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1. Introduction

This training manual provides an overview of the operating philosophy, guidelines, objectives, and procedures for the Clinical Health Psychology Residency Training Program at the University of Kansas Medical Center, which offers training in the setting and clinical focus of Onco-Psychology. This includes information at both informal and formal levels with regard to specific and general policies for the Medical Center, Department of Psychiatry and Behavioral Sciences, and the Clinical Health Psychology Program in Onco-Psychology. The purpose of this manual is to provide clarity of training through use of these guidelines; however, it is recognized that exceptions or changes may be utilized to address or respond to circumstances not specifically addressed within this document.
II. Guiding Philosophy of the Clinical Health Psychology Residency Training Program

The Clinical Health Psychology Residency Training Program in Onco-Psychology aims to aid the Resident in developing from entry as an advanced trainee to completion as a junior colleague, prepared to practice fully as a license-ready independent provider as a Clinical Health Psychologist with expertise within the field of Psycho-Oncology. Training is meant to be less didactic and more experiential, with opportunities for a greater degree of flexibility, autonomy, and independence. The primary focus of the Program is clinical training, though opportunities to explore a range of academic activities, such as supervision of junior trainees, teaching, research, and participation in a range of scholarly endeavors will also be available to the Resident. The depth and breadth of these experiences will be at the discretion of the Resident in collaboration with the Director of the Onco-Psychology Program.
III. Mission Statements & Information

A. Mission of the Onco-Psychology Program

The Mission of the Onco-Psychology Program is to provide compassionate, evidence-based psychological services to patients and caregivers at The University of Kansas Cancer Center. The Onco-Psychology Program goals align with the mission of The University of Kansas Medical Center – Providing clinical care, clinical training, conducting research, and being in service to our community.

Description of Onco-Psychology Program Core Areas:

Clinical Care: Onco-Psychology faculty and trainees serve as multidisciplinary team members with the Hematology/Oncology and Radiation Oncology faculty and staff in clinical planning and provision of care. They provide outpatient individual, couples, and family psychotherapy to patients/caregivers, outpatient crisis consultation, health & behavior assessment and brief interventions, pre-Bone Marrow and other pre-medical intervention evaluations, inpatient consultation/liaison services to Hematology/Oncology floors within the University of Kansas Hospital, and complete brief screening and assessment for psychological diagnosis. The goal of the clinical care area of the Onco-Psychology program is to best serve our patients and caregivers.

Psychology Training: Onco-Psychology faculty develop and implement a multi-tiered education and supervision program for practicum students, interns, and post-doctoral Resident(s). They coordinate training and educational activities of these trainees, including provision of clinical supervision, supervision training for advanced trainees, didactic training on psychology and oncology related topics, and serve as invited instructors to medical students, interns, residents, and Residents within the University of Kansas Medical Center. The goal of the training area of the Onco-Psychology Program is to establish a clear developmental pathway for students to gain the experience and expertise to enter and thrive in the Psycho-Oncology field.

Research: Onco-Psychology faculty and trainees coordinate and collaborate on research projects within the field, and serve as liaisons for psychological aspects of other medical or health related research as invited. The goals of the research area of the Onco-Psychology Program are to inform clinical practice, contribute to the growing literature in psycho-oncology, and to continually evaluate and improve various aspects of the program itself.

Service: Onco-Psychology faculty and trainees serve to support the communities around us and our patients through various advocacy and outreach endeavors.
B. Mission of the University of Kansas Medical Center (KUMC)

The mission of KUMC is to serve Kansas through excellence in education, research, patient care and outreach:

**Education:** KUMC strives to educate exceptional health care professionals through a full range of undergraduate, graduate, professional, post-doctoral and continuing education.

**Research:** KUMC seeks to advance the health sciences through world-class research.

**Patient Care:** KUMC provides compassionate and state-of-the-art patient care in an academic medical center environment.

**Outreach:** KUMC works with Kansans and their communities to improve health and health care across the state.
C. The University of Kansas Cancer Center – NCI Designation

A goal central to The University of Kansas Cancer Center’s vision of eliminating the cancer burden in the Heartland was achieving designation by the National Cancer Institute (NCI) in June 2012. NCI designation signifies that our academic cancer center has achieved the highest standards and that promising cancer research leading directly to improved care and treatment is taking place right here in our own community.

Currently, there are 69 NCI-designated Cancer Centers and 46 NCI-designated Comprehensive Cancer Centers in the United States. NCI designation is the highest recognition for an academic cancer center, opening doors to expanded research funding and related economic benefits and jobs, and bringing the most advanced cancer care to patients. With NCI designation, our region has achieved a new level of excellence as a bioscience research center, providing the opportunity to more fully leverage the research investments made by the University of Kansas and the Stowers Institute for Medical Research. NCI designation drives growth across many related segments of the regional economy.

Approximately 1,200 employees, including faculty, research support, clinical and administrative staff are specifically devoted to cancer clinical care and research activities. Cancer center leaders estimate that from 2006-2011, the NCI designation pursuit created 1,014 regional jobs and had a regional economic impact of $346 million. By 2016, they estimate the number of jobs created will reach 2,241 and the regional economic impact of NCI investments will total $1.93 billion. No other regional initiative has as much potential to simultaneously drive economic development and public health as achieving NCI designation.

Most importantly, NCI designation at KU means Kansans do not have to travel out of state to find the most advanced care and clinical trials. They are available close to home.
D. Missions of the Department of Psychiatry & Behavioral Sciences

The primary mission is the education of doctors. To that end, the department provides education in many different ways for medical students and other students of the University of Kansas School of Medicine. The Department also sponsors several post graduate medical education programs. Specialty training is offered in General Adult Psychiatry, Child and Adolescent Psychiatry, Combined Medicine and Psychiatry, and Addictions Psychiatry. In addition, Pre and Post-doctoral training in Psychology is also sponsored within the department. Further, in collaboration with KU Medical Center Continuing Education, programs are sponsored in continuing medical education.

The secondary mission is the advancement of knowledge in areas related to the brain and behavior. The Department’s goal is to improve the quality of life for the next generation of Americans by trying to understand more about what causes disturbances in behavior and how to best manage these problems.

The tertiary mission is clinical patient services for those who seek our help. The Departmental clinical programs span the areas of general adult psychiatry, child psychiatry, geriatric psychiatry, forensic evaluations, psychosomatic medicine, pain management, and opiate addictions. We partner with the University of Kansas Hospital for adult inpatient services, and Marillac Psychiatric Hospital for inpatient children’s services, where our commitment to high quality, efficient patient care means we deliver treatment with an interdisciplinary team of psychiatrists, psychologists, psychiatric social workers, experienced psychiatric nurses, occupational therapists, and other professionals as determined by patient need. By virtue of being part of the University of Kansas Medical Center, we have a wide range of medical specialists and sub-specialists available to help us care for our patients.
E. The Office of Postdoctoral Affairs

The University of Kansas Medical Center, as part of its continued commitment to the success of postdoctoral scholars as an integral part of the research enterprise of the institution, created the Office of Postdoctoral Affairs in 2007 to serve the over 100 postdoctoral scholars who are part of the campus community. The office is part of the larger Office of Postdoctoral Affairs and Graduate Studies, which is located within the Office of Academic Affairs. Together with the KUMC Postdoctoral Association and the Postdoctoral Advisory Committee, the Office develops non-research related training that enhances a postdoctoral scholar’s development as well as oversees policies and procedures, advocates on behalf of the postdoctoral community, and leverages campus and community resources to ensure the success of scholars both during their postdoctoral appointment and in their transition to the next phase of their career.

Mission Statement:
To serve as a central platform for information, resources, and opportunities that ensures the best possible experience for postdoctoral scholars at the University of Kansas Medical Center.

Vision:
The Office of Postdoctoral Affairs will foster an environment that attracts, retains, grows, and empowers the most talented new scholars to become leaders in science and medicine.

Values:
Key values include professional satisfaction and meaningful training and career opportunities for postdoctoral scholars, collaboration and dialogue that enhance academic, professional, and personal growth, respect for diversity, transparent and participatory decision making, and accountability.

Objectives:
- Strengthen the identity and presence of postdoctoral scholarship on campus
- Provide programming and development opportunities for postdoctoral scholars
- Serve as a clearinghouse for information and communications related to the postdoctoral community
- Advocate on behalf of the postdoctoral community
- Support the recruitment and retention of talented postdoctoral scholars
- Foster a network that connects postdoctoral scholars on campus, in the community, and beyond
- Serve as a resource and support for principle investigators, mentors, and the faculty and staff who work and interact with postdoctoral scholars
IV. Individual and Cultural Diversity

A. Diversity in Recruitment and Retention of Residents and Faculty

The Clinical Health Psychology Postdoctoral Residency Program in Onco-Psychology is strongly committed to supporting all aspects of cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, including marital or parental status, national origin, ancestry, age, sexual orientation, gender expression, disability, genetic information, or veteran status in its recruitment, retention, or development of residents, faculty or staff. We welcome and encourage well-qualified individuals with a commitment to diversity to apply for positions in our program. We aim to foster an attractive and nurturing atmosphere of learning where diverse residents, faculty, staff, and patients can understand, learn from, accept and appreciate one another.

Regarding further specific recruitment and retention efforts, the Program's ongoing discussion includes explicit emphasis of the value of diversity interest in attracting diverse applicants. This involves inclusion of diversity in direct discussions with prospective residents and faculty, and providing specific diversity information in position materials, postings, and notifications across all public channels (see Appendix A). The Program continues to seek opportunities to foster relationships with individuals, committees, and groups within KUMC and the larger community to help recruit and retain highly qualified resident and faculty applicants of diverse backgrounds. Following discussions within the Psychology Division, and recognition of the slow turnover rate of our full-time faculty, efforts have also been made to recruit presenters from diverse backgrounds to participate across the range of didactic activities offered in the Department. Recruitment of such presenters is an ongoing pursuit. This allows for current trainees and faculty to be further exposed to professionals from diverse individual and cultural backgrounds, and to cultivate relationships with such professional and/or community representatives.
B. Focus on Diversity

The Resident’s didactic and experiential training are aimed at encouraging a broad understanding of diversity as it relates to professional psychology. Didactic training includes both specific topics relevant to individual and cultural diversity, and efforts to integrate diversity elements into other clinically-oriented presentations. The Program is committed to continued development and maintenance of a safe and open environment that makes cultural competency/proficiency attainable for all residents, trainees, faculty, and staff. Cancer has been called, “the great leveler,” as it impacts persons across the entire spectrum of life. The University of Kansas Cancer Center, with its NCI-designation, draws patients from a broad range of cultural, economic, and geographic backgrounds, each with unique potential barriers to healthcare. Therefore, the Resident will be exposed to working with a patient population that is quite diverse – making competency and sensitivity in this area highly imperative to ethical practice within psycho-oncology. The Program strives to teach the clinical skills, knowledge-base, and openness to learning that is necessary to be effective in working with these vulnerable patients.

As part of the Program’s commitment to individual and cultural diversity, training focused in this area is a standard agenda item at our biannual faculty retreat, and at monthly Onco-psychology faculty meetings. The goal of these discussion items is to demonstrate dedication to the value of diversity, and to recognize and emphasize the need for ongoing review, assessment, and improvement of competency as individual professionals and supervisors, and as a gestalt within the Program. If this value is stressed to the Resident and other trainees, the faculty must also lead by example. Ultimately, the aim of the Program is to create an inclusive and open environment that fosters long-term efforts toward cultural competency and to attracting and retaining diverse residents and faculty. Further evidence of this effort includes two current Program faculty serving as members in the Department of Psychiatry and Behavioral Sciences’ Diversity and Inclusion Committee. This committee is focused on the education around multicultural factors impacting the growth, development, and practice of psychiatry and psychology trainees and faculty, with the goal of increasing awareness and communication of the impact diversity and care of diverse populations has within the department.

Ongoing analysis of the need to continually consider, discuss, and enhance the diversity of the Program, involves not only discussion among the faculty, but is also included in the weekly evaluations of the Program’s Tiered Didactic and Group Supervision meetings, and in the biannual program evaluation that is completed by the Resident and all trainees participating within the Program. Trainees are asked to assess the Program's emphasis on diversity-related training while also offering qualitative feedback of their experiences, and suggestions for potential changes or improvements. Faculty then review the feedback and attempt to adjust training opportunities in an ongoing fashion.
C. KUMC Diversity Programs and Policies

The Clinical Health Psychology Residency Program in Onco-Psychology supports the mission of the Office of Cultural Enhancement and Diversity, and adheres to KUMC Diversity statement:

At the University of Kansas Medical Center, Diversity is not just about policies and practices. It is an integral part of who we are, how we operate and how we envision our future. As an academic institution, our ability to understand, embrace and function in a multicultural society is critical to our mission. We define diversity as valuing differences and respecting individuals. We work hard to ensure an inclusive and fair work environment for our employees. The diversity initiative provides classes, forums, film series and many more educational opportunities that lead to a better understanding among colleagues. What we provide is that "Something More" that creates a preferred employer. More information can be found at http://www2.kumc.edu/oced.

In addition to these policies, the Program operates within the context of The University of Kansas, which has very clear policies regarding non-discrimination, specifically:

The University of Kansas is committed to assuring that all programs and activities are readily accessible to all eligible persons. The university prohibits discrimination on the basis of race/ethnicity, color, religion, creed, national origin, ancestry, sex, age, disability, sexual orientation, gender expression, or veteran status. The University of Kansas also extends equal opportunity regardless of marital or parental status. All forms of illegal discrimination, including sexual, racial, and ethnic harassment, are prohibited by university policies.
V. Recruitment and Selection of Postdoctoral Resident

A. Recruitment

Recruitment for the Clinical Health Psychology Postdoctoral Resident in Onco-Psychology position occurs annually. An announcement detailing the position is posted to the University of Kansas Department of Psychiatry & Behavioral Sciences’ website, and is also circulated through various listservs related to health psychology, postdoctoral training, etc. (see Appendix A). Each applicant is asked to provide the Director with a cover letter, current curriculum vitae, three letters of recommendation, and all graduate transcripts. Basic requirements include a Ph.D. or Psy.D. in Clinical or Counseling Psychology from an APA-accredited graduate program and successful completion of an APA-accredited or approved internship. Experience in health psychology is strongly encouraged but not required for application. As noted above, strong emphasis and value is placed on applicants who engender and value individual and cultural diversity.
B. Selection Process

Once all materials for an applicant have been received and the application is deemed complete, it is circulated to the Onco-Psychology Program faculty for review. Each faculty independently reviews all complete applications and fills out an Applicant Review Form (see Appendix B). These forms are returned to the Director, who tallies all scores. The faculty then meet to discuss the applicants and finalize the list of applicants who will be invited to interview. All applicants will then be emailed by the Director with either a decline or offer for interview. Selected applicants are invited to attend an interview day. The interview day is comprised of participation in Postdoctoral Resident Didactics within the Department of Psychiatry & Behavioral Sciences, tour of the main KUMC Hospital campus, tour of the Westwood Cancer Center, presentation with an overview of the Clinical Health Psychology Program in Onco-Psychology and current faculty research, lunch with the current Resident, and individual or team interviews with the Division Chair, Director of Training, Program Director, all Onco-Psychology faculty, as well as at least one physician or advanced practice nurse representative from Internal Medicine Hematology/Oncology or Cancer Center Leadership. All interviewers complete rating forms for each candidate (see Appendix C). Scores for each applicant are tallied along with their initial application evaluation. A meeting is then held with all interviewers to finalize rank of the candidates. The top ranked candidate is then contacted by the Program Director with an offer, and given two business days to accept or decline. If this candidate declines, an offer will be made to the next candidate, and so on. If an offer is not accepted by any ranked candidates, faculty will meet again to discuss options of other applicants or re-announcement of the position.
VI. The Postdoctoral Training Year

A. Training Aims and Competencies

The Clinical Health Psychology Residency Program in Onco-Psychology focuses on providing the Resident with the full range of clinical skills necessary to function as an independent clinical health psychologist. In addition, the Program aims to give the Resident a greater depth of both skills and knowledge in psycho-oncology more specifically. The following section outlines the aims, competencies, and evaluation of such competency development. Successful completion of the program requires attainment of these competencies in regard to clinical psychology, health psychology, and application within the context of oncology care.

Core Competencies for Completion of Clinical Health Psychology Residency Program:
1. Professional conduct and relationships.
2. Value for individual and cultural diversity.
4. Knowledge and application of clinical research.
5. Ethical and legal practice.
6. Knowledge and skill in the subspecialty of Psycho-oncology.

1. Professional Conduct and Relationships.

Professional Conduct. The postdoctoral resident consults with, and works effectively with other professionals, as demonstrated by:

a. Relating positively and constructively with other professionals.
b. Considering the possibility of co-morbid medical or neurological conditions and making appropriate referrals.
c. Communicating and interacting effectively with other professionals in ways that enhance patient-centered care, productivity, and build respectful relationships.
d. Maintaining effectiveness in reaching set goals by adapting to changing circumstances and responsibilities; showing willingness to learn new ways to accomplish work.
e. Seeking constructive approaches to solving workplace issues.
f. Maintaining a patient- and customer-focused approach to care, anticipates patients’ needs to extent possible, and seeks to improve knowledge (via supervision, reading, and didactics) to best care for the patients served.
g. Working as a productive member of patient-care and administrative teams, contributing to team development and effective team dynamics.

Relationships. The postdoctoral resident establishes and maintains positive, constructive, and effective working relationships with patients, as demonstrated by:

a. Maintaining appropriate professional boundaries.
b. Indicating capacity to empathize with patients’ experiences.
c. Interacting with patients in a flexible and respectful manner even when they are very disturbed or difficult.
d. Using supervision to discuss the difficulties that arise in working relationships with patients.
e. Recognizing the effect of own behavior on the patients' experiences.
f. Recognizing the impact of oncology factors on relationship with patient and caregivers.

2. **Value for Individual and Cultural Diversity.**
The postdoctoral resident consistently reflects on individual and cultural diversity factors, as demonstrated by:
a. Considering how both own and patient individual and cultural diversity may impact the therapeutic relationship.
b. Taking individual and cultural diversity into consideration when selecting appropriate assessments or interventions for each patient.
c. Relating with sensitivity to individual and cultural diversity in interactions with other professionals.
d. Being aware of the impact a patient’s individual and/or cultural identity on their overall oncology care (e.g., preference for alternative medical approaches, importance of spirituality or family to healing, etc.).

3. **Knowledge and Application of Evidence-Based Practice.**
   **Assessment.** The postdoctoral resident accurately assesses, formulates, and tracks functioning in patients in an evidence-based fashion, as demonstrated by:
a. Conducting thorough clinical psychological and/or diagnostic interviews.
b. Appropriately diagnosing patients according to the DSM-5 diagnostic criteria.
c. Appropriately assessing risk factors for suicidal and aggressive behaviors.
d. Properly administering, scoring, and interpreting psychological and cognitive tests.
e. Utilizing information from all appropriate sources, such as the family/caregivers, medical record, other treating professionals and other systems involved in the lives of patients in evaluating their difficulties.

   **Intervention.** The postdoctoral resident appropriately applies clinical psychological interventions, as demonstrated by:
a. Formulating problems in ways that lend themselves toward empirically supported interventions.
b. Proficiency in applying a reasonable range of psychotherapy principles to clinical problems.
c. Using empirically-supported specific intervention approaches for specific clinical problems.
d. Administering interventions in a flexible, individually formulated approach, considering all pertinent personal, social, medical and other issues including factors related to individual and cultural diversity.
e. Appropriately utilizing systemic interventions in working with patients in the oncology setting, such as working with family members/caregivers and integrating care with other professionals treating the patient.
4. **Knowledge and Application of Clinical Research.**
   The postdoctoral resident is knowledgeable regarding clinical research and its application, as demonstrated by:
   a. Being a critical consumer of clinical research literature.
   b. Considering ways to utilize clinical research to improve patient care within own practice, the program, and the field.
   c. Staying abreast of current research findings and methodology in their own and related fields.

5. **Ethical and Legal Practice.**
   The postdoctoral resident conducts him/herself according to relevant ethical and legal guides, as demonstrated by:
   a. Practicing according to the APA Ethical Principles of Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People’s Rights and Dignity.
   b. Adhering to the APA Ethics Guidelines across all areas of practice.
   c. Practicing according to relevant legal statues governing psychology in the State in which services are provided.

6. **Knowledge and Skill in the Subspecialty of Psycho-Oncology.**
   The postdoctoral resident establishes a strong knowledge and skill base in the subspecialty of psychosocial oncology, as demonstrated by:
   a. Appropriate understanding of prominent oncology diagnoses, staging terminology, treatments, side effects, and prognostic considerations.
   b. Providing appropriate clinical sensitivity to working with oncology patients and families dealing with end-of-life concerns.
   c. Appropriate skill in applying assessment and brief intervention skills in the fast-paced oncology setting.
   d. Appropriately considering the similarities and differences between cancer disease symptoms, treatment side effects, and psychological symptoms.
   e. Recognizing clinical psychological manifestations likely to be due to an underlying medical condition.
B. Requirements for Completion

The Program accepts Residents with the full expectation that he/she will successfully complete the Program, and achieve the aims and competencies noted above. Disciplinary action or termination would occur only under the most serious circumstances, and after due process (see below, p. 55-69). If there were ever any such level of concerns regarding performance, this would be reflected in a “failing” rating on one or more of the aims of the Onco-Psychology Postdoctoral Training Bi-Annual Evaluation (discussed further below, see p. 49-53), and would prompt a review by the Psychology Training Supervisors Committee (PTSC), of which the Resident would be informed. Such a meeting would be to determine how to facilitate improvement in performance and the means by which to do so, unless the problems was of such a serious nature that it was determined that it could not be resolved by the Program. Any deficiencies identified (problem ratings) must be resolved for all aims on the Onco-Psychology Postdoctoral Training Bi-Annual Evaluation, as determined by the Program Director in consultation with the Training Director and PTSC, in the overall evaluation at the end of the Residency year.

Training Supervisors formally review the Resident’s progress biannually, and frequently provide verbal or informal written feedback to Residents in conversations and as part of typical supervisory interactions. Critical feedback on an evaluation or voiced by a supervisor or lower ratings on evaluation forms do not mean that a major concern necessitating a formal action by the Program is necessary. Rather, if there is a major concern regarding performance, a Resident would be notified by the Program Director and/or Training Director through written documentation of a failing rating on one or more of the aims in his/her formal evaluations. Whenever the Program Director or Training Director is notified of a major concern regarding any aspect of a Resident’s performance, the issue is brought before a regularly scheduled or special meeting of the Psychology Training Supervisors Committee. The concerned supervisor(s) will present the basis for their failing rating(s) to the Committee. Following discussion by the Committee, the Resident will be contacted for response as described below (see p. 55-69).
C. Training Calendar, Hours, & Leave

1. **Calendar Year & Training Hours.** The Postdoctoral Residency consists of a calendar year of full-time supervised training, which usually will begin on or around September 1 of each year and covers 2,080 hours of total training time. This assumes roughly 40-45 hours of work per week, and will ensure that the Resident meets clinical hour requirements for licensure in the states of Kansas and/or Missouri. This Residency assumes the completion of the candidate’s Doctoral degree, which must be completed prior to starting the Program or accruing hours. Under special circumstances, an earlier or later start date may be arranged, and the decision would be made by the Onco-Psychology Program Director and the Training Director for the Division of Psychology. Regardless of the start date, the total training time will equal at least one full calendar year. Any other special circumstances will be reviewed as needed.

2. **Leave.** The Resident has 9 designated Holidays during the calendar year (see below), and one Discretionary Leave Day, which is available for use after the first 6 months of employment. Any unused leave time (sick, vacation, discretionary) are not paid out by the University of Kansas Medical Center at the end of the training year, so the Resident is encouraged to utilize leave time prior to end of the training year.

   **Designated Holidays**
   - New Year’s Day
   - Labor Day
   - Martin Luther King, Jr. Day
   - Thanksgiving (2 days)
   - Memorial Day
   - Christmas Day
   - Independence Day

   Other leave includes up to 22 days of Vacation Leave in the fiscal year, with a rate of 8 hours accrued per pay period, except for the final 2 pay periods and those months with 3 pay periods. Vacation time can be requested once it has been accrued.

   Sick Leave should only be used for illness, the need to be away from work for medical reasons, time off due to pregnancy/childbirth/adoption, and/or to care for a member of the Resident’s family. All full-time employees earn 3.7 hours of sick leave per pay period. Once a Resident has accrued sick leave he/she may use it for a necessary absence due to personal illness or for illness of a family member. For sick leave, the Resident must contact (preferably phone call or text) the Onco-Psychology Program Director, any clinical supervisors managing clinical services at the time of the absence/leave, and the appropriate clinical schedulers or staff impacted by the Resident’s leave. If the Resident needs/requests more days for illness than he/she has earned up to that point, advanced sick leave can be requested. However, in this case, the Resident will need to bring written documentation from a doctor stating that he/she was incapable of working due to illness. Alternatively, earned annual leave can be used. Requests for sick leave of more than 3 days at a time require written documentation from a doctor. Use of sick leave without illness is considered fraud and can result in disciplinary action or termination.
from the Residency. For more information, and for relevant restrictions, see http://www.kumc.edu/human-resources/benefitsrewards/sick-leave.html.

3. **Leave Approval.** The Resident is accountable for his/her time and is responsible for keeping track of leave and making sure all clinical duties are covered. The Resident must obtain approval from the Onco-Psychology Program Director and any other clinical supervisors for any leave. Leave requests must also be entered into the HR/Pay system before leave occurs (except under special circumstances). Leave must be documented in the Cancer Center Leave Calendar in the K-drive. Every effort must be made not to impact patient care for leave time. Therefore, the Resident is encouraged to complete a Template Freeze Form (found on K-drive) to block clinic as soon as he/she is aware or has plans to take leave. Current balances of leave time can be found in the HR/Pay System.
D. Supervision

As the Postdoctoral Residency Year is the final preparatory year for pre-licensed psychology trainees, all activities of the Resident are completed under supervision of licensed clinical psychologists who serve as faculty in the University of Kansas Medical Center. Supervision of clinical activities is provided at the level of at least two hours of formal individual supervision per week, with additional informal consultation available at any time. The Resident will also participate in weekly Onco-Psychology Tiered Didactic & Group Supervision meetings (see more detail below, p. 31) Supervision is meant to aid the Resident in development across a range of clinical skills, including but not limited to diagnosis, assessment, intervention, documentation, and ethical considerations. In addition, supervision also includes a focus on personal and professional development within the field. Supervision hours and activities are also designed to ensure that requirements for licensure in both the states of Kansas and Missouri will be met within the Residency year. If a Resident intends to seek licensure in another location, efforts will be made to ensure that licensure requirements for that jurisdiction will be fulfilled. However, the responsibility for obtaining information on other state licensure requirements falls on the Resident. Additional information regarding expectations for and evaluation of supervision are covered in greater detail later in this manual (see p. 42-48).

**Primary & Secondary Supervision.** Primary Supervision of the Resident is covered by the Director of the Onco-Psychology Program, who will have final oversight of the Resident’s activities throughout the training year, and will provide at least one hour of formal individual supervision to the Resident weekly. Secondary Supervision of the Resident will be provided at a formal or informal level by other faculty of the Onco-Psychology Program in connection to specific clinical activities, such as inpatient consultation liaison services, pre-liver or spinal cord stimulator evaluations, etc.

Informal supervision or learning opportunities will also be provided throughout the Residency year by a variety of faculty and staff throughout the University of Kansas Medical Center as part of the Resident’s interprofessional training experiences.
E. Clinical Experiences & Settings

The primary focus of the Clinical Health Psychology Residency Program in Onco-Psychology is clinical training. The Resident will spend approximately 80% of the week (equivalent to 4 full days) involved in various clinical activities.

1. Outpatient Oncology
   a. Individual, Couples, & Family Therapy
      The Resident will carry a case load of 10-12 appointments weekly of direct individual, couples, or family therapy to cancer patients &/or their family or caregivers. Therapy will be provided at the KU Cancer Center outpatient locations. Focus will be on aiding the Resident in use of empirically supported treatments (e.g., CBT, ACT, CPT, etc.). The Resident will be responsible for appropriate documentation in the electronic medical record.

   b. Brief Cognitive Assessment
      The Resident will conduct brief cognitive assessments (e.g., RBANS, Trail Making Test, etc.) with cancer patients or caregivers as part of services at the KU Cancer Center outpatient locations. Assessments focus on providing overview of intellectual functioning, memory, attention, language, visual-spatial, executive functioning, and psychological functioning. The Resident is responsible for completing corresponding reports to summarize findings and offer recommendations. The Resident will communicate results to the patient and to the relevant or referring medical team, and will provide referral for comprehensive neuropsychological evaluation or other services as needed. The Resident will be responsible for appropriate documentation in the electronic medical record.

   c. Oncology Interprofessional Clinic
      The Resident will gain exposure to a wide variety of specialty oncology clinics (e.g., Head, Neck & Lung; Palliative Care; Breast; Hematology, etc) during the year by participating in three-month mini-rotations. These rotations will involve working with interprofessional teams to provide point-of-care health & behavior consultation, assessment, brief intervention, and referral as needed, as part of patients’ ongoing clinical care with their oncology team. This experience aims to cultivate knowledge about specific factors related to disease, symptoms and side effects, medical interventions, and unique patient concerns. The Resident will be responsible for appropriate documentation of encounters in the electronic medical record.

   d. Pre-Bone Marrow Transplant Evaluation
      The Resident will conduct approximately one pre-Bone Marrow Transplant Evaluation weekly for patients preparing for autologous, allogeneic, haploidentical, or cord blood transplant for a hematological malignancy. Assessment focuses on summarizing patient social, mental health, and substance use history, and offering recommendations on ways to aid patients in managing pre-existing and/or
concurrent psychological distress or diagnoses as they complete transplant. The Resident will provide a report from this evaluation to the referring medical team and will address any concerns prior to transplant. The Resident will be responsible for appropriate documentation in the electronic medical record.

e. Crisis Consultation
The Resident will receive crisis consultation training for handling patients reporting suicidal ideation, homicidal ideation, or the abuse and/or neglect of vulnerable populations. Direct, in-person crisis consultation to cancer patients and/or their families/caregivers will be provided on an as needed basis. The Resident will be expected to identify situations where there is an “imminent threat,” and the proper protocol to ensure patient and public safety. Collaboration with clinical supervisor(s) and thorough documentation in the electronic medical record is required.

2. Inpatient Oncology
a. Consultation Liaison Services
The Resident will provide inpatient consultation/liaison services to hematology/oncology patients at various inpatient units of the KU Medical Center. The Resident will typically spend 4-5 hours weekly on these inpatient floors, and will follow 3-7 patients per week, with variability based on referrals and need. Responsibilities include consultation, brief psychological assessment or interventions, pre-bone marrow transplant evaluations, and/or making recommendations to members of patient care teams as it relates to psychological concerns. The Resident will be responsible for appropriate documentation in the electronic medical record.

3. Other Outpatient Health Psychology Experience
a. Psychodiagnostic Evaluation for Medical Intervention (PEMI)
As part of this experience, the Resident will be responsible for completing at least two evaluations each week including, but not limited to, liver transplant and spinal cord stimulators. The Resident will meet once weekly with the PEMI Director, a licensed psychologist on faculty, for individual supervision. Focus will be on aiding the Resident in use of empirically support evaluation tools and clinical observation and recommendations to treatment teams. The Resident will be responsible for appropriate documentation in the electronic medical record.
F. Research

The Resident will have approximately 10% of the week (equivalent to ½ day of time) to pursue clinically-relevant research or education projects. Efforts will be made to aid the Resident in submitting a project to a national conference, such as the American Psychosocial Oncology Society (APOS) annual conference. In addition, it is expected that the Resident’s clinical work will have integration of science and practice. Time spent in research or scholarly activities is encouraged; however, it is noted that this Residency is primarily clinical in focus.
G. Salary & Benefits

1. **Salary.** The annual salary for the postdoctoral Residency position is $47,476.00. Federal and State taxes and Social Security deductions are withheld from this amount. Deductions for health insurance will be taken from 24 of the usual 26 paychecks each year, i.e., the first two paychecks every month. Pay days are every other Friday, and paychecks are direct deposited on the second Friday following the end of a pay period. The Resident position is not eligible for overtime/compensatory time.

2. **Benefits.** KUMC covers health care insurance benefits for postdoctoral Residents, on a matching basis, i.e., the Resident will pay a portion of the premium for the insurance program selected from options and KUMC pays the other portion of the premium. The Resident will be given options between preferred provider plans, and premium deductions, as noted above, will be taken out by Pay Roll twice monthly. The Resident will have the option to participate in the employee wellness program, which may reduce or discount health insurance costs. Health benefits are also available to dependents and married spouses of the Resident, including to legally married same-sex spouses. Details of health insurance can be obtained by visiting this website, and additional details will be provided during employee orientation: [http://www.kumc.edu/human-resources/benefitsrewards/medical-insurance.html](http://www.kumc.edu/human-resources/benefitsrewards/medical-insurance.html). Please note that health insurance coverage starts the first day of the month following a 30-day waiting period that begins on your first day of employment (e.g., Friday, 9/1/2017 start date would be eligible for health insurance beginning 10/1/2017, but a Monday, 9/5/2017 start date would delay coverage until 11/1/17).

3. **Other Benefits.** Details about additional resources or options included in the Resident’s Benefits Package will be reviewed during orientation the first week of employment. At that time, the Resident will be provided with all KUMC policies and details related to life, health and disability insurance, retirement plans and savings, Family and Medical Leave Act, flexible spending accounts, education savings accounts, deferred compensation plans, the employee assistance program, etc. Also, KUMC participates in the STAR program, which grants discounts to employees at many companies around the Kansas City area. Details related to benefits can be found at [http://www.kumc.edu/human-resources/benefitsrewards.html](http://www.kumc.edu/human-resources/benefitsrewards.html).

The Resident will have the option of purchasing a discounted monthly pass to the Kirmayer Recreation Center, a full-service fitness facility located on the main KUMC campus. Services include group fitness classes, personal training, intramurals, and nutrition services. See [http://www.kumc.edu/student-services/kirmayer-fitness-center.html](http://www.kumc.edu/student-services/kirmayer-fitness-center.html) for more information and current employee pricing.
H. Resources & Materials

4. **Individual Office.** The Resident will have access to a private academic office at the KU Cancer Center Westwood location. The office is outfitted with office furniture, phone, and computer. This office is intended as a private workspace for administrative, research, or other scholarly activities and is not used for meeting with patients.

5. **Mail.** All mail will be placed in the Resident’s assigned mailbox in one of two places: either in Suite 310 at the Westwood Cancer Center or in the Department of Psychiatry & Behavioral Sciences mailroom at the main KUMC campus. The Resident is responsible for checking these mailboxes weekly.

6. **Parking.** The Resident will be provided with a parking pass allowing for parking on any campus where a clinical rotation or service is required. This is a paid benefit of the position. Prior to beginning employment, the Resident should register his/her vehicle on the parking services website [http://www.kumc.edu/parking.html](http://www.kumc.edu/parking.html). Additional details for obtaining parking passes will be covered during initial orientation.

7. **Computer, Email, Network.** Prior to arrival for Residency, the Resident will be assigned a KUMC network user ID/password and email account. During initial orientation the Resident will also receive instructions on how to use this ID and password to access a variety of programs within the KUMC system. The Resident will have computer access for email, KUMC network/drives, and the electronic medical record at all clinical locations, though this may be in shared clinical or office space.

8. **Electronic Medical Record.** The Resident will complete training to use the EPIC/O2 system, which is the electronic medical records system used by KUMC at all clinical locations. All clinical documentation for services will be completed within EPIC/O2 and cosigned by the supervising licensed psychologist.

9. **Telecommunications.** The Resident will be supplied with a landline telephone in the Resident office, and will be assigned a five digit extension, also listed in the KUMC online directory. This extension will also have voicemail capability. Instructions for setting up the voicemail and an example script for the Resident’s outgoing message will be provided in orientation. For problems or questions regarding telecommunication services or hardware please see: [http://www.kumc.edu/information-resources/master-list-of-services/phones-pagers-and-voicemail.html](http://www.kumc.edu/information-resources/master-list-of-services/phones-pagers-and-voicemail.html).

10. **Pager.** The Resident will be issued an alphanumeric pager and instructions for use. Once the pager is issued, the Resident will need to inform the Department of Psychiatry & Behavioral Sciences Training Program Administrator and the Director of the Onco-Psychology Program of the assigned pager number. The pager must be turned in at the end of the Residency year. Procedure for lost or broken pager will be addressed as needed. See [http://www.kumc.edu/information-resources/master-list-of-services/phones-pagers-and-voicemail/pagers.html](http://www.kumc.edu/information-resources/master-list-of-services/phones-pagers-and-voicemail/pagers.html).
11. **Copying, Printing, Scanning, & Faxing.** Materials required for patient care or professional use may be copied in Room 1012 Olathe Pavilion, in Suite 310 at Westwood Cancer Center, in the Support Services Consultation area at Westwood Cancer Center, or in any secure clinic printing/copying machine at various clinical locations across KUMC. The Department of Psychiatry & Behavioral Sciences FAX machine is located in Room 1011 Olathe Pavilion. The FAX number is 913-588-6414.

12. **Clerical Support.** Typing and other secretarial work the Resident may need to have done during rotations can be taken to the Psychology Secretary in Room 1013E Olathe Pavilion. Scheduling of patients for the Onco-Psychology Resident will primarily be performed by the Support Services Schedulers.

13. **Supplies.** General office supplies can be found in the Department of Psychiatry & Behavioral Sciences in the Olathe Pavilion, or in the Westwood Cancer Center Suite 310. Requests for additional or specific supplies should be made through the Director of the Onco-Psychology Program as needed.

14. **Keys.** The Director of the Onco-Psychology Program will distribute keys for the Resident’s office. The Clinical Psychology Training Administrator distributes other departmental keys as needed. All keys must be turned in at the end of the Residency year. Procedure for lost or missing keys will be addressed as needed.

15. **Badge.** Each employee is issued a photo ID badge as part of orientation. The Resident must wear the KUMC ID badge whenever involved in clinical or administration activities at any KUMC location, or when involved in any official KUMC business. The ID badge is typically used to gain access to secure areas, as opposed to keys. Some secure areas use a key pad for access. The Resident will be provided with key pad access codes during initial orientation.

16. **White Coat.** The Department of Psychiatry & Behavioral Sciences will provide the Resident with a white coat, which can be worn during clinical rotations. Use of the white coat is at the discretion of the individual Resident, and is not mandatory. Embroidery for personalization is available for a small fee.

17. **Business Cards.** The Resident will be provided with a supply of personalized business cards. A template will be provided. Ordering additional cards can be requested through the Director of the Onco-Psychology program.

18. **Libraries.** Dykes Library, the main campus library, has an excellent selection of specialty journals and texts. The main library requires the Resident’s ID number. The Resident also has access to many journals and resources online through the Dykes library accounts. See [http://library.kumc.edu/](http://library.kumc.edu/).
VII. Orientation & Training

A. Employee Orientation & Training

The Resident will be required to attend New Employee Orientation during the first few weeks of employment. This will be scheduled by administrative staff within the Department of Psychiatry & Behavioral Sciences. The Orientation presentation will outline key employee policies, as well as benefits enrollment, payroll, etc. For additional information please see http://www.kumc.edu/human-resources/employee-resources/new-employee-orientation.html

1. **Health Screening.** A health screening is required prior to start date as a new employee. This includes a health interview, basic physical exam, review of immunization records, TB test, blood work, any needed immunization titers, and basic vision and hearing tests. The Resident should schedule an appointment with Occupational Health ahead of starting the training year and will need to bring immunization records, current medications list, and any vision or hearing aids to this appointment. To schedule, call 913-588-6512.

1. **Dress Code & Decorum.** Professional attire should be worn in all patient care areas. The Resident is expected to present a clean, neat and professional appearance at all times. Conduct consistent with the dignity and integrity of the profession of psychology is required in all contacts with patients, families, and other health professionals. Patient confidentiality is a paramount issue, so discussion of any case material is limited to private areas. The use of alcoholic beverages or drugs that impair judgment while on duty is prohibited, as is the consumption anywhere on KUMC premises.
B. Other Training & TLC Modules

As part of initial orientation and training, the Resident will be required to complete the following training modules in the online TLC system within the first 30 days of employment:
- Computer Security Awareness Training
- Environment, Health & Safety Tutorial
- Respect in the Classroom and Workplace: Preventing Prohibited Harassment
- Workplace Violence Training
- KUMC Policies for New Employees
- HIPAA
- Compliance
- IRB
C. Postdoctoral Didactics & Peer Development

As part of training, all Residents in the Department of Psychiatry & Behavioral Sciences will participate in Postdoctoral Didactics & Peer Development. The goal of these didactics is to provide advanced training topics in professional development, ethics, psychotherapy, leadership, etc., for all program Residents. The didactics will be held for one hour biweekly. On the alternating weeks, the Residents will be given this time for interaction as a peer group. Given that the Residents all practice in varied settings/locations, the goal is to ensure time to develop professional and collegial relationships among the trainee group. All Residents or faculty in attendance for each didactic will be asked to complete an evaluation form (see Appendix D). Summaries of this feedback will also be provided to each presenter. A sample schedule of Postdoctoral Residency Didactics is provided in Appendix E.
D. Internship Didactics

As part of the APA Accredited Pre-Doctoral Internship, the Department of Psychiatry & Behavioral Sciences Division of Psychology also provides an hour long didactic each week. Topics cover a range of clinical training and professional development areas. The Resident will have access to the schedule of presentations and the opportunity to attend the Internship Didactic as desired. The Resident will also provide at least one presentation on a topic of his/her choice to the interns as part of this didactic. A sample schedule of Internship Didactics is provided in Appendix F.
E. Onco-Psychology Tiered Didactics & Group Supervision

A cornerstone of the Onco-Psychology Program is the Tiered Didactics & Group Supervision meetings, which are held for 90 minutes each week. The program utilizes a vertically-tiered environment to support the growth and development of students and faculty at various levels of experience. The goal of these didactics is to use developmental scaffolding to model and modify behavior and skills to aid in the progression of students from trainees to colleagues. Trainees involved in Tiered Didactics & Group Supervision meetings include practicum students, interns, and the post-doctoral Resident. Tiered Didactics & Group Supervision curriculum has been developed to include Oncology Special Topics presented by oncology faculty/staff, psychotherapy techniques, ethics, professional development topics, journal articles, clinical case presentations, and site-visits to BMT unit, American Cancer Society Hope Lodge, a hospice facility, etc. Attendees are asked to complete an evaluation at the completion of each didactic meeting (see Appendix G). A sample schedule of Onco-Psychology Tiered Didactics & Group Supervision is provided in Appendix H.
F. Grand Rounds

The Department of Psychiatry & Behavioral Sciences sponsors a weekly Grand Rounds presentation on a variety of topics. The Resident will have access to the schedule of presentations and the opportunity to attend departmental Grand Rounds as desired. The Resident will also be given the opportunity to present at Grand Rounds, though this is a voluntary opportunity and not a requirement. Many Residents elect to present at Grand Rounds as practice for a job talk. A sample announcement for Grand Rounds is provided in Appendix I.
G. Interprofessional Training & Observation

As part of initial orientation, the Resident will meet individually with a range of support services providers to better understand each service area and how to best collaborate with these providers when making patient referrals. Whenever possible the Resident will also spend some time observing these support service providers in interactions with patients. Services include but are not limited to Genetic Counseling, Social Work, Financial Counseling, Dietitians, Nurse Navigators, etc.
H. Other Seminars & Meetings

As the University of Kansas Medical Center is an academic institution, there are many opportunities throughout the enterprise for the Resident, on voluntary basis, to attend, observe, participate in, or present to a wide variety of meetings, groups, lectures, or seminars. These could include Grand Rounds in other departments, symposia, tumor board meetings, etc.
VIII. Professional Development

A. Funds

As part of the support for the Residency provided by the Department of Psychiatry & Behavioral Sciences, the Resident will be allotted a professional development fund of $600 for the training year. These funds may be used for attendance at conferences or related trainings, purchasing professional materials, taking the national licensure exam, etc. Requests for funds/reimbursement must be submitted through the Department of Psychiatry & Behavioral Sciences.
B. Provisional/Temporary Licensure

The Resident will be required to complete provisional/temporary licensure in both Kansas and Missouri in order to provide clinical services across KU Cancer Center outpatient locations. Fees for licensure requirements will be reimbursed by the Department of Psychiatry & Behavioral Sciences. Once Temporary/Provisional License is obtained, the Resident is responsible for submitting this to the Department of Psychiatry & Behavioral Sciences.

The Resident must complete the application packets as a new applicant for psychology licensure in both Kansas and Missouri. Materials can be submitted following successful completion of doctoral requirements and awarded degree. The Resident is encouraged to start their applications prior to beginning the training year to expedite the process.

A. Kansas Behavioral Sciences Regulatory Board (KBSRB). Application and instructions found on KBSRB website. Materials to be submitted to the Board include; Completed application form, application fee ($225.00), Supervisor Attestation from four licensed psychologists that were previous supervisors (e.g., internship rotation supervisor, practicum supervisor, etc.), Post-Doctoral Supervisor Attestation Form (provide this form to the Director of the Onco-Psychology Program for completion), professional references (only required if fewer than four attestations), Official Transcripts of graduate program submitted directly by University, Student Residency Requirement form, and Temporary Licensure Fee ($150.00).

Kansas Behavioral Sciences Regulatory Board
Eisenhower State Office Building
700 S.W. Harrison St, Ste 420,
Topeka, KS 66603-3817
Phone: 785-296-3240
Fax: 785-296-3112

B. Missouri State Committee of Psychologists (SCOP). Application and instructions found on SCOP website. Materials to be submitted to the Board include; Completed application form, application fee ($150.00), Social Security Number Disclosure Notice, Official Transcripts of graduate program submitted directly by University, Post-degree Supervision Plan (completed in collaboration with the primary and secondary supervisors), three Mental Health Professional Reference Forms from individuals who have known the Resident a minimum of two years, proof of submission of fingerprints for criminal background check (see instruction letter for details).

Missouri State Committee of Psychologists
3605 Missouri Boulevard
P.O. Box 1335
IX. Administrative Organization

A. Department of Psychiatry & Behavioral Sciences

Chair: William Gabrielli, M.D., Ph.D.
    Administrative Staff: Lesley Leive, Charlotte Weber

Division of Psychology
Division Director: Elizabeth Penick, Ph.D., ABPP
    Administrative Staff: Pamela Wheeler

Director of Training: Edward Hunter, Ph.D., ABPP
    Division Faculty:
    Monica Kurylo, Ph.D., ABPP
    Albert Poje, Ph.D.
    Terri Smith, Ph.D.

Director of Onco-Psychology Program: Meagan Dwyer, Ph.D.
Onco-Psychology Program Faculty:
    Jessica Hamilton, Ph.D.
    Elizabeth Muenks, Ph.D.
    Heather Kruse, Ph.D.
    Marcus Alt, Ph.D.
B. University of Kansas Cancer Center

Administration
Director: Roy Jensen, M.D.

Vice President: Jeff Wright

Physician-in-Chief: Terry Tsue, M.D., F.A.C.S.
    Administrative Staff: Katie Lowe

Director of Hematological Malignancy and Cellular Therapeutics: Joseph McGuirk, D.O,
    Administrative Staff: Gerrie Nowak

Director of Medical Oncology: Weijing Sun, M.D.
    Administrative Staff: Colleen Buckman
C. Procedures & Responsibilities

The Director of the Onco-Psychology Program, Meagan Dwyer, Ph.D., is the primary supervisor for the Resident and is ultimately responsible for coordinating the implementation of all the training activities of the Clinical Health Psychology Postdoctoral Residency Program in Onco-Psychology. These activities are evaluated and approved by the Psychology Training Supervisors Committee, which is comprised of all licensed psychology faculty who provide clinical supervision to trainees within the Department of Psychiatry & Behavioral Sciences. The Psychology Training Supervisors Committee meets monthly to review progress of the trainees, and to make decisions related to the overall training program. This meeting is led by the Department of Psychiatry & Behavioral Sciences, Division of Psychology Director of Training, Edward Hunter, Ph.D., ABPP.
D. Record Maintenance

The Department of Psychiatry and Behavioral Sciences will store and maintain all records related to the Resident. This will include all application materials, biannual evaluations, individual development plans, all human resources or hiring documents as required by the organization, a copy of the Resident’s provisional/temporary licenses, handouts from any formal presentations given by the Resident during the training year, copies of letters of recommendation provided to the Resident by Program faculty, and records related to any disciplinary action or appeals. Each Resident will have a unique individual file which will be kept in a secure and locked location in the Department offices. The Resident may request to view his or her own record at any time.
A. Purpose of Clinical Supervision

Clinical supervision is provided by experienced licensed psychologists with advanced training who are over-seers of the Resident’s clinical work and who are responsible, with the Resident, for the quality of his/her clinical work. Clinical supervision focuses on the services the Resident provides to patients and includes such areas as patient welfare, the therapeutic relationship, assessment, diagnosis, clinical interventions, prognosis, appropriate referral, clinical documentation, and advocating for patients within the cancer center or with other agencies in the community. This is accomplished through a set of supervisory activities that include consultation, training and instruction, and evaluation.

The purpose of clinical supervision is:
1. To monitor and ensure welfare of patients seen by the Resident.
2. To structure the activities of the Resident to insure provision of competent services.
3. To insure that the Resident functions within his/her level of competence.
4. To facilitate the Resident’s personal and professional development.
5. To promote accountability.
6. To fulfill licensure requirements for the Resident.
B. Responsibilities of Supervisors

The clinical supervisor is legally and ethically responsible, with the Resident, for the services provided, and the manner in which the Resident conducts him/herself. It is therefore the Resident’s responsibility to keep the supervisor(s) well informed as to his/her activities. Openness with and trust in the supervisor(s) will enhance the Resident’s experience of supervision and professional growth. A supervisor has full responsibility for the supervised work of the Resident, including assessment, diagnosis, treatment planning, the prescribed course of treatment, documentation, and planning for termination.

Supervisor Responsibilities:
1. Provide a location and atmosphere for individual supervision meetings that is safe enough for the Resident to lay out practice issues in his/her own way.
2. Assist the Resident in anchoring interventions in an evidence-based approach.
3. Bring the Resident’s attention to any personal difficulties that may directly affect his/her clinical work and recommend a course of action to address these concerns.
4. Present and model appropriate directives.
5. Intervene if patient welfare is at risk.
6. Ensure that ethical guidelines are upheld.
7. Conduct activities in accordance with KUMC Policy and Procedure and HIPAA.
8. Provide feedback on clinical activities or documentation.
9. Sign off on all patient documentation in a timely fashion.
C. Responsibilities of Supervisee/Resident

Supervision is most successful with both the supervisor and supervisee understand their individual roles and expectations. The following responsibilities of the supervisee/resident are set out in the spirit of enhancing the supervisee/resident’s opportunities for growth:

1. The Resident is expected to be punctual, both at sessions with patients as well as at individual and group supervision. In the event that the Resident is delayed for, or unable to attend a supervision session, it is his/her responsibility to notify the supervisor(s) and make alternate arrangements.

2. The Resident is expected to complete professional tasks (clinical documentation, reports, contacting patients) in a timely manner, unless otherwise directed by the supervisor(s).

3. The Resident is expected to be prepared, both for sessions with patients as well as for supervision. The Resident is expected to review therapy notes or reports in advance of weekly supervision and follow any specific instructions from the supervisor and have an agenda of cases and/or issues that he/she needs to have addressed, together with the files or materials of the patients involved.

4. The Resident is expected to be receptive to feedback, guidance and instruction from the supervisor(s) and follow through on such instruction promptly.

5. The Resident is expected to inform the supervisor(s) of any difficulties the Resident is having in the areas of delivering services to patients, completing paperwork, or coordinating with other agencies or providers.

6. The Resident is responsible for selecting a theoretical model from which he/she will work, formulating patient case conceptualizations from this approach, and is expected to be ready to discuss the theoretical reasons for selected interventions and techniques.

7. The Resident will not engage in dual relationships with patients, that is, the Resident will not socialize with patients, including on social media, nor will he/she provide services to individuals he/she may know from other contexts, such as friends or acquaintances. In the event that someone the Resident knows is being seen at the KU Cancer Center, he/she is expected to remove him/herself from situations where that patient’s treatment and progress are being reviewed. It is the Resident's responsibility to alert the supervisor(s) to such situations.

8. The Resident is responsible for insuring that all patients are informed of the supervised nature of his/her work as a supervisee, and of the ultimate professional responsibility of the supervisor(s) (Informed Consent). In the case of adolescent and child patients, this information should be shared with the parent or appropriate guardian and the patient.

9. The Resident is responsible for insuring that evaluative letters and reports concerning patients are co-signed by the clinical supervisor(s) before they are sent out from KU Cancer Center.

10. The Resident must advise clinical supervisor(s) of all important changes in a case, e.g., patient starting a new medication, patient going on hospice, patient becoming involved in a legal case, etc. Any changes to the treatment plan must be reviewed with and approved by the supervisor before being presented to the patient. The Resident will consult with the supervisor about termination planning or transfer of cases well in
advance of closing the file. The Resident with also consult with the supervisor regarding the implementation of any strategy that has the potential for a negative outcome, **before** such an intervention is conducted.

11. The Resident is expected to keep supervisor(s) informed about patients who are suicidal, homicidal, or threatening to harm others. Notify the supervisor about patients who are involved in child custody disputes, Disability Determination assessments, or any other matter that affects the patient’s legal status. The Resident will notify the supervisor *immediately* whenever he/she receives a summons to testify or is told that he/she will be subpoenaed to testify. Do **not** under any circumstances release patient information to an attorney or court or anyone else without a proper Release of Information form signed by the patient and with the supervisor’s signature on the document being released. Work with the supervisor and records department to follow proper channels for releasing information.

12. The Resident is expected to seek supervision or consultation whenever the Resident is uncertain about a situation, and should make every attempt to reach the clinical supervisor(s) before taking action with the patient. If the primary supervisor cannot be reached, the Resident can contact another clinical supervisor or the Director of Training. Even after the event, the primary supervisor **must** be informed of any and all emergencies.

13. The Resident is responsible for being familiar with and following the KUMC Policies and Procedures, and HIPAA procedures, State or other governing statues, as well as the APA’s most recently published Ethical Guidelines.
D. Trainee Disclosure of Personal Information

The APA Code of Ethics addresses reasonable expectations for training programs with regard to student/trainee personal disclosure. This clause is particularly relevant to clinical training, including this postdoctoral Residency. Therefore, the clause is reproduced here for reference:

7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

The Clinical Health Psychology Residency Program in Onco-Psychology at KUMC recognizes and endorses the spirit of this APA clause, and will refrain from requiring any Resident to reveal or disclose personal information unless he/she does so on a voluntary basis. All supervisors within the Program work to provide an atmosphere where the Resident may feel a level of trust, support, and safety, to allow for disclosure at the discretion of the Resident. The Program recognizes that the nature of clinical work with oncology patients and their families will likely have a personally emotional impact on the Resident, and encourage him/her to process these reactions with the supervisor(s). This disclosure and exploration of the impact of clinical work are essential to personal and professional development within the field of psycho-oncology, as well as within psychology more broadly. The faculty work to model appropriate personal or emotional processing both in individual and group supervision. It is also recognized that due to the supervisor’s responsibility, both legally and ethically, to ensure appropriate patient care, information about the Resident’s experience that may impact patient care on any level is an expected component of the supervision process. Additionally, some essential aspects of professional growth include consideration of emotional maturity, competency, personal limitations, and the impact of the psychologist on the patient in the therapy relationship. Exploration of these factors in supervision will aid in the Resident’s career development.
E. Evaluation of Supervisors

The Resident will have the opportunity to complete a formal evaluation of the supervisor(s) at the mid-year point and at the end of the training year using a standard form (see Appendix J). Typically the Resident and supervisor(s) will meet to review both the Resident’s evaluation of the supervisor and the supervisor’s evaluation of the Resident and will discuss any needs for remediation, etc. The Resident is also encouraged to provide feedback or address concerns regarding individual or group supervision informally at any point throughout the training year. If the Resident does not feel comfortable discussing a concern with the supervisor directly, he/she can request a meeting at any time with the Director of Training for the Division of Psychology within the Department of Psychiatry & Behavioral Sciences.
F. Supervision Experience

Postdoctoral Residency affords a trainee a final opportunity to maximize learning across all domains, but particularly in the arena of clinical supervision. The Program affords the Resident both a breadth and depth of supervision experiences, including individual supervision from multiple supervisors, participation in Tiered Didactics & Group Supervision meetings, and the opportunity to learn supervision skills while overseeing more novice trainees within the program. Additional information around supervision is outlined elsewhere in this manual (see p.19; 31).

A. Individual Supervision
The Resident will have a minimum of 2 hours of individual supervision weekly. One hour will be provided by the Director of the Onco-Psychology Program, and will cover the Resident’s outpatient cases, interprofessional clinic work, and general experiences in the Residency. The Resident will also have one hour of supervision weekly with the Director of the Psychodiagnostic Evaluation for Medical Intervention Program specifically related to his/her weekly liver transplant, spinal cord stimulator, or other medical intervention evaluations. The Resident may also have formal or informal individual supervision with other Program faculty throughout the training year related to specific clinical experiences, i.e., inpatient consultation/liaison. The Resident is encouraged to seek out informal consultation from any/all Program faculty as needed.

B. Group Supervision
The Resident will have a minimum of 1.5 hours of group supervision weekly as part of the Onco-Psychology Program’s Tiered Didactic & Group Supervision meeting. The Resident is expected to arrive to this meeting on time, to be prepared to participate fully in the topic/discussion, and to serve as a role model for more novice trainees. Additional information about this meeting is provided elsewhere in this manual (see p. 31; Appendices G & H).

C. Supervision of Novice Trainees
The Resident will serve as a clinical supervisor for a novice trainee in the Onco-Psychology Program. This will typically be a health psychology or advanced practicum student. This will afford the Resident the chance to further develop as a professional and to explore his/her own philosophy and approach to supervision. Overall supervision of this experience will be provided by the Director of the Onco-Psychology Program, or another Program faculty member as assigned by the Director.
XI. Evaluation of Postdoctoral Resident

A. Individual Development Plan

The concept and purpose of an Individual Development Plan (IDP) for postdoctoral Residents is to help with the formulation of some initial thoughts for ongoing career planning, career development, and discussions with mentor(s). The Resident can use these worksheets to develop specific goals and actions for his/her IDP plan for the year. This IDP self-assessment comprises six general categories adapted from the American Psychological Association’s IDP website that includes examples of postdoctoral IDPs from other research and clinical science based postdoctoral Residencies: http://www.apa.org/education/grad/individual-development-plan.aspx.

The competencies include:
- Discipline-specific knowledge
- Communication skills
- Leadership/Collaboration
- Training and Supervision of junior trainees
- Understanding and incorporating research into practice
- Professional Development

The IDP will be initiated by the postdoctoral Resident with full participation by the mentor(s). The IDP focuses on the five core competencies and their development in line with the postdoctoral Resident’s career aspirations. The IDP process consists of four steps (see the Federation of American Societies for Experimental Biology (FASEB) website: http://www.faseb.org/portals/2/pdfs/opa/idp.pdf) for both the Resident and the mentor(s) as an interactive effort.

Step 1: Conducting the self-assessment and becoming familiar with available career opportunities
Step 2: Writing the IDP, sharing/revising the IDP with the mentor
Step 3: Surveying and discussing career opportunities with the mentor
Step 4: Implementing the plan and revising the IDP as needed, at least every 6 months

The self-assessment form asks a number of questions based on the core competencies. The postdoctoral Resident is expected to conduct a self-assessment and generate a draft IDP to initiate discussion with their mentor within the first month of arrival at KUMC and at least every 6 months afterward. The IDP form can be shared in draft form with the mentor(s) at the meeting where the Resident’s accomplishments and goals will be discussed in light of the core competencies and the Resident’s career aspirations. After the meeting, the Resident can revise the form and present it to the mentor(s) for signature(s), which will serve to formalize the process and document the meeting outcomes. (See Appendix K).
B. Philosophy of Resident Evaluation

The Clinical Health Psychology Residency Program in Onco-Psychology is committed to the philosophy that ongoing self- and external evaluation is essential to ongoing personal and professional growth. Therefore, it is expected that Program faculty/supervisors and the Resident will regularly exchange feedback informally as a part of the supervisory process. The more formal evaluation procedures outlined here are meant to give opportunity for more thorough and in-depth consideration of feedback information. It is the responsibility of the Director of the Onco-Psychology Program and all supervising Program faculty to ensure timely and constructive feedback, but the Resident is also encouraged and expected to take an active role in this process.
C. Direct Observation & Initial Evaluation.

As part of the Clinical Health Psychology Residency Program in Onco-Psychology, and in accordance with APA Accreditation Standards, the Resident will be observed in his or her clinical work on at least three occasions, and across various clinical activities. The initial observation will occur during the Resident’s orientation at the beginning of the training year. The Resident will observe a faculty member in completing an initial therapy interview and a pre-Bone Marrow Transplant evaluation. The Resident will in turn be observed in completing at least one of each of these services by the primary supervisor, or other faculty member as assigned. In order to objectively assess entry level competency, the Program Director, with input from any supervising faculty, will complete the Semi-Annual Evaluation form (see Appendix L) and review this with the Resident. The objective and subjective feedback will be based on the initial observation of clinical work and training interactions. This will be completed at the end of the Resident’s first month in the Program.

The primary supervisor will also observe the Resident in at least one therapy session with a patient at the mid-point of the training year, and an additional evaluation or assessment in the final month of the training year. Additional observation may be requested by either the Resident or supervisor if any concerns arise. These observations will be incorporated into discussions around training needs of the resident, as well as the supervisor’s evaluation of the trainee.
D. Mid-Year Evaluation

At the mid-point of the training year, the Director of the Onco-Psychology Program will complete an evaluation of the Resident (see Appendix L), and will ask any other Program faculty who have provided individual supervision to the Resident during this time frame to also complete this form. In addition, the Director will request at least one Hematology/Oncology faculty member other advanced practice provider with whom the Resident has worked as part of his/her Oncology Interprofessional Clinic rotations to complete the Postdoctoral Resident Evaluation Form as well. The Director will summarize the feedback from these evaluations to be presented to the Resident. The Resident will be asked to complete a Supervisor Evaluation Form (see Appendix J) for any Program faculty member(s) with whom he/she has had individual supervision experience with during this time frame. The Resident and the Director will meet to review these evaluations, sign the forms, and discuss need for any remediation. Every effort will be made to address any problems expressed in these evaluations – related to either Resident or supervisor performance – on an informal basis. Support or suggestions for remediation will be discussed with the Director of Training for the Division of Psychology if needed. If more significant deficiencies are noted which warrant a formal process, the procedures outlined below will be followed (see p. 55-69). All evaluation forms will be filed with the Department of Psychiatry & Behavioral Sciences in the respective Resident or faculty member’s file.
E. End of Year Evaluation

At the end of the training year, a similar evaluation procedure will be followed as that outlined for Mid-Year Evaluation. The Director of the Onco-Psychology Program and supervising Program faculty, as well as one Hematology/Oncology faculty member or other advanced practice provider, with whom the Resident has worked, will each complete the Postdoctoral Resident Evaluation Form. The Director will again summarize the feedback from these evaluations to be presented to the Resident. The Resident will again complete a Supervisor Evaluation Form for any Program faculty member(s) with whom he/she has had individual supervision experience with during this time frame. The Resident and the Director will meet to review these evaluations and sign the forms. All evaluation forms will be filed with the Department of Psychiatry & Behavioral Sciences in the respective Resident or faculty member’s file. The evaluation at end of the training year is meant to be less corrective, as most remediation of problematic concerns should have been addressed either formally or informally along the course of training. Therefore, this final evaluation is meant to serve as an opportunity for the Resident and Director to review the process and progress of training for the year, improvements in competencies, and any accomplishments obtained. The Resident is also asked to discuss his/her experiences of the Program with the goal of using this feedback in the ongoing development and/or improvement of the Program moving forward.
XII. Due Process in Postdoctoral Resident Evaluation

A. KUMC Accommodation Policy

The University of Kansas Medical Center is committed to providing reasonable accommodations to qualified individuals with known impairments that meet the statutory definition of a covered disability, except where such accommodation would impose an undue hardship or present the threat of harm. This policy prohibits discrimination and retaliation against individuals who request accommodations. This policy governs all KU Medical Center affiliated sites, including the School of Medicine-Wichita and Salina campuses. Please see the following website for more information: http://www.kumc.edu/human-resources/accommodation-policy.html.
B. Due Process Guidelines

The Resident shall be afforded due process in accordance with guidelines put forth by KUMC Human Resources. Please see the following website for more information: http://www.kumc.edu/human-resources.html.
C. Definition of Problematic Performance &/or Conduct

The Resident is expected to conduct him/herself professionally at all times. Problematic performance is defined as, "Unsatisfactory acquisition of clinical or technical skills or competence; unsatisfactory performance in the clinical setting; deviation from the professional standard of care; or provision of care without appropriate staff supervision. “ Problematic conduct is defined as, “Misconduct; violations of institutional and/or Program policies and procedures or those of an affiliate; or unsatisfactory completion of charts or other deficiencies or delinquencies of the medical record.” Additional expectations for performance and conduct are covered throughout this Manual (see p. 13-16; 42; 44-46; 49-53).
D. Informal Staff &/or Resident Complaints

The Resident is encouraged to discuss any concerns with any aspect of the Program with Training Supervisors, the Director of the Onco-Psychology Program, the Director of Training for the Division of Psychology, the Director of the Division of Psychology, and/or the Chair of the Department of Psychiatry & Behavioral Sciences. The Onco-Psychology Program, the Division of Psychology, and the Department are interested in any feedback that will help us in quality improvement. A Resident or group of Residents may also request to meet with the Psychology Training Supervisors Committee to provide feedback, discuss any concerns or seek informal resolution of a problem. Any of these avenues may be used with matters for which the Resident(s) seeks immediate resolution or to provide feedback regarding concerns that may not be immediately solved, but for which he/she feels the program needs feedback. Residents also evaluate the Program and Training Supervisors biannually, and have regular meetings with the Program Director and Supervisors, which are other avenues for feedback or to express concerns. Residents also attend the Annual Meeting of the postdoctoral residency and the monthly Psychology Division meetings where they are encouraged to provide feedback and constructive criticism. Residents may also relate, in such venues, dissatisfactions or concerns. If such measures do not resolve the concern(s) to the satisfaction of the Resident, or are not matters that can be resolved in these venues, the Resident has the option to make a formal grievance against the Program.

If the Resident decides to pursue a formal grievance regarding the Program, such a grievance should be brought to the Program Director and/or the Director of Training for the Division of Psychology. The Resident should indicate in writing that he/she specifically has a grievance against the Program or personnel, and that he/she is not intending to simply provide feedback, express a concern regarding the Program, and/or seek resolution of a problem on an informal basis. Further information regarding grievances and related procedures are discussed in greater detail below (see p. 68-69).
E. Procedures for Responding to Problematic Performance &/or Conduct

Training Supervisors and the Program Director formally review the Resident’s progress at mid-year and end of year (additional details see above, p. 52-53) and frequently provide verbal feedback to the Resident in supervision. Critical feedback on an evaluation or voiced by a supervisor, or lower ratings on evaluation forms do not mean that a major concern necessitating a formal action by the Program is necessary. The Program Director and Training Supervisors work with the Resident to achieve the competencies set out by the Program. Lower ratings will be discussed with the Resident supportively, and within the context of establishing goal(s) of improving performance.

If there is a major concern or serious performance deficits or misconduct, this will necessitate review by the Psychology Training Supervisors Committee (PTSC). The Program Director will notify the Director of Training of the Division of Psychology of any serious performance deficits or misconduct. Unless the problem requires an immediate response, such as patient care risk, the Program Director will first bring the matter before the PTSC to assist in determining the nature of the problem, and any remediation. If the Program Director and Director of Training the Division of Psychology determine that the concern may be resolvable without formal action, the Program Director and any other Training Supervisors directly involved in the Resident’s training will work with the Resident to resolve the problem or deficit. However, if the Program Director and Director of Training determine that the problem is sufficiently serious, and cannot be resolved on an informal basis, one option in the effort to remedy the problem would be to place the Resident on probation.
F. Probation

The Program Director will provide the Resident with written notice of probation. The notice shall clearly specify the reasons for probation and the steps that the Program believes must be taken by the Resident to correct the deficits and be returned to good standing. The Resident must countersign the notice indicating that he/she has reviewed the notice and been informed of his/her change in standing. The Resident's signature indicates receipt of the notice only, and does not necessarily constitute agreement with the contents of the document.

The Program Director will meet with the Resident as often as reasonably necessary, with the goal of enabling him/her to fully understand the basis for the probationary status, and in order to assist in remediation. The Program Director and any other Training Supervisors directly involved in the Resident’s training will assist him/her in resolving the deficiency(ies) necessitating the probationary status. The Program Director will work to support the Resident in order to overcome performance deficit(s), and will develop a written plan to improve the deficit. The Program Director will notify the Resident when and if, in the Program Director's judgment, the deficiencies have been resolved.

The probationary status of a Resident shall be well-documented and copies of the documentation shall be maintained and become a permanent part of the Resident’s file.

1. **Duration of Probationary Status.** The duration of a probationary period will be three months. No Resident will be allowed more than two periods of probation. If the Resident shows a continued lack of improvement, or otherwise unsatisfactory performance, at the end of the second probationary period will be proposed for corrective action.

2. **Redress of Probationary Status.** The probationary Resident has the right to seek redress of the probationary status within five days of the written notice of probation, through the grievance process described below. In such a case, the Resident must be prepared to show that imposition of the probationary status is not in accordance with the policies and procedures of the overall Postdoctoral Residency Program, including any policies and procedures specific to his/her specific residency, or that the Program is inconsistent or otherwise unfair in the processes of resident evaluations, probation and/or remediation.

3. **Evaluation During the Probationary Period.** The Program Director must evaluate the probationary Resident on at least a monthly basis throughout the probationary period and review these evaluations with the Resident, at the same time providing counseling and feedback regarding the Resident’s performance along with any suggestions for improvement. Discussion with the Resident will be verified by having him/her sign the written summary.

4. **Resolution of Probationary Status.** If, in the determination of the Program Director and the Director of Training of the Division of Psychology, a probationary Resident
shows satisfactory improvement, resolves his/her deficiencies and otherwise complies with the terms and conditions of remediation cited in the notice, the Program Director will bring the recommendation before the PTSC for consideration. Follow discussion, if the Program Director and Director of Training remain in agreement that reinstatement is appropriate, the Resident will be reinstated to good standing. If, in the determination of the Program Director and Director of Training of the Division of Psychology, the probationary Resident fails to improve, if the cited deficiencies persist, if there is further deterioration, or if additional deficits are identified during the probationary period, an additional period of probation may be imposed or corrective action may be proposed.
G. Corrective Actions

The corrective actions that the Clinical Health Psychology Postdoctoral Residency Program in Onco-Psychology may impose are suspension and termination. A Resident’s participation in the Program is expressly conditioned upon satisfactory performance by the Resident in all aspects, academic and non-academic, of his/her training program. If a Resident’s performance or conduct is unsatisfactory or inconsistent with the educational objectives and goals of the Postdoctoral Residency Program, immediate corrective action may be taken. Corrective action may also be taken if the welfare of patients or their families is endangered by a Resident’s conduct, if the his/her conduct or performance reflects adversely on the Program or other entities of the Medical Center, or if the Resident’s behavior disrupts or endangers the personnel or operations of the Medical Center.

The Clinical Health Psychology Postdoctoral Residency Program in Onco-Psychology is under no obligation to pursue suspension prior to proposing termination. In those cases where, in the view of the Institution or its representatives, such action is warranted, termination may be the initial corrective action proposed.

Specific indications for corrective action include, but are not limited to:
- Impairment
- Intoxication while on duty, or other abuse of alcohol or drugs
- Dereliction of professional duties and responsibilities
- Conviction of a felony or of a “Class A” misdemeanor, whether or not related to the practice of psychology. In this context, “conviction” is understood to include pleas of guilty, pleas of nolo contendere, and diversion agreements
- Unethical or unprofessional behavior
- Insubordination
- Harassment of staff, patients, or personnel including, but not limited to, sexual harassment or racial or ethnic discrimination
- Inability to perform the essential duties regularly required of all Residents in a Program
- Revocation or suspension of a license to practice in health service delivery capacity in any jurisdiction (regardless of whether the license is necessary for practice during the postdoctoral residency)
- Other conduct or performance of the Resident that places the safety or health of Medical Center patients, their families, members of the public or Medical Center personnel in jeopardy; or
- Placement on the excluded providers listing maintained by the Federal Government.

A Resident on probationary status may also be proposed for corrective action if, based on his/her evaluations during the probationary period, or in the determination of the Program Director and Director of Training of the Division of Psychology that she/he shows any of the following:
- Further deterioration in his/her performance
- Is identified as having additional deficiencies
- Continues to show unsatisfactory performance after completion of a probationary period.

1. **Authority.** The authority to propose or initiate a corrective action is reserved for the Program Director and Director of Training of the Division of Psychology.

2. **Enforceability.** To be enforceable, all corrective actions must be processed pursuant to the policies and procedures contained herein.

3. **Initiation and Notification of Proposed Corrective Action and Due Process.** If the Program Director and Director of Training of the Division of Psychology find a valid cause for a corrective action, the Program Director will prepare a written notice of proposed corrective action stating the cause(s) for and the nature of the proposed corrective action. The notice shall also inform the Resident of his/her right to an appeal process and to a hearing pursuant to the due process provisions established herein. The Program Director and Director of Training will meet with the Resident to review the notice of proposed corrective action and its cause(s). At the end of the review meeting with the Program Director and Director of Training, all parties shall co-sign the notice of proposed corrective action and the Resident will be placed on administrative leave. Signature by the Resident indicates receipt of the document and does not necessarily constitute agreement with the contents of the document.

4. **Administrative Leave.** Administrative Leave is neither a corrective action nor a remediation status and does not, in and of itself, entitle the Resident to due process and fair hearing. The purpose of administrative leave is to allow the Resident to:
   a. Meet with the Program Director and the Director of Training of the Division of Psychology to fully understand the cause(s) for the proposed corrective action and, provide any further information that might clarify the circumstances necessitating the proposed corrective action.
   b. Pursue rights to due process and fair hearing.

Placement on administrative leave relieves the Resident of all program duties and activities until:
   a. The Resident indicates he/she does not wish to avail him/herself of the hearing process and accepts the proposed corrective action.
   b. The proposed corrective action is averted based on further information and agreement between the Program Director, Director of Training of the Division of Psychology and the Resident.
   c. A final decision is made following any appeal processes initiated by the Resident.

Placement on administrative leave suspends all patient care and research activities of the Resident. Access to patient care information, including medical records, is suspended.

The Resident shall continue to receive all stipends and benefits during periods of administrative leave.
The minimum initial period of administrative leave shall be seven (7) days.

No later than the seventh (7th) day of administrative leave, the Program Director and Director of Training of the Division of Psychology will meet with the Resident and provide a further summary of the basis of the proposed corrective action, including any findings from further exploration by the Program Director and Director of Training of the problem, and any input provided in the meantime from the Resident. The specific elements to be contained in this summary for suspensions and terminations are reported below.

The Resident will have seven (7) days of administrative leave from the date of this summary meeting to respond, in writing, to the proposed corrective action. The Resident may:

a. Accept the summary of the proposed corrective action and the terms of rescission, if any. In this case, the Resident will provide a written statement of acceptance to the Program Director or;

b. Indicate to the Program, in writing, the intent to pursue an appeal and fair hearing.

All documents, summaries, notices, responses on the part of the parties to the proposed corrective action, or copies thereof, become a part of the Resident’s permanent file.

5. **Status of Salary and Benefits for Residents Subject to Corrective Action.** The Resident will continue to receive all compensation and benefits during any periods of administrative leave or suspension, and during the period between notification of proposed termination and its final resolution.

If the corrective action is averted or rescinded, or if the appeal and hearing process produces a finding for the Resident and he/she is reinstated, and the time spent on administrative leave or suspension exceeds the allowed amount of vacation time, an equivalent period of training may be required to be made up at the end of the Resident’s terminal appointment to satisfy the length of training requirements for the program.

The Resident will receive academic credit toward completion of residency training for those periods during which the Resident served in good standing or while on probation, unless the Resident is terminated from the program. No credit is awarded for periods of administrative leave or suspension, or for time lost during appeal or hearing processes relating to a proposed corrective action.
H. Suspension

Suspension is the temporary revocation of any or all of a Resident’s clinical, academic, and/or administrative privileges, rights and/or responsibilities.

A period of suspension is intended to allow the Resident an opportunity to definitively address significant, persistent, or recurrent deficits in his/her performance or behavior that, if uncorrected, would prevent his/her successful completion of the program. Suspension is inappropriate if the Resident’s deficiencies and/or behavior are considered irredeemable or if the Resident has been previously suspended.

1. **Length.** The length of the suspension shall be no less than seven (7) days and no more than thirty (30) days during the term of the Resident’s letter of appointment, which includes the acceptance of the policies and procedures of the Program.

2. **Terms and Conditions.** The Program Director and the Director of Training of the Division of Psychology must meet with the Resident by the seventh (7th) day of administrative leave following notice of proposed suspension to review the summary of proposed suspension with the Resident. The following items must be discussed with the Resident and included in the summary of proposed suspension:
   a. The specific deficits in his/her performance or behavior that are considered the cause(s) for the proposed suspension;
   b. The specific clinical, academic and administrative duties and activities from which the Resident is proposed to be suspended;
   c. The specific length of the proposed suspension;
   d. The specific steps that must be taken to correct the cause(s) for the proposed suspension;
   e. The right of the Program and Institution to pursue termination of the Resident’s appointment should the cause(s) for the proposed suspension persist at the end of the suspension; and
   f. The provisions for due process and the right of the Resident to pursue an appeal and hearing.

3. **Resolution.** Once a suspension is, in fact, imposed, the Program Director and the Director of Training of the Division of Psychology will meet with the Resident no later than the last day of the specified period of suspension and advise him/her of the resolution of the suspension. There are three possible resolutions:
   a. If, in the judgment of the Program Director and the Director of Training of the Division of Psychology, conditions for rescission of suspension are adequately met, the Resident shall be returned to duty no later than the day following the last day of the period of suspension; or
   b. If the Resident is enrolled in a treatment or therapy program recognized and/or approved by the Program Director and the Director of Training of the Division of Psychology as a part of the terms and conditions of suspension, the Resident will be
placed on a leave of absence until his/her treatment or therapy has progressed to the point that the Resident can return to duty.

i. Such leave of absence will commence on the day following the last day of the period of suspension.

ii. The Institutional and Program policies with regards to leaves of absence will apply.

iii. Should treatment or therapy be incomplete or unsuccessful in the opinion of the individual responsible for the supervision and management of the Resident’s care, or should the Program Director or others involved in the Resident’s training become aware of a relapse or recurrence of the impairment, he/she may be proposed for termination; and/or

c. If, in the judgment of the Program Director and the Director of Training of the Division of Psychology, the conditions for rescission of suspension are not adequately met, or if other deficiencies or performance deficits are identified, the Resident will be proposed for termination.

4. **Limitations.** The maximum cumulative time that any one Resident may spend on suspension is thirty (30) days. The maximum number of suspensions for a given Resident is one (1). Residents who have previously been suspended and who require additional corrective action will be proposed for termination.
I. Termination

Termination is the severance of a Resident’s appointment to the Program and of all obligations of and benefits to the parties to the letter of acceptance to the residency, excepting those specifically identified below. Residents who are proposed for termination will be placed on administrative leave and relieved of all academic and clinical duties and activities pending final resolution of their status.

The Program Director and Director of Training of the Division of Psychology must meet with the Resident by the seventh (7th) day of administrative leave following notice of proposed termination to review the proposed termination with the Resident. The following items must be discussed with the Resident and included in the summary of proposed termination:

- The specific deficits in his/her performance or behavior that are considered the cause(s) for the proposed termination, including, if applicable, the dates of the previous suspension which prevents the Resident from being suspended again;
- The effective date of the proposed termination, usually the morning of the eighth (8th) day after the meeting to discuss summary of proposed termination;
- The continuation of the Resident’s administrative leave pending final resolution of the his/her status; and
- The provisions for due process and of the right to appeal and hearing.

If termination is, in fact, imposed, the Resident will:

- Receive his/her stipend up to the effective date of the termination;
- Receive any and all health insurance and other benefits due as determined by the Personnel Policies and Procedures of the Medical Center/Hospital/University/Health System.
- Vacate any and all office spaces provided by the Medical Center, if any, on or before the effective date of the termination;
- Return to the Medical Center/all property owned by it, on or before the close of business on the effective date of the termination of the Resident’s appointment, including, but not limited to pagers, electronic parking passes, keys, and identification badges;
- Be billed for any monies owed to the Medical Center including, but not limited to, parking tickets and fees, and/or library fees or fines.
J. Appeal and Fair Hearing

The Program assures the Resident the right to appeal any corrective action proposed by the Program or Institution. All appeals must be processed pursuant to these policies and procedures. The fair hearing process is intended to provide an objective review of the disciplinary action and its cause(s). The appeal and fair hearing of a corrective action follows the procedures of the Office of Postdoctoral Affairs and Graduate Studies.

1. **Appealable Matters.** Any proposed corrective action is appealable upon the Resident’s receipt of written notice of the proposed action.

2. **Non-Appealable Matters.** Questions of fairness in the treatment of the Resident, placement on probation, and other such matters are not appealable, but may be subject to the grievance procedures described herein (see p. 68-69).

3. **Requests for Hearing.** The Resident will have until the seventh (7th) day following receipt of a summary of proposed corrective action to file a written request for hearing. The request must be delivered to the Program Director by hand or by reliable courier with a request for return receipt.

4. **Waiver &/or Failure to Request a Hearing.** A Resident may elect to waive the right to hearing by delivering a written waiver to the Program Director prior to the seventh (7th) day following receipt of a summary of proposed corrective action. A Resident who fails to request a hearing within the time and in the manner specified above waives any right to such hearing and to any appeal or review. In those cases where the Resident waives the right to hearing, either explicitly or through failure to request, the corrective action becomes effective immediately.

5. **Appeal of Termination of Employment.** Although termination from the Residency Program results in a recommendation for termination of employment, Residents are entitled to appeal his/her employment through University of Kansas Medical Center’s Human Resources. This would be accomplished by submitting the appeal in writing to the Program Director and the Director of Human Resources, within 7 days of the notice of a decision by the Office of Postdoctoral Affairs and Graduate Studies.
K. Grievances

A grievance procedure is available to Residents for resolution of problems relating to their appointments or responsibilities, including differences with the Residency, the Onco-Psychology Program, the Department of Psychiatry and Behavioral Sciences or the University, or any representative thereof. The Program ensures the availability of procedures for redress of grievances, including complaints of discrimination and sexual harassment, in a manner consistent with the law and within the general policies and procedures of the University of Kansas and the Medical Center.

1. **Grievable Matters.** Grievable matters are those relating to the interpretation and application of, or compliance with the provisions of the specific Residency, the policies and procedures governing the Onco-Psychology Residency Program of the Division of Psychology, the general policies and procedures of the University, including academic or other disciplinary actions taken against the Resident that could result in dismissal, or other actions that could significantly threaten a Resident’s intended career development, and adjudication of Resident complaints and grievances related to the work environment or issues related to the Program or faculty. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing the Program on the part of any faculty member or officer of the Program, are subject to the grievance process.

2. **Grievance Procedure.** Complaints of illegal discrimination including failure to provide reasonable accommodation of disabilities and sexual harassment are processed in accordance with Medical Center policies and procedures administered through the Equal Opportunity Office. In all other cases:
   a. The Resident will first discuss any grievance with the Program Director. Issues can best be resolved at this stage and every effort will be made to achieve a mutually agreeable solution.
   b. If the grievance is not resolved to the satisfaction of the Resident after discussion with the Program Director, or if the grievance relates to the Program Director or Program Director’s Residency, the Resident may present the grievance, in writing, to the Director of Training of the Division of Psychology.
   c. If the grievance is not resolved to the satisfaction of the Resident after discussion with the Director of Training of the Division of Psychology, or if the grievance relates to the Director of Training of the Division of Psychology, the fellow may present the grievance, in writing, to the Director of the Division of Psychology.
   d. If the grievance is not resolved to the satisfaction of the Resident after discussion with the Director of the Division of Psychology, or if the grievance relates to the Director of the Division of Psychology or the Psychology Division, the Resident may present the grievance, in writing, to the Chair of the Department of Psychiatry and Behavioral Sciences.
   e. If the Resident is not satisfied with the response of the Chair of the Department of Psychiatry and Behavioral Sciences, the Resident may present the grievance, in writing, to the Dean of Postdoctoral Affairs and Graduate Studies.
f. Any action(s) taken in good faith by the Dean of Postdoctoral Affairs and Graduate Studies in addressing the grievance will be final.

3. **Definition of Terms.**
   Chair of the Department of Psychiatry and Behavioral Sciences refers to the Chair of this Department of the Medical School of which the Division of Psychology is a part. Director of the Division of Psychology refers to the director of all activities of the Division of Psychology within the Department of Psychiatry and Behavioral Sciences. Director of Training of the Division of Psychology refers to the director of all training programs within the Division. Postdoctoral Residency Program refers to the overall residency program of the Division of Psychology, which consists of several specific individual residencies in different substantive areas. Program Director refers to the director of a specific residency in a given substantive area. Training Supervisor refers to any individual providing direct clinical supervision to the Resident. Psychology Training Supervisors Committee refers to the faculty members of the Division of Psychology. These individuals participate in the development and implementation of all of the training programs (i.e. practicum, internship and postdoctoral residency programs). They serve as an advisory and recommendation committee to the Program Director and Director of Training of the Division of Psychology regarding the evaluation and response to any performance deficits in trainees, including the Resident. Performance Deficits are Program Director evaluations indicating failing any of the training Aims and Competencies as set forth for each residency. Misconduct involves the indications for corrective actions as described in this document (see p. 61-63). Postdoctoral Residency Training Manual refers to the manual specific to the individual residency's training program, or to the residency's written policies and procedures, as well as written policies and procedures of the overall Postdoctoral Residency Program in the Division of Psychology.
XIII. Onco-Psychology Training Program Evaluation

A. Philosophy

The growth and improvement of the Onco-Psychology Training Program requires continued evaluation and adjustment. The Program can only be at its best when all members, including faculty and trainees are also at their best. Therefore, the Program is dedicated not only to providing the Resident with informal and formal evaluation and feedback across the training year, but also holds a commitment to seeking feedback and evaluation from the Resident across a range of his/her experiences with the Program. Evaluation is meant to be a continual and mutual process between all trainees, faculty/supervisors, and the training Program as a whole.
B. Methods and Procedures

Formal evaluation of the Onco-Psychology Program occurs in three primary areas, all aimed at assessing the performance or progress of the members of the Program, the learning activities provided, and the Program overall. Informal and ongoing evaluation and feedback is expected of any member of the Program. This section briefly describes the more formal evaluations:

1. **Individual Evaluations.** The Resident will be formally evaluated by supervising faculty, and will also provide formal evaluation of his/her supervisors (see p. 47; 52-53; Appendices J &L). All trainees will complete similar evaluation forms that are developmentally appropriate.

2. **Didactic Evaluations.** As noted above (see p. 31), all participating members of the Program are asked to complete the Tiered Didactic & Group Supervision Evaluation Form (see Appendix G) at the conclusion of each of these meetings. The Director will summarize these results and provide them to each presenter.

3. **Program Evaluations.** At the conclusion of each semester (roughly December and May), all participating members of the Program will be asked to complete an Onco-Psychology Training Program Evaluation Form (see Appendix M).

Information gathered from all these evaluations will be summarized by the Director and reviewed at an annual faculty retreat as part of the ongoing development of the Program.
Appendix A

Clinical Health Psychology Postdoctoral Residency in Onco-Psychology

Kansas University Medical Center invites applications to its postdoctoral training program in Onco-Psychology. This position is ideal for an individual with doctoral level training in clinical psychology and behavioral medicine or health psychology who is seeking specialized training in assessment and intervention with patients living with cancer and their caregivers. The program is also in the process of seeking APA Accreditation. The goal of the Residency is to develop psychologists’ clinical and research competency in treatment of psychological distress throughout the cancer trajectory. The Resident will provide outpatient clinical assessment and intervention and inpatient and outpatient consultation for medical providers. The Resident will also have the opportunity to supervise novice trainees, and contribute to the Onco-Psychology Research Program. Applicants must have completed an APA accredited internship program, with prior training in an APA accredited or approved PhD or PsyD program in Clinical or Counseling Psychology.

The Clinical Health Psychology Postdoctoral Residency Program in Onco-Psychology is strongly committed to supporting all aspects of cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, including marital or parental status, national origin, ancestry, age, sexual orientation, gender expression, disability, genetic information, or veteran status in its recruitment, retention, or development of residents, faculty or staff. We welcome and encourage well-qualified individuals with a commitment to diversity to apply for positions in our program. We aim to foster an attractive and nurturing atmosphere of learning where diverse residents, faculty, staff, and patients can understand, learn from, accept and appreciate one another.

Application materials include:
- Letter of interest
- Current CV
- 3 letters of recommendation
- All Graduate level transcripts

Interested candidates should contact:
Meagan Dwyer, Ph.D.
Director, Onco-Psychology Program
University of Kansas Medical Center
Department of Psychiatry and Behavioral Sciences
2330 Shawnee Mission Parkway, Suite 310
Westwood, KS 66205
Email: mdwyer2@kumc.edu

APPLICATION DEADLINE: December 30, 2016
ANNUAL SALARY: $47,476.00
START DATE: September 1, 2017
More information on the position and application process can be found on our website: http://www.kumc.edu/school-of-medicine/psychiatry-and-behavioral-sciences/clinical-psychology-training-programs/postdoctoral-fellowship-program.html
### Clinical Health Psychology Postdoctoral Residency in Onco-Psychology

**Applicant Review Form**

<table>
<thead>
<tr>
<th>Applicant:</th>
<th>Program:</th>
<th>Internship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewer:</td>
<td>GPA:</td>
<td></td>
</tr>
</tbody>
</table>

**Rating of cover letter.**

<table>
<thead>
<tr>
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</thead>
</table>

Comments:

**Rating of CV (regards clinical training, research experience, etc).**

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Comments:

**Rating of impression of Letters of Recommendation.**

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Comments:

**Rating of academic achievement (from transcripts).**

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Comments:

**Overall Rating of Applicant**

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**General Comments – STRENGTHS:**

**General Comments – WEAKNESSES:**
## Appendix C

### Clinical Health Psychology Postdoctoral Residency in Onco-Psychology

#### Interview Rating Form

<table>
<thead>
<tr>
<th>Applicant:</th>
<th>Date of Interview:</th>
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</table>

<table>
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<tr>
<th>Interviewer:</th>
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**Rating of applicant’s communication skills.** (Communicates clearly, concisely, answers questions in a thoughtful/informed manner)

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*Comments:*

**Rating of applicant’s interpersonal skills.** (Overall warmth, positive attitude, shows enthusiasm or motivation for the position/training)

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*Comments:*

**Rating of impression of fit between applicant’s career goals and position.** (Clear interest in oncology/medical setting)

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*Comments:*

**Rating of applicant’s value toward or ability to contribute in the areas of individual and cultural diversity.** (Understands self/others, values differences, seeks competency)

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</table>

*Comments:*

**Rating of potential to contribute to program.** (In both interview and application materials, applicant demonstrates clinical, scholarship, and professional potential)

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</table>

*Comments:*

**Overall impression rating**

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</thead>
</table>

*General Comments – STRENGTHS:*

*General Comments – WEAKNESSES:*

---

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Appendix D

KUMC Psychology Postdoctoral Didactics Evaluation

Name of Lecturer: ________________________________________________________

Title & Date of Presentation: ____________________________________________

Note: Please evaluate each of the following questions using the scale below. You may put N/A if a question does not apply to the particular presentation.

- The information presented added to my knowledge about the topic:
  Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

- The audiovisual material was helpful:
  Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

- The handouts were helpful (if provided):
  Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

- The information was presented in an organized and interesting way:
  Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

Describe 1-3 things you learned from the presentation and how it was/will be helpful to you:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Mark X by which of the following applies to you:

Psychology Postdoctoral Resident _______  Faculty _________  Guest _________
# Appendix E

**KUMC Psychiatry Dept –**

**Psychology Post-Doctoral Residency Professionalism Didactics**

Fall 2016-Summer 2017; 1020 Olathe Pavilion; 8-9 am; 2nd and 4th Fridays

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Topic</th>
<th>Handouts/Readings</th>
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</thead>
<tbody>
<tr>
<td>Oct. 14</td>
<td>Kurylo/Poje/Dwyer; Ashley Carlson, Asst Director of Postdoctoral Affairs, Office of Postdoctoral Affairs</td>
<td>Introduction to Postdoctoral Didactics Introduction to the Office of Postdoctoral Affairs at KUMC Introduction to the Postdoctoral IDP</td>
<td>IDP assessment forms, IDP forms</td>
</tr>
<tr>
<td>Oct. 28</td>
<td>Max Foster and Leslie Allen, KS BSRB</td>
<td>The KS BSRB: How it works, including ethics!</td>
<td>TBD</td>
</tr>
<tr>
<td>Nov. 11</td>
<td>Dwyer/Kurylo/Poje</td>
<td>EPPP, licensure, and EPPP2</td>
<td>TBD</td>
</tr>
<tr>
<td>Nov. 25</td>
<td>NO DIDACTIC</td>
<td>THANKSGIVING</td>
<td>TBD</td>
</tr>
<tr>
<td>Dec. 9</td>
<td>TBD</td>
<td>Theories of Supervision/Supervising within and outside Psychology</td>
<td></td>
</tr>
<tr>
<td>Dec. 23</td>
<td>TBD</td>
<td>Diversity in practice</td>
<td></td>
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<tr>
<td>Jan. 13</td>
<td></td>
<td>Diversity in research</td>
<td></td>
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<tr>
<td>Jan. 27</td>
<td>TBD</td>
<td>EPPP and licensure</td>
<td></td>
</tr>
<tr>
<td>Feb. 10</td>
<td></td>
<td>Board Certification</td>
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<tr>
<td>Feb. 24</td>
<td></td>
<td>Translating Research into Practice</td>
<td></td>
</tr>
<tr>
<td>March 10</td>
<td></td>
<td>Translating Practice into Scholarly Research</td>
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<tr>
<td>March 24</td>
<td></td>
<td>Leadership and Collaboration</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
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<tr>
<td>April 14</td>
<td>Developing Communication Skills for Leadership</td>
<td></td>
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<tr>
<td>April 28</td>
<td>Looking for the right job/Job interviewing skills</td>
<td></td>
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<tr>
<td>May 12</td>
<td>Job talk – Postdoctoral Resident</td>
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<td>May 26</td>
<td>Job talk – Postdoctoral Resident</td>
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<tr>
<td>June 9</td>
<td>Job talk – Postdoctoral Resident</td>
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<tr>
<td>June 23</td>
<td>Interdisciplinary Team Leadership</td>
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<td>July 14</td>
<td>Postdoctoral Resident Case Presentation</td>
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<td>July 28</td>
<td>Postdoctoral Resident Case Presentation</td>
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<tr>
<td>August 11</td>
<td>Postdoctoral Resident Case Presentation</td>
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<tr>
<td>August 25</td>
<td>Federal and State Advocacy (Research, Practice, and Education)</td>
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# Appendix F

## Psychology Internship Didactic Lectures

### July – December, 2016

#### Summer/Fall

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Presentation</th>
<th>Name of Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08/2016</td>
<td>Professional/Ethical Issues</td>
<td>Dr. Buddy Poje</td>
</tr>
<tr>
<td>07/15/2016</td>
<td>Psychiatric Diagnostic Evaluation</td>
<td>Dr. Betty Penick</td>
</tr>
<tr>
<td>07/22/2016</td>
<td>Using Psychological Testing in Psychiatric Populations Part 1</td>
<td>Dr. Ned Hunter</td>
</tr>
<tr>
<td>07/29/2016</td>
<td>Psychological Consultation/Liaison</td>
<td>Dr. Buddy Poje</td>
</tr>
<tr>
<td>08/05/2016</td>
<td>Psychotherapy Wars</td>
<td>Dr. Betty Penick</td>
</tr>
<tr>
<td>08/12/2016</td>
<td>Child Mental Health</td>
<td>Dr. Teri Smith</td>
</tr>
<tr>
<td>08/19/2016</td>
<td>Team Management within the Hospital Setting</td>
<td>Dr. Jessica Hamilton</td>
</tr>
<tr>
<td>08/26/2016</td>
<td>Psychosocial Issues in Rehabilitation: Working with Patients</td>
<td>Dr. Monica Kurylo</td>
</tr>
<tr>
<td></td>
<td>with Disabilities</td>
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<tr>
<td>09/02/2016</td>
<td>The Health Delivery System in the United States</td>
<td>Dr. Ellen Averett</td>
</tr>
<tr>
<td>09/09/2016</td>
<td>Working in an Integrated Primary Care: Case Presentation</td>
<td>Dr. Wendi Born</td>
</tr>
<tr>
<td>09/16/2016</td>
<td>Eating Disorders</td>
<td>Dr. Taryn Acosta Lentz</td>
</tr>
<tr>
<td>09/23/2016</td>
<td>Models and Methods of Supervision</td>
<td>Dr. Teri Smith</td>
</tr>
<tr>
<td>09/30/2016</td>
<td>Microaggression</td>
<td>Dr. Elizabeth Muenks</td>
</tr>
<tr>
<td>10/07/2016</td>
<td>Intern Case Presentation</td>
<td>Bethany Aiena, M.A.</td>
</tr>
<tr>
<td>10/14/2016</td>
<td>Working with Patients who are Dying</td>
<td>Dr. Meagan Dwyer</td>
</tr>
<tr>
<td>10/21/2016</td>
<td>Intern Case Presentation</td>
<td>Danielle Miro, M.A.</td>
</tr>
<tr>
<td>10/28/2016</td>
<td>Prolonged Exposure Therapy</td>
<td>Dr. Meagan Dwyer</td>
</tr>
<tr>
<td>11/04/2016</td>
<td>Intern Case Presentation</td>
<td>Dr. Meagan Dwyer</td>
</tr>
<tr>
<td>11/11/2016</td>
<td>The EPPP &amp; the Postdoctoral Residency/Job Search</td>
<td>Dr. Meagan Dwyer</td>
</tr>
<tr>
<td>11/18/2016</td>
<td>Grief Following a Mental Health Diagnosis</td>
<td>Dr. Heather Kruse</td>
</tr>
<tr>
<td>11/25/2016</td>
<td>Thanksgiving Holiday</td>
<td></td>
</tr>
<tr>
<td>12/02/2016</td>
<td>Intern Case Presentation</td>
<td>Kevin Young, M.A.</td>
</tr>
<tr>
<td>12/09/2016</td>
<td>Cognitive Processing Therapy</td>
<td>Dr. Heather Kruse</td>
</tr>
<tr>
<td>12/16/2016</td>
<td>Telemedicine and Community Engagement</td>
<td>Dr. Eve-Lynn Nelson</td>
</tr>
<tr>
<td>12/23/2016</td>
<td>Winter Holiday</td>
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<td>12/30/2016</td>
<td>Winter Holiday</td>
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</table>
Appendix G

Onco-Psychology Program: Tiered Didactic and Group Supervision Evaluation

Name of Presenter: ____________________________________________________________
Title/Topic of Presentation: __________________________________________________
Date: __________________

Note: Please evaluate each of the following questions using the scale below. You may put N/A if a question does not apply to the particular presentation.

The information presented added to my knowledge about the topic:
Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

The discussion around the topic added to my understanding/knowledge:
Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

The handouts were helpful (if provided):
Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

The information was presented in an organized and interesting way:
Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

The information presented/encouraged consideration of factors around individual/cultural diversity
Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  N/A

Describe 1-3 things you learned from the presentation and how it was/will be helpful to you:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Mark X by which of the following applies to you:

___ Trainee   ___ Faculty   ___ Other, Please Describe:

Appendix H

Onco-Psychology Tiered Didactic & Group Supervision
Day/Time: Thursdays, 12:00-1:30pm
Location: Westwood Conference Room K**

Attendance is mandatory unless specifically cleared by supervisor. All students on Onco-Psychology Rotation are required to attend **80%** of Group Supervision Meetings while on rotation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>Sept. 1</td>
<td>Psychopharmacology</td>
<td>Faculty</td>
</tr>
<tr>
<td>Sept. 8</td>
<td>Dietetics / Nurse Navigation</td>
<td>Bethany Diggett, Teri Banman</td>
</tr>
<tr>
<td>Sept. 15</td>
<td>Radiation Oncology &amp; Site Visit</td>
<td>Dr. Chris Lominska / Terri Thompson</td>
</tr>
<tr>
<td>Sept. 22</td>
<td>BMT Overview &amp; Site Visit</td>
<td>Dr. Tara Lin</td>
</tr>
<tr>
<td>Sept. 29</td>
<td>Palliative Care in Oncology</td>
<td>Dr. Karin Porter-Williamson</td>
</tr>
<tr>
<td>Oct. 6</td>
<td>Crisis Consultation/Suicide/Duty to Warn</td>
<td>Dr. Heather Kruse</td>
</tr>
<tr>
<td>Oct. 13</td>
<td>Brandmeyer Site Visit / Journal Article</td>
<td>Cath Glennon / Kevin Young</td>
</tr>
<tr>
<td>Oct. 20</td>
<td>Site Visit – KC Hospice House</td>
<td>Kelli Traylor</td>
</tr>
<tr>
<td>Oct. 27</td>
<td>Cognitive Screening/Capacity</td>
<td>Drs. Jessica Hamilton &amp; Liz Muenks</td>
</tr>
<tr>
<td>Nov. 3</td>
<td>Diversity Considerations in Oncology</td>
<td>Dr. Liz Muenks</td>
</tr>
<tr>
<td>Nov. 10</td>
<td>Breast Cancer</td>
<td>Dr. Qamar Khan</td>
</tr>
<tr>
<td>Nov. 17</td>
<td>Journal Article</td>
<td>Kadie Harry</td>
</tr>
<tr>
<td>Nov. 24</td>
<td><strong>NO SUPERVISION - Thanksgiving</strong></td>
<td><strong>NO SUPERVISION</strong></td>
</tr>
<tr>
<td>Dec. 1</td>
<td>Head &amp; Neck Cancers</td>
<td>Dr. Prakash Neupane</td>
</tr>
<tr>
<td>Dec. 8</td>
<td>Missy’s Boutique Site Visit / Journal Article</td>
<td>Kelsey Sewell</td>
</tr>
<tr>
<td>Dec. 15</td>
<td>Compassion Fatigue &amp; Burnout</td>
<td>Dr. Meagan Dwyer</td>
</tr>
<tr>
<td>Dec. 22</td>
<td><strong>Holiday Party!</strong></td>
<td><strong>TEAM</strong></td>
</tr>
<tr>
<td>Dec. 29</td>
<td>Case Presentations</td>
<td><strong>TEAM</strong></td>
</tr>
</tbody>
</table>
Appendix I

You are invited to attend

*Psychiatry Grand Rounds*

**October 25, 2016 @ 8:00am in Sudler Auditorium.**

presented by:

**Amber D. Guzmán, PsyD,**

*Clinical Psychologist/ Geropsychologist*

*Geriatric Extended Care*

*VA Eastern Kansas Health Services*

*Leavenworth, KS*

*Title: MI and Mindfulness for Smoking Cessation*

**Accreditation**

All participants are required to register prior to each session. Continuing education credit will be provided to all qualifying activity participants based on documentation of actual attendance time. The following continuing education credit is available for the Grand Rounds Lecture:

**Physicians:** The KU Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide medical education for physicians. The KU Medical Center Office of Continuing Medical Education designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™ per session. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Nurses:** Up to 1 contact hour(s) will be awarded per session to all individual based on documentation of actual attendance time, meeting minimum attendance requirements specific to the activity, and payment in full. University of Kansas School of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with this activity.

**Registration**

Registration for the Grand Rounds presentation begins at 7:45 am and opens again at 9:00 am. If you are unable to text or experience technical difficulty, please see on site program staff. We request that everyone in attendance register.

**Please bring your cell phone to every session.** As of July 1, 2016, we are no longer using eeds terminals or swipe cards to record attendance. Your cell phone will be linked to a new account in our new system. Attendees will register by texting a numeric code which will be provided at the session to 913-703-5333.

**KUMC:** 2166  
**Marillac:** 2195  
**Colmery VA:** 2193  
**Leavenworth VA:** 2191  
**Kansas City VA:** 2775

**Forgot your cell phone or don’t have one:** Anyone who can’t text will complete the “RSS Registration” form at the session (paper).
**Participants that don’t require/need CME credit**: Participants that don’t require or need CME credit should still sign in, however, on the “RSS Registration” form.

**Evaluations will be completed electronically.** Evaluations must be completed in order to receive continuing education credit. Registered attendees should receive an email within 5 days following the session date. The email will contain the login information for your new account and a link to the session evaluation. Credit will be awarded immediately following the completion of the evaluation. Evaluations must be completed within 3 months of the session date.

**Resident physicians**: Resident physicians are required to scan their KU ID badges at the terminals provided and text in the code.
Appendix J

SUPERVISOR EVALUATION FORM

Supervisee Name: _____________________________________________
Supervision Period: _____________________to____________________
Supervisor Name: ______________________________________________ Date of Evaluation: ___________

Purpose: To provide the supervisor with an understanding of his/her job performance in relation to the supervisee, to suggest areas for improvement, to permit the trainee to offer feedback to the supervisor in a written form that is based on a set of clearly and previously-established criteria, and to increase the supervisor’s competence as a supervisor.

Directions: For each competency, please circle one descriptor to indicate whether these capacities are observed to be Excellent, Good, Fair, Problem, No Observation, or Not Applicable. If any of the competencies are marked as a problem, please briefly describe the problem in the Additional Observations section below and/or on a separate page.

Evaluation Items
Supervisor is able to:

1. Be flexible and responsive to the changing needs of the trainee
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

2. Establish an atmosphere of acceptance and psychological safety
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

3. Call attention to errors in a tactful and constructive manner
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

4. Recognize and accommodate to the trainee’s level of experience and style of learning
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

5. Refrain from indiscriminate use of praise
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

6. Provide opportunities for the trainee to question, challenge or doubt
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

7. Encourage the trainee to explore the implications of selected interventions
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

8. Encourage the trainee to formulate own understanding of the case material
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

9. Make specific suggestions when you need them
   Excellent   Good   Fair   Problem   No Observation   Not Applicable

10. Not foster undue dependence on part of trainee, or overly micromanage trainee’s work
    Excellent   Good   Fair   Problem   No Observation   Not Applicable

11. When asked, present a clear, theoretical rationale for suggestions
    Excellent   Good   Fair   Problem   No Observation   Not Applicable
12. Clearly inform you of legal and ethical issues
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

13. Be sensitive to the requirements placed on the trainee
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

14. Openly admit errors and/or limitations without undue defensiveness
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

15. Be concrete and specific in comments, and timely in responses
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

16. Facilitate the trainee’s understanding of reactions to his/her clients
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

17. Seeks consultation from other professionals when it is needed
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

18. Summarize and/or highlight major points of supervisory session
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

19. Be reached in case of emergencies or other urgent supervision needs
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

20. Listen sensitively to the trainee
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

21. Be clear about the limits of the supervisory relationship
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

22. Deal explicitly with the formal evaluation process
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

23. Be direct with trainee regarding areas in need of improvement
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

24. Maintain an appropriate focus in each supervision session
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

25. “Be there” to meet trainee’s needs and not impose his/her issues
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

26. Be open to discussing difficulties between trainee/supervisor which may hinder learning
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

27. Clearly define the nature, structure, expectations, & limitations of the supervision
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

28. Make trainee feel that supervisor genuinely wants to aid in learning/development
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable

29. Be a good role model for you
   - Excellent
   - Good
   - Fair
   - Problem
   - No Observation
   - Not Applicable
30. Provide trainee with general knowledge about professional psychology

Excellent  Good  Fair  Problem  No Observation  Not Applicable

31. Provide trainee opportunity to discuss goals and professional/career development

Excellent  Good  Fair  Problem  No Observation  Not Applicable

32. Be sensitive and adaptive to the stresses you are experiencing as a student

Excellent  Good  Fair  Problem  No Observation  Not Applicable

33. Be open to discussing unique challenges of oncology setting (emotional distress, loss of patient, grief, interdisciplinary challenges, etc).

Excellent  Good  Fair  Problem  No Observation  Not Applicable

Summarize the supervisor’s strengths as you currently view them:


Summarize the supervisor’s weaknesses as you currently view them, and make suggestions for ways in which your supervisor could further facilitate your learning:


Signature of Supervisee: ____________________________ Date:__________________________
Signature of Supervisor: ____________________________ Date:__________________________

Adapted from:
© Susan Hall-Marley, 2001
Appendix K

Individual Development Plan for Postdoctoral Clinical Residents in Psychology
KUMC Division of Psychology

IDP Self-Assessment Worksheets

The concept and purpose of an Individual Development Plan (IDP) for postdoctoral Residents is to help you formulate some initial thoughts for ongoing career planning, career development, and discussions with your mentor(s). You can use these worksheets to develop specific goals and actions for your IDP plan for the year.

This self-assessment comprises six general categories adapted from the American Psychological Association’s IDP website that includes examples of postdoctoral IDPs from other research and clinical science based postdoctoral Residencies:

The competencies include:
- Discipline-specific knowledge
- Communication skills
- Leadership/Collaboration
- Training and Supervision of junior trainees
- Understanding and incorporating research into practice
- Professional development

This process will be initiated by the postdoctoral Resident with full participation by the mentor(s). The IDP focuses on the five core competencies and their development in line with the postdoctoral Resident’s career aspirations. The IDP process consists of four steps (see the Federation of American Societies for Experimental Biology (FASEB) website: http://www.faseb.org/portals/2/pdfs/opa/idp.pdf) for both the Resident and the mentor(s) as an interactive effort.

Step 1: Conducting the self-assessment and becoming familiar with available career opportunities
Step 2: Writing the IDP, sharing the IDP with your mentor and revising with your mentor
Step 3: Surveying and discussing career opportunities with your mentor
Step 4: Implementing the plan and revising the IDP as needed, at least every 6 months

The self-assessment form asks a number of questions based on the core competencies. The postdoctoral Resident is expected to conduct a self-assessment and generate a draft IDP to initiate discussion with their mentor within the first month of arrival at KUMC and at least every 6 months afterward. The IDP form can be shared in draft form with the mentor(s) at the meeting where the Resident’s accomplishments and goals will be discussed in light of the core competencies and the Resident’s career aspirations. After the meeting, the Resident can revise the form and present it to the mentor(s) for signature(s) which will serve to formalize the process and document the meeting outcomes.
Some questions that may be addressed at the beginning of a mentoring relationship:
What type of assistance does the mentee want from the mentor?
What expectations do the mentor(s) have for the mentee?
What expectations does the mentee have for the mentor(s)?
How often will you meet (separate from weekly clinical supervision)?
When, where and how long will you meet?
Who will be responsible for scheduling the meetings?
Who will create meeting agendas and topics to discuss?
What will be the ground rules for discussion (e.g., confidentiality, candor, openness)?
Are there concerns and reservations for either the mentor or the mentee?

Resources:
American Psychological Association IDP website:
Federation of American Societies of Experimental Biology (FASEB) website:
University of Southern California Postdoctoral Scholars in the Social Sciences IDP document:
http://postdocs.usc.edu/files/2012/10/FINAL-Social-Sciences-Cover-Self-Assessment-Form-20123-10-16-121.pdf

Self-Assessment (Step 1)
At the beginning of your postdoctoral appointment you should work with your faculty mentor(s) to determine your short- and long-term goals. Conducting a self-assessment is the first step in developing an IDP (Individual Development Plan) and it will help you craft a vision for your growth over the course of your postdoctoral appointment that will build upon your existing skills and areas of strength while addressing areas that need further development. You might find it helpful to conduct a self-assessment toward the end of each year, so that you and your mentor(s) can reflect on the past year and develop an IDP that focuses on the upcoming year of appointment.

Use the self-assessment to take a realistic survey of your current abilities, identifying your strengths and defining the areas you will need to develop. Consider your proficiency in the following key areas: discipline-specific knowledge, communication skills, leadership/collaboration, training and supervision of junior trainees, understanding and incorporating research into practice, and professional development.

Following are questions to initiate the self-assessment process. These questions are not meant to be comprehensive; rather, they will serve as a tool that you and your mentor will use to articulate your career goals and define the competencies required to reach those goals.
1. General questions:
What were your major goal(s) and priorities for last year?
Did you succeed – which goals did you meet? For goal(s) that were not met, why not?
What are your major goal(s) and top priorities this year?
What type of work would you like to be doing? Where would you like to be in an organization?
What is important for you in a career?
What are your long-term career goals? What is your plan to achieve these goals?
What can go wrong? What other preparations or alternative plans have you made?

2. Discipline-specific knowledge
What areas of general clinical psychology have you mastered?
What areas of clinical psychology in your particular area of interest have you mastered?
What specific areas of knowledge do you need to acquire to fulfill your current career goals?
What areas of knowledge would you like to become more familiar with in order to advance your career goal(s)?

3. Communication skills
Written: What writing experience do you presently have (e.g., EMR documentation, report writing, Residency/grant writing, article review writing, article and/or book chapter writing?)
What do you think you would like to work on to improve your written communication? What are your goals for written experiences, including publications, during your postdoctoral Residency?
Spoken: What is your experience in oral presentations (including within group meetings, conferences, long (15 min or longer) or short (1-5 min) formats)? What do you think you would like to work on to improve your spoken communication? What are your goals for oral presentations and to improve your spoken communication skills during your postdoctoral Residency?
Teaching: What is your current level of teaching experience (settings, preparation, etc.)? What do you think you would like to work to improve in your teaching? What are your goals for teaching/didactic presentations during your postdoctoral Residency?
How interpersonally effective are you (e.g. how do you get along with others- with your peers, with supervisors, with interdisciplinary professionals, with students or supervisees)?
How comfortable are you with advocating (locally, state-wide, or nationally)?
How comfortable are you with interacting with the news media and/or using electronic mediums to disseminate important information?

4. Leadership/Collaboration
What experiences do you have regarding interdisciplinary collaboration and/or work in interdisciplinary/multidisciplinary team settings?
What leadership/management experiences do you have?
What leadership goals do you have for your postdoctoral Residency training year?
How comfortable are you with negotiation skills, conflict resolution (including difficult conversations and minimizing conflict) and/or giving constructive feedback?
How comfortable are you with participating in public and professional service?
How comfortable are you with leading and motivating others?
What collaborations have you established or do you plan to pursue (co-teaching, collaborative practice, collaborative research, team project)? How are such collaborations beneficial to you? Have you identified opportunities to meet with individuals who may be interested in your professional experiences? How will you identify those opportunities/individuals? Have you communicated your clinical practice, scholarly, and career interests to individuals in professional communities who may be aware of employment opportunities that match your specific experiences and skills? How will you expand your professional network?

5. Training and Supervision of junior trainees
What is your current level of training and/or supervision experience? What are your goals for training/supervision during your postdoctoral Residency? What experience have you had mentoring others? What is your level of interest in mentoring others?

6. Understanding and incorporating research into practice
What is your research background to date? What scholarly activities would you like to accomplish or work toward during the next year? (i.e., present at a conference, perform or participate in a program evaluation, review an article submitted for publication, co-author a paper, present a poster at a conference)? How comfortable are you with looking up information to share with your patients? How comfortable are you with researching professional literature to learn something new about a diagnosis or treatment?

7. Professional development
What unique traits (personal and professional) do you possess? How can you apply these to your career goal(s)? Are you prepared for a job interview? If not, what do you need in order to be prepared? Is your CV ready to send out to prospective employers? If not, what do you need to do to get it ready? Are you prepared to give a job talk? If not, what do you think you need in order to be prepared? If appropriate, have you prepared your teaching portfolio, including your teaching philosophy, syllabi, assessment methods, etc.? How will you prepare or refine these? What career development programs do you need access to?
IDP Implementation
Recall from your self-assessment worksheets that this process will be initiated by the postdoctoral Resident with full participation by the mentor(s). The IDP focuses on the six core competencies and their development in line with the postdoctoral Resident’s career aspirations. The IDP process consists of four steps for both the Resident and the mentor(s) as an interactive effort.

Step 1: Conducting the self-assessment and becoming familiar with available career opportunities – You completed the assessment worksheets in Form 1.

This form includes the following Steps:
Step 2: Writing the IDP, sharing the IDP with your mentor and revising with your mentor
Step 3: Surveying and discussing career opportunities with your mentor
Step 4: Implementing the plan and revising the IDP as needed, at least every 6 months

Step Two:
Writing your personal IDP: Set goals: make concrete plans to improve your skills
With the help of your mentor, identify your goals for each six-month period in each of the following areas:

1) Discipline-specific knowledge
Fall-Winter (September – February)
Goal 1:____________________________________________________________
Goal 2:____________________________________________________________
Goal 3:____________________________________________________________

Spring-Summer (March – August)
Goal 1:____________________________________________________________
Goal 2:____________________________________________________________
Goal 3:____________________________________________________________

2) Communication skills
Fall-Winter (September – February)
Goal 1:____________________________________________________________
Goal 2:____________________________________________________________
Goal 3:____________________________________________________________

Spring-Summer (March – August)
Goal 1:____________________________________________________________
<table>
<thead>
<tr>
<th>Goal 2:</th>
<th>Goal 3:</th>
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3) Leadership/Collaboration  
Fall-Winter (September – February)  
Goal 1:  
Goal 2:  
Goal 3:  

Spring-Summer (March – August)  
Goal 1:  
Goal 2:  
Goal 3:  

4) Training and Supervision of junior trainees  
Fall-Winter (September – February)  
Goal 1:  
Goal 2:  
Goal 3:  

Spring-Summer (March – August)  
Goal 1:  
Goal 2:  
Goal 3:  

5) Understanding and incorporating research into practice  
Fall-Winter (September – February)  
Goal 1:  
Goal 2:  
Goal 3:  

Spring-Summer (March – August)  
Goal 1:  
Goal 2:  
Goal 3:  

6) Professional development  
Fall-Winter (September – February)  
Goal 1:  
Goal 2:  
Goal 3:  

Spring-Summer (March – August)  
Goal 1:  
Goal 2:  
Goal 3:  

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**Step Three:**
Survey and discuss career opportunities with your mentor.

**Step Four:**
 Implement your plan, use milestones to measure your progress, revise your plan as needed.

This plan has been agreed to by the following:

__________________________ __________________
Postdoctoral Resident Date

__________________________
Primary Supervisor/Mentor Date

__________________________
Director of Training, Division of Psychology Date
Appendix L

KUMC Clinical Health Psychology Resident Training In Onco-Psychology
Semi-Annual Evaluation

Name of Postdoctoral Resident: ____________________________________________________________
Name of Evaluator/Supervisor: __________________________________________________________
Time Period of Evaluation: __________________________________________________________________

Note: For each competency, please circle one descriptor to indicate whether these capacities are observed
to be Excellent, Good, Fair, Problem, No Observation, or Not Applicable. If any of the competencies are
marked as a problem, please briefly describe the problem in the Additional Observations section below
and/or on a separate page.

For reference, Excellent will indicate competency that is Significantly Above Expectations, Good indicates
Slightly Above Expectations, Fair indicates Expectations are Met, and Problem indicates competency Below
Expectations.

Aim 1: Professional Conduct and Relationships.
Competencies:
Professional Conduct. The postdoctoral resident consults with, and works effectively with other
professionals, as demonstrated by:
• Relating positively and constructively with other professionals.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Considering the possibility of co-morbid medical or neurological conditions and making appropriate
  referrals.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Communicating and interacting effectively with other professionals in ways that enhance patient-
  centered care, productivity, and build respectful relationships.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Maintaining effectiveness in reaching set goals by adapting to changing circumstances and
  responsibilities; showing willingness to learn new ways to accomplish work.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Seeking constructive approaches to solving workplace issues.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Maintaining a patient- and customer-focused approach to care, anticipating patients’ needs to extent
  possible, and seeking to improve knowledge (via supervision, reading, and didactics) to best care for the
  patients served.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Working as a productive member of patient-care and administrative teams, contributing to team
  development and effective team dynamics.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable

Relationships. The postdoctoral resident establishes and maintains positive, constructive, and
effective working relationships with patients, as demonstrated by:
• Maintaining appropriate professional boundaries.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Indicating capacity to empathize with patients’ experiences.
  Excellent  Good  Fair  Problem  No Observation  Not Applicable
• Interacting with patients in a flexible and respectful manner even when they are very disturbed or
difficult.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
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• Using supervision to discuss the difficulties that arise in working relationships with patients.

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<th>Excellent</th>
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<th>Fair</th>
<th>Problem</th>
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• Recognizing the effect of own behavior on the patients’ experiences.

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<th>Excellent</th>
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• Recognizing the impact of oncology factors on relationship with patient and caregivers.

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Aim 2: Value for Individual and Cultural Diversity.
Competencies:
The postdoctoral resident consistently reflects on individual and cultural diversity factors, as
demonstrated by:

• Considering how both own and patient individual and cultural diversity may impact the therapeutic
relationship.

<table>
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<tr>
<th>Excellent</th>
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<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
<th>Not Applicable</th>
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• Taking individual and cultural diversity into consideration when selecting appropriate assessments or
interventions for each patient.

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<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
<th>Not Applicable</th>
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• Relating with sensitivity to individual and cultural diversity in interactions with other professionals.

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<th>Problem</th>
<th>No Observation</th>
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• Being aware of the impact a patient’s individual and/or cultural identity has on their overall oncology
care (e.g., preference for alternative medical approaches, importance of spirituality or family to healing,
etc.).

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<th>Excellent</th>
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<th>No Observation</th>
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Aim 3: Knowledge and Application of Evidence-Based Practice.
Competencies:
The postdoctoral resident accurately assesses, formulates, and tracks functioning in patients in an
evidence-based fashion, as demonstrated by:

• Conducting thorough clinical psychological and/or diagnostic interviews.

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<th>Excellent</th>
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<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
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• Appropriately diagnosing patients according to the DSM-5 diagnostic criteria.

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<th>Excellent</th>
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<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
<th>Not Applicable</th>
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• Appropriately assessing risk factors for suicidal and aggressive behaviors.

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<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
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• Properly administering, scoring, and interpreting psychological and cognitive tests.

<table>
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<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
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Please list the psychological/neuropsychological tests used:

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• Utilizing information from all appropriate sources, such as the family/caregivers, medical record, other
treating professionals and other systems involved in the lives of patients in evaluating their difficulties.

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<th>Excellent</th>
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<th>Problem</th>
<th>No Observation</th>
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</table>
The postdoctoral resident appropriately applies clinical psychological interventions, as demonstrated by:

- Formulating problems in ways that lend themselves toward empirically supported interventions.
  
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<tr>
<th>Excellent</th>
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<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
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- Proficiency in applying a reasonable range of psychotherapy principles to clinical problems.
  
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<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Problem</th>
<th>No Observation</th>
<th>Not Applicable</th>
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- Using empirically-supported specific intervention approaches for specific clinical problems.
  
<table>
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<th>Excellent</th>
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- Administering interventions in a flexible, individually formulated approach, considering all pertinent personal, social, medical and other issues including factors related to individual and cultural diversity.
  
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- Appropriately utilizing systemic interventions in working with patients in the oncology setting, such as working with family members/caregivers and integrating care with other professionals treating the patient.
  
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**Aim 4: Knowledge and Application of Clinical Research.**

**Competencies:**

The postdoctoral resident is knowledgeable regarding clinical research and its application, as demonstrated by:

- Being a critical consumer of clinical research literature.
  
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- Considering ways to utilize clinical research to improve patient care within own practice, the program, and the field.
  
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- Staying abreast of current research findings and methodology in their own and related fields.
  
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**Aim 5: Ethical and Legal Practice.**

**Competencies:**

The postdoctoral resident conducts him/herself according to relevant ethical and legal guides, as demonstrated by:

- Practicing according to the APA Ethical Principles of Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People's Rights and Dignity.
  
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- Adhering to the APA Ethics Guidelines across all areas of practice.
  
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- Practicing according to relevant legal statues governing psychology in the State in which services are provided.
  
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**Aim 6: Knowledge and Skill in the Subspecialty of Psycho-Oncology.**

**Competencies:**

The postdoctoral resident establishes a strong knowledge and skill base in the subspecialty of psychosocial oncology, as demonstrated by:

- Appropriate understanding of prominent oncology diagnoses, staging terminology, treatments, side effects, and prognostic considerations.
  
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- Providing appropriate clinical sensitivity to working with oncology patients and families dealing with end-of-life concerns.
  
  | Excellent | Good | Fair | Problem | No Observation | Not Applicable |
• Appropriate skill in applying assessment and brief intervention skills in the fast-paced oncology setting.

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• Appropriately considering the similarities and differences between cancer disease symptoms, treatment side effects, and psychological symptoms.

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• Recognizing clinical psychological manifestations likely to be due to an underlying medical condition.

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Relevant Additional Observations by Supervisor

Strengths

Recommendations for advancement/improvement

Signature of Supervisor: ________________________________ Date: ________________
Signature of Postdoctoral Resident: _______________________ Date: ________________
Signature of Clinical Psychology: ________________________ Date: ________________
Postdoctoral Director of Training
Appendix M

Onco-Psychology Training Program Evaluation

Time Period: ____________________________
Psychology Supervisor(s) ____________________________
Date of Evaluation: ____________________________

**Participation in the Onco-Psychology Training Program:**

**Aim 1: Professional Conduct and Relationships.**

Competencies: **Professional Conduct.** The Onco-Psychology Training Program provided me with opportunities to learn, discuss, and/or observe ways to consults with, and work effectively with other professionals, as demonstrated by:

- Relating positively and constructively with other professionals.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Considering the possibility of co-morbid medical or neurological conditions and making appropriate referrals.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Communicating and interacting with other professionals in ways that enhance patient-centered care, productivity, and build respectful relationships.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Seeking constructive approaches to solving workplace issues.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Maintaining a patient- and customer-focused approach to care, anticipating patients’ needs to extent possible, and seeking to improve knowledge (via supervision, reading, and didactics) to best care for the patients I served.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Working as a productive member of patient-care and administrative teams, contributing to team development and effective team dynamics.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

**Relationships.** The Onco-Psychology Program gave me opportunities to learn, discuss, and/or observe ways to establish and maintain positive, constructive, and effective working relationships with patients, as demonstrated by:

- Maintaining appropriate professional boundaries.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Empathizing with patients’ experiences.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Interacting with patients in a flexible and respectful manner even when they are very disturbed or difficult.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Using supervision (individual or group) to discuss the difficulties that arise in working relationships with patients.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Recognizing the effect of own behavior on the patients’ experiences.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable

- Recognizing the impact of oncology factors on relationship with patient and caregivers.
  - Excellent
  - Good
  - Fair
  - Problem
  - No Observation
  - Not Applicable
Aim 2: Value for Individual and Cultural Diversity.
Competencies:
The Onco-Psychology Training Program provided me with opportunities to consistently reflect on individual and cultural diversity factors, as demonstrated by:

- Considering how both own and patient individual and cultural diversity may impact the therapeutic relationship.

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- Taking individual and cultural diversity into consideration when selecting appropriate assessments or interventions for each patient.

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- Relating with sensitivity to individual and cultural diversity in interactions with other professionals.

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- Being aware of the impact a patient's individual and/or cultural identity has on their overall oncology care (e.g., preference for alternative medical approaches, importance of spirituality or family to healing, etc.).

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Aim 3: Knowledge and Application of Evidence-Based Practice.
Competencies:
The Onco-Psychology Training Program provided me with opportunities to learn, discuss, and/or observe ways to accurately assess, formulate, and track functioning in patients in an evidence-based fashion, as demonstrated by:

- Conducting thorough clinical psychological and/or diagnostic interviews.

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- Appropriately diagnosing patients according to the DSM-5 diagnostic criteria.

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- Appropriately assessing risk factors for suicidal and aggressive behaviors.

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- Properly administering, scoring, and interpreting psychological and cognitive tests.

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- Utilizing information from all appropriate sources, such as the family/caregivers, medical record, other treating professionals and other systems involved in the lives of patients in evaluating their difficulties.

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The Onco-Psychology Training Program provided me with opportunities to learn, discuss, and/or observe appropriate application of clinical psychological interventions, as demonstrated by:

- Formulating problems in ways that lend themselves toward empirically supported interventions.

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- Proficiency in applying a reasonable range of psychotherapy principles to clinical problems.

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- Using empirically-supported specific intervention approaches for specific clinical problems.

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- Administering interventions in a flexible, individually formulated approach, considering all pertinent personal, social, medical and other issues including factors related to individual and cultural diversity.

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- Appropriately utilizing systemic interventions in working with patients in the oncology setting, such as working with family members/caregivers and integrating care with other professionals treating the patient.

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Aim 4: Knowledge and Application of Clinical Research.
Competencies:
The Onco-Psychology Training Program provided me with opportunities to learn, discuss, and/or observe clinical research and its application, as demonstrated by:

- Being a critical consumer of clinical research literature (e.g., journal articles, training materials).
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Considering ways to utilize clinical research to improve patient care within own practice, the program, and the field.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Staying abreast of current research findings and methodology in psycho-oncology and related fields.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable

Aim 5: Ethical and Legal Practice.
Competencies:
The Onco-Psychology Training Program provided me with opportunities to learn, discuss, and/or observe ways to conduct myself according to relevant ethical and legal guides, as demonstrated by:

- Practicing according to the APA Ethical Principles of Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People’s Rights and Dignity.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Adhering to the APA Ethics Guidelines across all areas of practice.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Practicing according to relevant legal statues governing psychology in the State in which services are provided.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable

Aim 6: Knowledge and Skill in the Subspecialty of Psycho-Oncology.
Competencies:
The Onco-Psychology Training Program provided me with opportunities to learn, discuss, and/or observe key aspects of the subspecialty of psychosocial oncology, as demonstrated by:

- Appropriate understanding of prominent oncology diagnoses, staging terminology, treatments, side effects, and prognostic considerations.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Providing appropriate clinical sensitivity to working with oncology patients and families dealing with end-of-life concerns.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Appropriate skill in applying assessment and brief intervention skills in the fast-paced oncology setting.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Appropriately considering the similarities and differences between cancer disease symptoms, treatment side effects, and psychological symptoms.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable
- Recognizing clinical psychological manifestations likely to be due to an underlying medical condition.
  - Excellent  Good  Fair  Problem  No Observation  Not Applicable

Onco-Psychology Program Strengths
### Onco-Psychology Program Weaknesses / Areas to Improve

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### Other Comments

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