

Sanford Health  
Postdoctoral Psychology  
Residency

Resident Handbook  
2025-2026

<http://www.sh-ppr.org/>

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## **Program Mission**

The primary focus of the Sanford Health Postdoctoral Psychology Residency Program is to strengthen the field of behavioral health by supporting the advanced training of postdoctoral psychologists seeking licensure and equipping them for the independent practice of psychology. The residency program strives to prepare Postdoctoral Psychology Residents for increased competency in their chosen track with a strong emphasis on clinical excellence and scholarship in underserved communities. The program is designed to train Postdoctoral Psychology Residents through multiple, evidence-based experiences and focus areas, to function as independent, ethical, and culturally competent professional psychologists who have the capability of acting as an integral member of a multidisciplinary health delivery team, focusing on the evaluation and treatment of behavioral health disorders and the complex interplay between emotional and physical well-being. The underlying goal of the program is to prepare and assist with transitioning the Postdoctoral Psychology Resident from being a student to performing as an independent professional.

The Sanford Health Postdoctoral Psychology Residency Program is comprised of four (4) primary training sites within the Sanford Health Enterprise in North Dakota and Minnesota. These sites include Sanford Health Dickinson Clinic, Sanford Child Behavioral Health Clinic, Traumatic Stress Treatment Center, and Sanford Health Thief River Falls Clinic. These sites collaborate to share resources and faculty for the purpose of providing a diversified educational program for residents, focusing on training in culturally relevant and competent services for the region's diverse, and often underserved population, in addition to the professional competencies outlined by the American Psychological Association.

### **Accreditation Status**

Sanford Health Postdoctoral Psychology Residency Program has not been granted provisional membership by the Association of Postdoctoral and Internship Centers (APPIC). The program is currently in the application process for APPIC membership.

### **APPIC Membership Status**

Sanford Health Postdoctoral Psychology Residency Program is not a member of APPIC. The program is currently in the application process for APPIC membership.

## **Program Structure Overview**

Sanford Health Postdoctoral Psychology Residency Program offers five (5) one-year, full-time postdoctoral psychology residencies beginning and ending in mid-August/September. The start date for the 2025-2026 cohort is on September 8, 2025. The residency program provides a range of clinical and didactic experiences that represents the necessary depth and breadth required for future professional practice within psychology.

The Sanford Health Postdoctoral Psychology Residency Program strives to prepare Postdoctoral Psychology Residents for increased competency in their chosen track with a strong emphasis on clinical excellence and scholarship in underserved communities. The Sanford Health Postdoctoral Psychology Residency Program firmly believes that all forms of diversity serve to enhance the training environment and professional growth of residents and faculty alike, as well as allow the diverse range of patients served to see themselves in their providers.

The program is designed to train residents, through multiple, evidence-based experiences and focus areas, to function as independent, ethical, and culturally competent professional psychologists who have the capability of acting as an integral member of a multidisciplinary health delivery team, focusing on the evaluation and treatment of behavioral health disorders and the complex interplay between emotional and physical well-being.

Training goals are accomplished by providing a broad range of high-quality learning opportunities and supervision to the resident in a supportive and professional environment. The residency is pluralistic, recognizing that there is no dominant paradigm for understanding human development, psychopathology, assessment, or treatment in contemporary clinical psychology. Rather, our field is characterized by its conceptual diversity, necessitating broad models and practices within multidisciplinary frameworks.

Residents are provided opportunities to expand their knowledge base through staff psychologist consultation groups, grand rounds presentations in psychiatry, individual and group supervision, selected readings, and interactions with other professionals within the health care system. Additionally, the residency offers a series of weekly didactic trainings focused on relevant topics and developmentally appropriate for advanced postdoctoral psychology residents. Additional didactic training and experiential opportunities may be offered throughout the year, both cohort-wide and at individual sites.

Residents participate in two hours per week of individual supervision and one hour per week of group supervision with licensed psychologists. Regardless of training site, all residents are expected to complete 2080 training hours over the course of the year with at least 25% (500 hours) spent in face-to-face direct service delivery. In order to successfully complete the program, residents are also expected to achieve competence in all nine (9) APA Profession-Wide Competencies and associated Learning Elements, as well as abide by the APA Code of Ethics, Residency policies and procedures, and the policies and procedures of individual sites. More information about each site's training opportunities and resources is provided below.

## **Required Major Training Emphases**

All sites offer the following major training emphases. See site descriptions for additional training details.

### **Behavioral Health Intervention**

As behavioral health intervention is the primary training emphasis, residents across consortium sites spend approximately 10-15 hours per week in activities related to behavioral health intervention. All sites provide residents the chance to work with a diverse range of underserved patients within a variety of therapeutic modalities. Individual, group, family, and/or couples therapy treatments are available at some sites. Patients served range widely in age, race, ethnicity, and diagnostic presentation.

### **Psychological Assessment**

Residents across training sites spend approximately 5-15 hours per week in activities related to assessment. Residents at every site administer, interpret, and provide written synthesis of psychological test batteries. Assessments may include record reviews, clinical interviews, intellectual, achievement, personality, neuropsychology and/or competency-based measures. Residents have opportunities to write reports and make recommendations that convey meaningful information to prescribers, treatment teams, clients, and families. Assessment opportunities and requirements vary by site.

### **Care Collaboration & Consultation**

Residents spend approximately 6-8 hours per week in activities related to care collaboration and consultation, to facilitate patient care between a variety of other providers and stakeholders. Collaborative care opportunities include working within an interdisciplinary treatment team, providing psychological consultation to other disciplines, and partnering with community social service, medical and legal services. Opportunities for care collaboration and consultation vary by site.

## **Aim and Competencies**

### **Program Aim**

The aim of the Sanford Health Postdoctoral Psychology Residency Program is to increase patient access to quality behavioral health services in rural America by creating a pathway within our organization to take postdoctoral psychology residents through to fully licensed and independently functioning psychologists, recognizing the critical role that psychologists play in the overall delivery of healthcare.

### **APA Profession Wide Competencies and Learning Elements**

It is expected that by the conclusion of the residency year, residents will have achieved competence demonstrating that they are prepared for entry level independent practice and licensure in the following areas:

### Competency 1: **Research.**

Learning Elements to achieve this competency include:

- Demonstration of the substantially independent ability to critically evaluate research or other scholarly materials (e.g., literature reviews, efficacy studies, clinical case studies)
- Dissemination of research-based concepts at the local (including the host institution), regional, or national level (e.g., case conference, presentation, publications)
- Application of historical and contemporary scientific knowledge to inform clinical practice
- Conduct research of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base
- Participation in case conferences and/or medical grand rounds with healthcare professionals from other disciplines

### Competency 2: **Ethical and Legal Standards**

Learning Elements to achieve this competency include:

- Knowledge of and adherence to the current version of each of the following:
  - The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - Relevant professional standards and guidelines
- Recognition of ethical dilemmas as they arise and the ability to apply ethical decision-making processes to resolve the dilemmas
- Conduct self in an ethical manner in all professional activities

### Competency 3: **Individual and Cultural Diversity**

Learning Elements to achieve this competency include:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves, specifically within complex healthcare systems
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to

- work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups and apply this approach effectively in their professional work
  - The understanding and appreciation of “rurality” as a cultural variable

#### Competency 4: **Professional Values & Attitudes**

Learning Elements to achieve this competency include:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness
- Actively seek and demonstrate openness and responsiveness to feedback and supervision
- Respond professionally to increasingly complex situations with a greater degree of independence as they progress across levels of training
- Accept responsibility for meeting deadlines, completing required documentation promptly and accurately

#### Competency 5: **Communication and Interpersonal Skills**

Learning Elements to achieve this competency include:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts relevant to healthcare delivery
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well

#### Competency 6: **Assessment**

Learning Elements to achieve this competency include:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural)
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective
- Clinical formulation and combining multiple data sources towards unified conclusions
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences, including service recipients and medical, nursing, and allied health professionals

### Competency 7: *Intervention*

Learning Elements to achieve this competency include:

- Establish and maintain effective relationships with the recipients of psychological services
- Development of evidence-based intervention plans specific to the service delivery goals
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- Implementation of evidence-based theories and tools for consultation with other health professionals
- Demonstrate the ability to apply the relevant research literature to clinical decision making
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation
- Crisis intervention including skills in assessing, evaluating, and managing psychological emergencies

### Competency 8: *Supervision*

Learning Elements to achieve this competency include:

- Demonstrate knowledge of supervision models and practices
- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees
- Apply the supervisory skill of observing in direct or simulated practice



- Apply the supervisory skill of evaluating in direct or simulated practice;
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice, particularly regarding peers' clinical work in context of group supervision or case conference

**Competency 9: Consultation and Interprofessional/Interdisciplinary Consultation**

Learning Elements to achieve this competency include:

- Demonstrate knowledge of and respect for the roles and perspectives of other professionals typically encountered in complex health systems and settings
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, inter- professional groups, or systems related to health and behavior
- Engagement in interdisciplinary consultation and collaboration both formally and informally with particular emphasis on rural communities

**Resident Evaluation**

The Sanford Health Postdoctoral Psychology Residency program requires that residents demonstrate minimum levels of achievement across all nine APA profession-wide competencies, as measured by the Sanford Health Postdoctoral Psychology Resident Evaluation. Informal feedback to residents should be ongoing throughout the training year, with any concerns discussed early and often. Residents are informally evaluated by their primary supervisor at 60-90 days of their residency and formally evaluated by their primary supervisor two times annually, in month 5 and month 10. Formal evaluations are conducted using a standard rating form using a Likert Scale that includes comment spaces where supervisors include specific written feedback regarding the residents' performance and progress. The evaluation form includes information about performance in all nine profession-wide competencies and associated learning elements.

Supervisors are expected to review these evaluations with the residents and provide an opportunity for discussion if the resident has questions or concerns about the feedback. Upon completion of the review both the resident and supervisor sign the evaluation. The resident receives one copy, and another copy is provided to the Training Director(s) who reviews and signs the document before it is placed in the resident file, where it is maintained indefinitely. Of note, residents who are required to complete additional rotations under the supervision of someone other than their primary supervisor will have both the primary and adjunct supervisors discuss the resident's performance before each evaluation period, and the primary supervisor should incorporate feedback from the adjunct supervisor into the resident's formal evaluation. The adjunct supervisor should also share ongoing verbal feedback directly to the resident throughout the training year. If a resident disagrees with the evaluation ratings they receive, this disagreement should first be discussed with their primary supervisor. If a resolution

cannot be reached, the resident may file a grievance as discussed in the Due Process and Grievance Procedures.

## **Evaluation Scoring**

The scoring rubric for resident evaluations uses a Likert scale, with the following rating values:

A (4) Advanced; Skills comparable to autonomous practice at the licensure level

I (3) Intermediate; Supervision is developmental in nature

B (2) Beginning; Continued intensive supervision is needed

NI (1) Needing Improvement

U (0) Unsatisfactory/Fail

N/A Not Applicable/Not Observed/Cannot Say

## **Minimal Levels of Achievement**

The minimum level of achievement (MLA) on each evaluation changes over the course of the training year, reflecting expected growth in competence.

At the beginning of the postdoctoral training year, residents will meet with their primary supervisor to discuss the training goals for that location and the supervisor's expectations of minimum achievement levels throughout the year. Because each site is unique, residents will have continual conversations with their primary supervisors regarding meeting the required standards of performance during the year. It would not be unusual to receive some 2s during the first few months of training, with the expectation of ending the years with 3s and 4s. If a resident receives a score less than 2 during the first 90 days, a plan of remediation will be implemented by the site supervisor with support from the training director. If a resident receives a score less than combined 2s and 3s during the 5 month evaluation, a plan of remediation will be implemented by the site supervisor with the support from the training director. If a resident receives a score less than a 4 at the 10 month evaluation, a plan of remediation will be implemented by the site supervisor with the support from the training director.

If a resident receives a score lower than the MLA at any evaluation point, or if supervisors have reason to be concerned about the resident's performance or progress, the program's Due Process procedures may be initiated. The Due Process guidelines can be found in the Postdoctoral Psychology Resident Handbook, which is carefully reviewed during Resident Orientation. The policy may also be found on the program's website: <http://www.sh-ppr.org/>

Additionally, all residents are expected to complete 2080 hours of training during the residency year with a minimum of 500 hours in face-to-face clinical service delivery. Meeting the hours requirement, attending required training experiences (e.g., didactic seminars, consultation groups), and obtaining sufficient ratings on all evaluations

demonstrates that the resident has progressed satisfactorily through and completed the residency program.

### **Additional Evaluations**

In addition to the evaluations described above, residents must complete a self-evaluation form at the beginning and end of the residency. Residents must complete an evaluation of their supervisor at 5-months, and 10-months and a program evaluation at the end of the training year in order to provide feedback that informs any changes or improvements in the training program. Residents are required to submit evaluations for each didactic session during the year. All evaluation forms can be located in the Resident Handbook, on the MedHub platform, and on <http://www.sh-ppr.edu/>. Evaluations are submitted to the Training Director(s) via MedHub.

### **Didactic Seminars**

The Sanford Health Postdoctoral Psychology Residency program is designed to meet the increasing skill level of residents, approaching training and supervision from a developmental model focused on incrementally improving autonomy and professional development as the resident transitions from an entry-level practitioner to a more independent clinician. Training faculty strive to embody the spirit of life-long learners and view professional development as a continuous process with no fixed endpoint. The didactic seminars are one way in which residents will be exposed to clinically relevant topics, empirical research, and evidence-based practices.

Residents are exposed to a variety of speakers through a comprehensive didactic seminar series throughout the training year. Didactics focus on a range of relevant topics, designed to build upon and enhance prior knowledge and experiences, as well as complement the direct service/experiential training provided during residency. All didactic seminars are expected to be professional grade presentations with evidence-based citations and references as indicated. Seminars are also expected to assist residents in attending to individual and cultural diversity factors.

Didactic seminars are held once per month for eight (8) hours at varying Sanford Health campus locations. Residents are expected to be present on-site for these seminars. In the instance of inclement weather, residents will be contacted by the Training Director(s) and informed that the didactic seminar will be held via high quality videoconferencing. Attendance at didactics is mandatory for all residents and is required for successful completion of the residency. Attendance at these scheduled activities take priority over other site obligations each week. Site supervisors are aware of these activities and their requirement for residents. A didactic calendar is distributed during orientation and may be updated throughout the year.

A resident is permitted no more than one absence during the calendar year. After the second absence, residents will receive a reminder from the Training Director(s). The Training Director(s) must be notified in advance of planned absences. Residents who

miss a meeting of the didactic seminar or other group because of a serious emergency or for a serious illness should alert their Site Supervisor and the Training Director(s) as soon as possible.

## **Resident Cohesion**

The Sanford Health Postdoctoral Psychology Residency faculty is in a unique position to understand and appreciate the personal and/or professional isolation that may come with working as a psychologist in a rural area. In response, the faculty are committed to establishing a cohesive residency learning community focused on inclusivity, connection, and respect. All residents begin the training year during a two-day orientation in person at one of the training sites. The orientation includes a comprehensive introduction to the residency, including an orientation to the region and cultures of the rural Midwest region, and a thorough review of the Sanford Health Postdoctoral Psychology Resident Handbook, including all of the policies and procedures residents need to adhere to in order to have a successful training year. During this time, residents are afforded the opportunity to establish relationships and connections with each other and the training faculty. These relationships are deepened throughout the course of the training year through shared weekly training activities (i.e., group supervision) held via video conferencing. Residents are also provided with contact information and encouraged to virtually connect at any time, as needed and/or desired.

In addition to orientation and the weekly structured learning activity, the Sanford Health Postdoctoral Psychology Residency plans monthly in person didactics during the course of the training year. Residents and the faculty plan a graduation celebration in August. Residents will also have the opportunity to travel together to attend one or two state psychology association conferences during the year, typically in the fall and spring.

## **Supervision**

One licensed psychologist serves as the primary clinical supervisor at each postdoctoral site. The supervisor holds primary responsibility for all cases under supervision. Residents receive a minimum of two (2) hours of face-to-face individual supervision each week from their primary supervisor. Supplemental weekly individual supervision is provided as needed and all sites subscribe to an informal "open door" policy, encouraging residents to approach supervisors and staff with questions and concerns "on the fly." In addition to individual supervision, residents are provided with one (1) hour of scheduled group supervision each week. Group supervision is led by one of the supervising psychologists and is conducted via video conferencing. Group supervision may focus on legal/ethical issues, professional development topics, and/or clinical concerns. In total, residents receive a minimum of 3 hours per week of formal, scheduled supervision that is prioritized and protected. Residents will also have the opportunity to participate in multidisciplinary group supervision or case consultation at their training sites for an additional 1-2 hours per week of learning. Residents are referred to as "psychology residents" during all interactions and are required to

introduce themselves as supervised residents during initial contacts with patients. They must also provide the name and credentials of their primary supervisor, who co-signs all written documentation as an additional layer of oversight and responsibility.

## **Research**

All Sanford Health Postdoctoral Psychology Residents are trained to be effective consumers, interpreters, and appliers of scientific information. Residents are expected to integrate current research literature and findings into case presentations and clinical practice. Research opportunities vary by site and may include local program evaluation and treatment outcome studies and may not be offered at all postdoctoral sites. Please inquire with site supervisors about current and future research opportunities.

## **Stipend, Benefits, and Resources**

The Sanford Health Postdoctoral Psychology Residency program meets requirements for professional licensure in North Dakota and Minnesota. Residents must complete 2080 professional hours (including a minimum of 500 direct clinical contact hours) within the 52-week training year in order to complete the residency. Residents are required to maintain records of their hours. Most sites begin their day at 8 a.m. and end at 5 p.m. Paid leave time and authorized absences for professional development activities are counted towards the 2080-hour requirement.

The salary for our Residents is \$65,000 plus benefits including health insurance, holidays, and other leave (personal time off). Residents will be designated as employees of Sanford Health regardless of which site they are primarily located. All residents will receive comparable health benefits (medical, dental, vision), as well as paid time off, through Sanford Health. Residents will be reimbursed for some travel-related expenses.

Residents are eligible to enroll in health insurance, dental insurance, vision insurance, and other voluntary benefits. Residents are also eligible for employer paid benefits including a basic level of term life insurance, short term disability insurance and long-term disability insurance. Benefits include 21 days of Allowed Time Away (ATA). These days can be used for your personal use and will include vacation, and sick days. Sanford Health follows 6 holidays in their calendar: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas. Unused ATA does not pay out upon conclusion of your residency year. Additional leave scenarios are addressed in the Leave Policy located below. Residents are given days of paid educational leave to attend conferences, major professional meetings, and study/prepare for the EPPP and state licensing exam. There will be reimbursement for conferences, major professional meetings, in-person didactics, and to sit the first EPPP and state exam up to \$5,600. There will be a moving stipend up to \$5,000

To support our resident's role in caring for others, they will receive access to Sanford Health's Provider Well Being resources. This includes a time-saving virtual assistant, as

well as in-the-moment counseling for you and your family members available by phone or in-person to manage depression, stress, anxiety, anger management, marital and parenting concerns, work life issues, and wellbeing lifestyle changes. Residents will also have access to legal and financial resources, leadership development information, and referrals to reputable resources for issues such as substance use disorders. Additional benefits include:

- ✓ Use of the Sanford Health virtual library resource
- ✓ Access to Sanford Health's EAP service – Vital Work Life
- ✓ Sanford Wellness benefits discount
- ✓ Continuing Education (CE) reimbursement

### **Additional Leave Policy**

The Sanford Health Postdoctoral Psychology Residency program allows and encourages residents' time away from work and follows the Sanford Health Allowed Time Away policy as follows:

1. **Vacation:** Residents shall receive three (3) weeks (21 calendar days) of paid vacation annually. Leave requests should be submitted to the primary supervisor and the program administrator. Vacation is non-cumulative and any unused time will not be paid out to the resident at the end of the training year.
2. **Meetings/Conferences:** Residents will be allowed up to 10 calendar days to attend trainings and conferences (outside of didactic days).
3. **Sick Leave:** Residents will be given 12 calendar days of paid sick leave per calendar year for personal and dependent illness. Sick leave is noncumulative and any unused time will not be paid out to the resident at the end of the training year. Residents are responsible for notifying their primary supervisor and the program administrator of any absence due to illness. Residents shall provide medical verification for absences due to illness when requested. If incapacity results in more than 3 days, the Sanford Health Long-Term Medical and Family Leave Policy will be followed.
4. **Additional Sick Leave:** Additional unpaid sick leave may be granted with written permission from the resident's primary supervisor and the training director(s). If granted and if incapacity results in more than 3 days, the Sanford Health Long-Term Medical and Family leave Policy will be followed. Additional sick leave shall not be credited as training time and will result in makeup requirements.
5. **Parental Leave Policy:** The Postdoctoral Psychology Residency program parental leave policy follows the Sanford Health Parental Leave Policy.
6. **Leave of Absence:** The Postdoctoral Psychology Residency program parental leave policy follows the Sanford Health Parental Leave Policy.
7. **Funeral Policy:** The Postdoctoral Psychology Residency program parental leave policy follows the Sanford Health Parental Leave Policy.

## **Successful Residency Completion**

The Sanford Health Postdoctoral Psychology Residents training program is a year-long, full-time doctoral residency training experience. Doctoral residents are expected to complete 2080 hours of training, with 500 hours in direct patient service, during the year. Doctoral residents are also expected to achieve the goals and objectives of the residency program, as stated on the Program Overview page, and as reflected by final evaluation scores meeting the minimum level of achievement as stated in the Resident Evaluation Policy. Residents are expected to attend all mandatory training activities, as well as to abide by the APA Code of Ethics, the Sanford Health Postdoctoral Psychology Resident Code of Conduct, and the requirements of Sanford Health Postdoctoral Psychology Residency training program.

## **Sanford Health Postdoctoral Psychology Residency Training Sites**

### **I. Thief River Falls, MN**

The City of Thief River Falls is located in Northwestern Minnesota, approximately 70 miles south of the Canadian border, where the Thief River flows into the Red Lake River. With a population of approximately 8,722, Thief River Falls offers the tranquility of a small town coupled with a strong sense of community spirit. Living in Thief River Falls means being surrounded by picturesque landscapes, agricultural land, two rivers and beautiful parks for outdoor recreation. No matter your interests: the arts, outdoors, sports, education, or shopping, we're confident you'll find something to love within our many clubs, groups, parks, retailers, and events. Overall, Thief River Falls is the kind of community that people want to live and work in as it provides a peaceful and fulfilling environment for those seeking a slower pace of life amidst the natural beauty of northern Minnesota.

### **Sanford Health Thief River Falls**

The Sanford Thief River Falls Behavioral Health Center offers a 12-month, full-time Postdoctoral Psychology Residency program with two available positions. Each role consists of 85-90% clinical duties and 10-15% didactic, educational, and supervisory responsibilities. Residents are expected to provide clinical services Monday through Friday, with typical clinic hours from 8 AM to 5 PM. There may be flexibility to work evening hours, depending on interest. The total time commitment is approximately 40-45 hours per week.

One residency position will involve providing services in both outpatient and inpatient settings at Sanford Behavioral Health. Key clinical responsibilities include: consultation and treatment in a psychiatric hospital setting, conducting diagnostic assessments, creating treatment plans, providing ongoing treatment in the clinic, and performing assessments in both outpatient and inpatient environments.

The second residency position will be primarily based in the Sanford Behavioral Health outpatient clinic, with rotations through various rural settings in the Northwest Psychology Consortium throughout the year. This resident will gain experience working in rural areas and engaging in interdisciplinary consultations to meet the needs of patients. Additionally, the role offers the opportunity to collaborate with community-based resources and further develop a broader understanding of rural healthcare systems.

Both residents will have the chance to explore diverse interest areas, including: court-appointed examinations, civil commitment assessments, pre-employment psychological evaluations for law enforcement, mental state assessments related to criminal cases, evaluations to assess competency to stand trial, capacity-to-parent assessments, mobile crisis team interactions, and consultations within medical and surgical settings. Opportunities for didactic training and consultation with inpatient nursing teams, as well as community-based training with agencies such as group homes, nursing homes, public health organizations, businesses, and schools, are also available. Additionally, residents may supervise Master's level students and pre-doctoral psychology students during clinical rotations and licensure hours.

Additional areas of focus could be: play therapy and/or EMDR.

**Sample Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	IP team meeting, IP consultations, IP group, and ongoing IP therapy	IP team meeting, IP consultations, IP group, and ongoing IP therapy	IP team meeting, IP consultations, IP group, and ongoing IP therapy	IP team meeting, IP consultations, IP group, and ongoing IP therapy, Group supervision	IP team meeting, IP consultations, IP group, and ongoing IP therapy
Afternoon	Outpatient therapy	Assessment, Group supervision	Outpatient therapy	Outpatient assessment	Individual supervision, Outpatient therapy

\*One Thursday per month is for didactics with the cohort.  
Supervisor: Trent Barstad, Ph.D., LP

**II. Fargo, ND**

The City of Fargo is in Cass County, North Dakota, along the Red River of the North which forms the border between Minnesota and North Dakota. An estimated 124,844 people live in Fargo. Fargo is the economic center of southeast North Dakota. Fargo offers a strong economy, reasonable cost of living, and a wealth of cultural and outdoor activities. Home to North Dakota State University and Sanford Health, on the banks of the Red River, Fargo is considered an educational and health-care hub. Living in Fargo



offers residents an urban feel and many bars, coffee shops, and parks. Many families and young professionals live in Fargo and the city enjoys four distinct seasons allowing residents to ski and ice skate in the winter while heading east into Minnesota Lake Country in the summer for fishing, swimming, and boating.

## **Sanford Child and Adolescent Behavioral Health**

The Sanford Child and Adolescent Behavioral Health team consists of a child psychiatrist and psychologist who work closely together to provide care for children and adolescents in Fargo, North Dakota. The behavioral health providers offer evidence-based treatment for the varied diagnoses typically identified in childhood/adolescence and also work with the pediatricians and other service providers to provide for the mental and physical needs of the patient.

Patients are referred by their primary care physician to address behavioral and mental health needs. Patients presenting at the clinic come from a variety of backgrounds, have a range of behavioral health concerns with ages ranging from infancy to 17 years old. Some patients travel from geographically remote regions as child behavioral health specialty services are scarce in this region or utilize telehealth. Patients belong to Caucasian, racial and ethnic minority groups, identify as LGBTQAI+, are from varied economic backgrounds, are adopted or in foster care while other patients are from intact families. Common clinical conditions include Social Anxiety, Separation Anxiety, ADHD, Major Depressive Disorder, Adjustment Disorder, Conduct Disorder, and Generalized Anxiety Disorder.

The postdoctoral resident at Sanford Child and Adolescent Behavioral Health will have an array of training opportunities related psychological services of children, adolescents, and families. Residents will work closely with primary care and pediatrics, social workers, and other professionals to support our patients. Therapeutic services are delivered in traditional office-based and telehealth delivery models. Residents conduct initial intake assessments and provide individual, family, and group therapy interventions. Empirically based treatment modalities typically used to address symptoms include, Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Cognitive- Behavioral Therapy (CBT); Exposure Therapy, Play Therapy, Behavioral Therapy and Comprehensive Behavioral Intervention for Tics (CBIT).

The postdoctoral psychology resident at Sanford Child and Adolescent Behavioral Health would participate in a one-year learning experience that develops their clinical practices as clinical psychologist. The resident would have the opportunity to receive and participate in the following:

1. Provide individual therapy with children and adolescents in person and via telehealth. Diagnoses and severity of symptoms vary.
2. Trauma evidence based treatment training - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

3. Clinical practice: clinical assessment and delivery of evidence-based treatment to patients and their families.
4. Outreach and Education: Presenting on behavioral health topics at grand rounds, didactics for psychiatry residents, for community partners, and/or professional conferences.
5. Supervision: Individual Supervision and weekly case consultation.
6. Didactic education: UND psychiatry Grand Rounds, Sanford pediatric Grand Rounds, and TCTY BYOLL Education series.
7. Co-lead Dialectical Behavioral Therapy Group (DBT).
8. Training and supervision for Parent Child Interaction Therapy (PCIT).
9. Training and supervision for CBIT.
10. Autism testing (ADOS/ADIR) (with prior training).
11. Work in primary care and pediatric oncology or with a pediatric specialist such as endocrinology.
12. Consultation in Children’s Hospital setting.
13. Participate in individual and group therapy in the Adolescent Partial hospitalization program.

A typical week at Sanford Child and Adolescent Behavioral Health will include several individual/family therapy sessions per day, attending one or more didactics depending on the week, and spending one day a week at a minor rotation. If your clinical practice includes integrated care (pediatrics/pediatric oncology/pediatric specialty), you will be present in the specific medical clinic to provide consultation and provide individual sessions to care for the needs of the patients seen by those specific providers. Clinical cases will be reviewed in individual supervision and case consultation group. Residents will also be observed live via Webex (a video platform) for at least 3 sessions per quarter and may be asked to record sessions to be reviewed in individual supervision. The goal of the residency at Sanford Health is to provide additional learning opportunities while helping the resident transition into an independent provider who is ready for licensure.

**Sample Schedule**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	12-1 Pediatric Grand Rounds – not required and depending on topic	12:10 – 1:10 Psychiatry Grand Rounds  4-5 Psychiatry Didactics <i>Weekly July through December</i>	12-1 Child and Adolescent Team meetings/Consultation	10-12 Didactics
	12-1 Pediatric Grand Rounds – not required and depending on topic		12-1 Child and Adolescent Team meetings/Consultation	10-12 Didactics

12-1 Transgender and Gender Diverse Provider Meeting	12-1 Treatment Collaborative for Traumatized Youth – BYOLL (3 <sup>rd</sup> Tuesday of the month)	12:10 – 1:10 Psychiatry Grand Rounds	12-1 Child and Adolescent Team Administrative Meeting	10-12 Didactics
	12-1 Pediatric Grand Rounds – not required and depending on topic		12-1 Child and Adolescent Team Consultation	10-12 Didactics

\*One Thursday per month is for didactics with the cohort.  
Supervisor: Rebecca Preussler, Psy.D., LP

### **III. Dickinson, ND**

Dickinson is the 7th most populous city in North Dakota and is a hub community for southwestern North Dakota. This rural part of the state blends many diverse elements – small-town charm, financial influences of agriculture and oil, rugged landscapes and stunning vistas of the Theodore Roosevelt National Park, and the future home of the Theodore Roosevelt Presidential Library. From local festivals celebrating North Dakota's heritage to outdoor recreational opportunities like hiking, fishing, and hunting, there's always something to do in Dickinson.

Residents enjoy a relatively low cost of living along with a strong sense of community pride. As a relatively small community, there are many opportunities for community involvement and participating with community leaders. Whether seeking entertainment, a family-oriented community, or an experience for personal and professional growth, Dickinson has many sides to offer.

#### **Sanford Health Dickinson**

The Sanford Health Dickinson Postdoctoral Psychology Residency site is within a primary care outpatient clinic in a rural part of the state. The clinic is open from 7:30 am to 5:00 pm Monday through Friday. After hours appointments can be arranged and there is no on-call. Since Dickinson is a hub community, patients may travel 100 miles for services here and/or be served through telehealth.

This training environment at Sanford Health Dickinson will expose a resident to a wide range of clinical and professional challenges as referred from primary care. The majority of referrals for psychological services are for a balance of assessment/testing and therapy services. There are not discrete rotations but there is considerable flexibility for personal and professional growth. There are opportunities for involvement with behavioral health programming that is non-traditional, focused on school and

community involvement. There is also opportunity to work within a team of professionals to expand behavioral health services to other sites within the region.

A Psychology Resident at the Dickinson site can expect to be warmly welcomed and also expected to be part of the team supporting primarily two areas of focus:

1. Sanford Behavioral Health Dickinson is within primary care, physically located in a primary care outpatient clinic. As such, primary care providers look to psychology to provide diagnostic expertise to help guide treatment and specialized referrals. A resident will be exposed to a wide range of clinical and professional challenges, often completing evaluations related to neurodevelopmental challenges. And it is also an opportunity to have a positive impact on patients and families, helping them to re-focus and work together more constructively. Through the evaluation process, the resident may be the first person to help a patient understand that they are dealing with bipolar disorder, autism spectrum, dissociative identity, or signs that they are in an abusive relationship. There is a need for a resident to primarily be a generalist with curiosity and readiness to be challenged by a wide variety of issues and concerns. Depending on the resident's prior training and experience, supervision will be tailored to support and grow the resident's professional competence, especially to communicate their expertise in oral and written form.
2. Sanford Behavioral Health Dickinson is in a multi-year SAMHSA project, known as Healthy Transitions. The program targets youth/young adults ages 16 to 25, supporting them in a wide variety of ways to transition successfully to the challenges of adulthood. The heart of the program is the Sanford Care Coordinator staff, who refer participants to counseling and community services for financial support, housing, childcare support, educational opportunities, vocational training, and employment opportunities. There are a wide variety of challenges that young people face and the psychology resident can find many opportunities to support the program, particularly through diagnostic assessments and the resulting guidance afforded to participants and their families. Many of the program participants are young moms, high school drop-outs, or individuals with neurodevelopmental challenges that interfere with relationships, completing school, holding jobs, and effectively managing their finances. Some level of substance abuse is often an added concern.

Although rural psychology is inherently generalist by nature, residents and licensed providers are encouraged to develop specialized interests. For example, a resident would be encouraged to develop expertise in neuropsychological assessment, health psychology, treatment for trauma, or substance abuse recovery. There also may be opportunities for school consultation, supervision/consultation to behavioral health staff, providing trainings for Care Coordinators, providing community educational programs, or other areas of interest that support community needs. This residency is a place to hone and refine skills, preparing for licensure and considering a career within Sanford Health.

## Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Outpatient therapy	Outpatient assessments	Outpatient therapy	Outpatient assessments, Group supervision	Outpatient therapy
Afternoon	Outpatient therapy	Outpatient assessments	Outpatient therapy	Outpatient assessments	Individual supervision, Outpatient therapy

\*One Thursday per month is for didactics with the cohort.

Supervisor: Alan Fehr, Ph.D., LP

## Application Process and Selection Criteria

Postdoctoral Psychology Resident trainees are strongly encouraged to review required minimum criteria prior to applying. The following section provides specific information regarding eligibility requirements and information regarding the process of being appointed to a Postdoctoral Psychology Residency position at Sanford Health. All requirements of the doctoral degree must be completed before the start of the residency. Postdoctoral Psychology Resident applicants must have completed the doctoral degree before beginning their postdoctoral training. At a minimum, Residents must have completed all requirements for the doctoral degree from a regionally accredited institution of higher learning, including an internship meeting APPIC standards. Postdoctoral Psychology Resident applicants must meet the following criteria to be considered for any Residency position at Sanford Health:

1. Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology program. Applicants who have obtained a doctoral degree accredited by the Higher Learning Commission in the United States may also apply to the Minnesota sites only.
2. Have completed an APPIC internship program, or one accredited by APA or CPA.
3. Residents are subject to fingerprinting, background checks, and drug testing; selection decisions are contingent on passing these screenings per institutional policy.
4. Additional criteria that will be considered are goodness-of-fit with respect to personality, work ethic, and values.

## Application Process

All applicants must submit their materials online via APPIC's centralized application service (APPA CAS). Completed applications must include the following:

1. A **cover letter** that describes your postdoctoral training goals, perceived fit with our program, internship completion date, and clear identification of the focus

area(s) to which you are applying. In your letter, please describe your previous educational and clinical experience relevant to the training offered in our program, your assessment of your training needs, and your general career goals and professional aspirations. **Please review our brochure thoroughly before applying.**

2. A current **curriculum vitae**.
3. An example of an **assessment** you have completed that has been de-identified.
4. **Three (3) letters of recommendation** from supervisors who are directly familiar with your clinical work. At least one letter must be from the Director of Training at your internship site.
5. **Doctoral Requirement Attestation Form** completed by the **Chair of your University's Clinical Program** confirming that you have completed all requirements for graduation, with the exception of your internship. If you have not yet defended your dissertation, your scheduled dissertation defense date needs to be indicated. The form can be downloaded on the Sanford Health Postdoctoral Psychology Residency training programs webpage: <http://www.sh-ppr.org/>

**Deadlines:** Applications will be received on the APPA CAS system on a rolling basis; with a final deadline as January 1, 2025. The Directors of Training and members of the Core Postdoctoral Faculty will review all submitted applications in detail and will select candidates for interviews. Interviews will be conducted virtually on a rolling basis. All applicants will be notified of their interview status by email at the address provided in the APPA CAS system at least one week prior to the interview date. It is the responsibility of the applicant to ensure that corrected and up-to-date contact information is provided in the online application.

The program will begin extending offers on a rolling basis. Applicants receiving an offer may accept or decline the offer when made, or they may hold an offer until the Common Hold Date (10:00 EST on February 24, 2025). Applicants may only hold one offer at a time.

**For questions regarding the application process or the training program, please contact Dr. Elizabeth Evenson, [Elizabeth.Evenson@sanfordhealth.org](mailto:Elizabeth.Evenson@sanfordhealth.org) or Program Administrator, Shelly McCann, [Shelly.Mccann@sanfordhealth.org](mailto:Shelly.Mccann@sanfordhealth.org) .**

## **Program Policies**

### **Diversity and Non-Discrimination Policy**

The Sanford Health Postdoctoral Psychology Residency program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its residents. Diversity among residents and supervisors enriches the educational experience, promotes personal growth, contributes to the overall quality of the program, and strengthens communities and the workplace. Every effort is made by Sanford Health Postdoctoral Psychology Residency program to create a climate in which all staff and residents feel respected, comfortable, and in

which success is possible and obtainable. Sanford Health Postdoctoral Psychology Residency program fosters an understanding of cultural and individual diversity as it relates to professional psychology. Sanford Health Postdoctoral Psychology Residency program strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. The Sanford Health Postdoctoral Psychology Residency program includes an expected competency in diversity training, and multiple experiences are provided to be sure that residents are both personally supported and well-trained in this area. Sanford Health Postdoctoral Psychology Residency program avoids any actions that would restrict program access or completion on grounds that are irrelevant to success in the training program or the profession. Sanford Health Postdoctoral Psychology Residency program welcomes applicants from diverse backgrounds and underrepresented communities. Sanford Health Postdoctoral Psychology Residency program provides equal opportunity to all prospective residents and does not discriminate because of a person's race, ethnicity, color, religion, sex and gender, national origin, age, disability, or any other factor that is irrelevant to success as a psychology resident. Applicants are individually evaluated in terms of quality of previous training, practicum and internship experiences, and fit with the residency program.

### **Disability Accommodations Policy**

All Sanford Health Postdoctoral Psychology Residency sites comply with the Americans with Disabilities Act (ADA). Postdoctoral Psychology Residents with disabilities are not required to disclose their disability status. However, if a Postdoctoral Psychology Resident would like to request reasonable accommodations for their disability, the Sanford Health Postdoctoral Psychology Residency program requests that the resident inform their Site Supervisor as soon as possible to allow time for approved accommodations to be implemented. Reasonable accommodations will be provided to individuals with disabilities to reduce or eliminate unnecessary barriers the resident may face in performing their job duties. Site Supervisors and/or the Training Director may request documentation about a resident's disability and functional limitations. Site Supervisors and Postdoctoral Psychology Residency faculty members will work with the resident to determine the most effective accommodation.

### **Due Process and Grievance Procedures Policy**

#### General Due Process Guidelines

Sanford Health Postdoctoral Psychology Residency Program has developed a Due Process Policy and Resolution Procedure, which focuses on the prevention of and timely response to identified problematic behavior within the residency. Due Process, as described within, applies to actions that are taken as a result of underdeveloped competencies, unmet training expectations, and/or resident misconduct, that may impact the intended career development of the Postdoctoral Psychology Resident. Our Due Process Policy ensures that decisions made by the faculty are not arbitrarily or personally based and outlines specific steps that are applied to all Psychology

Residents. These procedures are a protection of Postdoctoral Psychology Resident's rights and are implemented to afford the Postdoctoral Psychology Resident with every reasonable opportunity to remediate problems and to receive reasonable support and assistance. These procedures are not intended to be punitive.

Postdoctoral Psychology Residents are expected to maintain the highest standards of personal conduct, integrity, and professionalism. They are expected to support and comply with APA Ethical Guidelines and to utilize supervision effectively to grow professionally throughout the residential year. It also is the responsibility of the resident's clinical site supervisor and the Postdoctoral Psychology Residency faculty to assure that high standards of professionalism are attained by the Postdoctoral Psychology Resident under their supervision. Maintenance of these standards will promote effectiveness of both the professional training provided by the residency and the quality of psychological work provided by the Postdoctoral Psychology Resident to the clients and communities of the consortium sites.

### Definition of Problematic Behavior

For purposes of this document, a "problematic behavior" is defined broadly as 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 to reach an acceptable level of competency; and/or
3. An inability to control psychological dysfunctions and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes problematic rather than a behavior of concern. Postdoctoral Psychology Residents may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments that require Due Process remediation when they include one or more of the following characteristics:

- The resident does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training.
- The quality of services delivered by the resident is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by the clinical supervisor and/or training director is required.
- The resident's behavior does not change as a function of feedback, remediation efforts, and/or time.
- The problematic behavior has potential for ethical or legal ramifications if not addressed.



- The resident's behavior negatively impacts the public view of the agency.
- The problematic behavior negatively impacts the Postdoctoral Psychology Residency cohort.
- The problematic behavior potentially causes harm to a patient.
- The problematic behavior violates appropriate interpersonal communication with Sanford Health staff.

### Due Process Procedure

Sanford Health Postdoctoral Psychology Residency Due Process procedure occurs in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Due process includes steps that assure fair evaluation of the Postdoctoral Psychology Resident's performance, resident awareness of options for resolution of performance issues and clearly defined steps for notice, review, and appeal. The procedure for dissemination and implementation of Due Process at Sanford Health Postdoctoral Psychology Residency program includes the following:

- A. The Training Faculty will present Sanford Health Postdoctoral Psychology Residency's program expectations to residents in writing, at the start of the training period. Residents will sign an acknowledgment indicating receipt and understanding of, and agreement to abide by, these guidelines and other Sanford Health Postdoctoral Psychology Residency policies.
- B. The process for evaluation of residents is clearly described during orientation. Postdoctoral Psychology Residents will be formally evaluated two times annually by their Primary Site Supervisor. The written evaluation is based on APA criteria and includes the nine (9) profession-wide competencies as outlined by the APA's Standards of Accreditation (SoA) which can be found at <https://www.apa.org/ed/accreditation/about/policies/standards-ofaccreditation.pdf>.
- C. The various procedures and actions involved in decisions regarding inadequate skills or problematic behaviors are described to residents.

### Informal Review

When a Clinical Supervisor or Sanford Health Postdoctoral Psychology Residency Faculty member believes that an Postdoctoral Psychology Resident's behavior is becoming problematic, the first step will be to address the issue with the Postdoctoral Psychology Resident directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, additional didactic training, and/or structured readings. Informal remediation efforts will be discussed with the Training Director(s) and Faculty Committee. This process will be documented in writing in supervision notes; however, it will not become part of the Postdoctoral Psychology Resident's professional file. Additionally, the Training Director(s) and Faculty Committee will be notified of informal reviews and/or remediation plans.

## Formal Review

If a Postdoctoral Psychology Resident's problem behavior persists following an attempt to resolve the issue informally, i.e. if a Postdoctoral Psychology Resident receives scores that are below expectations that the resident agreed to with their supervisor during reviews, the following process is initiated:

- A. The Primary Supervisor will meet with the Training Director(s) and the Postdoctoral Psychology Resident within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director(s) is/are the Postdoctoral Psychology Resident's direct supervisor, an additional supervisor and member of the Faculty Committee will be included in the meeting.
- B. The Postdoctoral Psychology Resident will have the opportunity to provide a written statement related to his/her/their response to the problem. The Postdoctoral Psychology Resident must submit the response to his/her/their primary supervisor and the Training Director(s) within 5 working days of the meeting described in Step A.
- C. After discussing the problem and the Postdoctoral Psychology Resident's response, the Primary Supervisor and Training Director(s) may take one of the following actions:
  - i. Issue an "*Acknowledgement Notice*," which is a written warning, formally acknowledging the following:
    1. The faculty is aware of and concerned with the problem.
    2. The problem has been brought to the attention of the Postdoctoral Psychology Resident.
    3. The faculty will work with the Postdoctoral Psychology Resident to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating.
    4. The problem is not significant enough to warrant serious actions; and
    5. A written notice will be submitted to the Postdoctoral Psychology Resident.
  - ii. Issue a "*Remediation Plan*," which is a time-limited, remediation-oriented, closely supervised period of training indicating the need to immediately work on improving the behavior resulting in the ratings received or to discontinue the concerning/problematic behavior. A remediation plan is an accommodation made to assist the Postdoctoral Psychology Resident, with the full expectation that the Postdoctoral Psychology Resident will complete the Postdoctoral Psychology Residency. This period will include more closely overseen supervision conducted by the Postdoctoral Psychology Resident's Primary Supervisor in consultation with the Training Director(s). The Training Director(s), in consultation with the Primary Supervisor and the Faculty Committee will determine the length of a remediation plan. The termination of the remediation plan will be determined, after discussions with the Postdoctoral Psychology Resident, by the Training Director(s) in consultation with the Primary Supervisor. Several possible and perhaps concurrent courses of action may be included in the remediation plan.

These possible actions include:

1. Increasing the amount of supervision, either with the same or additional supervisors;
2. Changing the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy and providing community referrals;
4. Adjusting the Postdoctoral Psychology Resident's clinical or other workload;
5. Requiring specific readings and assignments.

The Training Director(s) will write a letter within 10 working days of informing the Postdoctoral Psychology Resident of this due process decision. A copy of this letter will be kept in the Postdoctoral Psychology Resident's file and emailed to the Postdoctoral Psychology Resident and Primary Supervisor within 10 working days of completion of the letter.

The letter shall contain:

1. A description of Postdoctoral Psychology Resident's unsatisfactory performance;
2. Actions needed by the Postdoctoral Psychology Resident to correct the behavior;
3. The timeline for correcting the problem; and
4. The action that will be taken if the problem is not corrected.

At the end of this probation period, the Training Director(s) will provide a second written statement indicating whether or not the problem has been remediated. Both statements will become part of the Postdoctoral Psychology Resident's permanent file and will also be shared with the Postdoctoral Psychology Resident and the Primary Supervisor.

- iii. Issue a decision of "*No Cause*," which indicates the determination that the Postdoctoral Psychology Resident's actions may not constitute a formal problem, but rather a concern as defined above in the "Definition of Problematic Behavior." The awareness of the concern may be sufficient to rectify the issue and may not warrant further formal remediation. In this case, the Training Director(s) will complete a written statement identifying that a formal review was held and that the claim was dismissed due to "No Cause." The Training Director(s) will issue this statement within 10 working days of the meeting. The statement will be placed in the Postdoctoral Psychology Resident's permanent file, emailed to the Postdoctoral Psychology Resident and Primary Supervisor within 10 working days of writing the statement.
- D. If the problem is not rectified through the above processes, the Postdoctoral Psychology Resident's placement with Sanford Health Postdoctoral Psychology Residency Program may be terminated.
- E. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the Postdoctoral Psychology Resident's placement within Sanford Health Postdoctoral Psychology Residency Program may be terminated.

- F. The final decision to terminate a Postdoctoral Psychology Resident's placement will be made by the entire Faculty Committee and will represent a discontinuation of participation by the Postdoctoral Psychology Resident within every aspect of the Sanford Health Postdoctoral Psychology Residency Program.
- G. The Faculty Committee (all primary clinical supervisors who are faculty) will make this determination during a meeting convened within 5 business days following the conclusion of Step A of the Formal Review process or during the regularly scheduled Faculty Committee meeting, whichever occurs first.
- H. The Training Director(s) may decide to temporarily suspend a Postdoctoral Psychology Resident's clinical activities or place a Postdoctoral Psychology Resident on paid administrative leave during this period prior to a final decision being made, if warranted.
- I. Sanford Health Postdoctoral Psychology Residency Program will adhere to the APPIC's Policies on Postdoctoral Psychology Resident dismissal and secure a release from the Match contract. The final decision to terminate a Postdoctoral Psychology Resident's placement will be made by the entire Faculty Committee and will represent a discontinuation of participation by the Postdoctoral Psychology Resident within every aspect of the Sanford Health Postdoctoral Psychology Residency Program.
- J. If the Postdoctoral Psychology Resident is terminated from the program, the Resident will be required to complete all patient paperwork before leaving. The Resident will receive full credit for the hours completed at the time of termination.

#### Due Process Appeal and Review Panel

In the event that a Postdoctoral Psychology Resident does not agree with any of the aforementioned notifications, remediation or sanctions, or dismissal, an Appeal may be submitted by the Postdoctoral Psychology Resident to the Faculty Committee.

- A. The Postdoctoral Psychology Resident will file a formal appeal in writing with all supporting documents -an email will suffice- to the Training Director(s). The Postdoctoral Psychology Resident must submit this appeal within 5 working days from their notification of any of the above (notification, remediation, or dismissal).
- B. If requested, the Appeal review will be conducted by a panel convened by the Training Director(s) and consisting of themselves, the Postdoctoral Psychology Resident's primary supervisor, and at least two other members of the Faculty Committee who were not part of the original review and decision. The Postdoctoral Psychology Resident may request a specific member of the Faculty Committee to serve on the review panel.

- C. The Appeal review will be held over a two-week period. 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 may uphold the decisions made previously or may appeal or modify them. The review panel has final discretion regarding outcome.
- D. If a Postdoctoral Psychology Resident is filing a formal appeal in writing to disagree with a decision that has already been made by the Faculty Committee and supported by the Training Director(s), then that appeal is reviewed by the Training Director(s) in consultation with the Faculty Committee. The Training Director(s) will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original review panel is upheld.
- E. If a Postdoctoral Psychology Resident is not satisfied with the result of the appeal, the resident may reach out to the leaders of Sanford Health's Graduate Medical Education program: David Theige, M.D., Medical Director of Graduate Medical Education, and Hailey Schepp, MPA, Director of Medical Education. These two leaders will review the Resident's appeal, interview the parties involved, and make a final decision.

#### General Resident Grievance Procedure

These guidelines are intended to provide the Postdoctoral Psychology Resident with a means to resolve perceived conflicts. Residents who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a resident raises a grievance about a supervisor, staff member, fellow resident, or the residency program, the following procedures will be followed:

#### Informal Review

First, the resident will raise the issue as soon as feasible with the involved supervisor, staff member, other resident, or Training Director(s) to informally resolve the problem.

#### Formal Review

If the matter cannot be satisfactorily resolved using informal means, the resident may submit a formal grievance in writing to the Training Director(s). If the Training Director(s) is the object of the grievance, the grievance will be submitted to a Site Supervisor. The individual being grieved will be asked to submit a response in writing within 5 working days of receiving the formal grievance to the Training Director(s) or the Site Supervisor.

The Training Director(s) (or Site Supervisor, if appropriate) will meet with the resident and the individual being grieved within 10 working days. In some cases, the Training Director(s) (or Site Director) may wish to meet with the resident and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter.

The plan of action will include:

- A. The behavior associated with the grievance;
- B. The specific steps to rectify the problem; and,
- C. Procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director(s) (or Site Director) will document the process and outcome of the meeting. The resident and the individual being grieved will be asked to report back to the Training Director(s) (or Site Director) in writing within 10 working days regarding whether the issue has been adequately resolved.

In situations where the nature of the grievance constitutes a potential violation of the subject of the grievance's contract with Sanford Health, Sanford Health will be notified in accordance with the policies and procedures of the agency.

If the plan of action fails, the Training Director(s) (or Site Director) will convene a review panel consisting of him/her/themselves and at least two other members of the Training Committee within 10 working days. The resident 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.

If the review panel determines that a grievance against an individual cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the leaders of Sanford Health's Graduate Medical Education program: Dr. David Theige and Hailey Schepp. If the issue is not resolved at that level, then the issue will be turned over to Sanford Health Human Resources to initiate the due process procedures outlined in his/her/their employment contract.

If the review panel determines that the grievance against the individual does not constitute a violation of his/her/their employment contract and can potentially 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 Training Director(s) (or Site Director). The resident and the individual being grieved will be asked to report in writing to the Training Director(s) (or Site Director) regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days of receiving the resident's and individual's report to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to Sanford Health Human Resources to initiate the due process procedures outlined in the employment contract.

## **Supervision and Video Conference Supervision Policy**

### **General Overview**

The Sanford Health Postdoctoral Psychology Residency recognizes the rights of residents and faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of the residents' learning experiences, all interactions among residents, training supervisors, and faculty/staff are collegial and professional and conducted in a manner that reflects the highest standards of the profession. Sanford Health Postdoctoral Psychology Residency Faculty inform residents of these principles and of their avenues of recourse should problems arise through policies that are available at [website] and in the Sanford Health Postdoctoral Psychology Residency Handbook.

Sanford Health Postdoctoral Psychology Residency Faculty provide residents with a level of observation, guidance and supervision that encourages successful completion of the residency. Faculty serve as professional role models and engage in actions that promote residents' acquisition of knowledge, skills, and competencies consistent with the Sanford Health Postdoctoral Psychology Residency training aims. All residents will receive a total minimum of three (3) hours per week of supervision; at least 50% of this time will be delivered in-person. Two hours of supervision will be individual and provided by the primary supervisor. One hour will be group supervision. Additional supervision may be offered through a secondary supervisor or a consultation group.

### **Supervision Details**

Sanford Health Postdoctoral Psychology Residency Supervisors will schedule two (2) hours of face-to-face supervision for each resident at their primary site. However, primary and/or secondary supervisors are always accessible for remote consultation while residents are providing clinical and support services. One (1) hour of group supervision will be scheduled weekly for residents to learn from and consult with each other and assigned faculty; additionally, group supervision may be experienced with the interdisciplinary teams at their sites.

### **Individual Supervision Structure**

There is one licensed psychologist designated as the primary clinical supervisor for each site in the Sanford Health Postdoctoral Psychology Residency. The primary supervisor establishes training goals for the resident at that site which are continually revisited and adjusted as necessary for each resident's specific professional needs and development. Residents receive a minimum of two (2) hours of individual supervision each week. Supplemental individual supervision may be provided by other appropriately credentialed professionals at the training site as delegated by the site's primary clinical supervisor.

## Group Supervision Structure

Weekly group supervision will be held via WebEx. It is required for all current residents for successful program completion. All group supervision facilitators are licensed psychologists. One (1) hour of group supervision will focus on clinical case consultations and presentations.

Group supervision is led by Sanford Health Postdoctoral Psychology Residency training faculty on a rotating basis to provide all residents with the opportunity to experience a breadth of supervisory relationships beyond their primary supervisor. Given the geographic distance between training sites, this model allows the residents to form greater connections to the entire training faculty than would be experienced otherwise. It is expected that the foundation for these supervisory relationships will be initially cultivated during Sanford Health Postdoctoral Psychology Residency Orientation, such that residents will have formed relationships with the entire training faculty (as reasonably as possible) prior to engaging in videoconference group supervision. For all clinical cases discussed during group supervision, full professional responsibility remains with the resident clinician's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately.

## **TELESUPERVISION**

The Sanford Health Postdoctoral Psychology Residency may, on occasion, use video conferencing to provide individual supervision when necessary, such as in instances of inclement weather. Group supervision will be conducted through video conferencing. Telesupervision can only account for 1 of the 2 hours of required individual supervision per week. The other hour of required weekly individual supervision must be in-person. Telesupervision may not account for more than 2 hours of the minimum required 4 total weekly hours of supervision.

## Support for Telesupervision and Impact on Resident Learning

We believe that the use of technology in training serves as an opportunity to introduce, acquaint, and equip residents with good video-conferencing skills and practices that inform distance learning and telehealth, should they need to provide distance-delivered services in the course of their professional work after completing the residency. Particularly in rural areas, telehealth technology can provide accessibility to psychological services that might otherwise be unavailable via conventional face-to-face service delivery.

Video conference supervision will not commence until after the Sanford Health Postdoctoral Psychology Residency Orientation and the resident has become acquainted with the assigned supervisors and peers through in-person interaction. Also, prior to obtaining supervision via video conference, residents will become familiar with the concept through readings and didactic training provided during Sanford Health Postdoctoral Psychology Residency Orientation.



Sanford Health Postdoctoral Psychology Residency recognizes that distance technology is often a key component of rural practice, and in this way, telesupervision is consistent with the overall mission of the residency program and the mission of the Sanford Health System to serve rural and frontier patient populations.

### Telesupervision Security and Privacy

All Sanford Health Postdoctoral Psychology Residency video conferencing occurs over a secure network. Supervision sessions using this technology are never recorded. All residents are provided with instruction regarding the use of the video conferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the appropriate IT personnel at each site.

### **Didactic and Resident Group Attendance Policy**

Attendance at monthly didactic seminars, weekly group supervision, and other scheduled group training activities is required for all residents in the Sanford Health Postdoctoral Psychology Residency and is required for successful completion of the residency. Attendance at these scheduled activities takes priority over other site obligations. Site supervisors are aware of these activities and their requirement for residents. A didactic calendar is distributed during orientation and may be updated throughout the year.

A resident is permitted no more than five absences from group supervision during the calendar year and one absence from didactics during the calendar year. The Training Director and the Primary Site Supervisor must be notified in advance of planned absences. Residents who miss a meeting of the didactic seminar or other group because of a serious emergency or for a serious illness should alert their Primary Site Supervisor and the Training Director(s) as soon as possible.

### **Code of Conduct Policy**

In addition to making progress towards the Sanford Health Postdoctoral Psychology Residency program goals and Profession-Wide Competencies during the residency year, it is expected that residents follow the Sanford Health Postdoctoral Psychology Resident Code of Conduct at all times during their residency year. Failure to meet these requirements may result in the initiation of Sanford Health Postdoctoral Psychology Residency Due Process Procedures.

### Sanford Health Postdoctoral Psychology Residency Code of Conduct

1. Compliance with the APA's 2017 Ethical Principles and Code of Conduct.
2. Compliance with all Sanford Health Postdoctoral Psychology Residency policies and expectations.
3. Honesty and integrity in all professional interactions.

4. Respectful and professional behavioral towards all Sanford Health Postdoctoral Psychology Residency faculty members, fellow residents, agency staff, guests, and clients both within and outside of standard work hours.
5. Support of and contribution to the betterment of the Sanford Health Postdoctoral Psychology Residency training program.
6. Active and meaningful participation as a member of the Postdoctoral Psychology Residency cohort.
7. Willingness to be supervised, including following supervisors' directives and to accept constructive criticism.
8. Acceptance of responsibility for one's own actions.
9. Pursuit of problem resolution through appropriate channels.
10. Submit necessary documentation within specified timeframes.
11. Compliance with any additional codes of conduct or policies regarding professional expectations at Sanford Health Postdoctoral Psychology Residency Member Agencies.

### **Resident Evaluation, Retention, and Termination Policy**

The Sanford Health Postdoctoral Psychology Residency program requires that residents demonstrate minimum levels of achievement across all nine APA profession-wide competencies, as measured by the Sanford Health Postdoctoral Psychology Resident Evaluation. Informal feedback to residents should be ongoing throughout the training year, with any concerns discussed early and often. Residents are informally evaluated by their primary supervisor at 60-90 days of their residency and formally evaluated by their primary supervisor two times annually, in month 5 and month 10. Formal evaluations are conducted using a standard rating form using a Likert Scale that includes comment spaces where supervisors include specific written feedback regarding the residents' performance and progress. The evaluation form includes information about performance in all nine profession-wide competencies and associated learning elements.

Supervisors are expected to review these evaluations with the residents and provide an opportunity for discussion if the resident has questions or concerns about the feedback. Upon completion of the review both the resident and supervisor sign the evaluation. The resident receives one copy, and another copy is provided to the Training Director(s) who reviews and signs the document before it is placed in the resident file, where it is maintained indefinitely. Of note, residents who are required to complete additional rotations under the supervision of someone other than their primary supervisor will have both the primary and adjunct supervisors discuss the resident's performance before each evaluation period, and the primary supervisor should incorporate feedback from the adjunct supervisor into the resident's formal evaluation.

The adjunct supervisor should also share ongoing verbal feedback directly to the resident throughout the training year. If a resident disagrees with the evaluation ratings they receive, this disagreement should first be discussed with their primary supervisor. If

a resolution cannot be reached, the resident may file a grievance as discussed in the Due Process and Grievance Procedures.

### **Evaluation Scoring**

The scoring rubric for resident evaluations uses a Likert scale, with the following rating values:

A (4) Advanced; Skills comparable to autonomous practice at the licensure level

I (3) Intermediate; Supervision is developmental in nature

B (2) Beginning; Continued intensive supervision is needed

NI (1) Needing Improvement

U (0) Unsatisfactory/Fail

N/A Not Applicable/Not Observed/Cannot Say

### **Minimal Levels of Achievement**

The minimum level of achievement (MLA) on each evaluation changes over the course of the training year, reflecting expected growth in competence.

At the beginning of the postdoctoral training year, residents will meet with their primary supervisor to discuss the training goals for that location and the supervisor's expectations of minimum achievement levels throughout the year. Because each site is unique, residents will have continual conversations with their primary supervisors regarding meeting the required standards of performance during the year. It would not be unusual to receive some 2s during the first few months of training, with the expectation of ending the years with 3s and 4s. If a resident receives a score less than 2 during the first 90 days, a plan of remediation will be implemented by the site supervisor with support from the training director. If a resident receives a score less than combined 2s and 3s during the 5 month evaluation, a plan of remediation will be implemented by the site supervisor with the support from the training director. If a resident receives a score less than a 4 at the 10 month evaluation, a plan of remediation will be implemented by the site supervisor with the support from the training director.

If a resident receives a score lower than the MLA at any evaluation point, or if supervisors have reason to be concerned about the resident's performance or progress, the program's Due Process procedures may be initiated. The Due Process guidelines can be found in the Postdoctoral Psychology Resident Handbook, which is carefully reviewed during Resident Orientation. The policy may also be found on the program's website: <http://www.sh-ppr.org/>

Additionally, all residents are expected to complete 2080 hours of training during the residency year with a minimum of 500 hours in face-to-face clinical service delivery. Meeting the hours requirement, attending required training experiences (e.g., didactic

seminars, consultation groups), and obtaining sufficient ratings on all evaluations demonstrates that the resident has progressed satisfactorily through and completed the residency program.

### **Additional Evaluations**

In addition to the evaluations described above, residents must complete a self-evaluation form at the beginning and end of the residency. Residents must complete an evaluation of their supervisor at 5-months, and 10-months and a program evaluation at the end of the training year in order to provide feedback that informs any changes or improvements in the training program. Residents are required to submit evaluations for each didactic session during the year. All evaluation forms can be located in the Resident Handbook, on the MedHub platform, and on: <http://www.sh-ppr.org/>. Evaluations are submitted to the Training Director(s) via MedHub.

### **Supervisor-Supervisee Evaluation Expectations**

The Sanford Health Postdoctoral Psychology Residency program encourages transparent communication between supervisor and supervisee during the training year. Part of this transparency is to discuss the minimum level of achievement in the nine core competencies set out by the American Psychological Association. Starting at the beginning of the residency, a dialogue will occur at regular intervals in which the resident will be given feedback on their performance in the nine competency areas.

At the beginning of the postdoctoral training year, residents will meet with their primary supervisor to discuss the training goals for that location and the supervisor's expectations of minimum achievement levels throughout the year. Because each site is unique, residents will have continual conversations with their primary supervisors regarding meeting the required standards of performance during the year.

If a resident receives a score lower than the MLA at any evaluation point, or if supervisors have reason to be concerned about the resident's performance or progress, the program's Due Process procedures may be initiated. The Due Process guidelines can be found in the Postdoctoral Psychology Resident Handbook, which is carefully reviewed during Resident Orientation. The policy may also be found on the program's website: <http://www.sh-ppr.org/>

The conversations between supervisors and residents will be documented and signed and/or initialed by both supervisor and supervisee to indicate there is an agreement and understanding of the expectations of the resident.

### **Record Retention Policy**

Information about residents' training experiences, evaluations by supervisors, attendance at required training activities, and certificates of completion are maintained

indefinitely in a secure digital file by the Sanford Health Postdoctoral Psychology Residency Training Director(s) for future reference and credentialing purposes.

### **Stipend, Benefits, and Resources Policy**

The Sanford Health Postdoctoral Psychology Residency program meets requirements for professional licensure in North Dakota and Minnesota. Residents must complete 2080 professional hours (including a minimum of 500 direct clinical contact hours) within the 52-week training year in order to complete the residency. Residents are required to maintain records of their hours. Most sites begin their day at 8 a.m. and end at 5 p.m. Paid leave time and authorized absences for professional development activities are counted towards the 2080-hour requirement.

The salary for our Residents is \$65,000 plus benefits including health insurance, holidays, and other leave (personal time off). Residents will be designated as employees of Sanford Health regardless of which site they are primarily located. All residents will receive comparable health benefits (medical, dental, vision), as well as paid time off, through Sanford Health. Residents will be reimbursed for some travel-related expenses.

Residents are eligible to enroll in health insurance, dental insurance, vision insurance, and other voluntary benefits. Residents are also eligible for employer paid benefits including a basic level of term life insurance, short term disability insurance and long-term disability insurance. Benefits include 21 days of Allowed Time Away (ATA). These days can be used for your personal use and will include vacation, and sick days. Sanford Health follows 6 holidays in their calendar: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas. Unused ATA does not pay out upon conclusion of your residency year. Residents will be given 12 calendar days of paid sick leave per calendar year for personal and dependent illness. Residents are given days of paid educational leave to attend conferences, major professional meetings, and study/prepare for the EPPP and state licensing exam. There will be reimbursement for conferences, major professional meetings, in-person didactics, and to sit the first EPPP and state exam up to \$5,600. There will be a moving stipend up to \$5,000

To support our resident's role in caring for others, they will receive access to Sanford Health's Provider Well Being resources. This includes a time-saving virtual assistant, as well as in-the-moment counseling for you and your family members available by phone or in-person to manage depression, stress, anxiety, anger management, marital and parenting concerns, work life issues, and wellbeing lifestyle changes. Residents will also have access to legal and financial resources, leadership development information, and referrals to reputable resources for issues such as substance use disorders. Additional benefits include:

- ✓ Use of the Sanford Health virtual library resource
- ✓ Access to Sanford Health's EAP service – Vital Work Life
- ✓ Sanford Wellness benefits discount
- ✓ Continuing Education (CE) reimbursement

## **Additional Leave Policy**

The Sanford Health Postdoctoral Psychology Residency program allows and encourages residents' time away from work and follows the Sanford Health Allowed Time Away policy as follows:

1. **Vacation:** Residents shall receive three (3) weeks (21 calendar days) of paid vacation annually. Leave requests should be submitted to the primary supervisor and the program administrator. Vacation is non-cumulative and any unused time will not be paid out to the resident at the end of the training year.
2. **Meetings/Conferences:** Residents will be allowed up to 10 calendar days to attend trainings and conferences (outside of didactic days).
3. **Sick Leave:** Residents will be given 12 calendar days of paid sick leave per calendar year for personal and dependent illness. Sick leave is noncumulative and any unused time will not be paid out to the resident at the end of the training year. Residents are responsible for notifying their primary supervisor and the program administrator of any absence due to illness. Residents shall provide medical verification for absences due to illness when requested. If incapacity results in more than 3 days, the Sanford Health Long-Term Medical and Family Leave Policy will be followed.
4. **Additional Sick Leave:** Additional unpaid sick leave may be granted with written permission from the resident's primary supervisor and the training director(s). If granted and if incapacity results in more than 3 days, the Sanford Health Long-Term Medical and Family leave Policy will be followed. Additional sick leave shall not be credited as training time and will result in makeup requirements.
5. **Parental Leave Policy:** The Postdoctoral Psychology Residency program parental leave policy follows the Sanford Health Parental Leave Policy.
6. **Leave of Absence:** The Postdoctoral Psychology Residency program parental leave policy follows the Sanford Health Parental Leave Policy.
7. **Funeral Policy:** The Postdoctoral Psychology Residency program parental leave policy follows the Sanford Health Parental Leave Policy.

## **Travel Reimbursement Policy**

It is likely that some minor travel expenses may be incurred; however, postdoctoral psychology residents may submit documentation for reimbursement of certain out-of-pocket expenses while traveling for required residency activities. Sanford Health provides funding for resident expenses incurred during travel for mandatory, off-site training-related activities, including but not limited to travel, lodging, and meals associated with a state psychological association conference.

Meal reimbursements apply only to meals that are not made available to the resident by the Postdoctoral Psychology Residency and only during the required training-related travel. Residents should plan to pay separately when dining together. The Sanford Health Postdoctoral Psychology Residency program will not reimburse for alcohol.

To be reimbursed, residents must save all original receipts, and send to the Postdoctoral Psychology Residency Program Administrator within 5 business days of returning from a training experience. The Program Administrator will complete a travel expense form on behalf of the resident. Travel reimbursements may not exceed \$2,500 per resident annually.

## **Outside Employment**

### **PURPOSE:**

To define appropriate and acceptable external secondary employment options in conjunction with an employee's primary job. It is expected that employees devote their full attention to their primary job within Sanford Health during their regular hours of employment.

### **POLICY:**

Sanford Health employees may engage in external secondary employment outside of its entities, provided it does not conflict or compete with the employee's primary job or job performance, or the business of Sanford and its entities. External secondary employment for exempt staff is not encouraged.

### **PROCEDURE:**

Employees who secure a secondary position outside of their primary role at Sanford Health must report that position to their leader as soon as possible, as that secondary position may represent an actual or potential conflict of interest. Business dealings that represent, or appear to represent, a conflict between the interests of Sanford and an employee are not acceptable and may result in corrective action up to and including termination.

Please sign this acknowledgement page and return it to the Training Director(s).

**Acknowledgment:**

I acknowledge that I have received and reviewed the Due Process and Grievance procedures; the Didactic and Resident Group Attendance policy; the Code of Conduct policy; and the Evaluation procedures of the Sanford Health Postdoctoral Psychology Residency program. I agree to abide by the policies and procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

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Postdoctoral Psychology Resident Signature

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Print Name

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Date



## Sanford Health Postdoctoral Psychology Resident Evaluation

*To be completed by all resident supervisors and by the resident as a self-evaluation*

**Resident:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Dates of Evaluation:** \_\_\_\_\_ to \_\_\_\_\_

**This evaluation is based on the following sources of information (check all that apply):**

Direct observation     Discussions in meetings     Audio/video tape review

Feedback from others

Participation in meetings     Review of clinical records     Individual Supervision

Group Supervision     Other (specify)

**Scoring Criteria:**

<p><b>Advanced.</b> The resident shows <u>strong</u> evidence of the knowledge, awareness, and/or skill. Performance is <u>consistent</u>, even in novel situations. The resident shows flexibility and exceeds standards expected of a resident. Can perform independently most of the time. Seeks supervision on the most difficult or complex cases. Reviews clinical work, professional behavior, and ethical issues in a proactive manner with colleagues/supervisors. <i>Knowledge, awareness, and/or skill are advanced and well-established. This rating may be evidenced at the completion of residency training. Supervision required while in training status. Focus is only on refining and developing more advanced performance.</i></p>	<p>A(4)</p>
<p><b>Intermediate/Residency.</b> The resident is <u>functioning at entry-level practice</u> of the knowledge, awareness, and/or skill. Performance is <u>consistent</u>. Knowledge and application of the skill are demonstrated in all routine cases. <i>This rating may be used at the beginning of residency in areas of strength for the resident being evaluated, and some areas may remain a focus of supervision to increase advancement, integration, and consistency with this skill.</i> Readiness for entry-level practice is defined as: 1) the ability to independently function in a broad range of clinical and professional activities; 2) the ability to generalize skills and knowledge to new situations; and, 3) the ability to self-assess when to seek additional training, supervision, or consultation.</p>	<p>I(3)</p>
<p><b>Emerging.</b> This is an <u>emerging</u> knowledge, awareness, and/or skill for the resident. The resident may only have introductory knowledge and needs to develop the skill to be at an expected developmental level. Performance is adequate but <u>inconsistent</u>. The resident demonstrates a basic foundational understanding and they appear to be working towards acquiring competence in this area. <i>Routine, but intensive supervision and assistance is needed. This may be a common rating at the beginning of residency.</i></p>	<p>E(2)</p>

<p><b>Beginner/Remedial.</b> The resident lacks understanding and demonstrates <u>minimal or no</u> evidence of the knowledge, awareness, and/or skill OR the resident demonstrates problematic or harmful behavior requiring immediate attention. The resident may have very little awareness, experience, knowledge, or training in this area and the resident needs significant supervision and training. There may be safety concerns and/or the resident demonstrates poor clinical judgment. The resident may demonstrate little to no autonomous judgement and the supervisor has significant concerns about the resident’s ability to work independently during the current evaluation period. <i>Increased supervision and remedial work will be required if this rating is given. This is not an acceptable level of competency for entry-level practice.</i></p>	<p>B(1)</p>
<p>Not Applicable for this training period/Not Observed or Assessed (<i>cannot be used on final evaluation</i>)</p>	<p>N/A</p>
<p><b>NOTE: As described in the Sanford Health Postdoctoral Psychology Resident Evaluation Policy, if a resident receives a score lower than the MLA at any evaluation point, or if supervisors have reason to be concerned about the resident’s performance or progress, the program’s Due Process procedures may be initiated. By the end of the residency year, residents are expected to achieve intermediate to advanced level of skills on all elements and competencies. Thus, residents must receive a score of “4” on all elements and competencies to successfully complete the program.</b></p>	
<p><b>Competency 1: Research</b></p>	
<p><b>Behavioral Benchmarks</b></p>	
<p>Exhibits excellent skills in utilization of research. Consistently and independently seeks out, critically evaluates, and appropriately interprets literature to form an evidence-based practice. Is capable of teaching or guiding others in areas of research. Applies these skills to the resident project, and is completing the project with only consultation from supervisor(s).</p>	<p>A(4)</p>
<p>Exhibits good skills in utilization of research. Frequently seeks out, critically evaluates, and appropriately interprets literature to form an evidence-based practice and mostly does so independently. Seeks out supervision and consultation effectively when identifying and evaluating relevant material. Applies these skills to resident project, and is working collaboratively with supervisor(s).</p>	<p>I(3)</p>
<p>Exhibits some skills in utilization of research. Demonstrates some degree of independence and proactive approach to seeking out research literature but continues to require supervision to prompt and assist with understanding a literature review and critical evaluation. Is responsive to supervisory input and suggestions. Needs supervisor guidance on the resident project, but is able to complete assigned tasks.</p>	<p>E(2)</p>

<p>Exhibits some awareness of the importance of effectively utilizing and evaluating the research literature and is receptive to guidance. May struggle to independently seek out relevant literature and make improvements without significant prompting and guidance. May struggle to appropriately evaluate and interpret information from literature. May include a lack of awareness about these deficiencies and/or an unwillingness to correct them. Needs significant supervisor guidance on the resident project and may have difficulty following guidance without additional support.</p>	<p>B(1)</p>
<p><b>Rating Elements</b></p>	
<p>Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems          Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications)          Disseminates research and other scholarly activities (e.g., case conferences, presentations, publications) at the local (including the host institution), regional, or national level</p>	<p>_____          _____          _____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including strengths &amp; training goals related to Research Competency):</p>	
<p><b>Competency 2: Ethical and Legal Standards</b></p>	
<p><b>Behavioral Benchmarks</b></p>	
<p>Demonstrates a superior level of knowledge of ethical codes, professional standards, and relevant regulations and state laws. Consistently and independently identifies ethical dilemmas and engages in appropriate ethical decision-making. Is able to conduct self in an ethical manner across professional activities with considerable skill and seeks consultation on ethical matters as needed. Knowledge base is sufficient to teach skills to others.</p>	<p>A(4)</p>
<p>Exhibits knowledge of ethical codes, professional standards, and relevant regulations and state laws. Is generally able to recognize ethical dilemmas and engage in ethical decision-making with some supervisory support, and may occasionally need assistance from others to identify ethical issues. Seeks out supervisory support or consultation to help address ethical and legal issues. Demonstrates ability to conduct self in an ethical manner across professional activities.</p>	<p>I(3)</p>
<p>Exhibits incomplete knowledge of ethical codes, professional standards, and relevant regulations and state laws. May require frequent assistance from supervisors in regard to recognizing ethical dilemmas and engaging in</p>	<p>E(2)</p>

<p>ethical decision-making. May require occasional support from supervisors in order to conduct self in an ethical manner across professional activities.</p> <p>Exhibits relatively little knowledge of ethical codes, professional standards, or relevant regulations and state laws. Has marked difficulty recognizing an ethical dilemma or engaging in ethical decision-making. Willfully and/or repeatedly engages in unethical and/or illegal practice. May struggle with conducting self in an ethical manner across professional activities. May exhibit some defensiveness and/or disregard for supervisory input regarding ethics, professional standards and/or relevant laws.</p>	<p>B(1)</p>
<p><b>Rating Elements</b></p>	
<p>Demonstrates knowledge of and acts in accordance with each of the following:</p> <p>The current version of the APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines; and</p> <p>Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels</p> <p>Recognizes ethical dilemmas as they arise, applies ethical decision-making processes, and seeks supervision and consultation in order to resolve ethical dilemmas</p> <p>Conducts self in an ethical manner in all professional activities</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths &amp; Training Goals related to Ethical and Legal Standards Competency):</p>	
<p><b>Competency 3: Individual and Cultural Diversity</b></p>	
<p><b>Behavioral Benchmarks</b></p>	
<p>Demonstrates the ability to independently apply knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program’s aims. Demonstrates a high level of awareness of the ways their cultural history relates to the historical backgrounds of others. Displays expertise in theoretical and empirical literature related to diversity. Effectively integrates knowledge and awareness of individual and cultural differences across professional roles. Demonstrates a high level of ability to apply knowledge to working effectively with a range of diverse individuals and groups and seeks professional consultation on these issues as needed. Independently</p>	<p>A(4)</p>

demonstrates motivation to increase knowledge on human diversity. Skill level suggests an overall level of expertise and could effectively teach others.

Demonstrates awareness of the ways their cultural history relates to the historical backgrounds of others. Accepts feedback and has a developing level of knowledge of the theoretical and empirical literature related to diversity. Demonstrates knowledge and awareness of individual and cultural differences across professional roles and needs occasional supervisory support on these issues. Displays growing skills in applying knowledge to working effectively with diverse individuals and groups and seeks supervision on these issues as needed. Is capable of increasing knowledge on factors related to diversity, though may occasionally require prompting from a supervisor to do so.

I(3)

Demonstrates beginning awareness of the ways their cultural history relates to the historical backgrounds of others. Has some knowledge of theoretical and empirical literature related to diversity but requires development in this area. With the support of supervision, the student is beginning to integrate knowledge and awareness of individual and cultural differences across professional roles. Has a beginning level of skill in applying knowledge of working effectively with diverse individuals and groups but continues to require significant supervisory guidance. Generally requires guidance on when and how to expand knowledge base on human diversity.

E(2)

Demonstrates very limited understanding, or blatantly disregards or is unwilling to consider the ways their cultural history relates to the historical backgrounds of others. Has a relatively low level of knowledge of theoretical and empirical literature related to diversity. Has limited ability to integrate knowledge and awareness across professional roles and may be unable and/unwilling to try to improve. Struggles to apply knowledge of working effectively with diverse individuals and groups.

B(1)

**Rating Elements**

Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with people different from them.

\_\_\_\_\_

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

\_\_\_\_\_

Articulates and applies a framework for working effectively with areas of individual and cultural diversity.

\_\_\_\_\_

<p>Demonstrates the ability to independently apply knowledge and approaches in working effectively with a range of diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews create conflict with one's own.</p>	<p>_____</p>
<p>Has the ability to integrate and awareness and knowledge of individual and cultural differences in the conduct of professional roles.</p>	<p>_____</p>
<p>Considers relevant cultural issues in case conceptualization, selection of assessment tools, diagnosis, and determination of treatment modality.</p>	<p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths &amp; Training Goals related to Individual and Cultural Diversity Competency):</p>	
<p style="text-align: center;"><b>Competency 4: Professional Values, Attitudes, and Behaviors</b></p>	
<p><b>Behavioral Benchmarks</b></p>	
<p>Demonstrates strong professional values and serves as a role model for other health service psychologists. Has an excellent self-reflective ability and shows openness to feedback. Handles complex situations with considerable skill and seeks consultation as needed. Has a clear understanding of strengths and weaknesses and is independently motivated to improve performance. Consistently completes all documentation on time and is punctual. Meaningfully participates in professional activities. Consistently demonstrates the professional values of health service psychology. Displays a strong self-reflective ability but may require supervisory support on occasion.</p> <p>Demonstrates openness to feedback and supervision. Responds well to complex situations and independently seeks supervisory or consultative support. Has a good understanding of strengths and weaknesses. Completes most documentation in a timely manner and is punctual with few exceptions. Is consistently attentive and meaningfully participates in professional activities the majority of the time.</p> <p>Demonstrates developing professional values of health service psychology. Engages in self-reflection but may require supervisory support in this area. Generally accepts feedback and supervision without requiring supervisory support in applying this feedback. Is capable of responding professionally to complex situations with some supervisory support. Has reasonable understanding of strengths and weaknesses. Generally completes documentation in a timely manner with some occasional prompting. Is generally punctual with a few exceptions. Is consistently attentive and often meaningfully participates in professional activities.</p>	<p>A(4)</p> <p>I(3)</p> <p>E(2)</p>

<p>Demonstrates difficulty in exhibiting professional values consistent with the field of health service psychology. May also struggle with self-reflective skills and responsiveness to feedback and supervision. Has a great deal of difficulty navigating complex situations. May repeatedly fail to complete documentation on time and consistently be significantly behind. May be often tardy or absent from professional activities, often fail to meaningfully participate, and/or participate in a way that is counter-productive.</p>	<p>B (1)</p>
<p><b>Rating Elements</b></p>	
<p>Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, cultural humility, and concern for the welfare of others Engages in self-reflection regarding one's own personal and professional functioning</p>	<p>_____</p> <p>_____</p>
<p>Engages in activities to maintain and improve performance, well-being, and professional effectiveness</p>	<p>_____</p>
<p>Actively seeks and demonstrates openness and responsiveness to feedback and supervision</p>	<p>_____</p>
<p>Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through residency</p>	<p>_____</p>
<p>Actively participates in scheduled appointments, training activities, supervision, and meetings consistently and on-time</p>	<p>_____</p>
<p>Maintains appropriate boundaries in professional and clinical relationships</p>	<p>_____</p>
<p>Completes all required documentation in a timely manner</p>	<p>_____</p>
<p>Follows proper procedure in protecting client information and case files</p>	<p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths &amp; Training Goals related to Professional Values, Attitudes, and Behaviors Competency):</p>	
<p><b>Competency 5: Communication and Interpersonal Skills</b></p>	
<p><b>Behavioral Benchmarks</b></p>	

<p>Demonstrates an excellent ability to form and maintain relationships with a diverse range of individuals. Demonstrates expertise in recognizing, incorporating, and responding to oral, nonverbal and written communication in both therapeutic and other professional relationships. Displays a very high level of skill in managing difficult communication and seeks consultation as needed. Is seen as a role model for others.</p>	<p>A(4)</p>
<p>Demonstrates a good ability to form and maintain effective relationships. Produces, comprehends, and responds to oral, nonverbal and written communication effectively in therapeutic and other professional relationships. Demonstrates consistently strong interpersonal skills. Effectively manages difficult communication with supervisory support and independently seeks consultation or supervision as needed.</p>	<p>I(3)</p>
<p>Demonstrates occasional difficulty in developing and maintaining relationships. Emerging abilities in effectively producing and comprehending oral, nonverbal and written communication. Demonstrates beginning level of development in effective interpersonal skills. May require high level of supervisory support to incorporate and respond to clients' communications in session. May require a high level of supervisory support in managing difficult communication with others.</p>	<p>E(2)</p>
<p>Demonstrates difficulty in developing and maintaining relationships. Struggles with effectively producing and comprehending oral, nonverbal and written communication. May have marked deficits in these areas. Demonstrates problems with interpersonal skills and struggles with difficult communication with others. May be hostile, aggressive, or combative in communication with clients or professionals. High levels of defensiveness may interfere with communication. May generally have difficulty understanding, incorporating, and responding to clients' communications in session.</p>	<p>B(1)</p>
<p><b>Rating Elements</b></p>	
<p>Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services</p>	<p>_____</p>
<p>Demonstrates effective interpersonal skills and the ability to manage difficult situations well</p>	<p>_____</p>
<p>Produces, comprehends, and engages in clear, informative, and well-integrated professional written communication</p>	<p>_____</p>
<p>Produces, comprehends, and engages in clear, informative, and well-integrated professional oral communication</p>	<p>_____</p>
<p>Is attuned to, incorporates, and responds to clients' verbal and non-verbal communication</p>	<p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths &amp; Training Goals related to Communication and Interpersonal Skills Competency):</p>	



Competency 6: Assessment	
Behavioral Benchmarks	
Demonstrates expertise in selecting and applying assessment methods. Skillfully interprets assessment results to inform case conceptualizations, classifications and recommendations. Demonstrates excellent ability to communicate findings accurately and effectively to a wide range of audiences. Consistently utilizes professional literature to support assessment selection and interpretation. Is sufficiently skilled to teach multiple assessments to others.	A(4)
Demonstrates strong skills for selecting and applying assessment methods. Independently interprets assessment results to inform case conceptualizations, classifications and recommendations. Skillfully communicates findings accurately and effectively to a range of audiences. Commonly utilizes professional literature to support assessment selection and interpretation. Has enough skill to teach one or more assessments to others.	I(3)
Demonstrates emerging skill in selecting and applying assessment methods. Interprets assessment results to inform case conceptualizations, classification and recommendations with supervisory support as needed. Communicates findings accurately and effectively to a range of audiences with occasional supervisory support. Utilizes professional literature to support assessment selection and interpretation, occasionally requiring supervisory prompting to do so.	E(2)
Demonstrates beginning level of skills for appropriately selecting and applying assessment methods. Requires a high level of supervisory support in interpreting results to inform case conceptualizations, classification and recommendations. Requires supervisory guidance to select and interpret relevant professional literature for assessment selection and interpretation. Also requires supervisory direction in accurately and effectively communicating findings for various audiences.	B(1)
Rating Elements	
Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	_____
Demonstrates a thorough working knowledge of clinical interviewing techniques and utilizes clinical interviews to collect relevant data leading to appropriate diagnoses/conceptualization	_____

Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)	_____
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including the context to the assessment and/or diagnostic process	_____
Appropriately and accurately selects and applies assessment methods that draws from the empirical literature and that reflects the science of measurement, accurately administers and scores assessment instruments	_____
Appropriately interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective	_____
Identifies and synthesizes relevant data from multiple sources and methods into a holistic understanding of client and client's treatment needs	_____
Generates recommendations consistent with assessment questions and assessment findings	_____
Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	_____
<b>AVERAGE SCORE FOR COMPETENCY</b>	
<b>Comments (including Strengths &amp; Training Goals related to Assessment Competency):</b>	
<b>Competency 7: Intervention</b>	
<b>Behavioral Benchmarks</b>	
Demonstrates expertise in clinical intervention and displays superior skills in the areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. Independently seeks consultation for challenging cases or presenting concerns not previously encountered. Demonstrates expertise in responding to high risk clinical situations. Is recognized by others as having expertise in multiple areas of therapeutic intervention.	A(4)

<p>Demonstrates strong skills in clinical intervention areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. Independently seeks supervision or consultation as needed for specific cases or types of presenting concerns. Is capable of managing high risk clinical situations effectively with consultation and guidance from supervisor. May be recognized by others as having expertise in at least one area of therapeutic intervention.</p>	<p>I(3)</p>
<p>Demonstrates emerging level of intervention skills and may continue to require a high level of supervisory support in one or more areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. May need assistance in recognizing when to seek consultation or guidance from others. Requires high level of supervisory support to respond to high risk clinical situations.</p>	<p>E(2)</p>
<p>Demonstrates beginning level of intervention skills and difficulty in multiple areas of establishing and maintain therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. Demonstrates low responsiveness to supervisory support on these issues and may often fail to recognize when supervisory support is indicated. May be unable to adequately respond to high risk clinical situations with supervisor support. May not recognize when supervisory support is indicated.</p>	<p>B(1)</p>

<b>Rating Elements</b>	
<p>Establishes and maintains effective professional relationships with clients</p>	<p>_____</p>
<p>Develops effective treatment plans and implements evidence-based interventions specific to the service delivery goals</p>	<p>_____</p>
<p>Demonstrates the ability to apply the relevant research literature to clinical decision making</p>	<p>_____</p>
<p>Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking</p>	<p>_____</p>
<p>Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation</p>	<p>_____</p>
<p>States and explains one's theoretical orientation regarding behavior change</p>	<p>_____</p>
<p>Conceptualizes cases accurately and specifically to case, context, and diversity characteristics</p>	<p>_____</p>
<p>Appropriately assesses and intervenes with clients who are at risk of harm to self or others</p>	<p>_____</p>

Demonstrates self-awareness and impact of self on therapeutic relationship	_____
Terminates treatment appropriately and successfully	_____
AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Intervention Competency):	
<b>Competency 8: Supervision</b>	
<b>Behavioral Benchmarks</b>	
<p>As a supervisee, autonomously and effectively communicates supervision needs and preferences. Identifies the highly salient information for discussion in supervision. Maintains high levels of openness and non-defensiveness in supervision, including discussions that may provide discomfort. Independently identifies and tracks progress towards training goals. As a supervisor, demonstrates an excellent understanding of models, theories and research in supervision and effectively integrates this knowledge as a supervisor. Demonstrates expertise when providing formative and summative feedback in supervision. Demonstrates an integrated awareness of areas of competence and personal limits in providing effective supervision to others. Seeks out consultation on work as a supervisor as needed.</p> <p>As a supervisee, generally communicates supervision needs and preferences. Is often able to identify the salient information for discussion in supervision, with some assistance from supervisor. Often maintains levels of openness and non-defensiveness in supervision. Engages with supervisor to identify and track progress towards training goals. As a supervisor, demonstrates a good knowledge base in supervisory models and related literature, including its application to the supervision process. Continues to develop skills for providing formative and summative feedback as a supervisor, but may require occasional guidance while supervising. When supervising, displays knowledge of clinician's own limits.</p>	<p style="text-align: center;">A(4)</p> <p style="text-align: center;">I(3)</p>



AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Supervision Competency):	
<b>Competency 9: Consultation and Interprofessional/Interdisciplinary Collaboration</b>	
<b>Behavioral Benchmarks</b>	
Demonstrates excellent abilities for consultation with other professionals across disciplines. Displays integrated knowledge of unique patient care roles of other professionals. Effectively consults with other professionals in a highly skilled manner. Excels as a member of a team-based approach to clinical services.	A(4)
Demonstrates good skills for consulting with professionals across disciplines. Displays a high level of knowledge of unique patient care roles of other professionals. Demonstrates effective skills for consulting with other professionals. Is a highly effective member of a team-based approach to services.	I(3)
Demonstrates ability to consult with professionals across disciplines with support from supervisors. Displays knowledge of unique patient care roles of other professionals. Demonstrates ability to consult with other professionals with supervisory support. Has emerging skills that may require some supervisory guidance as a member of a team-based approach to clinical services.	E (2)
Demonstrates limited ability in consulting with other professionals across disciplines and may feel uncomfortable in this role. Displays beginning knowledge of the unique patient care roles of other professionals. Has beginning skills for consultation with other professionals but may require significant supervisory support. Requires high levels of supervision to understand and embody the role of treatment-team member. May not effectively work within a team-based approach to clinical services.	B(1)
<b>Rating Elements</b>	
Demonstrates knowledge and respect for the roles and perspectives of other professions	_____
Applies knowledge of consultation models and practices with staff across disciplines	_____
Demonstrates ability to work within a team-based approach to clinical services	_____

AVERAGE SCORE FOR COMPETENCY	
Comments (including Strengths & Training Goals related to Consultation Competency):	
<b>Competency 10 (Program Specific): Public Behavioral Health</b>	
<b>Behavioral Benchmarks</b>	
<p>Has an excellent understanding of the public behavioral health system and the impact of it and other social and environmental stressors that impact underserved clients. Has excellent knowledge and understanding of policies, regulations, and statutes that impact service delivery. Has superior abilities to critically evaluate the system of care and make meaningful, empirically supported recommendations for change. Is proactive at advocating for informed changes to improve the services available.</p> <p>Has a good understanding of the public behavioral health system and its impact on underserved clients. Is able to recognize and incorporate social and environmental factors into clinical work with underserved populations. Has a good understanding of policies, regulations, and statutes that inform work. Can critically evaluate the system of care and recognize areas for improvement. Can identify opportunities to advocate on behalf of clients to improve services.</p> <p>Has a basic foundational understanding of the public behavioral health system. With supervisory guidance, understands and incorporates the impact of social and environmental factors in clinical work with underserved populations. Has an emerging understanding of policies, regulations, and statutes that inform work. With some support and guidance is able to critically evaluate the system of care and identify areas for potential improvement. May need continued support in advocating for realistic and informed change.</p> <p>Has a beginning level of understanding of the public behavioral health system. Relies on supervisory guidance to understand the impact of social and environmental factors in clinical work with underserved populations. Generally relies on supervisors for information on policies, regulations, and statutes that inform work. May blame or further marginalize the population, or have difficulty having a basic understanding of the public behavioral health system and need frequent direction from supervisors in this area.</p>	<p style="text-align: center;">A(4)</p> <p style="text-align: center;">I(3)</p> <p style="text-align: center;">E(2)</p> <p style="text-align: center;">B(1)</p>
<b>Rating Elements</b>	

<p>Demonstrates understanding of the public behavioral health system</p> <p>Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis, and treatment planning</p> <p>Demonstrates knowledge of organizational, local, and state policies, regulations, and statutes and their impact on the profession of psychology and the delivery of services</p> <p>Demonstrates the ability to critically evaluate the system of care, including strengths, challenges, and impacts on persons served</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>AVERAGE SCORE FOR COMPETENCY</p>	
<p>Comments (including Strengths &amp; Training Goals related to Public Behavioral Health Competency):</p>	
<p><b>OVERALL RATING (average of all required broad competency scores)</b></p>	
<p>Comments on Resident's overall performance:</p>	
<p>Goal for evaluations completed at 5-months: <i>The minimum level of achievement is "2." Residents are expected to score "3" in a minimum of two competency areas. No competency areas will be rated as "1."</i></p> <p>Goal for evaluations completed at 10-months: <i>All competency items will be rated at level of competence of "4". No competency areas will be rated as "1" or "2."</i></p> <p>Check one:</p> <p>____ The resident HAS successfully completed the above goal. We have reviewed this evaluation together.</p>	



\_\_\_The resident HAS NOT successfully completed the above goal. The resident has been informed of entering due process and I will be notifying the Sanford Health Postdoctoral Psychology Resident Training Director(s). We have reviewed this evaluation together.

Supervisor's Signature

Date

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement and that I can appeal the above scores per the Sanford Health Postdoctoral Psychology Resident Handbook procedure.

Resident's Signature

Date



Communicates effectively with supervisee

Interacts respectfully with supervisee

Maintains clear and reasonable expectations for supervisee

Provides a level of case-based supervision appropriate to supervisee's training needs

Comments:

### Development of Clinical Skills

Assists in coherent conceptualization of clinical work

Assists in translation of conceptualization into techniques and procedures

Is effective in providing training in behavioral health intervention

Is effective in providing training in assessment and diagnosis

Is effective in providing training in systems collaboration and consultation

Is effective in helping to develop short-term and long-range goals for patients

Promotes clinical practices in accordance with ethical and legal standards

Comments:

### Summary

Overall rating of supervision with this supervisor

Describe how the supervisor contributed to your learning:

Describe how supervision or the training experience could be enhanced:

Any other suggestions/feedback for your supervisor?

Supervisor's Signature

Date

Resident's Signature

Date

**Sanford Health Postdoctoral Psychology Residency Program Evaluation:**

*To be completed by the resident at the end of the training year and discussed with supervisor during resident final evaluation meeting.*

Resident: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

This Program Evaluation is utilized by the Sanford Health Postdoctoral Psychology Residency program to continually improve and enhance the training program. All responses are reviewed by the faculty, and your feedback is carefully considered. Any ratings of "Poor" or "Fair" will result in action by the faculty to address the problematic item(s); so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

**Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent**

**Cohort Experience:** In this section, please provide ratings related to your recurring training activities.

Overall quality of didactic lectures	
Relevance of didactic lecture topics	
Group Supervision	
Professional Development Group	
Opportunities for peer support and socialization	
Psychiatry Grand Rounds (bi-weekly)	
Psychologist Staff Consultation Group (monthly)	
Treatment Team Meetings (per site)	

Comments:

**Overall Quality of Training in Major Areas of Professional Functioning**

For the following items on the Sanford Health Postdoctoral Psychology Residency program identified areas of competency, please rate the quality of the training you have received in each. Please consider your experience with **didactic seminars, professional development opportunities, and supervision**, as well as **direct clinical experiences and other experiential training**.

**Research**

Scientific Knowledge and methods

Research and evaluation

Comments:

**Ethical and Legal Standards**

Ethics codes, guidelines, and standards

Ethical decision-making

Relevant law, regulations, and policy

Comments:

**Individual and Cultural Diversity**

Breadth of clinical experiences with diverse clients  
*(e.g., country of origin, non-English speaking, ableness, socioeconomic status, legally- involved, race/ethnicity, chronically homeless, serious mental illness, sexual orientation, gender identity, education level, and so forth)*

Comments:	
<b>Professional Values, Attitudes, and Behaviors</b>	
Quality of Training	
Comments:	
<b>Communication and Interpersonal Skills</b>	
Quality of Training	
Comments:	
<b>Assessment</b>	
Quality of Training	
Comments:	
<b>Intervention</b>	
Quality of Training	

Comments:

**Supervision (recall that, for the purposes of this evaluation, you are rating the training you received in this required area of competence, NOT the supervision you received)**

Quality of Training

Comments:

**Consultation and Interprofessional/Interdisciplinary Skills**

Quality of Training

Comments:

Please provide additional comments/feedback about the Sanford Health Postdoctoral Psychology Residency's overall training in the major areas of professional functioning:

**Please answer the following questions regarding your overall experience with Sanford Health Postdoctoral Psychology Residency program.**

Overall quality of training

Comments:



Breadth of clinical intervention experience	
Comments:	
Satisfaction with number of client contacts	
Comments:	
Clarity of expectations and responsibilities of resident at training site	
Comments:	
Role of resident at the site	
Comments:	
Caseload was appropriate to meeting educational/training needs	
Comments:	

Please provide additional comments/feedback about your experience at Sanford Health Postdoctoral Psychology Residency program:

**Please answer the following question regarding your primary supervision experiences.**

Helpfulness of supervision

Ability of supervisors

Frequency of supervision

Supervisor as professional role models

Effectiveness of teaching

Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above:

**Please answer the following questions regarding your secondary supervisor(s).**

If you have more than one secondary supervisor, please rank each separately in the spaces provided. If you did not have a secondary supervisor, please leave this section blank:

**Secondary Supervisor 1:**

Overall Quality of Supervision

Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:

**Secondary Supervisor 2:**

Overall Quality of Supervision

Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:

**Secondary Supervisor 3:**

Overall Quality of Supervision

Please provide additional comments/feedback about your secondary supervisor and provide explanations for any "poor" or "fair" ratings above:

**Please rate the following miscellaneous items regarding your residency experience.**

Sanford Health Postdoctoral Psychology Residency Orientation

Comments/Recommendations for enhancement

Orientation to working at Site

Comments/Recommendations for enhancement

Opportunities for socialization into the profession (i.e., training opportunities and experiences related to becoming a professional psychologist)

Comments/Recommendations for enhancement

Opportunities for socialization with other residents

Comments/Recommendations for enhancement

**Please provide any other feedback and recommendations that you believe might be helpful or might improve the residency:**

Please provide any feedback that you think would help improve this program evaluation survey: