



Tripler Army Medical Center Clinical Psychology Internship Program

CPIP Handbook Excerpt

(Full Handbook and Appendices available upon request for interested applicants)



*Tripler Army Medical Center is the largest medical treatment facility in the entire Pacific Basin.
Close to 400,000 people are eligible to receive care at the
Pacific Regional Medical Command's premier teaching medical center.*

Updated 01 May 2019

**Tripler Army Medical Center
Department of Behavioral Health
1 Jarrett White Road, Honolulu, Hawaii 96859-5000**

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INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables updated: 09/01/2018

Internship Program Admissions

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

The Tripler Army Medical Center Clinical Psychology Internship Program prepares interns as fully trained professional psychologists capable of fulfilling the duties and responsibilities of an Army Psychologist. As such and in accordance with United States law, applicants must be United States citizens, meet age requirements, undergo a security background check, and meet medical qualification requirements for an active duty Army officer commission prior to being placed on the internship's APPIC Match ranking list. Our internship program values cultural and individual diversity and strongly encourages qualified candidates from all backgrounds to apply. In keeping with our commitment to diversity, we seek an internship class that represents a wide range of backgrounds, interests, talents, and life experiences.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

| | | |
|---|-----|-----|
| Total Direct Contact Intervention Hours | YES | 500 |
| Total Direct Contact Assessment Hours | YES | 150 |

Describe any other required minimum criteria used to screen applicants:

The TAMC Clinical Psychology Internship Program follows all APPIC policies and procedures for intern selection. Applicants must include the following documents in their APPI application: Graduate transcripts, three letters of recommendation, Curriculum Vitae, and a de-identified written sample of a psychological assessment case including formal psychometrics reflecting actual clinic work. Dissertation Status: Applicants who have not successfully defended their doctoral or clinical research project proposal prior to the CPIP board in December will not be considered. If an applicant completes the proposal after the November program application deadline, the applicant must have their Director of Training from their doctoral institution send a letter certifying completion to the TAMC Clinical Psychology Internship Program.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns: \$90440 (includes housing and cost of living allowances)

Annual Stipend/Salary for Half-time Interns: N/A

Program provides access to medical insurance for interns? YES

If access to medical insurance is provided

Trainee contribution to cost required? No

Coverage of family member(s) available? Yes

Coverage of legally married partner available? Yes

Coverage of domestic partner available? No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation): 30 days (equivalent to 240 hours)

Hours of Annual Paid Sick Leave: Not accrued but sick leave is allowed when medically indicated

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

Other Benefits (please describe): Full medical and dental health insurance, housing allowance, cost of living allowance, access to commissary and post exchange shopping, and a variety of MWR services and equipment. Employer paid life insurance and low cost family life insurance. Employer contribution to retirement plan.

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

Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

| | 2015-2018 | |
|---|-----------|----|
| <i>Total # of interns who were in the 3 cohorts:</i> | | 15 |
| <i>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree:</i> | | 0 |
| | PD | EP |
| Community mental health center | | |
| Federally qualified health center | | |
| Independent primary care facility/clinic | | |
| University counseling center | | |
| Veterans Affairs medical center | | |
| Military health center | 4 | 11 |
| Academic health center | | |
| Other medical center or hospital | | |
| Psychiatric hospital | | |
| Academic university/department | | |
| Community college or other teaching setting | | |
| Independent research institution | | |
| Correctional facility | | |
| School district/system | | |
| Independent practice setting | | |
| Not currently employed | | |
| Changed to another field | | |
| Other | | |
| Unknown | | |

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

FOREWORD

This handbook includes detailed information about the Tripler Army Medical Center (TAMC) Clinical Psychology Internship Program (CPIP). Faculty and staff work passionately and continuously to improve the program. As a result, the handbook is always a “work in progress.” Every effort is made to implement changes with equity and without compromising the accreditation, integrity, and fundamental program anchors.

INTRODUCTION

The Department of Behavioral Health (DBH) at Tripler Army Medical Center (TAMC) began our doctoral Clinical Psychology Internship Program (CPIP) in 1990. The program prepares interns as fully trained professional psychologists capable of fulfilling the duties and responsibilities of an Army Clinical Psychologist. The internship is accredited by the American Psychological Association (APA) and maintains membership in The Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship is open to all students from APA accredited graduate programs in clinical or counseling psychology eligible to apply for doctoral internship and eligible to commission as Army officers. The internship is an intensive, full-time, 12 month program which begins mid-October each year. Military interns will attend the Direct Commissioning Course (DCC) at Ft. Sill, OK and the Basic Officer Leader Course (BOLC) at Fort Sam Houston, TX from June to late September prior to beginning the internship. Each year we accept 5-6 full-time military interns who enter active duty as commissioned officers at the rank of Captain. Military interns will incur a 3-year Active Duty Obligation (ADO) for the first year of participation, or portion thereof, in the program. Military interns will incur an additional ADO of one-half year for each half-year, or portion thereof, for participation in internship in excess of 1 year. The ADO begins after graduation and upon licensure. Interns who have met all internship requirements and whose dissertations are complete are expected to participate in a one year post internship Clinical Psychology Residency Program which specializes in advanced application and principles of clinical psychology in a military setting. There is no additional ADO for the Residency Program. Military interns receive basic pay of \$4,251 per month for new Army Captains. In addition to basic pay, Captains receive Basic Allowance for Housing (BAH) and Overseas Cost of Living Allowance (COLA) based on number of dependents and time in service. For example, new Army Captains with no dependents receive approximately \$3078 BAH and \$480 COLA. Pay and allowance rates for those with prior military service and/or dependents can be found at these sites: <https://www.dfas.mil/militarymembers/payentitlements/military-pay-charts.html> <http://www.defensetravel.dod.mil/site/bah.cfm>. All pay rates are current as of Jan 1, 2019 and are adjusted annually for inflation. The Army also offers the Health Professions Scholarship to assist with the cost of graduate school. For more information on this program, please go to <http://www.goarmy.com/amedd/education/hpsp.html>

The Director of Training for the Clinical Psychology Internship Program is LTC Jim Butcher, Ph.D. Preferred method of contacting the program usarmy.tripler.medcom-tamc.mbx.bh-psychology-internship@mail.mil or you may call LTC Butcher at 808.433.1581.

ACCREDITATION

The TAMC Clinical Psychology Internship Program is accredited by the APA Commission on Accreditation, 750 First Street NE, Washington, DC 20002-4242, phone: 202.336.5979 and participates in the Association of Psychology Postdoctoral and Internship Centers (APPIC) selection

process, 17225 El Camino Real, Suite #170, Houston, TX 77058-2748, phone: 832.284.4080.

APPLICATION PROCESS

The TAMC Clinical Psychology Internship Program follows all APPIC policies and procedures for intern selection. Applicants must register for the Match using the registration system on the Match website at: natmatch.com/psychint. APPIC Match dates can be found at: <https://www.appic.org/Match/About-The-APPIC-Match/APPIC-Match-Dates>. In accordance with APPIC Match policy, this internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Application Deadline: November 12, 2018

Diversity - Our internship program values cultural and individual diversity and strongly encourages qualified candidates from all backgrounds to apply. In keeping with our commitment to diversity, we seek an internship class that represents a wide range of backgrounds, interests, talents, and life experiences. It is the policy of our internship and the Army to provide equal opportunity in employment for all qualified applicants, and prohibits discrimination based on race, color, religion, gender, gender identity, national origin, age, disability, sexual orientation, or status as a parent. In accordance with United States law, applicants must be United States citizens and meet age, security background, and medical qualification requirements for an Army officer commission prior to being placed on the internship's APPIC Match ranking list.

Number of Anticipated Positions: 6

No civilian positions available, all interns will become commissioned Army officers.

All applicants will be military applicants going through the central Army selection process. Submit the online APPI including all supporting documents and confirmation of approved proposal for dissertation prior to the application deadline. Applicants will work with an AMEDD recruiter in meeting application requirements. Contacting a recruiter no later than August is highly recommended in order to allow the applicant and the recruiter time to ensure all Army application criteria (e.g. health physicals, medical waivers, etc.) are completed in a timely manner. Find the nearest recruiter at www.goarmy.com or 1-800-USA-ARMY.

Dissertation Status: Applicants who have not successfully defended their doctoral or clinical research project proposal prior to the CPIP board in December will not be considered. If an applicant completes the proposal after the November program application deadline, the applicant must have their Director of Training from their doctoral institution send a letter certifying completion to the TAMC Clinical Psychology Internship Program at (There are no exceptions to this policy):

MCHK-BH, B-Wing, Room 4B-108
Department of Behavioral Health GHE
Clinical Psychology Internship Program Director
Tripler Army Medical Center
1 Jarrett White Road Honolulu, HI 96859-5000

Applicants must upload into the AAPI the following documents in addition to APPIC Match minimum requirements: Graduate transcripts, **three** letters of recommendation, curriculum vitae, and a de-identified written sample of a psychological assessment case including formal psychometrics

reflecting actual clinic work. Interns who do not submit all materials as per above will not be considered.

I. TAMC CPIP ORGANIZATIONAL STRUCTURE

TAMC CPIP RELATIONSHIP WITH TRIPLER ARMY MEDICAL CENTER LEADERSHIP. The Hospital Commander is the ultimate authority for all TAMC activities, including the TAMC CPIP. All TAMC graduate training programs, including CPIP, are provided support and oversight by the Graduate Medical Education Committee (GMEC), led by the Chief, Graduate Medical education (GME) under the supervision of the Chief, Directorate of Academics, Research, and Training (DART).

A. TAMC CPIP ORGANIZATION

1. The Chief, Department of Behavioral Health (DBH) maintains overall responsibility for the quality and conduct of several behavioral health graduate training programs to include: Psychiatry Residency Program, Child and Adolescent Psychiatry Fellowship, Clinical Health Psychology Fellowship, Clinical Child Psychology Fellowship, Clinical Psychology Post-Doctoral Residency, and the Clinical Psychology Internship Program (CP/IP). The Chief, DBH, in collaboration with the Chief, GME obtains and allocates needed resources for accomplishing the CPIP training mission. The CPIP Director of Training (DOT) reports to the Chief, DBH and is responsible for all CPIP operations. CPIP training supervisors are highly qualified doctoral level psychologists within the Department of Behavioral Health who provide direct supervision to interns within their respective service delivery areas. They are formally appointed as training supervisors by the CPIP DOT and work closely with the CPIP DOT for all internship matters. The CPIP faculty committee is comprised of the CPIP DOT and CPIP formally appointed training supervisors and acts as a formal body responsible for planning, implementation, and evaluation of the program (see Appendix A for a complete list of all CPIP training supervisors). Training supervisors report to their service Chief for all service and personnel specific matters. The Psychology Medical Educational Coordinator provides a broad range of administrative and logistical support integral to all functions of the internship program to include coordination with accreditation agencies, outside agents, and government agencies as well as document maintenance, training support, administrative support, among other activities.

2. The CPIP DOT is directly responsible for the quality and conduct of the program. The CPIP DOT advises the Chief, DBH on accreditation issues and serves as a liaison between TAMC CPIP and the APA Committee on Accreditation (CoA) to ensure the program remains in compliance with accreditation requirements. The DOT also serves as the liaison between TAMC CPIP and the interns' various academic institutions. The DOT works with the TAMC CPIP faculty committee to develop, implement, and evaluate all training activities and serves as the chair for the CPIP faculty committee meetings. The DOT directs intern recruitment and selection procedures and participates on selection boards. In collaboration with the faculty committee, the DOT devises the curriculum and publishes the training schedule consistent with the goals and objectives of the program. The DOT oversees recruitment and scheduling of guest speakers/consultants to provide the expertise needed to meet training goals and coordinates with the directors of the individual rotations to ensure that interns are receiving appropriate clinical experiences and supervision. The DOT is responsible for CPIP program improvement and devises valid means and procedures for assessing intern progress and facilitates feedback to interns regarding their individual strengths and needed areas of improvement. The DOT prepares correspondence to interns' graduate schools and corresponds with individuals seeking

information about the program or its graduates. The DOT prepares the annual and re-accreditation self-studies required to maintain APA accreditation, documents that accreditation requirements have been met, prepares and monitors all materials related to APPIC and National Match Service (NMS), and prepares the training budget for the internship and monitors expenditures. The DOT serves as an advisor and mentor to the interns and is the program final approving official for intern absences and leave requests.

3. Rotation Directors are the lead training supervisor for each CPIP training rotation. Rotation directors serve as the primary point of contact between the DOT and rotation training supervisors and staff. Rotation directors develop rotation training experiences in accordance with the governing philosophy, goals, and structure of the overall program and in accordance with input from the DOT and faculty. They, in conjunction with the DOT, are responsible for ensuring that training supervisors working within their rotations are in compliance with the policies of this handbook including, but not limited to: ensuring rotation supervisors have clearly defined requirements for successful completion of the rotation at the beginning of the rotation; ensuring supervisors have provided adequate resource references and materials to maximize the possibility of intern success as well as quality patient care; and ensuring supervisors have and continue to provide structured, challenging, engaging, and professionally nurturing supervisory relationships tailored to the individual interns' developmental needs.

4. Training supervisors are the "front line" of the CPIP training program. Training supervisors are highly qualified, licensed, credentialed, doctoral-level psychologists who have primary professional (clinical) responsibility for the cases on which they provide supervision. They are responsible for reviewing the scientific and empirical bases for the professional services delivered by the interns. Training supervisors serve as professional role models to the interns. They are responsible for daily oversight of their assigned interns' clinical and administrative activities, oral and written evaluations, and establishment of supervisory relationships in accordance with relevant APA codes of ethics. Training supervisors are formally appointed by the DOT and serve on the CPIP Faculty Committee. Training supervisors are also referred to as CPIP "Faculty."

5. Adjunct training supervisors are highly qualified, licensed, credentialed, doctoral-level psychologists or other appropriately licensed and credentialed behavioral health professionals who participate in the training program by providing didactics, specialized subject matter expertise, clinical supervision consistent with their expertise, etc. Adjunct training supervisors are required to adhere to all minimum standards of professional conduct, supervisory relationships, and competency standards required of all training supervisors. Adjunct training supervisors may be formally appointed by the DOT or work as ad hoc supervisors. They do not serve on the CPIP Faculty Committee but may sit on the Committee as needed for specific purposes such as temporarily covering for a faculty member or working on special projects. Adjunct training supervisors are also referred to as CPIP "Adjunct Faculty."

6. The Psychology Medical Educational Coordinator (MEC) serves a vital role of providing a wide range of administrative support to DOT and the training program. The MEC is responsible for physically maintaining all program records, assisting the DOT in document preparation and communications with APA, APPIC, interns' graduate program, and other relevant administrative responsibilities. The MEC provides direct administrative support to the interns. The MEC is assisted by other department staff assigned to the intern's work area to include civilian administrative workers and military staff.

7. The Chief Intern (assigned as a rotating duty among all the interns) works directly with the DOT to fulfill the role of class leader and as a key liaison between interns and the Faculty Committee. They are responsible to ensure that all program management tasks delegated to interns are completed in a timely manner.

8. The CPIP Faculty Committee meets a minimum of twice a month. Membership of the committee consists of the CPIP DOT and all formally appointed training supervisors. The Chief Intern, acting as the intern class representative, will attend the first portion of the meeting to present any intern concerns to the faculty. The Committee provides guidance, planning, and ongoing evaluation of the program and assists in formulating policy, program development, and designing the curriculum.

II. PROGRAM PHILOSOPHY, GOALS, AND OBJECTIVES

A. PHILOSOPHY

1. The philosophy of the internship is based on the practitioner-scholar model and recognizes the developmental nature of training. The practitioner-scholar model emphasizes evaluation of research for the purpose of applying evidenced based psychology in the area of generalist clinical psychology practice. Interns come to the program with different levels of preparation and experience. Training meets interns at their individual level of professional development and provides opportunities through which existing skills are developed and refined.

2. The TAMC CPIP believes that meeting interns at the point of individual need is an essential component of our training. Discovering “the point of need” is a faculty and intern responsibility. Interns come to the program with a variety of different pre-internship training experiences, areas of expertise, strengths, and areas of improvement. To accurately assess individual needs, interns will participate in a comprehensive evaluation during orientation that will assess interns’ beginning knowledge, skills and competencies that will then be used as a guide as we challenge them in a graduated and structured manner throughout the training year.

3. Training supervisors seek to establish structured, challenging, engaging, and professionally nurturing supervisor-supervisee relationships for the purpose of helping interns feel comfortable with sharing individual strengths and weaknesses. As supervisors and interns continue to understand interns’ strengths and weaknesses as they progress, supervisors ensure they are setting appropriate successive challenges for professional development while guiding the intern toward resources that facilitates intern success.

4. The program is dedicated to attract and retain diverse interns and training supervisors from various backgrounds. Aspects of diversity include, but are not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

B. GOALS

1. The primary goal of the program is to provide training in health service psychology profession-wide competencies at the internship level that will provide broad and general preparation for entry level independent practice and licensure as a Clinical Psychologist. By the end of their internship experience, interns are expected to demonstrate competency at the “readiness for entry to

practice” level in each of the nine profession-wide competencies described in the 2017 Standards of Accreditation for Health Service Psychology (Appendix B).

2. Interns are expected to challenge themselves and immerse themselves in the variety of training opportunities offered them to take full advantage of the robust training curriculum. Graduates of the training program will be well prepared to function as fully trained, professional psychologists as they seek employment, gain additional postdoctoral supervision, or compete for postdoctoral fellowships.

C. OBJECTIVES

The following objectives are utilized to achieve the program’s primary goal: Recruit and select a diverse range of qualified interns; provide adequate financial, logistical, and administrative support; maintain a supportive learning environment; maintain a climate of respect for cultural diversity and individual differences; engage in ongoing program evaluation and quality improvement efforts; maintain adequate records; provide adequate, regularly scheduled supervision by a diverse body of highly competent, experienced, and motivated training supervisors; provide interns robust, graded in complexity, training experiences that are primarily service delivery based and are primarily learning-oriented in nature; and employ an evaluation process that allows for intern feedback, yields measurable outcome data, and accurately identifies interns’ progress in profession-wide competency development using evaluation methods and minimum levels of performance that are consistent with the 2017 Standards of Accreditation for Health Service Psychology.

III. STRUCTURE OF THE TRAINING YEAR

A. TRAINING HOURS

1. Interns receive a minimum of 2000 hours of supervised experience across a 12 calendar month training year. This meets the 2017 Standards of Accreditation in Health Service Psychology Internship training standards as well as training requirements for various state licensure boards and the National Register of Health Service Providers in Psychology.

2. Duty Days and Hours – Internship duty days are normally considered Monday through Friday not counting Federal Holidays and weekends. There are rare and occasional exceptions for on-call duty or other special duties that fall outside the normal work week that will be considered a “duty day.” These exceptions will be clearly delineated on the internship training calendar. Typical duty hours are 0700 to 1630 and will fluctuate according to slight variations between rotations and clinic operating hours. Interns are responsible for knowing varying clinic/rotation hours to ensure they are present for duty for each rotation and training experience. In order for interns to obtain maximum training value, including assigned and self-identified reading, a minimum of 50 or more hours per week spent at the training site is often necessary.

3. Military interns may not "call in sick." To be excused from duty, a military intern must provide documentation from a military healthcare system provider. Any recommendation for time off or reduced duties from a military healthcare system provider will be honored however, all absences count against the limits described in the following Absence Policy section and in the event of extended illness or excessive leave an extension of the 12 month internship training period may be required following program review and DOT approval.

4. Holidays and Training Holidays – The Hospital Commander designates official training holidays which include both Federal Holidays and local training holidays. Formally designated Federal Holidays do not count as internship duty days. Local designated training holidays are considered a duty day for the internship. However, interns who have completed their dissertations, or are at a point with their dissertation in which they are awaiting return of a draft or dissertation defense, have not exceeded maximum days away from internship as detailed in the following section, and meet hospital criteria for the day off are allowed the training holiday provided the DOT determines the absence will not interfere with the intern's progress in the program. Time off for local training holidays will be considered a “pass” and governed by the Absence Policy described in the following section. Interns who have not completed their dissertations are expected to utilize the time to work on their dissertations as a duty day. A list of the training holidays is available on the TAMC intranet located under the Hospital Commander’s page.

B. ABSENCE POLICY

1. The intern may be absent for no more than a grand total of 15 duty days of any combination of leave, pass, Temporary Duty (TDY), Permissive TDY (PTDY), illness, or other reason per training year. More duty days off than this could jeopardize the requirement for 2000 hours of supervised experience and may require consideration of an extension of training. Absences on non-duty days do not count against the 15 duty day grand total. Interns are not permitted to seek employment outside of TAMC.

2. Ordinary Leave/Pass – Within the limits of the previous paragraph, personal leave or pass may be granted up to a cumulative total of 10 duty days when, in the judgment of the DOT, the absence will not interfere with the intern's progress in the program. Leave or pass on non-duty days such as weekends or holidays (which may be required for travel off-island) do not count against this 10 day leave/pass limit. Interns will have the opportunity to earn incentive three or four days passes for exceptional APFT performance, blood drives, training achievements, etc., however, as with all passes, the duty day portion of the pass will count against the 10 duty day leave/pass limit and grand total 15 duty day limits previously discussed. All leaves and passes, regardless of origin, will only be granted when, in the judgment of the DOT, the absence will not interfere with the intern's progress in the program.

3. TDY and PTDY – Although uncommon, interns may have the opportunity to perform TDY. If the TDY is to attend training as part of the program, there is no effective absence from the program and absence policy limits do not apply. If the TDY is unrelated to the internship program, absence policy limits will apply and will only be approved by the DOT for exceptional cases. However, interns may be granted up to 5 duty days of PTDY for the purpose of attending professional workshops, meetings, presentations, or for other professional activities such as dissertation defense or graduation ceremonies that are determined to contribute to the training goals of the intern or internship program. PTDYs are at no expense to the government and are not charged against available accrued leave. Approval of PTDY must comply with army regulations and will only be granted when, in the judgment of the DOT, the absence will not interfere with the intern's progress in the program.

4. All requests for leave, pass, TDY, or PTDY must comply with TAMC command leave/absence policies, be submitted 14 days prior to the start date (30 days for international travel), and be

cleared through rotation supervisors and the DOT to confirm that there will be no conflict with the training schedule before being formally submitted to the DOT for final approval.

5. Active participation within each rotation remains a primary requirement. Therefore, in addition to the aforementioned constraints, interns will not be allowed to miss more than 5 duty days of a single rotation due to any combination of personal leave, pass, TDY, PTDY, or other absence without consideration of a rotation extension which itself, might require consideration of an internship extension.

6. All military interns will accrue paid military annual leave at the rate of 2.5 days per month for a total of 30 days each fiscal year. Accrued leave may be carried over to the next year up to a total of 60 days. "Use or lose" leave situations result when you accrue an excess of 60 days of leave at the end of a fiscal year. Interns should plan accordingly to maximize leave use before and after internship, during holidays, etc. to avoid "use or lose" leave situations by their second year in the Army. Prior service officers often arrive for internship with an excess quantity of accrued leave that could result in a "use or lose" leave situation during internship. Prior service officers should maximize leave usage before arriving for internship. For all new and prior service officers, and regardless of the cause for accrued leave balances, no exceptions to CPIP absence policies will be approved based on "use or lose" leave situations alone.

7. Exceptions to any portion of the absence policy may be considered for extenuating or emergency circumstances, however, exceptions may require an extension of the training year to ensure interns receive a minimum of 2000 training hours. The DOT must approve all exceptions.

C. TRAINING ROTATIONS

1. Adult Rotation – Required (12 months, 2 days a week). The Adult Rotation trains the intern to be a well-rounded generalist practitioner informed by relevant research using empirically validated models of intervention. The rotation includes both outpatient and inpatient activities with a diverse adult patient population of varying age, duty status, and ethnic and cultural background. The majority of adult rotation training experiences occur through the treatment of adult active duty service members and their adult family members in an outpatient behavioral health setting. Additional training experiences are offered within a wide range of clinical settings to include inpatient psychiatric ward, emergency/urgent behavioral health service settings, and a variety of specialized clinics as opportunities arise such as sleep clinic, TBI clinic, or chronic pain clinic among others. The adult rotation has a strong emphasis on assessment that includes experiential and didactic training experiences. Interns also receive comprehensive training to conduct the full range of specialty military evaluations to include command directed behavioral health evaluations, fitness for duty evaluations, security clearance evaluations, special duty evaluations, persons of trust evaluations, among many others. The Adult rotation is intellectually challenging and will help interns develop additional professional skills of time management, inter-departmental communication, critical thinking (especially evaluation, analysis, and synthesis), and concise verbal and written communication. Interns will receive a minimum of one hour a week of individual and one hour a week of group supervision (for a total of two hours). Interns will have the opportunity to collaborate with multidisciplinary treatment teams consisting of a wide range of behavioral health providers as well as physicians, nurses, medical students, occupational therapists, support staff, and others. Interns will have the opportunity to act as consultants and to provide supervision to behavioral health technicians.

2. Child and Family Rotation – Optional (5 months, 2 days a week). The Child and Family rotation offers training and experiences with the provision of evidence based assessment and intervention services to children, adolescents, and families with a variety of diagnoses and family challenges. Services are conceptualized and delivered within biopsychosocial, ecosystemic, and behavior change models with mindful incorporation of cultural and developmental issues. Interns will receive a minimum of one hour a week of individual and a minimum of one hour a week of group supervision.

3. Behavioral Medicine Rotation – Optional (5 months, 2 days a week). The Behavioral Medicine rotation exposes interns to a general overview of a hospital-based Behavioral Medicine practice by providing a variety of training opportunities and experiences in this specialty area. The rotation utilizes a systems-oriented, biopsychosocial model to develop practice skills in prevention, assessment and treatment of a number of medical disorders. Direct patient care activities will include the acquisition of skills necessary to provide services to a wide range of medical patients. Specific training in biofeedback-assisted self-regulation and pain management will be emphasized. Interns will receive a minimum of one hour a week of individual and a minimum of one hour a week of group supervision.

4. Neuropsychology Rotation – Optional (5 months, 2 days a week). This rotation offers an introduction to clinical neuropsychology, with a basic foundation, that will provide the interns with the clinical skills to assess patients suspected of having neuropsychological problems and recognize the more common syndromes such as mild traumatic brain injury, postconcussion syndrome, early dementia, and attention-deficit/hyperactivity disorder. An expectation is that by the conclusion of this rotation, the intern will be able to determine when to make appropriate referrals for neuropsychological evaluation and to medical, allied health, and rehabilitation specialties. In addition, the intern will learn to provide neurobehavioral recommendations, treatment suggestions, and patient-family psychoeducation. Interns will typically arrive with varying degrees of preparation in neuropsychology, and every effort will be made to tailor the rotation to the individual's strengths. Interns in this rotation will master the basic tools of a screening battery as well as a comprehensive battery and its application to a wide variety of cases that are available in this major medical training center. There may be opportunities for attending neurology rounds and neuroradiology conferences. Opportunities to obtain training beyond this basic foundation are encouraged and dependent on the individual's rate of learning, initiative, and motivation. Interns will receive a minimum of one hour a week of individual and a minimum of one hour a week of group supervision.

D. OTHER TRAINING EXPERIENCES

1. Distinguished Speaker Series – 1-3 days each. The TAMC CPIP sponsors distinguished guest speakers each year. Examples of past speakers have included: Dr. Ben Porath – MMPI-2-RF, Dr. Alex Llewellyn – ACT, Dr. Charles Hoge – mTBI and PTSD, Dr. Gerald Koocher – Ethics.

2. CDP/AMEDD C&S Training – 1-3 days each. Past courses have included CBT-D (Depression), CBT-I (Insomnia), Prolonged Exposure Therapy, Cognitive Processing Therapy, Cognitive Behavioral Conjoint Therapy for PTSD, etc.

3. DSM-5 Presentations – Each intern will be responsible for two presentations on DSM-5 diagnostic areas chosen in consultation with their Adult Rotation supervisor (dates to be coordinated by the DOT at the beginning of the internship year). Presentations will include

PowerPoint slides to be shared with the group and are to be 60-90 minutes in length. Presentations are not formally graded however, all participants (faculty and interns) will complete a didactic evaluation form (Appendix C) to provide the presenting intern with informal feedback to enhance development of teaching and presentation skills. These presentations serve to develop the following health service psychology profession-wide competencies: research; individual and cultural diversity; communication and interpersonal skills; assessment; and intervention.

4. Journal Club – Each intern will be responsible for leading Journal Club discussions several times during the internship year (dates and topics to be coordinated by the DOT at the beginning of the internship year). Goals for Journal Club include: keeping abreast of new knowledge, promoting awareness of/familiarity with current clinical research findings, learning to critique and appraise research, and encouraging research utilization. Leading a Journal Club discussion involves selecting a timely, peer-reviewed journal article that addresses the science, training, or clinical practice of psychology; distributing the article to the internship group and adult rotation supervisors; summarizing the article for the group and leading/supporting scholarly group discussion of the article. Article selections must be approved by the intern's Adult Rotation supervisor. Interns will be formally evaluated by attending faculty on each presentation and must achieve a passing score of "satisfactory" on at least two journal club presentations before the end of the training year (see Appendix D for the Journal Club Evaluation Form). Journal club discussions serve to develop the following health service psychology profession-wide competencies: research; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; and intervention.

5. Case Presentations – In addition to many opportunities to informally present and discuss clinical cases in group supervision, each intern will be responsible for formally presenting a clinical case at least two times during the internship year (dates and topics to be coordinated at the beginning of the internship year). Interns will consult with their Adult Rotation training supervisor to select cases. Cases should be an especially interesting and/or challenging case. Interns will use the Case Presentation and Conceptualization Checklist (Appendix E) as a guide to prepare for the presentation. Interns will be formally evaluated by attending faculty on each presentation and must achieve a passing score of "satisfactory" on two case presentations before the end of the training year. See Appendix F for the Case Presentation Evaluation Form. Case presentations serve to develop the following health service psychology profession-wide competencies: research; individual and cultural diversity; ethical and legal standards; communication and interpersonal skills; assessment; intervention; and consultation and interprofessional/interdisciplinary skills.

6. Weekly Didactics – Interns participate in weekly professional psychology presentations/trainings focused on a variety of topics germane to the field of health psychology (e.g., PTSD differential diagnosis, military medical disability system, sleep disorders, pain management, traumatic brain injury, specific psychological assessment instruments, military sexual trauma, specialized military psychological assessments, individual and cultural diversity issues, etc.). Interns will also be required to present at least one didactic during the internship year. All participants (to include interns) will be asked to complete a didactic evaluation form (Appendix C) to aid in program improvement efforts. Didactic experiences serve to develop all nine health service psychology profession-wide competencies (Appendix B).

7. Weekly DOT Meetings – All interns meet with the DOT for one hour each week to discuss military topics, Army Psychology topics, administrative issues, special mentorship topics, etc. Interns may count this supervision experience for one hour of group supervision.

8. Morning Report – Interns will attend the Department of Behavioral Health’s “Morning Report” three mornings a week. Morning report is an interdisciplinary behavioral health staff meeting in which the previous day’s acute care patients are staffed in a multidisciplinary setting followed by an interdisciplinary didactic/training seminar. Morning report participation serves to develop the following health service psychology profession-wide competencies: research, ethical and legal standards, individual and cultural diversity; communication and interpersonal skills, assessment, intervention, and consultation and interprofessional/interdisciplinary skills.

IV. SUPERVISION

A. Interns are exposed to a variety of supervisory experiences throughout the year. Across the internship, each intern will receive a minimum of 4 hours of supervision per week, 2 of which will be individual face to face supervision. See preceding Training Rotation section for specific hours. Interns are responsible to monitor and document their supervision hours.

B. CPIP training supervisors (faculty) are responsible to ensure clinical supervision of psychology interns by a designated training supervisor or appropriately approved and qualified alternate. Rotation directors and training supervisors assigned within those rotations function as the primary supervisors for interns assigned to their rotations. Rotation training supervisors are available to provide immediate supervision when interns perform clinical care. Interns must have their clinical supervisor (or in emergencies the most immediately available licensed and credentialed behavioral health provider) provide direct evaluation and oversight of all high risk patients (suicidal, homicidal, or other high risk) prior to these patients leaving the clinical setting. All supervision of interns will comply with current APA ethical standards.

C. Flexibility in supervision is allowed such that other training supervisors may participate when expertise or other factors become relevant. However, responsibility for supervision continues to rest with the rotation training supervisor responsible for the patient and the intern.

D. All intern written products will be formally reviewed and signed by the appropriate training supervisor clinically responsible for the patients seen in the respective rotation’s service area.

E. All faculty are also encouraged to serve as intern mentors. As mentors, faculty help interns develop professionally in a supportive, collaborative environment. These relationships may become long-term and can extend beyond the internship if the intern and mentor so desire. Interns are also encouraged to seek out other professional mentors during the training year in addition to their training supervisors however these mentorships may not circumvent clinical and military supervision.

F. The DOT also serves as a mentor and the military advisor for all interns. As such, the DOT assists the intern in their adjustment to the internship and the military to optimize the training experience. In addition, the DOT monitors the overall progress of each intern within the program.

V. PROGRESS EVALUATIONS

A. Basic Skills Evaluation – A comprehensive initial evaluation of intern skills is conducted at the beginning of the training year. This evaluation serves to provide a baseline of intern strengths and weaknesses and help faculty develop rotation and training recommendations.

B. CPIP Intern Competency Evaluation – CPIP Intern Competency Evaluations (see Appendix G for Competency Evaluation Form) are conducted at quarterly intervals during formal faculty evaluation meetings. These quarterly evaluations comprehensively assess each intern's progress in achieving competency at the "readiness for entry to practice" level across all internship training experiences in each of the nine profession-wide competencies described in the 2017 Standards of Accreditation for Health Service Psychology (Appendix B). Faculty will meet quarterly to complete a competency evaluation (Appendix G) for each intern informed by a review of the intern's entire body of work across all aspects of the internship (limited to the rated period). All training supervisors may contribute observations of training performance in any internship setting to inform the review process. The intern's adult rotation supervisor, the current optional rotation supervisor (child, beh-med, or neuro), and the DOT will individually review the evaluation with the intern. At the conclusion of each review, the intern, supervisors, and DOT will sign in acknowledgment and a copy of the evaluation will be placed in the intern's permanent training file. Mid-term and Final evaluations will be shared with the intern's graduate program Director of Clinical Training.

Scoring and Minimum Levels of Achievement (MLA) – Scores range from (1) to (6) and are grouped into four categories as indicated below. Interns are expected to demonstrate developmental progress across the internship training year. Interns must achieve a minimum score of (4) in all elements of each rated competency by their final evaluation at the end of internship to successfully complete internship training.

Needs Remedial Work (1) – Needs remedial work. Performance below expectations of beginning internship. Struggles with basic concepts. Needs intensive supervision and oversight. Not typically seen at beginning or during internship. See section X for further discussion of insufficient progress.

Needs Supervision (2) and (3) – **(2)** Needs frequent, regular supervision for the rated competency. Ratings at this level expected in early to middle phases of internship. **(3)** – Needing regular yet more developmentally independent supervision for the rated competency. Reaching towards entry to practice. Ratings at this level expected in middle to late phases of internship.

Entry to Practice (4) and (5) – **(4)** Meets, at a minimum level, competency at the "ready for entry to practice" level. Beginning stage of independent practice with frequent consultation. Interns are expected to meet this skill level for each competency by the end of internship. Some ratings at this level are common by mid-internship and more commonly towards the later phase of internship training. **(5)** – Fully, strongly, and completely meets "ready for entry to practice" level for the rated competency. Capable of autonomous practice and knows when to consult. Ratings at this level are rarely seen mid-internship and more commonly seen by the end of internship with strong interns.

Exceeds Entry to Practice (6) – Exceeds "ready for entry to practice" skill level for rated competency. Advanced skills uncommonly seen in newly trained psychologists at the end of their internship training. Skills seldom seen except in exceptionally talented and advanced interns.

C. Rotation Agreement – At the beginning of each rotation training experience, interns and supervisors will review and sign a rotation agreement for each training rotation. The agreement will provide at a minimum: a rotation overview; describe rotation expectations, requirements, and learning objectives; clarify supervision hours; and explain evaluation procedures.

D. Transition to Practice Exercise (TPE) – TPEs are conducted face to face with a panel of several internship faculty or appropriately experienced licensed clinical psychologists. These exercises are completed three times a year: baseline, 6 months, and 9 months, with optional remedial TPEs as warranted. During these exercises, the intern's ability to demonstrate case conceptualization, diagnostic, treatment planning, risk assessment, and ethics competencies is assessed. After a 45 minute individual review of a case vignette including relevant psychometrics, without the utilization of reference materials, the intern is required to provide a 20 minute or less case presentation to the evaluating faculty. TPEs follow a developmental course across the training year. Interns will be provided structured guidance of what to include in the first TPE presentation but will receive no formal guidance regarding specific information to include in the final TPE. TPE instructions, format, and scoring sheet are provided in Appendix H. TPE scores inform supervisors and faculty of relative strengths and weaknesses that can assist faculty in modifying or developing alternate training plans. Interns must achieve a passing averaged score of at least 4 by the final TPE. Serious TPE deficiencies may result in remedial TPEs as needed. TPE experiences serve to develop all nine health service psychology profession-wide competencies (Appendix B).

E. Periodic Review – Faculty may, at their discretion, randomly evaluate any work sample (e.g., chart reviews, videotape, etc.) to assist them in assessing interns' competency development.

F. Army Officer Evaluation Report (OER) – All military interns will receive an OER as a function of service as a military officer. The Army OER functions as a performance evaluation of the intern's professionalism, officer competencies, attributes, values, and the intern's potential for continued military service. While the Army OER will refer to the intern's performance during the internship, the focus is on Army officership rather than clinical competency performance. The rater is typically a military supervisor and the senior rater a senior military supervisor, both within the Department of Behavioral Health. All military interns will prepare an Officer Evaluation Support Form within 30 days of assuming internship duties.

G. Physical Fitness, Height and Weight – All military interns are required to meet Army physical fitness and height/weight requirements. Physical fitness and height/weight requirements will be assessed formally at least two times a year and informally as needed. Failure to meet minimum Army physical fitness and/or height/weight standards is a serious matter and will be addressed by the intern's military chain of command. The Student Company Commander is the proponent for the Army Physical Fitness Test (APFT). Interns who do not pass a record APFT will be verbally counseled by their commander and mandated to participate in a daily, unit organized physical training program until they pass the APFT.

H. Communication with Intern Graduate Programs – The DOT will communicate with each intern's graduate program Director of Clinical Training at several points throughout the year to include but not limited to: notification of acceptance to the program; results of quarterly competency evaluations; notifications of any program extensions, probationations, or serious incidents; and notification of program completion.

VI. SELF-ASSESSMENT AND PROGRAM EVALUATION

A. Weekly DOT meeting – Continuous input from the psychology interns regarding the quality of the Internship Program is desired and encouraged throughout the program. The weekly DOT meeting provides an informal venue well suited for interns to bring internship concerns or ideas to the DOT.

B. Intern Evaluation of Rotation – Interns will complete formal evaluations (Appendix I) of all rotations they participate in during the internship. These evaluations provide the intern an opportunity to provide detailed feedback about their rotation experiences. These evaluations are not completed until the end of the training year after all evaluations of the intern are complete. These evaluations are not confidential however, interns are encouraged to provide frank, honest feedback regarding their experience in order to assist program improvement efforts. Interns are also encouraged to provide verbal feedback throughout the rotation period.

C. Intern Evaluation of Training Supervisor (Faculty) – Interns will also complete formal evaluations (Appendix J) of all training supervisors they have substantial training interaction with during the internship. These evaluations provide the intern an opportunity to provide detailed feedback about their training supervisor experiences. These evaluations are not completed until the end of the training year after all evaluations of the intern are complete. These evaluations are not confidential however, interns are encouraged to provide frank, honest feedback regarding their experience in order to assist program improvement efforts.

D. Intern Evaluation of Internship – In addition to the rotation and training supervisor evaluations, interns will complete formal evaluations (Appendix K) of the internship overall upon completion of the internship. These evaluations provide the intern an opportunity to provide detailed feedback about their overall internship experience. These evaluations are not confidential however, interns are encouraged to provide frank, honest feedback regarding their experience in order to assist program improvement efforts. Interns are also encouraged to provide verbal feedback throughout their training year.

E. End of Training Year Formal Feedback Briefing – In addition to the aforementioned evaluations, interns will participate as a group in an off-site feedback retreat at the end of the training year. During this retreat, interns prepare a feedback briefing that will be formally presented to the faculty at an arranged date. The briefing should include an assessment of the intern class's overall training experience such as overall strengths and weaknesses as well as recommendations of specific areas to sustain and specific areas needing improvement or modification.

F. Workshop/Seminar Evaluations – As will all participants, interns will complete course evaluations at the completion of each special training workshop or seminar. These evaluations will assist in assessing training effectiveness and assist faculty in developing future training events.

G. Former Intern Distal Survey – Graduates of the Tripler Army Medical Center Clinical Psychology Internship Program will be contacted at approximately one year post-graduation and asked to complete a post-graduation survey (Appendix L). This survey serves several important functions to include obtaining licensure, employment, and professional development data required in our APA Annual Report. This survey also allows the graduate an opportunity to provide important feedback to the faculty about the quality of training you received as well as our performance in promoting mastery of the nine profession-wide health service psychology competencies.

VII. PROGRAM AND LEADERSHIP RESPONSIBILITIES

A. Interns will be provided an electronic version of this handbook upon start of internship. Interns are expected to read the handbook in its entirety and comply with the standards described within. Interns will acknowledge receipt by signing Appendix M and returning to the DOT. Interns will be provided updated versions of the handbook should changes be implemented.

B. Interns are expected to develop leadership skills throughout their tenure through a variety of activities and experiences. Interns should refer to their initial counseling, the Army Values, current APA Ethical Standards, and Army leadership publications to inform and guide their experiences. Interns are expected to demonstrate leadership and professionalism as they interact with other health care professionals in all settings. Interns are expected to collaborate with departmental leadership to improve the quality of the department as well as the program.

C. Position Title of Interns – Interns are required to use the title of “Psychology Intern” in all oral and written communication until internship is complete and doctorate is earned. Interns are reminded that the use of the title “doctor” orally and/or in writing in the absence of an earned doctorate is a violation of the “Ethical Principles of Psychologists” and thus inconsistent with the APA guidelines.

D. Chief Intern – Each intern will serve as the Chief Intern for a specified period of time designated by the DOT. Serving as Chief Intern develops the “Supervision” health service psychology profession-wide competency. Duties of the Chief Intern include but are not limited to:

1. Attend the first portion of all routine Faculty Meetings to represent your class of interns.
2. Disseminate taskings from the DOT to the interns and ensure their completion.
3. Act as an information liaison between the interns and the DOT and the Faculty.
4. Coordinate formal and informal training and social activities for interns.
5. Perform other duties as directed by the DOT.

E. Supervision – Interns will be provided opportunities to supervise behavioral health care technicians and to provide didactics, conduct command briefings, and share information with other health care professionals. Interns are expected to conduct themselves with the highest standards of professionalism and adhere to all military regulations and APA ethical standards in any supervisory, consultation, or training setting.

F. Ethical Standards – In addition to monitoring their own behavior, interns are expected to be promptly address and report as needed any violations of regulations, policies, professional conduct, or ethical standards they witness or become aware of in any setting.

G. Program Improvement Projects – Interns will develop a program improvement project to complete during their internship year. The project may be an independent project or a collaborative project with other staff or providers. Interns will develop their project with the advice of a faculty advisor of their choosing however, all program improvement proposals and projects must be approved by the DOT. Faculty advisors will complete the Program Improvement Project Evaluation Form (Appendix N) at the beginning, mid-point, and upon conclusion of the project to document progress and the final evaluation. Interns must achieve a final rating of “satisfactory” for the project. The benchmark for a satisfactory rating is defined as the intern having developed a project that contributed meaningfully to at least one of the following: the profession of psychology; department of behavioral health or clinic operations; enhanced patient care in some manner; improved patient outcomes; contributed to the education or professional development of other psychology students; enhanced the well-being of students; or improved training and education in psychology. If the project is rated as unsatisfactory,

faculty will develop a remediation plan in detail to include timeline. All projects to include any remediation efforts must be complete by the end of internship. Program improvement experiences serve to develop the following health service psychology profession-wide competencies: research; professional values, attitudes, and behaviors; communication and interpersonal skills; and consultation and interprofessional/interdisciplinary skills.

H. Distinguished Visitor Host – Interns will also have the opportunity to develop leadership skills by acting as host to distinguished visitors. Many distinguished visitors are highly regarded, prominent experts in our field and hosting the distinguished visitor allows interns special access to the visitor that will greatly enhance their training experience. Further, the internship program takes great pride in a long history of striving to make the visitor feel welcomed and appreciated, and extend the “aloha spirit.” Interns are assigned on a rotating basis to take on this role. The following are generally part of hosting a visitor but may vary depending on visitor needs:

1. Arrange to pick the visitor up at the airport if desired. (By phone or e-mail prior to arrival)
2. Transport the visitor from the hotel to Tripler and back on the days of the workshop.
3. Make arrangements for a dinner with the visitor and staff/interns. (For Thursday/Friday workshops, dinner is usually on Thursday nights.) This would include deciding on a restaurant, getting a headcount and making reservations, as well as transporting the visitor to and from the restaurant as needed.
4. Prepare and present an introduction of the visitor and present a lei to the visitor on the first day of training.
5. Interns are encouraged to share various hosting duties among the other interns but it is the responsibility of the designated intern host to ensure each duty is coordinated.
6. Interns will not be concerned with nor discuss continuing education or contracting issues with the visitor. If these issues arise during hosting, the intern will refer the visitor to the NCOIC, DOT, or Psychology Medical Education Coordinator.

I. Record Keeping – The program documents and permanently maintains accurate records of interns’ training experiences, evaluations, and certificates of internship completion for evidence of the interns’ progress through the program as well as for future reference and credentialing purposes. The program maintains all information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or individuals associated with the program. The program also maintains all records related to APA accreditation, APPIC membership, organizational oversight, etc. All electronic records are maintained on a secure, redundant, and restricted access organizational shared drive with additional DVD backups. The Psychology Medical Education Coordinator and/or DOT maintain control of all keys, physical records, and electronic data backups permanently secured on DVD storage media in locked storage devices behind at least one locked door. The DOT is ultimately responsible to ensure records are maintained in accordance with all local and organizational policies as well as APA accreditation guidelines.

VIII. DEPARTMENT OF BEHAVIORAL HEALTH ADMINISTRATIVE REQUIREMENTS

- A. DMHRSi – DMHRSi is a MEDCOM work hour production tool that all staff including interns will complete bi-weekly. Refer to local policies for specific procedures.
- B. Patient Care Documentation – Interns will comply with existing clinic, local, and MEDCOM policies and procedures to schedule appointments, communicate with patients electronically or through email, document clinical care, place medical consults, etc.
- C. Licensure Log – Interns are responsible to maintain statistics for end of rotation feedback, graduate program special requirements, and licensure regarding number of patients seen, supervision hours, didactic training time, case presentation, and whatever other requirements are necessary for licensure in their respective state of interest.
- D. Administrative Paperwork for Credentials Department – Interns will be expected to seek licensure at a point soon after graduation and pass of EPPP. Interns will be required to seek Hospital credentials as in independent provider upon licensure and will complete all necessary paperwork to achieve credentialing.
- E. Treatment Room Reservations – Interns will comply with treatment room reservation policies specific to each clinic service they work within. Problems with treatment room access will be brought to the attention of the rotation training supervisor.
- F. Psychological Testing Supplies – Interns will be responsible for the ethical usage, storage, and accounting of all psychological testing equipment and supplies. Interns will monitor usage and notify staff when shortages are observed or when discrepancies in accounting are discovered.
- G. Hospital Safety – Interns will be expected to comply with all local and MEDCOM policies, procedures, and regulations governing hospital and patient safety. Interns are encouraged to actively participate in hospital trainings and ensure they understand emergency procedures.

IX. GRIEVANCE PROCEDURES: INTERN – STAFF RELATIONS

A. COMPLAINTS AND GRIEVANCES RELATED TO TRAINING. Tripler Army Medical Center Clinical Psychology Internship Program is committed to providing interns with a fair and effective learning environment. All policies, procedures, education, training, and socialization experiences are expected to uphold the values of mutual respect and courtesy between interns and training staff. If an intern believes that he/she is being treated unfairly, or that a faculty member is violating applicable APA ethical codes of conduct related to student-faculty relationships, he/she should seek resolution of the problem by following the listed procedures:

1. When an intern has a grievance with a faculty member or supervisor, the intern should initially attempt to resolve the issue with the faculty member or supervisor concerned.
2. If the intern cannot resolve the grievance with the faculty member or supervisor, the matter should be brought to the attention of the DOT. The DOT reviews the problem with the intern and appropriate faculty member to attempt to resolve the grievance informally. If the intern has a grievance against the DOT and is unable to satisfactorily resolve the issue with the DOT, the intern should speak to the Chief, DBH (same is applied throughout the following section).

3. If the grievance cannot be resolved informally, the DOT reviews the grievance with the faculty at the next faculty meeting or within 7 working days, whichever is sooner. The DOT, in consultation with the faculty, makes recommendations for resolving the grievance. These recommendations are discussed with the intern.

4. If the intern wishes to formally challenge a probationary action or training decision, the following grievance process and timeline will be initiated:

a. Departmental Remediation or Other Intra-Departmental Decision

1) The intern must, within five (5) workdays of receipt of the contested decision, inform the DOT, in writing, of such a challenge. When a challenge is made, the intern must provide the DOT information supporting the intern's position or concern.

2) Within three (3) workdays of receipt of this notification, the DOT will initiate a review panel. The panel will consist of three faculty members selected by the DOT.

3) Within five (5) workdays, a hearing will be conducted in which the challenge is heard and relevant material presented. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Within three (3) workdays of the completion of the review, the review panel submits a written report to the DOT, including any recommendations for further action. Recommendations are based on faculty majority vote.

4) Within three (3) workdays of receipt of the recommendation, the DOT will either accept or reject the review panel's recommendations. If the DOT rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the DOT may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.

5) If referred back to the panel, they will report back to the DOT within five (5) workdays of the receipt of the DOT's request of further deliberation. The DOT makes a final decision within three (3) workdays regarding the action that is to be taken. The DOT informs the intern and the faculty of the decisions made.

b. Hospital Probation: When the DOT submits a request to the Chief, Graduate Medical Education Committee (GMEC) that the intern be placed on hospital probation, that committee's due process and grievance procedures are followed (see section X below).

5. When a training grievance or dispute has not been resolved to the intern's satisfaction, he or she has the option of appealing to the Chief, GME.

B. COMPLAINTS AND GRIEVANCES NOT RELATED TO TRAINING. This includes pay and personnel issues, sexual harassment, discrimination, etc.

1. Interns are encouraged to first discuss any administrative issue with the DOT. Issues can best be resolved at this level and every effort will be made to come up with a mutually agreeable solution.

2. If the intern is unable, for whatever reason, to resolve the grievance through the chain of command, they are encouraged to seek assistance through one or more of the individuals listed below, depending on the nature of the complaint.

- TAMC Chaplain, 433-5727
- TAMC Equal Opportunity Advisor, 433-5813
- TAMC Inspector General (IG), 433-6654
- TAMC Staff Judge Advocate (SJA), 433-5311
- TAMC Military Personnel Officer, 433-9164
- TAMC Provost Marshall, 433-4467
- TAMC Student Company Commander, 433-3808