant to the residency year, including: a didactic on preparation for licensure exams (EPPP and the Oregon Jurisprudence) and one on clinical supervision. Residents are also expected to provide at least one didactic, on a topic of their choosing, to the psychology interns or psychiatry / medical residents.

Residents may also attend the weekly continuing medical education seminars presented by the SHS Graduate Medical Education department that cover a variety of topics relevant to medical and allied health professional communities. Previous CME seminars have covered the treatment of ADHD, workplace violence, health literacy, severe asthma, and physician bias.

DIVERSITY SEMINAR

Residents co-facilitate a monthly diversity seminar for the intern cohort, working in collaboration with the diversity committee (i.e., 1-2 psychologists from the training committee who directly supervise and co-lead this experience). The objective of this seminar is to provide interns and residents with the sensitivity, awareness, knowledge, and skills in an effort towards cultural humility in the field of psychology. These monthly meetings cover a variety of diversity topics and offer residents the opportunity to develop their group supervision skills throughout the year in addition to advancing their own understanding of the role of individual, social, and cultural factors.

Diversity seminar occurs the 1st Thursday of the month and includes three components (see schedule below). Residents meet with the intern cohort for the Diversity Process Group (8-9am), which is an opportunity to reflect on the presentation of diversity factors with the interns lived experiences regarding clinical cases, diversity-related learning (e.g., presentations, scholarly reading, educational cultural events) and within cross cultural community activities. The Diversity Meeting (11am-Noon) includes opportunities to discuss cultural sensitivity and explore personal/professional challenges with fellow resident(s), the Diversity committee, and the intern cohort. This time will also be used to review monthly reflection assignments and to support interns' and residents' in the completion of three personal diversity experiences. Finally, residents also meet with the psychologist(s) overseeing the diversity seminar for formal supervision (3-4pm) regarding this training experience, address questions/challenges in leading the diversity process group, consider the structure/skills utilized within the diversity meeting, and engage in the advancement of the diversity seminar curriculum.

Diversity Seminar Schedule (1st Thurs./ Month)

Time	Activity	Participants
8:00am-9am	Diversity process group for interns, facilitated by Psychology Residents	Interns and residents
11am-Noon	Diversity Meeting (Monthly topic), facilitated by Residents and Supervising Psychologist(s)	Interns, residents, and supervisor(s)
3-4pm	Residents' supervision with diversity seminar psychologist(s)	Residents and supervisor(s)

Diversity Seminar: An Overview

Objectives: The objective of this seminar is to provide trainees with the sensitivity, awareness, knowledge, and skills in an effort towards cultural humility in the field of psychology. At the conclusion of the seminar, trainees will be able to:

1. Identify and describe how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
2. Identify and describe salient aspects of their patient's unique worldview and how to successfully integrate this into assessment and treatment.
3. Recognize the need for consultation, and properly identify/utilize culturally relevant knowledge bases and resources.
4. Implement successful multiculturally competent assessment, intervention, and professional communication skills within clinical practice, supervision, and consultation.

Expectations:

- Attendance is mandatory. If absent, trainees are still required to turn in their assignment for that week.
- Each trainee will complete two out of the presented materials (reading or audio-visual) and prepare one question for the group to discuss.
- Trainees complete a Reflection Assignment using the Reflection Worksheet for each seminar, except for Intern Presentation Days.
- Each trainee will develop a diversity project that will facilitate personal growth in a domain of diversity. The project will include engaging in experiential activities and final presentation.

Tasks:

- **Seminar activities, readings, videos, discussions, and trainee presentation**
 - While you are encouraged to challenge your own comfort with these topics, we are not requiring you to disclose to a level that feels unsafe or unnecessarily uncomfortable to you.
 - This is not an evaluative process, meaning that your participation in the Diversity Seminar will not have any bearing on your progress in the internship. You will not be negatively evaluated if you have a personal reason for not choosing to disclose something about yourself or your experience of the seminar. With that said, we highly encourage participation as we have found the experience to be a great opportunity for self-reflection and growth.
 - All assignments allow for varying degrees of self-disclosure. We all come to this at different developmental levels and the seminar organizers understand that.
 - Reflection assignments include submitting a completed reflection in response to a specific activity at 2-3 key points during the year. **Please email these assignments to all diversity seminar facilitator(s) at least 24 hours before diversity seminar.**

- **Diversity Process Group**
 - These meetings are facilitated by the Psychologist Resident(s) to support consideration of diversity within daily life and internship experiences. Reflection Worksheets include submitting a completed reflection worksheet in response to an activity you participated in during the month. The activities can be from any of the three categories below:
 1. **Clinical Case** (therapy or assessment). Part of the assignment is to present and discuss your reflections with your supervisor and reflect on that process.
 2. **Cross Cultural Community Activity**. This would be an activity you would not normally attend with a local cultural group with which you do not identify.
 3. **Didactic presentation/Scholarly Reading/Cultural Event(s)**. This can be an internship didactic, training, assigned reading, or scholarly reading(s) outside of those assigned for the diversity seminar that relates to a multicultural topic in mental health or medical care. Reading from reputable journalists are also acceptable.

- **Diversity Project**
 - The Diversity Project is an individually developed set of experiences over the course of the year, derived from a spark of interest in a culture/identity/community/etc. unfamiliar to yourself. It would be best that these experiences support you in moving towards an

- area of growth within a topic of diversity (e.g., derived from the ADDRESSING framework) though we welcome the recognition that culture is a broad concept that can be observed within any collection of individuals.
- The selection of one experiential activity per block is meant to be a personal process and as such we welcome the consideration of all options. Pre- and Post-reflections will be completed to support observing prior knowledge, personal biases, gained knowledge, understanding of related problems (including intersectionality), and consideration of actions that effectively promote wellbeing and safety.
 - The final outcome of this project will be a conversation led by the intern/ resident (15-20 minutes, including time for group discussion) describing your experiential activities and summarizing the reflection process.

ADDITIONAL PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Department Meeting: Residents attend monthly Behavioral Health Department meetings. Monthly meetings include administrative updates and training that meets professional continuing education guidelines established by OBOP.

EPPP Study Time: Residents have one hour per week to study for the EPPP, which can be done as a group or individually. This time is to be used on Thursdays.

Socialization Time: The residency cohort also has a socialization lunch hour each week, on Thursdays, in which they are encouraged to spend time with their cohort and/or the Intern cohort.

Committee Participation: Residents are encouraged to attend at least one hospital committee meeting, as deemed appropriate by their supervisor, to gain a broader sense of psychology as a profession within the hospital administrative system. Consequently, residents have the opportunity to network with other professionals within the medical community and observe how psychologists serve as the face of psychology to administration and other staff to enhance others' understanding of psychology services.

RESEARCH

The SHS residency ascribes to a practitioner-scholar model of training. Understanding research is an important part of practicing ethically and competently as a psychologist. As part of this, the residency year is an opportunity to develop or utilize research skills to address program development as it impacts clinical practice. Residents complete a project during their year, which typically focuses on services within their primary placement. They will identify a research mentor within Samaritan Health Services with whom they can meet regularly to discuss their research project as well as addressing research topics

in the weekly resident group supervision meetings with the Assistant Director of the program. This can include quality improvement projects such as evaluating the effectiveness of a clinical measure for a specific population, developing a group intervention, or assessing a change in workflow. At least 1 hour is allocated for this project on a weekly basis while the project is being completed. Residents are expected to give a professional presentation of their findings at the end of their year to colleagues through the SHS Research Symposium and/or submit to a local or national conference.

RESIDENT-LED DIDACTIC

Psychologists are often called on to develop presentations, including formal didactics, for a variety of audiences and being able to do so is an essential skill. Therefore, each resident is expected to develop one presentation and to present this as a didactic to the psychology interns or psychiatry / medical residents. The topic is of their choosing.

CASE CONFERENCE

Residents are expected to serve as a member of the faculty panel, along with two psychologists from the training committee, for interns' case conference presentations. This panel provides feedback regarding both the general presentation and the specific therapy and assessment presentations to the intern. This is one way in which residents practice and enhance their clinical supervision skills during the year. Internship case conferences are held three times throughout the training year and are scheduled on Thursdays.

Residents are also required to give one case presentation themselves to the training committee. This is typically scheduled during the late spring or summer of the training year and occurs during a training committee meeting.

TRAINING COMMITTEE

The training committee is composed of psychologists within Samaritan Health Services who design, evaluate, and modify psychology training programs. The training committee is composed of a subset of faculty supervisors on a 2-year commitment to the committee. Feedback from psychology trainees is essential in making sure that training needs are being met in the most effective manner. Therefore, each resident is responsible for serving as the chief resident to the training committee for a period of the training year. The chief resident will attend the first 5-10 minutes of each month's training committee meeting and report any concerns or feedback the resident class may have. More information on the training committee can be found in the "Operations of the Training Committee" section below.

MENTORS

Two mentors serve as non-voting members of the training committee. Their role is to provide support to psychology trainees, advocate and protect the trainees in resolving varying professional issues and facilitate communication between the training committee and the trainees. To accomplish this, they attend training committee meetings and host lunch meetings with the interns and residents that occur several times across the academic year. In the in-between months, they host brief virtual meetings with the trainees to provide support if needed.

DIVERSITY EQUITY AND INCLUSION AT SHS

The behavioral health training program at SHS strongly values diversity and this value is explicitly reflected in multiple areas of the internship and residency programs including efforts to recruit and retain diverse interns, residents, and staff members; create an inclusive and affirming work environment; and effectively train interns and residents to skillfully navigate individual and cultural diversity issues within all aspects of their professional lives (see Diversity and Non-Discrimination Policy, Appendix C).

Along these lines, Samaritan offers Samaritan Employee Resource Groups (SERGs) in four areas of interest – employees of color, disability, LGBTQ, and veterans. These groups were created to promote and increase awareness of diversity, equity, and inclusion within the Samaritan family. Goals of the groups include networking, professional and personal growth, along with creating a culture of inclusion at Samaritan. Residents are encouraged to participate in these groups if interested, and can connect with Kaylie Wengrzynek, Samaritan Health Services' Equity and Inclusion Program Coordinator for more information. Kaylie Wengrzynek is also an available resource at any point in the year for residents needing support around integrating into the community or cultural resources/recommendations.

Language proficiency exams are also available for residents who have fluency in other languages outside of English and would like to provide services in another language. The cost is covered by Graduate Medical Education with assistance from Samaritan's Diversity Committee.

SAMPLE WEEKLY SCHEDULE

This is a sample schedule for a resident who is completing a major rotation in PCBH and a minor rotation in cardiac psychology. This would be a typical schedule for a resident who is in the second half of their residency year; the first few months of residency are structured to allow for a gradual build up in patient care.

For reference:

Charting/ WHO: these windows of time allow for greater flexibility in fitting Warm Hand Offs or curbside consultations during the day as well as providing opportunities to complete documentation

Follow-up: a 20–30-minute follow-up appointment with a patient

New Patient: a functional assessment with a newly referred patient

	Monday (Fam Med)	Tuesday (Cardiology)	Wednesday (Fam Med)	Thursday (Didactics)	Friday (Fam Med)
8-8:30	Charting / WHO	Charting / WHO	Family medicine huddle/ mtg	Diversity Process Group (monthly)	Charting / WHO
8:30-9	New Patient	Follow-up			Follow-up
9-9:30	Follow-up	Follow-up	Follow up	Protected time: research project	Follow-up
9:30-10	Charting / WHO	Charting / WHO	Charting / WHO		Charting/ WHO
10-10:30	Follow-up	Supervision (minor)	New Patient		Follow-up
10:30-11	New Patient		Follow up		Charting/ WHO
11-11:30	Charting/ WHO	Follow-up	Charting/ WHO	Diversity Meeting (monthly)	Co-visit with intern
11:30-12	Follow-up	Charting / WHO	Follow-up		Layered supervision with intern
12-12:30	Lunch	Lunch	Lunch	Lunch with cohort	Lunch
12:30-1	Supervision (major)	Charting / WHO	Charting/ WHO		Charting/ WHO
1-1:30		Layered supervision (with intern)	New Patient	Department Meeting (monthly)	Follow-up
1:30-2	Follow-up		Follow up		Follow-up
2-2:30	Follow-up	Follow-up	Charting/ WHO	Other learning activities, as determined by resident	New Patient
2:30-3	Charting / WHO	Charting/ WHO	Follow-up		Charting/ WHO
3-3:30	Follow-up	Co-lead Group Program (Minding the Heart)	Follow-up	Residents' Supervision for Diversity Seminar	Supervision (major)
3:30-4	Follow-up		Charting / WHO		
4-4:30	Charting/ WHO				Other learning activities

BEHAVIORAL HEALTH AND NEUROPSYCHOLOGY STAFF

*** Denotes a primary supervisor for the SHS residency program.

Faculty and Staff Profiles



*****Terra Bennett-Reeves, PsyD (she/ her)**

Title/Position: Licensed Psychologist, Behavioral Scientist Faculty for Family Medicine Residency, and Director of Clinical Training

Clinic/Location: Samaritan Family Medicine Resident Clinic in Corvallis

Education: Earned doctorate in 2018 from Pacific University School of Professional Psychology in Hillsboro, Oregon

Training: Internship at Samaritan Health Services in Corvallis, Oregon; and post-doctoral residency at Samaritan Health Services in Corvallis, Oregon with emphasis in Health Psychology Primary Care, Behavioral Cardiology, and Weight Management

Licensed since: 2019

Areas of expertise: Health behavior management across the lifespan (11+), women's health (e.g., fertility, pre- and post-partum care, hormonal functioning), weight management and disordered eating, health and treatment advocacy for transgender and LGBTQ+ individuals, and mindfulness practices.

Leadership roles/committees: Director of Clinical Training

Hobbies: Reading, knitting, sewing, weaving/spinning, cooking/baking, gardening, and playing board and table-top games.



Petra Zdenkova, PsyD, MBA (she/ her)

Title/Position: Licensed Psychologist and Associate Director of Clinical Training

Clinic/Location: Albany OB/GYN and Samaritan OB/GYN in Corvallis

Education: Earned doctorate in 2015 from Adler University in Chicago, Illinois, and earned MBA in healthcare administration in 2010 from

Davenport University

Training: Internship at Pacific Psychology and Comprehensive Health

Clinic in Portland, Oregon; and post-doctoral residency at Kaiser Permanente NW in Salem, Oregon

Licensed since: September 2016

Areas of expertise: Perinatal mental health and women's health, treating mostly adults or 17+, CBT- insomnia, tobacco cessation, adjustment to and management of behavioral health concerns and chronic illness, anxiety and panic, and trauma.

Leadership roles/committees: Associate Director of Clinical Training

Hobbies: Spending time with family and friends, being outdoors, traveling, snowboarding, and reading



*****Jules Cunningham, PhD (she/they)**

Title/Position: Licensed Psychologist and Assistant Director of Clinical Training Residency

Clinic/Location: Cardiology, located in Corvallis

Education: Earned doctorate in 2016 from The University of Alabama in Tuscaloosa, Alabama

Training: Internship at Geisinger Medical Center in Danville, Pennsylvania; and post-doctoral residency in behavioral medicine at Geisinger Medical

Center in Danville, Pennsylvania

Licensed since: 2018

Areas of expertise: chronic disease management including improving self-management of cardiac conditions, diabetes, and chronic pain; health behavior change; program development; primary prevention

Leadership roles/committees: Assistant Director of Training, Psychology Residency; Co-chair of the Didactics subcommittee; Practice Lead for specialty clinics

Hobbies: Running, hiking, traveling, and keeping my three cats entertained!



Kimmy Wilcox

Title/Position: Program Coordinator

Location: Graduate Medical Education (GME) and Academic Affairs in Corvallis

History with SHS: Started at Samaritan Health Services in 2015 and joined Graduate Medical Education in 2017. She has been the program coordinator for all branches of psychology training since 2018.

Hobbies: Running, yoga, and anything outdoor related!



*****JoAnna Elmquist, PhD (she/ her)**

Title/Position: Licensed Psychologist, Medical Director of Integrated Primary Care and Neuropsychology

Clinic/Location: Geary Street Family Medicine located in Albany

Education: Earned doctorate in 2018 from The University of Tennessee in Knoxville, Tennessee.

Training: Internship at The Charleston Consortium in Charleston, South Carolina; and post-doctoral residency at The Yale School of Medicine in

New Haven, Connecticut.

Licensed since: 2020

Areas of expertise: Weight management and disordered eating, substance use, trauma, anxiety and panic, treating individuals across the lifespan (ages 13 +) and adjustment to and management of behavioral health concerns and chronic illness.

Leadership roles/committees: Medical Director of Integrated Primary Care and Neuropsychology; Training Committee; Co-chair of the Research subcommittee

Hobbies: Spending time with family and friends, hiking, being outdoors, and attending Orange Theory classes



Geoffrey Schaubhut, PhD (he / him)

Title/Position: Licensed Psychologist

Clinic/Location: Main Street Family Medicine and Park Street Clinic, located in Lebanon

Education: Earned a M.S. in Neuroscience in 2013 and a doctorate in Clinical Psychology in 2020 from University of Vermont.

Training: Internship at Community Counseling Center of Mercer County in Hermitage, Pennsylvania; Residency at Samaritan Health Services:

Integrated Health Care in Lebanon, Oregon.

Licensed since: 2021

Areas of expertise: Mental health within rural settings, treating individuals across the lifespan (ages 14+), MI for substance/nicotine use, identification/treatment of trauma & stressor-related concerns, adjustment to and management of behavioral health concerns and chronic illness, anxiety and panic, and trauma. Therapeutic approach reflects an integration of Motivational Interviewing, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and aspects of Dialectical Behavioral Therapy.

Leadership roles/committees: Training Committee; Chair of the Diversity subcommittee; Pride Alliance SERG Leader

Hobbies: Singing (recent member of the Lebanon Community Choir), hiking, gaming, and spending time with friends/family/created family.



Andrew Iraheta, PsyD (he/him)

Title/Position: Licensed Psychologist

Clinic/Location: Geary Steet Family Medicine Clinic, located in Albany

Education: Earned doctorate degree in 2022 from Azusa Pacific University in Azusa, California

Training: Providence Health Group and George Fox Integrated Care Internship and post-doctoral residency at Samaritan Health Services

Licensed since: 2023

Areas of expertise: working with patients ages 14 and up, health psychology, and Spanish speaking services

Leadership roles/committees: Member of the Linn and Benton Hispanic Advisory Committee.

Hobbies: Soccer, jiu jitsu, video games, spending time with friends, family, and pets.



Heather Allen, PsyD, PMH-C (she/her)

Title/Position: Primary Care Psychologist

Clinic/Location: Lincoln City Medical Center and Coastal Clinic

Education: Earned doctorate in Clinical Psychology from George Fox University in Newberg, OR

Training: Internship at Alaska Family Medicine Residency in Anchorage, Alaska; and post-doctoral residency at Cherokee Health Systems in Knoxville, Tennessee

Licensed since: 2021

Areas of expertise: Perinatal Mental Health, Behavior Science Faculty role w/Family Med Residents, Medical Inpatient Consultation, Addiction Medicine

Hobbies: time in nature (hiking, kayaking, getting pulled down scenic trails by my rambunctious dogs); reading; baking; traveling; board games



Alexandra Bernal, PhD (she/her/hers)

Title/Position: Licensed Psychologist

Clinic/Location: Samaritan Mental Health – Corvallis

Education: Earned master's and doctorate degrees from Utah State University (Logan, UT)

Training: Internship at Oregon State University Counseling and Psychological Services in Corvallis, OR; and post-doctoral residency at Strong Integrated Behavioral Health, LLC in Corvallis and Eugene, OR.

Licensed since: 2021

Areas of expertise: Transgender/Gender Affirming mental healthcare, Trauma (childhood, intimate partner violence, sexual assault), Ethnic/Racial identity concerns and supporting BIPOC populations, Disordered Eating and Body Image concerns; Theoretical orientation: Relational Cultural Therapy; Modalities: ACT, DBT, EMDR and other Trauma-based therapies, and Mindfulness-based therapies

Leadership roles/committees: Member at Large for APA Div 44 (Society for the Psychology of Sexual Orientation and Gender Diversity), Co-chair of the Diversity subcommittee

Hobbies: Coastal trips with my partner, balcony gardening, spending time with family and friends, playing video games, engaging with fiber arts (e.g., knitting, sewing, embroidery), and reading



Austin Lau, PhD (he/him)

Title/Position: Licensed Psychologist

Clinic/Location: Samaritan Family Medicine Resident Clinic – Corvallis

Education: Earned doctorate degree in 2023, Washington State University – Pullman

Training: Samaritan Health Services Health Psychology Internship and Residency

Licensed since: 2024

Areas of expertise: Interpersonal Psychotherapy, Cognitive Behavioral Therapy, Exposure-based interventions for anxiety disorders and trauma, brief evaluation of ADHD in children and adults, supervision

Leadership roles/committees: Training Committee; Co-chair of the Research subcommittee; Clinician Engagement Committee (SFMRC)

Hobbies: Violin, video games, and cooking with partner



Danni Ewing, PsyD

Title/Position: Licensed Psychologist and mentor for the Psychology Training Program

Clinic/Location: Lebanon Medical Plaza

Education: Earned doctorate in 2023 from George Fox University in Newberg, Oregon

Training: Internship at Northern Illinois University in DeKalb, Illinois; postdoctoral residency at Marquette University in Milwaukee, Wisconsin

Licensed since: Wisconsin: July 2024, Oregon: January 2025

Areas of expertise: LGBTQ health, emerging adults, anxiety, trauma

Leadership roles/committees: N/A

Hobbies: animation, reading, contributing to online fan communities, spending time with my cats, diamond painting, podcasts



Anne Harrison, LCSW (she/ her)

Title/Position: LCSW/ Behavioral Health Consultant and mentor for the Psychology Training Program

Clinic/Location: Pacific Communities Hospital — Family Medicine located in Newport and Toledo Clinic

Education: Earned master's degree in clinical social work in 2017 from Walla Walla University in Walla Walla, Washington

Training: Internship at St. Alphonsus Inpatient Rehab in Boise, Idaho. Second internship was at Emmett/Payette Counseling and Psychiatric Services in Idaho, doing intensive outpatient psychotherapy/relational work.

Licensed since: June 2017

Areas of expertise: Treating individuals across the lifespan (ages 3+), play therapy, veterans, PTSD, relational, women’s health, CBT, sleep hygiene, adjustment to and management of behavioral health concerns and chronic illness, anxiety and panic concerns.

Leadership roles/committees: Samaritan Veteran’s SERG and WPATH workforce at SHS

Hobbies: Spending time with family and friends, traveling, scuba diving, cycling, kayaking, snowshoeing, camping, reading, cooking, beach walks, hanging out with my two Great Pyrenees, two cats and 4 chickens. I’m know in the neighborhood as the “egg dealer.”

EXPECTATIONS FOR SUCCESSFUL COMPLETION

As measured by the evaluation procedures (see earlier Evaluations Section):

- a. Residents utilize skills in intervention and evaluation that are empirically supported.
- b. Residents utilize skills in generating case conceptualizations that reflect theoretical orientation, intervention strategies, and outcome evaluations.
- c. Residents advance their skills conducting biopsychosocial intakes in a medical setting.
- d. Residents advance their understanding of the roles and expertise the psychologists provide in a primary care setting. In the case of a residency focused in a specialty area (e.g., cardiac psychology), residents advance their understanding of the roles and expertise psychologists provide within the specialty clinic.
- e. Residents utilize an awareness and knowledge of how one’s own cultural diversity, beliefs, and values influence the delivery of competent services.
- f. Residents utilize knowledge and skill to perform consultation services in an outpatient medical setting and as part of an integrated multidisciplinary team. They are able to communicate effectively with the team and other professionals. Residents will demonstrate medical decision making and conduct consistent with the ethical and legal standards of professional psychology.

RECRUITMENT AND SELECTION OF RESIDENTS

The psychology residency program at Samaritan Health Services abides by the APPIC and APA standards, policies and selection procedures. Samaritan Health Services is an equal opportunity employer (Appendix A) and it is the policy of Samaritan Health Services that all employees are able to work in a setting free from all forms of unlawful discrimination, including harassment, on the basis of race, color, religion, gender (sex), national origin, age, sexual orientation, gender identity, disability or retaliation (see Appendix B). Additionally, the psychology residency program strongly values diversity and this value is explicitly reflected in multiple areas of the residency including efforts to recruit and retain diverse trainees and staff members, create an inclusive and affirming work environment, and effectively train residents to skillfully navigate individual and cultural diversity issues within all aspects of their professional lives (see Diversity and Non-Discrimination Policy, Appendix C).

Residency applications must be submitted through APPIC's Centralized Application System (CAS) by **December 12, 2025**. All completed applications are collected and reviewed by the Assistant Director of Clinical Training (Residency). Applications are also reviewed by a subset of core supervising faculty to determine overall qualification. Current residents may also be involved in application review provided there is no conflict of interest.

There are two components to the selection process:

- A. The selection of residents is based on a committee-based rating of applicants' qualifications and those qualifications are evaluated utilizing the following criteria:
 - 1) Have completed or will complete their APA or CPA-accredited doctoral internship prior to anticipated start date for their residency year and also should be in good standing with their internship program. Note: Applicants attending internships with pending accreditation, in which a site visit has been planned or completed, will be considered.
 - 2) Have obtained or will obtain their doctoral degree in clinical or counseling psychology from an APA/CPA-accredited graduate program prior to the anticipated start date of residency and should be in good standing with their graduate program. Note: Applicants from graduate programs with pending accreditation, in which a site visit has been planned or completed, will be considered.
 - 3) Have a breadth of previous clinical experience with an emphasis on health psychology, with more weight given to those at an advanced level.
 - 4) **Three** letters of recommendation are required, with at least one from a primary internship supervisor.
 - 5) **Transcripts (digital)** from graduate program, also required with application submission.
 - 6) A **letter of interest** is required and should include:
 - a. Identifying the primary placement(s) for which the applicant is applying and commentary on goodness of fit for the identified placement(s). Goodness of fit can be evidenced by prior health psychology training experiences. It can also include evidence of multi-cultural psychological knowledge and/or interest, or proposed contribution to program based on diversity and cultural competence from personal experience, as well as prior experience working with rural and / or underserved communities.
 - b. Describing distinguishing characteristics, accomplishments, and maturity, that separate the applicant from their peers.
 - c. Providing commentary on "goodness of fit" with Samaritan's general training program, including long-term career goals.
- B. Interview Process
 - a. Qualified applicants are invited to interview. *All interviews will be conducted virtually for the upcoming recruitment season.* Interview dates will be offered on January 6,7 and 13, 2026. Interviews will be scheduled over a 2-hour period and involve the applicant

meeting with residency program staff, current residents, and supervisors. Applicants will be notified of their interview status by December 19, 2025.

The residency program follows a policy of selecting the most qualified candidates and adheres to principles espoused by APPIC as well as APA. Residents are rank-ordered based on their interest in the program's stated clinical services and population served and the above-listed criteria. The application review process is made as objective as possible by utilizing a 10-point scale for rating prospective residents under 4 categories: Resident Application; Professional and Academic Endorsements; Clinical Interest and Training Experiences; and Education. Our residency program does abide by the APPIC procedures for the Common Hold Date.

During the onboarding period, incoming residents are required to undergo a background check, drug screening, and health screenings (health questionnaire, vaccination record review, tuberculosis testing or review of recent test, and face mask fit test) as part of the academic contract. Please note that although cannabis use is legally allowed in Oregon, SHS policy bans the use of cannabis for all employees. Please refer to Appendix L, the Drug and Alcohol-Free Workplace Policy, for further information on drug screening and related procedures.

SHS Residents will be provided with liability insurance, and the costs for this are covered by the program.

Residents will be provided with a training contract and details regarding compensation and benefits (see Appendix D).

APPLICATION TIMELINE

The deadline for application submission is **December 12, 2025**.

Applicants will be notified of their interview status by **December 19, 2025**.

ADMINISTRATIVE

A. Professional Liability Insurance

- a. SHS will cover the costs of the professional liability coverage required for residents through The American Professional Agency program or an equivalent approved by the training committee and coordinates the purchasing of such liability insurance on behalf of incoming residents. The coverage is consistent with the Hospital's professional liability insurance coverage granted to employed medical and professional practitioners. Such coverage shall provide legal defense and protection against awards from claims reported or filed during or after the completion of the Program, if, and only if, the Resident's alleged acts or omissions identified in the complaint arose out of the Resident's participation in the Program. No other patient

care placements are allowed while participating in the Program, and other employment is highly discouraged.

B. Program progress

a. Start and Completion Dates

- i. The residency starts in early September and is completed within 52 weeks. There is 1-2 week flexibility around this start time dependent on resident's conferral of degree date, Supervisor licensure status (2 years post licensure), and approval of the supervision contract by OBOP.
- ii. Annual leave may not be scheduled during the closing days of residency in order to clear all work-related security items (i.e. return of keys, ID badge, etc.).

b. Time requirements

- i. The residency is designed as a 1-year, 52-week, full time training position. Regular working hours may vary slightly by clinic but are generally captured between 8am and 5pm.
Requirements vary by state of licensure. As of 2018, the Oregon Board of Psychology requires a minimum of 1500 hours of supervised postdoctoral experience (OR-858-010-0036). Per APPIC requirements, 25% of time must be spent in professional psychological services: assessment, intervention, policy making, program design/implementation, supervision, and clinical research.
- ii. In the residency year, it is important for the resident to develop a healthy work-life balance and to be mindful of meeting work and training responsibilities, as well as maintaining self-care.
- iii. Unless prior approval is received from the DCT or Assistant Director, residents are not permitted to work from home during regular work hours.
- iv. Every effort is made to provide religious accommodations for trainees unless the accommodation would create an undue hardship or effect satisfaction of program requirements and patient care.
 1. When a request for an accommodation arises due to a trainee's religious beliefs, observances or practices, faculty members are strongly urged to be mindful of such requests when scheduling. Trainees should notify DCT/Assistant Director of these requested accommodations as early as possible to allow appropriate support to the trainee, and to allow for schedules to get blocked or time off to be taken without affecting patient care.

C. Performance Improvement Plan/Remediation

- a. Residents identified by their supervisors as not meeting program objectives over the course of residency, not complying with organizational or program requirements, or not meeting professional expectations for attitude and/or behavior are informed initially by the direct supervisor with remediation/performance improvement planning that is communicated to the DCT and Assistant Director.
 - b. Refer to the Appendix J for formal due process policy and Appendix E for retention and termination policy.
- D. Complaints
- a. Residents who have complaints regarding colleagues, staff, and/or supervisors, are encouraged to first attempt to resolve the issue directly with the individual involved, consistent with APA ethical codes on referencing informal remediation. This is assuming the resident is sufficiently comfortable and safe in addressing the issue with the identified individual. If the resident is not comfortable or safe, or if a resolution of the problem is not accomplished, then there are further and more formal steps for reaching resolution.
 - b. Refer to the Appendix F for the grievance policy.
- E. Policy and Procedures for Patient Care
- a. During clinic orientations residents are introduced to responsibilities in patient care, inclusive of appropriate documentation in the electronic medical record, requirements for signature by supervisors, releases of information, incident reports, and other patient associated forms and procedures.
 - b. As soon as residents have access to the computer system, which includes the patient EMR database and SHS electronic email, a training session is scheduled to provide instruction on navigation and use.
 - c. Residents are responsible for adhering to the SHS guidelines on timely completion of notes and reports which may vary from clinic to clinic.
 - d. All therapy notes and assessment reports are completed in the EMR with the supervisor's signature.
 - e. All written communication regarding patient consultation and patient care should be reviewed by the supervisor and carry the supervisor's signature.
- F. Completion of the residency and future correspondence
- a. Subsequent to completing the residency, there may be a number of reasons for continuing contact with the training program. For instance, documentation on the completion of training hours for licensure may be required. Further, accreditation status of the residency program may require updated information from the resident on their career after residency.

- b. Requests for letters of reference may be sent directly to any supervisor from which this has been requested. Copies of these letters of reference will be filed in the resident's training folder.
- c. The residency program has requirements for accreditation that extend beyond the completion of the training year, such as providing summary information on types of positions taken by residents after leaving the program, documentation on subsequent licensure or professional achievements. The residency program requests that residents provide the DCT and Assistant Director with the title and location of their initial positions after completing the program and make efforts to provide subsequent achievements thereafter.

OPERATIONS OF THE TRAINING COMMITTEE

The Training Committee meets twice a month with few exceptions (primarily for holidays).

Standardized TC Meetings include:

1. In Person, 2-hour meeting
 - a. Vote to approve or modify minutes from previous meeting
 - b. Review of larger training program needs from Drs. Bennett-Reeves and Zdenkova
 - c. Program coordinator to review internship and residency trainees' performances
 - d. Sub-committee check-in
 - i. Didactics (Dr. Cunningham)
 - ii. Evaluations and Performance Improvement Plans (Drs. Bennett-Reeves and Zdenkova)
 - iii. CE & Faculty Development (Drs. Bennett-Reeves and Zdenkova)
 - iv. Diversity (Drs. Schaubhut and Bernal)
 - v. Research (Drs. Elmquist and Lau)
 - vi. Social Activities (Kimmy Wilcox and Dr. Zdenkova)
 - e. Residency Program (Dr. Cunningham)
 - f. Practicum Program (Drs. Bennett-Reeves and Zdenkova)
 - g. Chief Intern and Chief Resident Report
2. In Person, 60-minute meeting
 - a. Vote to approve or modify minutes from previous meeting
 - b. Overview of any larger training program needs from Drs. Bennett-Reeves and Zdenkova
 - c. Brief sub-committee, Residency Program, and Practicum Program check-in

Sub Committees of the Training Committee

As noted above, the Training Committee is composed of subcommittees. The responsibilities of these subcommittees include:

- Didactics: The didactics sub-committee is responsible for developing a set of didactic courses that are presented to interns and residents throughout the training year. They seek out expertise from faculty and community members to present material that promotes generalized training but

expands on the specialty track knowledge required for the SHS psychology internship. The goal of the didactics committee is also to include a focus on diversity and ethical issues, while promoting the advancement of skill and knowledge.

- **Diversity:** The goal of this committee is to expand trainee knowledge and skill regarding different aspects of cultural sensitivity by encouraging trainee understanding their own diversity factors and the interaction within the community at large, with their patients, and with their supervisors/supervisees. To accomplish this, values around different diversity variables are explored in a non-therapeutic context, such as participating at a local cultural event. Trainees are also required to complete reflection sheets on different activities (e.g., cases they have seen, supervision session they had, a cultural outing in the community, volunteering within the community, a scholarly reading they completed, or a didactic presentation they attended) and encouraged to discuss these at monthly meetings. Some diversity factors unique to the service areas of SHS include: lower socioeconomic status, rural region, religion, gender identity, sexual orientation, migrant and day labor occupations, cultural backgrounds, and geriatrics.
- **Evaluations:** The evaluations sub-committee activities are carried out by the DCT and aDCT. The responsibility of this committee is to review evaluations as they are completed in order to ensure communication of skills and areas of development to supervisors, but also ensure residents are progressing as expected.
- **CE & Faculty Development:** This committee is responsible for bringing in education opportunities for faculty of the training program. Issues addressed through this sub-committee may include expansion of supervision skill, health psychology or neuropsychology topics, diversity knowledge, and ethical decision making.
- **Research:** This committee's responsibility is to provide structure and guidance for the trainees as they complete their research project under the mentorship of a faculty member. They are instrumental in ensuring the proposed project meets the requirements of the internship and residency programs, helping interns and residents balance research time with clinical and administrative responsibilities, and ensuring timely communication between the faculty member and intern and resident class. The members of the research committee are not responsible for assistance in carrying out the research project unless they are the mentor for the project.
- **Social Activities:** This committee helps to plan and coordinate the welcome party, mid-year party, and graduation for the SHS Training Program.

Excellence in Clinical Supervision Award

The training committee developed the excellence in clinical supervision award in 2018.

Description: Many psychologists balance multiple roles within a hospital organization, from care provider to patient advocate and administrator to supervisor. The spirit of this award is to recognize supervisors who have excelled within this aspect of their duties, being highly regarded by their supervisees. This award reflects their dedication to providing outstanding clinical supervision

exemplified by excellence in teaching, communication, collaboration, consultation, and ability to empower their supervisees. Nominees must have a supervisee within the academic training year (e.g., long term therapy, minor rotation, major rotation, residency supervision); providing didactic lectures alone is insufficient for nomination.

Criteria for nomination: Interns and residents are solicited to nominate a supervisor for the award 6 weeks prior to the end of the internship year. Trainees are requested to nominate a supervisor. The nominations are made to the training program manager and reviewed by the program manager and the director of the GME. Nominations will include the name of the psychologist, and a paragraph providing support for the nomination referencing the description of the award. In addition to the paragraph contributing to the ranking of supervisors, the following information will be taken into consideration:

1. Nominated candidates for the award will be ranked in terms of:
 - a. Productivity in the training program, using the scoring system:
 - i. The most productive supervisor will be given 4 points
 - ii. Second place will get three points
 - iii. Third place will get two points, and
 - iv. Fourth place will get one point
 - b. Average evaluation scores from all interns and residents who worked with the supervisor for that year (including through supervision and didactics):
 - i. The highest average scored supervisor will be given 8 points
 - ii. Second place will get 6 points
 - iii. Third place will get 4 points, and
 - iv. Fourth place will get 2 points.

If a supervisor does not have evaluation scores, the Productivity score from above will be substituted. The total score of A and B above would set the rank order; however, the nominating paragraph may result in the supervisor with the highest “score” not being chosen given other factors not captured by quantitative data. The difference in average evaluation scores versus productivity emphasizes that the award recognizes the quality of supervisor over their productivity. However, productivity within the training program creates a meaningful contribution as well.

The previous award winners are:

Year	Awardee
2018	Carilyn Ellis, PsyD Robert Fallows, PsyD, ABPP
2019	Sandra Minta, PsyD
2020	Audrina Mullane, PhD, ABPP

2021	Alexandra Koenig, PhD
2022	Terra Bennett-Reeves, PsyD
2023	Bella Vasoya, PsyD
2024	Ashley Watts, PhD, ABPP
2025	Robert Fallows, PsyD, ABPP

Best Didactic Presentation Award

The training committee developed the best didactic presentation award in 2019.

Description: Didactic training is an essential part of intern and resident growth and development. The ability of a speaker to involve the trainee and promote not only educational knowledge, but also facilitate and empower skill should be recognized.

Criteria for nomination: Interns and residents are solicited to nominate a didactic presenter for the award. Trainees are provided with a list of the top five didactics that received the highest ratings and are asked to work as a group to choose the didactic that best embodied the award description. A short paragraph to be read aloud at the award presentation is requested.

The previous award winners are:

Year	Awardee
2019	Alan Silver, PsyD – “Factors Related to Gender Diverse Patients”
2020	Marc Taylor, PhD – “Clinical Hypnosis, Relaxation, and Sympathetic Deactivation”
2021	Allegro Johnson, PhD- “Women in Leadership”
2022	Audrina Mullane, PhD, ABPP – “Psychopharm in Geriatric Patients”
2023	Eddie Black – “Military Culture”
2024	Allegro Johnson, PhD – “Palliative Care and End of Life Decision Making”
2025	Allegro Johnson, PhD-“Palliative Care and End of Life Decision Making”

APPENDIX A – EQUAL EMPLOYMENT OPPORTUNITY

 Samaritan Health Services		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate	<input checked="" type="checkbox"/> SLCH
		<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SNLH		
		<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SPCH		
Owner: Office of Medical Education		Authorized by: Graduate Medical Education Committee			
		Revision #: 1			
<h3 style="color: blue;">EQUAL EMPLOYMENT OPPORTUNITY</h3>					

APPLICATION

All employees of Samaritan Health Services (SHS) and affiliated organizations.

POLICY

It is the policy of SHS to provide equal employment opportunities in accordance with applicable laws against discrimination. Applicants to, and employees of, SHS are protected under Federal, State, and local law from discrimination on the following bases: race, color, national origin, religion, disability (in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act), age, sex (including pregnancy, sexual harassment, sexual orientation, gender and gender identity, and sex as it pertains to the determination of wages), family relationship (other than per the SHS Nepotism and Reporting Relationships Policy), veteran status, injured worker status, and the use of genetic information.

This policy prohibits retaliation against employees who file a complaint, participate in an investigation, or report observing discrimination or other unlawful employment practice.

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:


The Vice President of Human Resources is designated as the specific individual responsible for coordinating all issues relative to Equal Employment Opportunity (EEO). The duties and responsibilities under this function include, but are not limited to:

- a. Analysis of annual EEO reports including any appropriate recommendations to administration.
 - b. Assisting employees and management with any complaints or problems relating to EEO matters.
 - c. Assisting with assurance of SHS compliance with any applicable Federal or State EEO regulations, including the monitoring of required statements to job applicants on employment application materials, and the posting of required laws and reporting methods to all employees on an annual basis, and as updates in law occur.
2. Management and supervisory personnel have the responsibility to immediately report all EEO complaints or problems to their Human Resources Director, Vice President of Human Resources, or CEO/designee.

REFERENCES

- SHS Harassment Free Workplace Policy.
- SHS Nepotism and Reporting Relationships Policy.

APPENDIX B – HARASSMENT FREE WORKPLACE

 <p style="margin-left: 150px;">Policy & Procedure</p>		<input type="checkbox"/> Corporate <input checked="" type="checkbox"/> GSRMC <input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH <input checked="" type="checkbox"/> SNLH <input checked="" type="checkbox"/> SPCH
Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee		
	Revision #: 1		
HARASSMENT FREE WORKPLACE			

APPLICATION

All employees, students, contract/agency personnel of Samaritan Health Services (SHS) and affiliated organizations.

POLICY

SHS believes that all employees have a right to work in an environment where the dignity of each individual is respected. For this reason, SHS expects all employees to accomplish his/her work in a business-like manner with concern for the wellbeing of co-workers. We prohibit harassment of one employee by another employee, regardless of their working relationship or supervisory status, or others conducting business with SHS (e.g. vendors, suppliers, volunteers, etc.). It is the policy of Samaritan Health Services that all employees are able to work in a setting free from all forms of unlawful discrimination, including harassment, on the basis of race, color, religion, gender (sex), national origin, age, sexual orientation, gender identity, disability or retaliation.

PROCEDURE

DEFINITIONS:

1. **Harassment:** Harassment is the verbal or physical conduct that demeans or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability, or that of his/her relatives, friends, or associates, and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive working environment; (2) has the

purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities. Harassing conduct includes, but is not limited to, the following: (1) epithets, slurs, negative stereotyping, demeaning comments or labels, or threatening, intimidating or hostile acts to relate to race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability and (2) written or graphic material that demeans or shows hostility or aversion toward an individual or group because of race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability and that is placed on walls, bulletin boards, computers, or elsewhere on the employer's premises, or circulated in the workplace.

- A. Off Duty/Off-Premises Conduct- This prohibition against harassment also applies to off-duty, off premises conduct if the conduct has an adverse effect on the employee's work environment.
2. **Sexual Harassment:** Sexual harassment is a form of gender (sex) discrimination. The Equal Employment Opportunity commission has defined sexual harassment as follows: "Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
- A. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
 - B. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
 - C. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Prohibited sexual harassment may include, but is not limited to, sexual jokes, calendars, posters, cartoons, magazines, derogatory or physically descriptive comments about or towards another employee; sexually suggestive comments; inappropriate use of company communications including email and telephone, unwelcome touching or physical contact; punishment or favoritism on the basis of an employee's sex; sexual slurs; negative sexual stereotyping.

- 3. **Retaliation:** Any adverse action(s) taken against someone for reporting discrimination/harassment or participating in an investigation into discrimination/harassment.

Harassment and retaliation will not be tolerated in our workplace. This prohibition against harassment and retaliation also applies to off-duty; off-premises conduct if that conduct has an adverse effect on the employee's work environment.

IMPLEMENTATION:

SHS encourages employees to resolve interpersonal concerns directly and appropriately whenever possible. This step is not necessary. If the issue(s) persist, or if you don't feel comfortable addressing the person(s) directly, please follow the reporting process below. If you believe you have been harassed, report the harassment immediately. The report should be either (1) to your supervisor, or (2) to the Human Resources Department, or (3) to the Compliance Department. You may report harassment to the Human Resources Department or Compliance Department without first contacting your supervisor. Samaritan Health Services will take no action against an employee who in good faith reports harassment to the company or who participates in an investigation. Such retaliation will not be tolerated in our workplace.

Managers and supervisors who have observed behavior or overheard comments that raise concerns regarding compliance with this policy should promptly contact Human Resources.

Students and Observers:

If you believe that you have been harassed, report the harassment immediately. The report should be either (1) to your supervisor, assistant or associate directors of clinical training, director of clinical training, Office of Medical Education, or Professional Development, or (2) to the Human Resources Department if an employee is involved, or (3) to the Compliance Department.


Reports of harassment or retaliation will be investigated fairly. All employees are required to fully cooperate with investigations. SHS will attempt to maintain confidentiality, consistent with the need to conduct an adequate investigation and to take prompt corrective action in response to any

harassment or retaliation. Any supervisor or other employee found in violation of this policy will be subject to corrective action up to and including termination. While every effort will be made to investigate and resolve sexual harassment complaints lodged in good faith by employees, management prohibits claims that an employee knows are false, or made with the intent to take revenge against or otherwise harm another employee. Employees, who make such accusations, knowing they are not justified by the facts, are subject to corrective action up to and including termination.

REFERENCES

- None.

APPENDIX C – DIVERSITY AND NON-DISCRIMINATION POLICY

 <p style="margin-left: 200px;">Policy & Procedure</p>		<input type="checkbox"/> Corporate <input checked="" type="checkbox"/> GSRMC <input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH <input checked="" type="checkbox"/> SNLH <input checked="" type="checkbox"/> SPCH
Owner: Office of Medical Education		Authorized by: Graduate Medical Education Committee	
		Revision #: 1	
DIVERSITY AND NON-DISCRIMINATION POLICY			

APPLICATION

All psychology residents participating in graduate training programs.

POLICY/PROCEDURE

SHS Residency strongly values diversity and this value is explicitly reflected in multiple areas of the residency including efforts to recruit and retain diverse trainees and staff members, create an inclusive and affirming work environment, and effectively train residents to skillfully navigate individual and cultural diversity issues within all aspects of their professional lives.


SHS Residency welcomes applicants from diverse backgrounds. The residency believes that diversity among trainees, supervisors, and staff members enriches the educational experience, promotes personal and professional growth, and strengthens communities, both in the workplace and beyond. As such, the Training Committee provides equal opportunity to all prospective applicants and does not discriminate based on race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or any other factor that is irrelevant to success as a psychology trainee and/or staff member. The Training Committee approaches diversity recruitment proactively, with ongoing discussions about ways to increase the visibility and attractiveness of the residency among diverse applicants. Applicants are evaluated in terms of quality of training, clinical experiences and goodness of fit with the program. Of note, in considering “goodness of fit,” SHS Residency

reflects upon each applicant as a unique individual and considers what perspectives, experiences, knowledge, and skills they may add to the program, rather than looking for applicants who fit a mold of existing residents, interns and/or staff members.

In addition, SHS Residency works to create a welcoming, inclusive, and affirming environment that allows a diverse range of residents, interns, and staff members to feel respected and supported both personally and professionally. Efforts are made to create a climate in which all employees feel valued and comfortable, removing potential barriers for their success in the workplace. SHS Residency believes this effort must be ongoing and prioritized. Residents, interns, and staff members are routinely encouraged to engage in self-reflection related to diversity, acknowledge and discuss issues of diversity, and provide one another with formal and informal feedback related to diversity efforts and the climate of the workplace.

Finally, SHS Residency maintains a required profession-wide competency in individual and cultural diversity. Diversity experiences and training are interwoven throughout the training program to ensure that residents are both personally supported and well trained in this area. These experiences include (but are not limited to) provision of interventions and assessment to diverse populations, an emphasis on diversity issues in supervision, and didactic seminars on diversity-related topics.

APPENDIX D – STIPEND, BENEFITS, AND RESOURCES POLICY

 Samaritan Health Services		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate	<input checked="" type="checkbox"/> SLCH
		<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SNLH		
		<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SPCH		
Owner: Office of Medical Education		Authorized by: Graduate Medical Education Committee			
		Revision #: 1			
<h3 style="color: blue;">STIPEND, BENEFITS, AND RESOURCES POLICY</h3>					

APPLICATION


All psychology residents participating in post-graduate training programs.

POLICY/PROCEDURE

The annual stipend for all Samaritan Health Services Psychology Resident trainees is \$64,668. Residents will conduct training at Samaritan Health Services and will receive health benefits similar to employed medical and professional practitioners, as well as 20 days of Paid Time Off (PTO). Days in which a clinic is closed due to a holiday or adverse weather are *not* counted towards these 20 PTO days. With prior Program Supervisor approval, residents also receive additional up to 2 days for required professional examinations and 1 day to present at a professional conference. Questions regarding specific benefits packages can be directed to SHS’s Human Resources department, at hrgshdistrib@samhealth.org.

SHS Residency trainees have access to numerous resources. In most cases, residents are provided with a private office space at their primary site and dedicated workspace for the resident (i.e. exam room with workstation or shared workspace) if a resident is spending a half day at a specialty clinic. All residents receive a laptop computer for use through the training year. All workspaces have access to a printer and most have access to a private phone. Assessment and other training materials are provided by each training site, and additional materials that may be needed may be purchased with Training Committee approval. Each resident additionally has access to administrative and IT support through their primary training site.

APPENDIX E – EVALUATION, RETENTION, AND TERMINATION POLICY

 Samaritan Health Services		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate <input checked="" type="checkbox"/> GSRMC <input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH <input checked="" type="checkbox"/> SNLH <input checked="" type="checkbox"/> SPCH
Owner: Office of Medical Education			Authorized by: Graduate Medical Education Committee		
			Revision #: 1		
<h3 style="color: blue;">EVALUATION, RETENTION, AND TERMINATION POLICY</h3>					

APPLICATION

All postdoctoral psychology residents participating in post-graduate training programs.

POLICY/PROCEDURE

Samaritan Health Services Psychology Residency requires that psychologist residents demonstrate minimum levels of achievement across all training competencies and training elements, as outlined in the resident manual. This policy/procedure provides a formal description of that process.

Psychologist Residents are formally evaluated by their primary supervisors throughout the training year at 6 months and 12 months, per the Oregon Board of Psychology guidelines. Evaluations are conducted using a standard rating form approved by the OBOP that includes comment spaces where supervisors include specific written feedback regarding the residents’ performance and progress. The evaluation form includes information about the resident’s performance regarding all of SHS residency’s expected training competencies and the training elements. Supervisors are expected to review these evaluations with the residents and provide an opportunity for discussion if the psychologist resident has questions or concerns about the feedback. Once reviewed, the psychologist resident and supervisor sign the evaluation and a copy is provided to the Training Director and Assistant Director of the Postdoctoral Residency Program.

A minimum level of achievement on each evaluation is defined as a rating of “Meets Standards” for each competency. The rating scale for each evaluation is a

categorical scale: Below Standards, Meets Standards, Exceeds Standards, and Outstanding. If a psychologist resident receives a score of Below Standards on any competency, or if supervisors have reason to be concerned about the trainee's performance or progress, the program's due process and appeals Procedures are initiated (Appendix F). Psychologist residents must receive a rating of "Meets Standards" or above on all competencies and training elements to successfully complete the program.

If the Assistant Director determines that the psychologist resident has failed to comply or meet standards of the residency program, the Assistant Director will review this information with the Director of the Medical Clinic, the Director of Clinical Training, and the Associate Director of Clinical Training. Following the review, if both the Assistant Director and the Director of the Medical Clinic agree, they may, at their discretion, terminate the residency or administer appropriate sanctions subjective to the grievance procedures for residents at SHS (Appendix F).

If it is determined that any action by the psychologist resident can seriously affect immediate patient care, a termination or suspension shall become immediate, subjective to the grievance procedure.

Psychologist residents may also terminate the program if SHS fails to provide a quality program or for other legitimate reasons as described by the Assistant Director of the Residency Program, Director of Clinical Training, Associate Director of Clinical Training, or Graduate Medical Education Program Director at SHS. The psychologist resident may terminate residency upon 60 days written notice. Upon receipt of such notice, SHS may elect to terminate the psychologist resident, request the dismissal of the psychologist resident immediately and waive such notice period.

The psychologist residency supervision contract can be terminated by filling in the termination date on the Final Resident Evaluation Form. Alternatively, a termination may be granted upon written request to OBOP by the resident or supervisor. OBOP must be notified in writing within 14 days of any significant interruption or termination of the supervision contract.


Psychologist residents can be terminated by SHS for cause: action by OBOP that revokes the psychologist resident's approval to continue with supervised work

experience; places restrictions that limits or restricts psychologist resident's ability to provide patient care; exclusion of the psychologist resident from medicaid, the Oregon Health Plan, or the panel of any payor; professional incompetence; serious neglect of duty or violation of SHS rules, regulations or policies; conviction of a crime as determined by SHS, the Director/Associate Director of Clinical Training or the Assistant Director; unapproved leave or absence from the residency program.

Additionally, all SHS Health Psychology residents are expected to complete 1,500 hours of training during the residency year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the psychologist resident has progressed satisfactorily through and completed the residency program. Psychologist resident evaluations and certificates of completion are maintained indefinitely by the Training Director in a secure digital file.

In addition to the evaluations described above, psychologist residents must complete an evaluation of their supervisors at the end of their training year, as well as a program evaluation at the end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program. All evaluation forms are available in the SHS Residency Handbook

APPENDIX F – GRIEVANCE PROCEDURES

 Samaritan Health Services		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate <input checked="" type="checkbox"/> GSRMC <input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH <input checked="" type="checkbox"/> SNLH <input checked="" type="checkbox"/> SPCH
Page 1 of 4		Revision #: 2			
Owner: Office of Medical Education		Authorized by: Graduate Medical Education Committee			
<h3 style="color: blue;">GRIEVANCE PROCEDURES</h3>					

APPLICATION

All doctoral and postdoctoral psychology trainees participating in a Samaritan Health Services psychology training program.

RIGHTS AND RESPONSIBILITIES

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program; and they carry responsibilities for both.

Fellows: The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagrees, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program: The program has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

POLICY

Grievance Procedures are implemented in situations in which a trainee raises a concern about a supervisor or other faculty member, trainee, or the training program. These guidelines are intended to provide the trainee with a means to resolve perceived conflicts. Trainees who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a trainee raises a grievance about a supervisor, staff member, trainee, or the training program:

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:

1. Informal Review
 - A. First, the trainee should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, the Director of Clinical Training (DCT) or the Assistant Director of Clinical Training in an effort to resolve the problem informally.
2. Formal Review
 - A. If the matter cannot be satisfactorily resolved using informal means, the trainee may submit a formal grievance in writing to both the DCT and Assistant Director. If either the DCT or Assistant Director is the object of the grievance, the grievance should be submitted to whichever

- party is not being grieved (either the DCT or Assistant Director). If the grievance is against the program, rather than a person, the grievance should be submitted to the Director of Academic Affairs (DAA). At this time, it will be decided by the DCT and Assistant Director (or DAA, if applicable) if temporary adjustments should be made to the trainee's training plan until the issue can be resolved. The individual being grieved, or the DCT and Assistant Director in the case of a complaint against the program, will be provided the written grievance and be asked to submit a response in writing.
- B. The DCT and/ or Assistant Director will meet with the trainee and the individual being grieved within 10 working days. In some cases, the DCT/ Assistant Director may wish to meet with the trainee and the individual being grieved separately first. In cases where the trainee is submitting a grievance related to some aspect of the training program rather than an individual (e.g., issues with policies, curriculum, etc.), the DAA, DCT, and Assistant Director will meet with the trainee jointly. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:
- 1) the behavior/issue associated with the grievance;
 - 2) the specific steps to rectify the problem; and,
 - 3) procedures designed to ascertain whether the problem has been appropriately rectified.
- C. The DCT and/or Assistant Director (or DAA, if applicable) will document the process and outcome of the meeting. The trainee and the individual being grieved, or DCT/Assistant Director when the complaint is against the program, will be asked to report back to the DCT or Assistant Director (or DAA) in writing within 10 working days regarding whether the issue has been adequately resolved.
- D. If the plan of action fails, the DCT or Assistant Director (or DAA) will convene a review panel consisting of the DCT, the Assistant Director, and at least two other members of the Training Committee (and the DAA, if applicable) within 10 working days. The trainee may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals

- with relevant information. The review panel has final discretion regarding outcome.
- E. If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be immediately turned over to the employer agency (Human Resources) in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the DCT or Assistant Director (or DAA). The trainee and the individual being grieved, or DCT/ Assistant Director when the complaint is against the program, will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation (action plan and written resolution) and determine whether the issue has been adequately resolved. If a grievance against a staff member is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency (Human Resources) in order to initiate the due process procedures outlined in the employment contract.
- F. If the review panel determines that a grievance against the training program cannot be resolved internally or is not appropriate to be resolved internally, then the DAA will immediately initiate the Special Review Process with the Graduate Medical Education Committee.
- 1) The Special Review Process Policy is used when part of a program is underperforming or needs oversight. When initiated, a Special Review Process Oversight Committee, organized and led by the DAA, will review the program for quality of training or specific complaints. The committee will provide a written report to be presented to Graduate Medical Education (GME) outlining the corrective actions to address identified concerns and the ways GME can monitor the outcomes of the corrective actions taken by the program. (The full process is detailed in the Special Review Process Policy within this training manual.)

3. Appeals Process

- A. If the trainee wishes to challenge a decision made at any step in the Grievance Procedures, the trainee may request for an appeal hearing. This request must be made in writing and submitted to the DAA within 48 hours of notification regarding the decision with which the trainee is dissatisfied. This request must be made either in person or through email with receipt notification. The request must explain the reason(s) for appeal and the name of the individual the trainee wants to have on the hearing committee (see “b” below). If requested, the appeals process (outlined below) will be implemented. Failure to file this request within 48 hours forever bars an appeal by the trainee.
- B. On receipt of a request for a hearing, the DAA shall send a copy of the request to the trainee and shall confirm receipt with the trainee.
 - 1) Within 5 business days of receipt, the DAA shall name a hearing committee to hear the appeal.
 - 2) The 5-member hearing committee shall consist of the DCT and Assistant Director, one faculty member from another program, one Chief/Senior Intern/Resident from another program, and one Training Committee Member.
 - 3) Within the 5 days of receipt of the request, the DAA will notify the trainee of the membership of the hearing committee.
 - 4) The hearing committee will be chaired by either the DCT or Assistant Director (or DAA, if applicable).
 - 5) The DAA shall request the record of the meeting at which the plan of action was developed and other supporting data from the DCT/ Assistant Director and distribute it to the committee members.
- C. Within 5 business days of notification of the trainee regarding membership of the hearing committee, the hearing committee shall meet to hear the appeal. The hearing proceedings will also include the DAA and HR Director (as observers) and a staff member to record the meeting. The hearing will be closed to all other individuals.
 - 1) The hearing will consist of a presentation by the DCT/ Assistant Director (or the DAA in the case of a grievance toward the program), including a summary of the process and the grievance decision, and a presentation by the trainee of their concerns about the grievance decision.

- 2) The hearing committee will be asked to make their final decision, to the best of their ability, based upon the information provided in response to the following questions:
 - a. Was the response to the trainee's grievance addressed using the same criteria as used in the past for other trainee grievances?
 - b. Was the trainee given an opportunity to be heard?
 - c. Was the grievance policy followed appropriately?
 - 3) The trainee may also introduce written documents and/or individuals who will provide testimony.
 - 4) The trainee is not entitled to legal representation during the hearing.
 - 5) The hearing committee has the right to question both presenting parties and any individuals who are appearing at the request of the trainee.
- D. Immediately following the hearing, the hearing committee will meet in an executive session to determine its recommendation. A majority of the members of the hearing committee must support a recommendation in order for it to be enacted. The hearing committee is limited to making one of the following recommendations:
- 1) Upholding the grievance process and decisions made, with or without suggestions for the DCT/ Assistant Director and faculty;
 - 2) Providing a new response to the grievance (including repealing previous grievance process/decisions), with specific reasons for this new plan or decision;

The hearing committee chair will submit a written report with the recommendation to the DAA within 24 hours of the hearing's conclusion.


- E. The DAA will take the hearing committee's report and make a final determination within 24 hours of receipt of this recommendation. Within three days of the hearing committee meeting, the DCT, Assistant Director, and the trainee shall be informed of the DAA's final decision. The DCT/ Assistant Director will file a copy of all reports and notifications of action in the training program's grievance file.
- F. A brief summary will be presented, by the hearing committee chair, as an informational item at the next regular Training Committee meeting. The report will provide the hearing committee's recommendation and

- the reasons for it. This written summary will be entered in the minutes. The DAA will also discuss his/her use of the hearing committee's recommendation in reaching the final decision.
- G. A record of the hearing and the hearing committee's report will be kept in the GME Office.
 - H. Notice of grievance, hearing request and date/time, as well as the final decision must be given to the trainee by personal service (i.e., in person) or email with receipt notification.

REFERENCES

None.

APPENDIX G – COMMUNICATION OF LEAVE POLICY

 Samaritan Health Services		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate	<input checked="" type="checkbox"/> SLCH
		<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SNLH		
		<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SPCH		
Owner: Office of Medical Education		Authorized by: Graduate Medical Education Committee			
		Revision #: 1			
<h3 style="color: blue;">COMMUNICATION OF LEAVE POLICY</h3>					

APPLICATION

All employees, students, contract/agency personnel of Samaritan Health Services (SHS) affiliated with the health psychology training program.

POLICY

It is the policy of SHS that any trainee, regardless of status, should have a plan in place should they or their supervisor not be available. This will prevent misunderstandings regarding leave and coverage, ensuring good patient care and available supervision by appropriately licensed providers. There may be times where this is additive to the regulations of the Oregon Board of Psychology (OBOP) and their adopted ethical code from the American Psychological Association (APA). However, while OBOP and APA lay out ethical obligations for supervision, this policy specifically addresses effective communication within this program to better ensure good patient care and the program’s success within SHS.

PROCEDURE

DEFINITIONS:

1. Supervisor availability is NOT restricted to a certain amount of time. Rather, it is dependent upon the situation that the supervisor and/or trainee will be in during the absence. That is, this policy should be enacted for any time that a supervisor is unavailable.
 - a. Unavailable means not readily accessible by phone (e.g., driving through a pass where there is patchy service) AND/OR not readily able to respond (i.e., in person at the clinic within less than 30 minutes).

IMPLEMENTATION:

1. Supervisor Leave


- a. Supervisor is required to send an email that identifies:
 - i. When and for how long they are out of the office
 - ii. Who is providing coverage for their trainee(s)
 - iii. Whether or not formal supervision is covered by them or the covering psychologist, and
 - iv. Who the “on the ground” psychologist will be in case of need for immediate response
 - v. That additional trainee and program support can be provided by the Director of Clinical Training (DCT), Assistant Director of Postdoctoral Residency, and/or Associate Director of Clinical Training (aDCT)
- b. The email should be addressed to:
 - i. Trainee(s)
 - ii. Clinic Manager/Front office manager
 - iii. DCT/Assistant Director/aDCT
 - iv. Health Psychology Program Manager
 - v. Identified covering “on the ground” psychologist
 - vi. Identified psychologist covering formal supervision, if different from on the ground psychologist
- c. A template for this email and steps to create a Microsoft Outlook “quick step” is located on the PsychologyIntern drive within SHS.

2. Trainee Leave

- a. Trainee is required to send an email (with 2 weeks’ notice, unless it is an urgent situation) that identifies:
 - i. Dates requested, identifying last full day in clinic and first full day back in clinic
 - ii. Whether or not formal supervision is affected. If it is, then identify when the next supervision will occur.
- b. This email should be addressed to:
 - i. Supervisors during leave period
 - ii. Clinic Manager/Front office manager for clinics impacted by leave period
 - iii. DCT/Assistant Director/aDCT

- iv. Health Psychology Program Manager
- c. A template for this email and steps to create a Microsoft Outlook “quick step” is located on the PsychologyIntern drive within SHS.

APPENDIX H – SPECIAL REVIEW PROCESS

 Samaritan Health Services		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate	<input checked="" type="checkbox"/> SLCH
		<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SNLH		
		<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SPCH		
Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee				
	Revision #: 1				
<h3 style="color: blue;">SPECIAL REVIEW PROCESS</h3>					

APPLICATION

All psychology training programs (i.e., Doctoral and Post-Doctoral) under the Sponsoring Institution: Samaritan Health Services (SHS).

PURPOSE

The Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming programs through a Special Review process.

POLICY:

The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

PROCEDURE:

The GMEC may identify underperformance through the following established criteria, which may include, but are not limited to, the following:

Program attrition

1. Change in program director more frequently than every 2 years.

Loss of major education necessities

1. Major departmental structural change

Recruitment performance

1. Unfilled positions for three consecutive years

Evidence of scholarly activity (excluding typical and expected departmental presentations)

1. Graduating trainees – failure to complete required research activities as outlined in training manuals.
2. Faculty (Core) – failure to participate in didactics or providing support to research

Review surveys and evaluations

1. Indications of program concerns through informal mid-rotation surveys of supervisor performance conducted by social workers interviewing trainees
2. Indications of program concerns through external evaluation of programs
3. Indications of program concerns through other evaluation forms routinely collected by programs, including: evaluation of supervisor, review of program, etc.

Non-compliance with accreditation/membership responsibilities

1. Failure to submit milestones data to the APA
2. Failure to submit data to requesting organizations or GMEC (APPIC)

Negative APA accreditation status change

1. Unresolved citations or new citations or other actions by the APA resulting from annual data review or other actions

Special Review:

A special review may occur when:

1. A severe and unusual deficiency in any one or more of the established criteria

2. There has been a significant complaint against the program
3. As periodically determined by the Designated Institutional Official (DIO)

A Program Oversight Subcommittee will be assembled and schedule a Special Review in a timeframe as determined by the DIO and will consist of members as determined by the DIO. The Program Oversight Committee will present a report to the GMEC for review and approval.

The Program Oversight Subcommittee will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

1. A description of the quality improvement goals to address identified concerns,
2. A description of the corrective actions to address identified concerns and
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

Monitoring of Outcomes


The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

REVIEW/REVISION HISTORY

Dates Reviewed	08/21/2016; 7/19/2017
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Rev #	Date	Changed By	Revision Description
0	10/15/14	GMEC	New Policy
1	08/21/2016	GMEC	Minor revisions
2	07/19/2017	GMEC	Minor revisions

APPENDIX I – SUPERVISION POLICIES

 Samaritan Health Services		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate <input checked="" type="checkbox"/> GSRMC <input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH <input checked="" type="checkbox"/> SNLH <input checked="" type="checkbox"/> SPCH
Owner: Office of Medical Education		Authorized by: Graduate Medical Education Committee			
		Revision #: 1			
<h3 style="color: blue;">SUPERVISION POLICIES</h3>					

APPLICATION

All Interns, Psychologist Residents, and Supervising/Attending Psychologists

POLICY

The purpose of this policy is to insure adequate supervision to all Doctoral Psychology Residents in Samaritan programs. This policy applies to Interns and psychologist residents in Samaritan Health Services or any of its legal affiliates’ sponsored training programs; Interns and psychologist residents enrolled in integrated or affiliated programs; and/or Interns and psychologist residents from other teaching hospitals who are temporarily assigned to Samaritan Hospitals for clinical training purposes.

GENERAL SUPERVISION BY THE ATTENDING PSYCHOLOGIST

1. Outpatient Rotations

- A. The Director of Clinical Training (DCT) has primary responsibility for the oversight and organization of his/her education program in all institutions that participate in the program. An attending psychologist who has questions or concerns regarding the supervision of a trainee in an outpatient setting should contact the DCT.
- B. In the outpatient setting, the attending psychologist must be physically present or otherwise available (e.g., by phone, videoconference, etc.) in the outpatient facility and available to the trainee for consultation unless otherwise established by leave procedures (please see Communication of Leave Policy, Appendix J)

- C. Trainees must be supervised by the attending psychologist in such a way that the trainee assume progressively increasing responsibility according to their level of education, ability, and experience. The level of the attending psychologist's involvement in the examination, diagnosis and treatment of the patient will vary according to the skill level and knowledgebase of the trainee as determined by the attending psychologist. It is recommended that all patients be seen by the attending psychologist and it is required that all documentation written by trainee be reviewed by an attending psychologist.
- D. The attending psychologist must determine the level of responsibility accorded to each trainee. At no time may a trainee's scope of practice exceed the scope of practice established by his/her attending psychologist's privileges.
- E. The attending psychologist must document his/her involvement in the patient's care in the patient's medical record and should review the trainee's documentation to ensure the accuracy and completeness of these records.
- F. The attending psychologist will review, and countersign written documentation of history, progress notes, procedural notes and treatment discharge summaries. During the process of interacting with the trainees, the attending psychologist will ensure timely performance of patient evaluation, transcribed and written documentation, and discharge processing. This interaction will consist of meetings, telephone discussions, co-evaluations and co-treatment and assistance with technical procedures.
- G. The attending psychologist will review progress notes written by trainees. Documentation of the attending psychologist's ongoing involvement in a patient's care may take the form of a note written by the attending psychologist or a note written by the trainee that is co-signed by the attending psychologist and reiterates the key portions of the assessment and plan.
- H. The frequency of repeated patient interviews and examinations by the attending psychologist will be appropriate for the acuity of the patient's condition and the abilities of the trainee providing patient care.

- I. The attending psychologist or a qualified designee will be available 24 hours per day for telephone discussion of patient management.

PROCEDURE

DEFINITIONS:

Supervise: To ensure oversight of care, to have ultimate responsibility for actions of those trainees being supervised.

1. Attending or Supervising Psychologist / Supervising Faculty Member:

- A licensed independent practitioner with appropriate clinical privileges who teaches and supervises trainees. A practitioner cannot serve as an attending psychologist for procedures and/or privileges for which he/she is being proctored.
- A medical staff member, overseeing non-clinical teaching duties, who has been authorized by the DCT to teach and supervise those activities is defined as “faculty” for the purposes of this policy.

For purposes of this policy, the attending psychologist must be available to the trainee at all times both to direct patient care and to enhance the trainee’s educational experience unless otherwise established by leave procedures (please see Communication of Leave Policy, Appendix J).

2. Levels of Supervision

To ensure oversight of trainee supervision and graded authority and responsibility, the program must use the following classification of supervision. Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

- 3. Direct Supervision:** Standards set by the American Psychological Association (APA) state direct clinical supervision is inclusive of observation via physical presence, synchronous audio/video review, and asynchronous audio/video recording. The supervising psychologist is present via these methods to ensure that the treatment or evaluation is performed correctly; i.e. **the supervising psychologist is able to provide timely feedback and guidance to the trainee and patient during and between clinical encounters** for treatment or evaluation.


4. Levels of Indirect Supervision:

- With direct supervision *immediately* available – the supervising psychologist is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available – the supervising psychologist is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- Oversight – the supervising psychologist is available to provide review of procedures/encounters with feedback provided after care is delivered (see Communication of leave policy; Appendix J for procedures on conducting oversight indirect supervision).

5. **Director of Clinical Training (DCT):** A staff member, who is elected by a process of consideration involving SMG Operations, SMG Academic Affairs/Graduate Medical Education, and remaining program specific leadership, to direct a given training program. The DCT has primary responsibility for supervision of all aspects of the training program, including the selection and supervision of teaching faculty and trainees. The DCT has primary responsibility for ensuring the continued accreditation and/or certification of his/her training program **as well as for determining the level of conditional independence delegated to each trainee.**

Trainee: A psychology student enrolled in a doctoral level psychology graduate program (PhD or PsyD) OR a psychologist resident as defined by the Oregon Board of Psychologists.

APPENDIX J – DUE PROCESS AND APPEALS PROCEDURES POLICY

		<h2 style="color: orange;">Policy & Procedure</h2>		<input type="checkbox"/> Corporate	<input checked="" type="checkbox"/> SLCH
		<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SNLH	<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SPCH
Page 1 of 6			Revision #: 2		
Owner: Office of Medical Education			Authorized by: Graduate Medical Education Committee		
<h3 style="color: blue;">Due Process and Appeals Procedures</h3>					

APPLICATION

All doctoral and postdoctoral psychology trainees participating in a Samaritan Health Services psychology training program.

RIGHTS AND RESPONSIBILITIES

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program; and they carry responsibilities for both.

Fellows: The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program: The program has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

POLICY

The purpose of this policy is to ensure that trainees in our clinical training program, as adult learners enrolled in a Graduate Medical Education program, receive procedural due process in accordance with Academic Law. This policy is to be followed in all instances of non-renewal of the Graduate Medical Education Training Agreement, non-renewal of the Graduate Medical Education Resident/Post-Doctoral Agreement, or dismissal from the Psychology Training Program. The Director of Clinical Training (DCT), in consultation with the doctoral psychology Training Committee, is responsible for making a recommendation of non-renewal or dismissal to the Director of Academic Affairs (DAA). DAA, as the primary agent for the institution sponsoring the accredited program, is responsible for the final decisions of non-renewal and dismissal. The DAA assures the trainee of procedural due process in these situations.

PROCEDURE

DEFINITIONS:

1. **Actionable/sanctionable event** – an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

2. Identification of a problem – it is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:
 - A. The trainee does not acknowledge, understand, or address the problem when it is identified;
 - B. The problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
 - C. The quality of services delivered by the trainee is sufficiently negatively affected;
 - D. The problem is not restricted to one area of professional functioning;
 - E. A disproportionate amount of attention by training personnel is required;
 - F. The trainee's behavior does not change as a function of feedback, and/or time;
 - G. The problematic behavior has potential for ethical or legal ramifications if not addressed;
 - H. The trainee's behavior negatively impacts the public view of the agency;
 - I. The problematic behavior negatively impacts other trainees;
 - J. The problematic behavior potentially causes harm to a patient; and/or,
 - K. The problematic behavior violates appropriate interpersonal communication with agency staff.

IMPLEMENTATION:

1. The following steps will be taken to address a trainee's behavior and/or competency issues:
 - A. Informal Feedback (e.g., oral reprimand) and Review: This informal review occurs as soon as a supervisor or other faculty/staff member identifies problematic behavior or the trainee is having difficulty consistently demonstrating an expected level of competence. The first step is to address this issue with the trainee directly and attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

- 1) The DCT, the Assistant Director, and/or DAA shall also consider reports not coming directly from a primary supervisor. The DCT, Assistant Director, and /or DAA shall not consider anonymous reports about a trainee. However, the DCT, Assistant Director, and/or DAA is not obligated to reveal to the trainee the identity of any person reporting information about possibly sanctionable events.
 - 2) Should the DCT/ Assistant Director directly receive a report alleging Hospital or clinic rule violations, GME Training Agreement or Resident/Post-Doctoral Agreement violations, patient endangerment, and/or incidents of misconduct per APA ethical code and OBOP legislative rules, a review will be initiated.
- B. Consultation with the Training Committee (Forms 1 and 2): Written feedback with review by the Training Committee is used when a staff member or other faculty member identifies the need for more support in resolving and addressing issues with trainee behavior or demonstration of an appropriate level of competency. A request for a consult with the Training Committee may take place at any time at which staff or faculty identify a problem as listed above. Prior to consultation with the Training Committee, the staff or faculty member completes a Psychology Trainee Concerns Report Form (Form 1). After consultation with the Training Committee, a Faculty Response Concerns Report Form (Form 2) will be completed by DCT/ Assistant Director documenting the details of the Training Committee recommendations, which could include additional steps for informal resolution or initiation of the formal due process. A copy of each of these forms must be placed in the trainee's file. Supervisor will review Form 2 with the trainee.
- C. Formal Review: If through consultation, the Training Committee determines that the formal due process needs to be initiated, or when a trainee receives a rating below a "3" on any competency on a supervisory evaluation, the following process is initiated:
- 1) **Notice**: The trainee will be notified in writing that the issue has been raised to a formal level of review and that a hearing will be held.
 - 2) **Hearing**: The DCT/Assistant Director will hold a hearing with the supervisor or faculty/staff member who initiated the concern and

trainee within 10 working days of issuing the notice of formal review to discuss the problem and determine what action needs to be taken to address the issue. If the DCT or Assistant Director is the supervisor who is raising the issue, an additional faculty member who works directly with the trainee will be included at the hearing. The trainee will have the opportunity to present their perspective at the hearing and/or to provide a written statement related to their response to the problem. This will be documented on the Psychology Trainee Performance Improvement Plan form (Form 3).

- 3) **Outcome and Next Steps:** The result of the hearing will be any of the following options, to be determined by DCT, Assistant Director, and other faculty/staff member who was present at the hearing. The outcome will be communicated to the trainee in writing within 5 working days of the hearing and will be documented on Form 3. The trainee may respond in writing within 48 hours to any action/sanction, which will be included in the trainee's file along with documentation of any sanctions imposed by the training program. Possible outcomes include:
 - 2) Notify the trainee in writing, formally acknowledging the following:
 - i. That faculty is aware and concerned about the problem;
 - ii. That the problem has been brought to the attention of the trainee;
 - iii. That the faculty will work with the trainee to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
 - iv. That the problem is not significant enough to warrant further remedial action at this time.
 - 3) Place the trainee on a formal Performance Improvement Plan, which describes the specific corrective actions and monitoring period. The plan will be documented on Form 3. A performance improvement plan is not a sign of a failing trainee. Rather, it is a

highly effective tool to provide trainees with clear and defined processes to help them improve in areas where they are not meeting expected competency levels. Formation of the Performance Improvement Plan should be collaborative in involving the trainee, defining the reason for the plan, referencing specific competencies, including measurable objectives to track progress, and having specific intervals at which progress is to be assessed. Progress will be monitored and documented using the Performance Improvement Plan Follow-Up form (Form 4). Further, consequences of failure to complete a plan may be indicated, as appropriate, and the trainee should be provided with supportive information (e.g., employee assistance program or other resources, as necessary). The implementation of a Performance Improvement Plan will represent a probationary status for the trainee. The length of the probation period will depend upon the nature of the problem and will be determined by the trainee's supervisor and the DCT/Assistant Director. A written Performance Improvement Plan will be shared with the trainee and their home doctoral program (if trainee is an intern or practicum student) and will include:

- i. The actual behaviors or skills associated with the problem;
- ii. The specific actions to be taken to rectify the problem;
- iii. The time frame during which the problem is expected to be ameliorated; and,
- iv. The procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this probation period as specified above, the DCT/Assistant Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the trainee's permanent file. If the problem has not been remediated, the DCT/Assistant Director may choose to extend the Performance Improvement Plan. The extended plan will

include all of the information mentioned above and the extended time frame will be specified clearly.

- a) Place the trainee on suspension, which would include removing the trainee from some or all clinical provision for a specified period of time, during which the program may support the trainee in obtaining additional didactic training, close mentorship, additional supervision, or some other method of remediation. The length of the suspension period will depend on the nature of the problem and will be determined by the trainee's supervisor and the DCT/ Assistant Director. A written Psychology Trainee Suspension Plan (Form 5) will be shared with the trainee and will include:
 - i. the actual behaviors or skills associated with the problem;
 - ii. the specific actions to be taken to rectify the problem;
 - iii. the specific training activities that will be suspended while the trainee works to rectify the problem;
 - iv. the time frame during which the problem is expected to be ameliorated; and,
 - v. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified above, the DCT / Assistant Director will provide to the trainee a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted (Form 6 – Psychology Trainee Suspension Follow Up). *A trainee who is suspended will only be reinstated under a formal Performance Improvement Plan.* In this case, the process outlined above would be followed. This statement will become part of the trainee's permanent file.

- d. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the trainee's placement within the program may be terminated. The decision to terminate a trainee's position would be made by the Training Committee, a representative

of Graduate Medical Education, and a representative of Human Resources, and would represent a discontinuation of participation by the trainee within every aspect of the fellowship program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The DCT/ Assistant Director may decide to suspend a trainee's clinical activities during this period prior to a final decision being made, if warranted. The training program may consult with APPIC prior to a final decision being made, if appropriate. The training program will notify APPIC of the final decision.

e. A combination of actions/sanctions may be used. Suspensions and/or dismissal may begin immediately if the DCT/ Assistant Director or DAA believes immediate action is needed to protect the quality of patient care or stable operations of the training program and/or Hospital. A trainee may appeal this process following the due process and appeals procedure. This action/sanction does not go into effect until the hearing is complete. A trainee who appeals a dismissal will be placed on administrative leave pending the outcome of the hearing procedure.

2. Appeals Process

- A. A trainee who has received notice of any action/sanction discussed above has 48 hours from receipt of this notice to file a request for an appeal. This request must be made in writing and submitted to the DAA either in person or through email with receipt notification. The request must explain the reason(s) for appeal and the name of the individual the trainee wants to have on the hearing committee (see "b" below). Failure to file this request within 48 hours forever bars an appeal by the trainee.
- B. On receipt of a request for a hearing, the DAA shall send a copy of the request to the trainee and shall confirm receipt with the trainee.

- 1) Within 5 business days of receipt, the DAA shall name a hearing committee to hear the appeal.
 - 2) The 6-member hearing committee shall consist of the DCT and Assistant Director, one faculty member from another program, one Chief/Senior Intern/Resident from another program, a representative for the Academic Sponsor at the request of the DAA, and one Training Committee Member.
 - 3) Within 5 days of receipt of the request, the DAA will notify the trainee of the membership of the hearing committee.
 - 4) The hearing committee will be chaired by either the DCT or Assistant Director.
 - 5) The DAA shall request the record of the meeting at which the sanction was given and other supporting data from the DCT/ Assistant Director and distribute it to the hearing committee members.
- C. Within 5 business days of notification of the trainee regarding membership of the hearing committee, the hearing committee shall meet to hear the appeal. The hearing proceedings will also include the DAA and HR Director (as observers) and a staff member to record the meeting. The hearing will be closed to all other individuals.
- 1) The hearing will consist of a presentation by the DCT/ Assistant Director and a presentation by the trainee.
 - 2) The hearing committee will be asked to make their final decision, to the best of their ability, based upon the information provided in response to the following questions:
 - a. Was the trainee's performance judged using the same criteria and methods (e.g., instruments, forms, meetings, etc.) as those used for other trainees in the program?
 - b. Was the trainee notified of the specific deficiencies or problems needing correction?
 - c. Was the trainee given an opportunity to be heard or correct the deficiencies/problems?
 - d. Was the trainee placed on a formal Performance Improvement Plan? (If not, the DCT/ Assistant

Director must provide an explanation for that decision)

- e. If the trainee was placed on a formal Performance Improvement Plan, was the trainee's performance re-evaluated according to the terms of this plan?
 - f. Was the action/sanction appropriate in light of the trainee's overall performance and/or actions?
- 3) The trainee may also introduce written documents and/or individuals who will provide testimony that is specifically related to one or more of these six questions.
 - 4) The trainee is not entitled to legal representation during the hearing.
 - 5) The hearing committee has the right to question both presenting parties and any individuals who are appearing at the request of the trainee.
- D. Immediately following the hearing, the hearing committee will meet in an executive session to determine its recommendation. A majority of the members of the hearing committee must support a recommendation in order for it to be enacted. The hearing committee is limited to making one of the following recommendations:
- 1) Upholding the action/sanction, with or without suggestions for the DCT, the Assistant Director and faculty.
 - 2) Naming an action/sanction of lesser severity with specific reasons for this new plan;
 - 3) Withdrawing the action/sanction at this time and citing specific reasons based upon the information gathered during the hearing. An alternative action/sanction may or may not be recommended.

The hearing committee chair will submit a written report with the recommendation to the DAA within 24 hours of the hearing's conclusion.

- E. The DAA will take the hearing committee's report and make a final determination within 24 hours of receipt of this recommendation. Within three days of the hearing committee meeting, the DCT, Assistant Director and the trainee shall be informed of the DAA's


final decision regarding the appeal. The DCT/ Assistant Director will file a copy of all reports and notifications of action in the trainee's personnel file.

- F. A formal report will be presented, by the hearing committee chair, as an informational item at the next regular Training Committee meeting. The report will provide the hearing committee's recommendation and the reasons for it. This written report will be entered in the minutes. The DAA will also discuss his/her/ their use of the hearing committee's recommendation in reaching the final decision.
- G. A record of the hearing and the hearing committee's report will be kept in the GME Office. In addition to notifying the trainee and DCT in cases of non-renewal or dismissal, the DAA will also notify all appropriate regulatory and/or accreditation agencies.
- H. Notice of sanction, hearing request and date/time, as well as the final decision must be given to the trainee by personal service (i.e., in person) or email with receipt notification.

REFERENCES

- None.

APPENDIX K- CRITICAL PATIENT INCIDENT POLICY

	<p>Policy & Procedure</p>	<input type="checkbox"/> Corporate	<input checked="" type="checkbox"/> SLCH
		<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SNLH
		<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SPCH
		Revision #: 1	
Owner: Office of Medical Education	Authorized by: Psychology Training Committee and Graduate Medical Education Committee		

APPLICATION

All doctoral and post-doctoral psychology trainees participating in a SHS psychology training program.

POLICY/PROCEDURE

Samaritan Health Services Psychology Training Programs recognizes that there are a number of critical incidents that can occur in providing care to patients. These can include, but are not limited to: patient suicide, patient committing homicide, clinician/trainee being threatened or harmed, clinician/trainee death or disability, patient being murdered, and patient death from medical complications. When these critical incidents arise, they have the potential to create a significant emotional reaction that can potentially compromise the trainee and/or supervisor. Proactive and thoughtful care of the trainee and supervisor after such a critical incident is imperative for the well-being of the trainee and supervisor.

After a critical incident, the following measures should be taken, divided into objectives for the supervisor and for the trainee:

1. Supervisor
 - A. Consideration of canceling patient care for the remainder of the day and notification of the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health by phone.
 - I. Supervisors and trainees may feel that canceling their clinic for paid administrative leave is not necessary in some situations

- (e.g., expected patient death in hospice care, death due to medical complications, etc.) and this should be taken on a case by case basis.
- II. Other times, there is a mandatory need to cancel clinic (e.g., patient suicide/homicide, clinician/trainee death/disability, etc.) in order to ensure the supervisor and trainee receive the support they need. This decision will be made by the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health in discussion with the supervisor. In these situations, the supervisor may be provided up to 3 days of paid administrative time, not to be taken out of their authorized time off (ATO) or paid time or days off (PTO/PDO).
 - a) Three days is the maximum amount of time available given the importance of re-engaging in clinical care to address self-confidence and decrease anticipatory anxiety (Ellis, 2012). The amount of time taken shall be decided on a case by case basis by the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health in discussion with the supervisor.
 - B. The Medical Director of Behavioral Health and/or the supervisor will contact the Director of Clinical Training if a trainee was involved in the patient's care OR there is a trainee on rotation, even if they are not involved in that patient's care.
 - I. The Director of Clinical Training will contact the associated Assistant Director of Clinical Training for that level of trainee.
 - a) If the trainee was involved in the patient's care, then the critical incident procedures for the trainee should fall into place (see below)
 - b) If the trainee was not involved in the patient's care, but is on rotation, then the Director of Clinical Training will ensure that they are appropriately de-briefed on why their primary supervisor is not on site and will ensure that coverage is provided for the trainee in line with the Communication of Leave Policy (Appendix J). Samaritan Health Services leadership recognizes that a traumatic event does not have to occur to a patient in direct care of the supervisor or trainee to impact them. As such, the trainee or supervisor may still necessitate a leave of absence and this should be evaluated on a case by case basis by the Medical Director for Behavioral Health and the

Operations Manager for Behavioral Health in discussion with the supervisor.

- C. Medical Director for Behavioral Health and the Operations Manager for Behavioral Health will determine if a notification to Risk Management needs to be made (e.g., patient homicide or suicide). If a report needs to be made, it should be done within the first 12 hours of the event.
- D. During the first 24 hours, the Medical Director of Behavioral Health will reach out to the supervisor by phone to ensure that the supervisor has some support network around them, to possibly include friends and family members.
 - I. Institutional resources should be provided, including access to the Chief Wellness Officer and the Employee Assistance Program.
- E. Within the first 72 hours, the Medical Director of Behavioral Health will meet with the supervisor one on one and conduct a clinical review. The goal of this clinical review is “not only evaluating quality of care and determining whether there are deficiencies in need of correction, but also consideration of the emotional impact of the event on employees and providing support through the review process itself” (Ellis & Patel, 2012; p. 284)
 - I. At this time, the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health, with support of the individual clinic, will determine with the supervisor which family members should be contacted and how. Specifically, in discussion with risk management, determination will be made as to whether a release of information is needed. Further, factors for contacting family members should include known family dynamics.
 - II. Should family members want to seek behavioral health services, the supervisor impacted by the patient suicide should not provide the therapy. Rather, a therapist within the same community should be provided as a resource, as appropriate.
- F. Within the first 72 hours, the Medical Director of Behavioral Health and the Operations Manager for Behavioral Health will create a peer selected panel based on the supervisor’s preference to provide a de-identified review. This panel should meet within the first week after the event and priority should be given to this meeting over clinic schedule, within reason accounting for patient severity/needs.
 - I. The de-identified case review will be informally reviewed in this meeting, but in far less detail. The goal of this meeting is to provide support to the supervisor with a focus on sharing experiences, as appropriate, normalizing thoughts/emotional reactions, and forming a supportive network of peers for the

supervisor to access as needed. If appropriate, as determined by the supervisor and Medical Director of Behavioral Health, an abbreviated case review can be sent out in advance of this meeting to prepare attendees.

- G. As noted above, the supervisor should return to work within the first week of the incident; however, the time duration allotted for this should be individualized to the needs of the clinician. Upon return to work, there should be a reduced clinical load that is slowly increased, as appropriate. The Medical Director for Behavioral Health and the Operations Manager for Behavioral Health will work with clinic leadership to help accomplish this. Further, these individuals should continue to check in by phone or in person with the supervisor to monitor their progress until they return to a full, clinical schedule.
- H. Two weeks after the clinician has returned to their regular clinical schedule, the clinician and Medical Director for Behavioral Health and the Operations Manager for Behavioral Health should meet with the Director of Clinical Training. The goal of this meeting will be to review the processes of contained in this policy and help to refine any gaps that were observed.

2. Trainee


- A. If the trainee was involved in the patient care, they may be provided up to 3 days of paid administrative time (unless they are a practicum student, for which no paid time will be provided but time off may still be required), not to be taken out of their authorized time off (ATO) or paid time or days off (PTO/PDO).
 - I. The same procedures as described in the supervisor section (1-A-I to 1-A-II) regarding optional versus required time off and time frame to return to work apply for trainees.
- B. The Director of Clinical Training and associated Assistant or Associate Director of Clinical Training (as appropriate) will contact the supervisor and determine the appropriate sequence to contact the trainee in, being mindful of supporting but not overwhelming the trainee.
 - I. Contact should be made daily by one agreed upon representative of the training program until the trainee returns to clinic. A focus on support system around the trainee should be briefly explored on the phone call, and resources available to the trainee including the Director of Academic Affairs and the Employee Assistance Program (if appropriate) should be offered.
 - II. If the trainee is a practicum student, the Director of Clinical Training and the Assistant Director for Practicum Training

- should contact the Director of Clinical Training and/or track mentor of the university to inform them.
- C. After the clinical review has been conducted between the supervisor and the Medical Director of Behavioral Health, a clinical review will be conducted with the supervisor and trainee at a minimum. Dependent on the situation, the Director of Clinical Training and/or Assistant Director of Clinical Training may also be a part of this process.
 - I. If the Director of Clinical Training or Assistant Director of Clinical Training is not included in the clinical review, they should have a separate meeting to follow up with the trainee.
 - D. Within the first 72 hours, the Director of Clinical Training will create a peer selected panel based on the trainee's preference to provide a de-identified review. This panel should meet within the first week after the event and priority should be given to this meeting over clinic schedule, within reason accounting for patient severity/needs.
 - I. Trainees may choose a small set of peers from their cohort, across different levels of psychology training, or across different training programs within the Samaritan system. Social work mentors should also be considered as possible attendees, based on trainee preference.
 - II. The de-identified case review will be informally reviewed in this meeting, but in far less detail. The goal of this meeting is to provide support to the trainee with a focus on sharing experiences, as appropriate, normalizing thoughts/emotional reactions, and forming a supportive network of peers for the trainee to access as needed. It is emphasized that this is a non-evaluative process.
 - E. The trainee should return to work within the first week of the incident; however, the time duration allotted for this should be individualized to the needs of the trainee. Upon return to work, there should be a reduced clinical load that is slowly increased, as appropriate. The supervisor and Director of Clinical Training should continue to check in by phone or in person with the trainee to monitor their progress until they return to a full, clinical schedule.
 - F. Two weeks after the trainee has returned to their regular clinical schedule, the trainee, supervisor, and Medical Director for Behavioral Health and the Operations Manager for Behavioral Health should meet with the Director of Clinical Training and associated Assistant Director of Clinical Training. The goal of this meeting will be to review the processes of contained in this policy and help to refine any gaps that were observed.

REFERENCES:

Ellis, T., & Patel, A. (2012). Client Suicide: What Now? *Cognitive and Behavioral Practice*, 19, 277-287

APPENDIX L: DRUG AND ALCOHOL-FREE WORKPLACE POLICY- SYSTEM

		Policy & Procedure		<input checked="" type="checkbox"/> Corporate	<input checked="" type="checkbox"/> SLCH
		<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SNLH	<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SPCH
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Owner: Human Resources		Authorized by: Psychology Training Committee and Graduate Medical Education Committee			

PURPOSE

Samaritan Health Services (SHS) has a responsibility to the people they serve to deliver services in a safe and conscientious manner. SHS expects employees to report to work unimpaired and in condition to perform their duties safely and efficiently. In order to ensure this objective, SHS employees must at all times work free from the effects of performance impairing substances. SHS strives to balance the respect for individual privacy with the need to ensure a safe, productive, drug-free work environment and comply with federal regulations.

DEFINITIONS

1. **Clinician:** All applicable physicians and advanced practice professionals defined as Neuropsychologist, Psychologist, Physician Assistant, Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, Licensed Clinical Social Worker, Licensed Professional Counselors, Mental Health Therapists and related Resident Physicians and Fellows.

Implementation

1. PROHIBITED CONDUCT

- A. Using drugs or alcohol on the job or while on-call, reporting to work under the influence, or possessing, distributing or selling drugs or alcohol in the workplace. The term "drug" for purposes of this policy includes illegal inhalants and illegal drugs and any controlled substance that has not been lawfully prescribed to the employee or is not being used as prescribed. Illegal drugs include marijuana, even if medically prescribed or recreationally used pursuant to Oregon law.
- B. The following conditions and activities are expressly prohibited while at work or on-call and are subject to corrective action, up to and including termination:
 - 1) The manufacture, sale, trade, offer to sell or trade, use, distribution, or possession of drugs or alcohol) is prohibited during work or on-call hours, including breaks and lunches and in circumstances that SHS believes might adversely affect its operations or safety.
 - 2) It is a violation of this policy for an employee to report to work with any detectable level of alcohol or drugs (other than as described under Prescription Medications, in one's system or to have any noticeable or perceptible impairment of the employee's mental or physical faculties. This includes perceptible impairment due to prescription medication. "Detectable level" may include a positive blood, urine, saliva, or breath test.

2. PRESCRIPTION MEDICATIONS

- A. Employees who are medically authorized to use over the counter or prescribed drugs, not including medical marijuana, are responsible to determine from their physician whether or not the substance can impair safe job performance. If it can, the employee must report the use of the substance to their immediate supervisor and provide proper written medical authorization from a physician (i.e. Fitness for Duty/Return to Work Authorization Form) as to whether the employee can perform all the essential job functions with or without restrictions while using the

authorized drugs. Even with a medical release from a physician, if an employee using prescription drug(s) is feeling impaired by the authorized medication, they must immediately inform a supervisor and excuse themselves from work.

B. Written medical authorization(s) will be maintained in the employee's health record in the Employee Health (EH) Department. SHS will treat marijuana (whether recreational or medical) in the same manner as any other illegal drug.

3. DRUG AND ALCOHOL TESTING

A. A legal chain of custody form will be required for all drug and alcohol testing. Drug testing shall be administered as follows:

1) Pre-employment/Post Offer Testing

1. This applies to clinicians and those with a testing requirement listed in the job description. Urine testing for drugs will be conducted where required after a conditional job offer has been extended ("post-offer") for potential new hires and must be completed before the candidate is hired and begins to work. Job offers will be contingent upon the candidate passing the urine drug test within one business day of accepting the conditional job offer. Out-of-area candidates and candidates with special circumstances may have the collection time extended at the sole discretion and approval of the SHS Talent Acquisition or Physician Recruitment Director or designee.

2) Specimen Integrity

1. The urine sample must be suitable for testing. If the collection site determines that the urine sample is unsatisfactory, e.g. temperature less than 90 degrees Fahrenheit, quantity less than 30 ml, etc., the candidate will be asked to repeat the urine test immediately before leaving the collection site. If the candidate refuses or does not remain at the collection site to provide another specimen, the collection site will notify the appropriate SHS contact person and SHS may rescind the job offer.

2. The urine drug screen must be negative for the presence of drugs that are being tested (Amphetamines, Barbiturates, Cocaine, Opiates,

and Marijuana) and the urine sample must pass an integrity test. If a candidate has a negative drug screen but fails the integrity portion of the test due to the consumption of too much liquid, they will be allowed to repeat the urine drug screen within one business day. If the candidate refuses or does not return within one business day after notification, the job offer will be rescinded. If the candidate's sample fails the integrity test the second time, no further testing will be done, and the job offer will be rescinded.

3. The Medical Review Officer (MRO) will notify SHS Talent Acquisition or Physician Recruitment of any confirmed positive test results or adulterated, substituted or invalid specimens. SHS Talent Acquisition or Physician Recruitment will rescind the job offer for tests reported as positive or refusal to test. For tests reported as invalid/cancelled (adulterated or substituted), the candidate will be asked to report back to the collection site within one business day for re-collection under direct observation unless recommended otherwise by the MRO. If the test is reported as invalid a second time, or the specimen fails the integrity test, SHS Talent Acquisition or Physician Recruitment will proceed with MRO recommendation
4. Any candidate denied employment based on a pre-employment/post-offer drug screen will not be eligible to reapply for employment with Samaritan Health Services for at least one year.

3) Reasonable Suspicion Testing

1. When SHS has a reasonable suspicion that an employee has violated this policy due to perceptible impairment or other factors, some of which are identified below, the employee will be required to submit to testing to determine the presence or use of alcohol or drugs. SHS reserves the right to determine whether reasonable suspicion exists. When reasonable suspicion testing is initiated, the employee will be placed on unpaid investigatory leave pending the findings of the investigation and results of any applicable laboratory testing, fitness for duty examinations or medical evaluations. The situations where

SHS may exercise its “reasonable suspicion” right to test include, but are not limited to, the following

- a. Observable symptoms of being under the influence of alcohol or drugs (e.g., slurred speech, staggering or unsteady gait, glassy or reddened eyes, etc.);
- b. Noticeable odor of alcohol or drug use;
- c. Involvement in an accident on company premises which results in physical injury or property damage where drug or alcohol use is suspected as a contributing factor
- d. Involvement in a motor vehicle accident, other than minor incidents, involving an SHS owned motor vehicle even if the employee does not exhibit observable symptoms of being under the influence of drugs or alcohol. These may include, but are not limited to accidents:
 1. Injuries to any party;
 2. Significant damage to any vehicle or property; where the driver of the SHS vehicle was cited; or
 3. Involving excessive speed by the SHS employee for the driving conditions.
- e. A sentinel event or any significant patient safety concern
- f. Unexplained, significant changes in behavior (erratic, insubordinate or abusive behavior, sudden decline in performance, or disregard of safety rules or procedures);
- g. Unexplained or suspicious absenteeism or tardiness and/or deteriorating work performance;
- h. Suspicion of diverting, theft or misappropriation of drugs;
- i. Admission of alcohol and/or drug use; or
- j. Reports of drug and alcohol policy violations deemed credible by SHS.

4) Fitness for Duty

1. An employee may be subjected to reasonable suspicion testing for signs/symptoms of impairment and have a “negative” drug test. In such cases, an employee may still be placed on unpaid investigatory leave if SHS determines the employee is unfit to provide patient care

or perform their job duties as assigned in a safe manner. An employee may be considered impaired and unfit for work for reasons other than use of alcohol, illegal substances, or controlled substances such as excessive use of prescriptive and over-the-counter medications which result in impairment of the employee's mental or physical faculties. The employee may be required to complete a fitness-for-duty medical evaluation. Employees are expected to use good judgment and not report to work if they are unfit to perform assigned job duties in a safe manner.

5) Return to Work Monitoring

1. Drug and alcohol testing will be conducted as outlined in any Accountability Agreement as part of the employee's rehabilitation program when applicable.

4. VERIFICATION/NOTIFICATION OF TEST RESULTS

- A. If the urine drug test is positive for any of the drugs tested, the sample will be sent to a SHS/ Substance Abuse and Mental Health Service Administration (SAMHSA)-certified and Oregon licensed laboratory for Gas Chromatography/Mass Spectrometry confirmatory testing
- B. A licensed physician with knowledge of drug and alcohol use will make a final verification of a positive drug test result. SHS has designated a Medical Review Officer (MRO) who will determine if a confirmed positive test resulted from something other than prohibited drug or alcohol use. The MRO will notify a designated SHS contact person with the final interpretation of the test result (i.e. pass/fail).

5. RIGHT TO CONDUCT LIMITED SEARCHES

- A. SHS reserves the right to inspect and/or search any employee's personal property, including automobiles, on SHS premises if it determines in its sole discretion there is reason to believe that property may contain drugs or alcohol. In the event that a search is required, the employee will be notified of the reasons for the search and the search will be conducted by the Security Department Manager and/or Department Manager/designee in the presence of the employee whenever possible. Refusal to submit to any such inspection or refusal to cooperate in any investigation will result in corrective action, which could include termination. Employee should

have no expectation of privacy with respect to personal belongings brought onto SHS property.

6. CORRECTIVE ACTION

A. Any employee who is found to be in violation of this policy, refuses to submit and fully consent to testing as required, refuses to cooperate, or attempts to subvert the collection process including but not limited to tampering with, using a masking agent, or providing an adulterated or substituted sample (e.g., abnormal temperature or color) will be subject to corrective action up to immediate termination of employment. SHS will report any confirmed incident of substance abuse to the appropriate licensing board, when applicable, for any licensing corrective action. SHS also reserves the right to involve law enforcement officials for any conduct that it believes might be in violation of applicable law.

7. SHS ASSISTANCE

A. Voluntary Request for Assistance

- 1) Any employee who voluntarily requests assistance in dealing with a personal drug and/or alcohol problem may do so through the Employee Assistance Program (EAP) without jeopardizing their employment, as long as the assistance is sought before work performance has deteriorated or corrective action has begun, and the employee has not previously requested assistance with a drug and/or alcohol problem. No discipline or reprisals will result merely from an employee asking for such assistance, and SHS will work with the employee to initiate an appropriate treatment program. The only exception to this provision is if the employee is already subject to discipline at the time of the request or announcement. In such cases, having an announced problem with alcohol and/or drugs may not be considered in the determination of appropriate discipline. SHS will work with employees voluntarily seeking assistance to initiate an appropriate treatment program. The employee will not be released from work unless their condition creates an inability to work or as required by applicable law.
- 2) An employee who uses alcohol or drugs in connection with work, or otherwise violates this policy, thus endangering themselves, patients, customers, or other employees, will not be entitled afterwards to enter a

treatment program and avoid discipline or penalty. SHS will instead discharge the employee unless SHS, in its sole discretion and judgement, decides to show leniency in a particular case, and still allow the employee to enter a treatment program

B. Conditions of Employment following a Voluntary Request for Assistance

- 1) As a result of voluntary request for assistance, or as part of a corrective action plan, a condition of continued employment may include the employee's entering into an Accountability Agreement with SHS. The Accountability Agreement will outline compliance requirements with an appropriate treatment plan, after-care, and follow-up testing. Employees who enter into an Accountability Agreement generally will be subject to additional testing requirements, including but not limited to random drug and/or alcohol testing for a period of two years. Failure to observe the terms of the Accountability Agreement generally will result in immediate termination
- 2) SHS will keep any communication regarding the employee's treatment as private and confidential as possible under all the factual circumstances.

8. CONFIDENTIALITY & RECORD KEEPING

A. Substance abuse records are considered confidential information, which are disclosed only to individuals on a need to know basis

1) Reasonable Suspicion/Corrective Action Documents

1. If an employee has a confirmed positive drug or alcohol test, documentation of the investigation and any corrective action communication will be stored in the employee's investigation file in Human Resources.

2) Test Results

1. Substance abuse test results for reasonable suspicion will be stored in a separate file in a locked cabinet located in the Human Resources Department.
2. For post-offer urine drug tests, Samaritan Occupational Medicine (SOM) will have custody and maintain the results for all SHS sites

3) Release of Post-Offer Urine Drug Test Results

1. Employees requesting copies of their post-offer urine drug test results should contact SOM.

4) Release of Reasonable Suspicion Test Results

1. The employee must make the request in person at SOM* office. A picture I.D. will be required. SOM* will only release the test results. Other documents (i.e. MRO evaluation, etc.) will not be released without a court order, pursuant to a lawful subpoena, or as otherwise required by law. **For SNLH, the request is made at the Laboratory Department. SNLH Laboratory will only release a copy of the test results.*

9. ARREST OR CONVICTION – DRUGS

- A. Employees are required to notify SHS of any criminal drug statute arrest or conviction no later than five (5) days after such arrest or conviction.
- B. SHS recognizes that situations may arise which are not specifically covered by this policy and these guidelines. Such situations will be dealt with on a case-by case basis taking into account such things as the nature of the situation or problem, the employee's overall employment record and job assignment, the potential impact on production and safety and customer relations concerns.

10. REASONABLE SUSPICION PROCEDURE

- A. Mid-Valley Hospitals and Coastal Hospitals- During Samaritan Occupational Medicine business hours: If an employee appears to be in violation of the SHS drug and alcohol policy, the following steps generally will be taken:
 - 1) The manager or designee will request the assistance of an appropriate witness (i.e. ADM, Security Manager, and Nursing Supervisor). Both persons will observe the behavior of the employee in question. A "Supervisor's Worksheet" may be used to document the signs/symptoms of the employee's suspected violation of the drug and alcohol policy.
 - 2) Once confirmation of the suspicion has occurred, the employee will be removed from the work area and, in private, with the manager/witness present, questioned regarding the behavior/performance observed. The manager/designee and witness will then determine whether it will be necessary to require the employee to submit to drug or alcohol testing.
 - 3) If the employee refuses to cooperate, the manager/designee will advise the employee that under SHS's policy, failure to respond to questions

or to allow a test thereafter may be grounds for termination. The employee is to be sent home with appropriate transportation if they refuse to cooperate with the drug or alcohol policy investigation.

- 4) Refer to the last page of the policy for locations and phone numbers of drug/alcohol collection. A urine drug test (consisting of a comprehensive Health Professional Drug Test Panel) *and* alcohol testing will be collected for any reasonable suspicion.
- 5) When contacting SOM during normal business hours in the mid-valley, provide meeting location and contact person's name. (Example: "Requesting reasonable suspicion drug testing at GSRMC, Corvallis. Please meet Jane Doe, Nursing Supervisor, in the front lobby of the Emergency Department.")

- B. For Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital testing contact SOM's Manager by calling (541) 974-3408.
- C. For after-hours reasonable suspicion testing in the mid-valley, the house supervisor will notify the SOM on-call collector to perform the testing.
- D. For assistance with any reasonable suspicion testing, Human Resources may be contacted.
- E. Secure a private room, near a restroom, for the testing to be conducted. Once testing has been completed, the employee will be relieved of their duties and appropriate transportation will be arranged by the facility to take the employee home. The employee will be placed on unpaid investigatory leave until the investigation is complete.
- F. The manager/designee will complete necessary documentation and send it to Human Resources.

11. AUTHORIZATION

- A. If a situation arises during post-offer or reasonable suspicion testing that is not covered within this written policy, the person conducting the drug test will contact the appropriate SHS contact person for clarification and/or further instructions. If needed, the contact person will consult with the SHS Vice President of Human Resources who has the ultimate authority in decisions pertaining to these situations.

REFERENCES

- **Appendix A: Mid-Valley and Coastal Contact Information.**
- **Appendix B: Drug and Alcohol-Free Workplace Policy Supervisor's Worksheet**
- **Employee Corrective Action Policy – System**

SHS PSYCHOLOGY POST-DOCTORAL RESIDENCY ACKNOWLEDGEMENT OF HANDBOOK, PROTOCOLS, & POLICIES

I acknowledge that I have received, reviewed, understand, and agree to abide by the Samaritan Health Services Psychology Post-Doctoral Residency Program's handbook and protocols, relevant SHS policies, and relevant ethical and specialty guidelines.

___ Psychologist Resident Graduate Medical Education Resident/Post-Doctoral Agreement

___ Two copies (one for SHS and one for self)

___ Health History Questionnaire

___ Employee Orientation Checklist

___ Psychology Post-Doctoral Residency Handbook

___ Mission

___ Training model and philosophy

___ Profession-Wide and Program-Specific Competencies

___ SHS Psychology Post-Doctoral Residency Evaluations Package

___ SHS Psychology Post-Doctoral Residency Evaluation of Resident Agreement

___ SHS Psychology Post-Doctoral Residency/OBOP Mid-Rotation Evaluation of Resident

___ SHS Psychology Post-Doctoral Residency/OBOP End of Rotation Resident Evaluation

___ SHS Psychology Post-Doctoral Residency End of Rotation Evaluation of Clinical Supervisor

___ SHS Psychology Post-Doctoral Residency Evaluation of Training Program (Mid & End of Training Year)

___ SHS Psychology Post-Doctoral Residency Didactic Evaluation Form

___ SHS Psychology Post-Doctoral Residency Policies:

___ SHS Equal Employment Opportunity

___ SHS Harassment Free Workplace

___ Diversity and Nondiscrimination Policy

___ Stipend, Benefits, and Resources Policy

___ Resident Evaluation, Retention, and Termination Policy

___ Grievance Procedures Policy

___ Communication of Leave Policy

___ Special Review Process

___ Supervision Policies

___ Due Process and Appeals Procedures Policy

___ Critical Incident Policy

___ Drug and Alcohol-Free Workplace Policy

___ APA Ethical Principles of Psychologists and Code of Conduct

In signing below, I also acknowledge that I have been provided with a hard copy of the above listed documents for my files.

Printed Name

Signature

Date