

NORTHSHORE PSYCHOLOGICAL RESIDENCY PROGRAM HANDBOOK
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PROGRAM AIM: The Psychology Residency/Fellowship Program at Northshore aims to advance the development of professional psychologists through multidisciplinary training activities including clinical assessment, clinical intervention, interdisciplinary collaboration, research, and supervision.

The residency is built upon the premise that intensive experiential training with a variety of age / diagnostic groups under close clinical supervision will facilitate the process of integrating psychological and neuropsychological theory and findings into clinical practice. The program is designed to provide a general diverse experience in preparation for clinical practice with a variety of age groups and cultures.

PROGRAM HISTORY: Northshore Psychological Associates (NPA) is a large psychology group practice, founded in 1998. Initially, NPA was one component of a larger, multidisciplinary practice encompassing Psychology, Neurology and Physiatry. In 2015, the medical group affiliated with the UPMC health system while NPA chose to maintain its independence. In 2003, because of our commitment to the advancement of professional psychology and training, NPA founded, in conjunction with UPMC Safe Harbor Behavioral Health, the Erie Psychology Consortium, a doctoral internship program centered in Erie Pennsylvania. During its years of operation from 2003 to 2021, the consortium was accredited by APA.

Since 2010, we have regularly offered the opportunity for one or two year postdoctoral experiences for exceptional students who have completed our internship and have expressed interest. This has led to the institution of a formal residency/fellowship program here at NPA.

PROGRAM DESCRIPTION: Northshore Psychological Associates offers one Doctoral Residency position each year. The residency is conceptualized as two consecutive full-time (40hr/week), 12 month positions that typically begin and end mid-August each year. Depending on their goals and performance, Residents are typically afforded the opportunity for a second year of residency.

The neuropsychology residency/fellowship provides training in the assessment of the full range of neurobehavioral disorders including dementia, acute confusional states, attentional disorders, aphasic disorders, and other focal brain disorders. Common clinical populations include traumatic brain injury, primary dementias, seizure disorders, Parkinson's / pre-DBS implantation, brain tumors, multiple sclerosis, stroke, learning disabilities, Attention-Deficit/Hyperactivity Disorder, pseudo-neurologic and somatoform disorders and medico-legal referrals. The majority of referrals come from family practice physicians, psychiatry, neurology, the local VA Medical center as well as other local psychologists.

At Northshore, we are committed to the concept of excellence in training within a

multidisciplinary training program. Residents work in close collaboration with staff members and perform many of the same responsibilities. As per regulations by the Pennsylvania State Board of psychology, residents receive a minimum of two hours per week of individual supervision from licensed psychologists. Additional supervision is provided as listed below. It is expected that Residents will pursue and achieve licensure during their training, typically by the end of the first year.

LICENSURE: It is expected that residents will achieve licensure, typically by the end of the first year or at latest in the first quarter of the second year of residency. Licensure eligibility is covered by the laws of the Commonwealth of Pennsylvania as well as the regulations of the Pennsylvania State Board of psychology. Pennsylvania requires 3500 hours of supervised activity to meet the experience requirements for licensure. Typically, half (1750 hrs) is achieved through the completion of an APA accredited internship. The additional 1750 hours are commonly achieved in post-doctoral training, such as the successful completion of the first year of this residency program. However, Pennsylvania also allows for some practica experience, gained during doctoral training, to count towards the supervised experience total required for licensure. Residents will be made aware of these requirements. Once licensed, residents will continue to operate under the supervision of their primary and secondary supervisors. Upon licensure, residents will have increased opportunities for training in the Medical Center as well as other facilities such as extended care facilities.

TRAINING MODEL: Northshore Psychological Associates (NPA) is a private practice providing integrative care predominantly in health care settings. As such, traditional models of training such as those defined by psychotherapeutic approaches do not adequately grasp the nature of “psychology in action” within the fast paced and changing nature of such a practice. The residency has chosen to term its philosophy / model of training as ‘experiential’ as it is through the immersion of the resident into the culture, science and practice of professional psychology that they acquire not only the technical skill for future practice but also the identity as a psychologist. The program views its residents as “doctors in training” on a par with other doctoral health care professionals. The goal, therefore, is that graduates of residency will feel technically qualified and professionally prepared for any future employment. How does the program accomplish this?

Integrating science and practice:

Residents participate in a variety of educational experiences both within the residency and at off campus offerings. These include: Internally- Assigned readings, Monthly journal articles, Case discussion, monthly lectures combining neurology and psychology residents and various topic discussions within psychology such as dementia, depression, traumatic brain injury, stroke and managing psychological aspects of medical illnesses such as diabetes, Parkinson's etc. Externally - Attendance at the Annual Neuroscience conference, UPMC neurology grand rounds and other community offered programs such as a medical ethics conference sponsored by a local hospital, statewide and regional workshops, seminars at a local university etc.

The culture and the profession:

The residency achieves this in several ways. The first relates to modeling. Residents are immersed into the private practice world of psychology. Several faculty / supervisors have extensive involvement in the larger profession of psychology; serving as presidents of the regional psychological association (2), presidents of the state psychological association (2), members of various state association committees (6), members of the state psychological political action committee (1), APA Heiser award recipients (2), members of the State Board of Psychology (1) and APA Council of representatives (1).

Residents meet on a monthly basis for a seminar on ethical and professional issues in psychology. Topics in this seminar range from macro issues such as the future of psychological training and treatments to individual ethical dilemmas faced during residency and private practice. Residents, in the company of faculty, attend a yearly, invitation only, Ethics Educators Seminar sponsored by the state psychological association. During this experience, residents are exposed to faculty and supervisors involved in ethical training and education. Residents also are encouraged and receive support to attend the annual convention of the Pennsylvania Psychological Association.

CLINICAL SUPERVISION: Residents receive two hours of individual, face-to-face supervision per week with a licensed psychologist coordinated through the primary clinical supervisor. Residents also receive group supervision on a weekly basis with a variety of other supervisors. The group supervision includes case presentations, journal club (general article reviews), review of neuropsychological assessment and instruments, literature discussion, issues of cultural diversity, professional development, and general discussion. Residents also receive additional hours of supervision attending various seminars scheduled throughout the month and supervised by other staff psychologists. All supervisory sessions will be documented on the clinical supervision form and signed by the interns and supervisor.

BASIC APPLICANT REQUIREMENTS: As noted, the residency/fellowship is a full-time two consecutive one-year clinical experience, beginning and ending mid August. Applicants must have completed a doctoral degree from an American Psychological Association or Canadian Psychological Association accredited program in one of the health service delivery areas of psychology (for example: clinical, counseling, school, clinical neuropsychology, health psychology) prior to the program start date; or a doctoral degree in psychology with additional completion of a re-specialization program designed to meet equivalent criteria as a health services delivery training program in psychology. Further, applicants must have completed an internship accredited by either APA or CPA. Because this is a postdoctoral program, we do not accept applications from those who have not completed all requirements for their doctoral degree at the time the residency/fellowship begins.

Applicants who are not US citizens must have an unrestricted authorization to work in the US for the 2-year duration of their residency before their application can be accepted. Such applicants must confirm their citizenship/visa status at the time of application.

Applicants should submit a letter of intent outlining your academic and professional interests along with a copy of their curriculum vitae, three letters of professional reference and graduate

transcripts. One of the letters of reference must be from the internship director of training. Applicants are also required to present required background checks and clearances such as those from Child Line, FBI and PA State Police. The application deadline is March 15 although early applications are encouraged.

FACILITIES: The primary location for the residency program is Northshore Psychological Associates, a professional group practice providing psychological and neuropsychological care to children, teenagers, adults and seniors. Our clinical experience and expertise covers a wide range of interests including concussions, dementia, sleep disorders, traumatic brain injury, stroke, depression, anxiety and sport psychology.

Founded in 1998, Northshore Psychological Associates is pleased to be one of the largest providers of psychological care in the Erie region delivering quality care in a supportive environment. We are conveniently located on Erie's Bayfront at 120 East Second street.

Residents are also embedded in UPMC Hamot Medical Center, a 500 bed regional hospital and trauma facility in Erie Pennsylvania, Encompass Health, a 95 bed general rehabilitation hospital as well as several extended care facilities within the region. Residents provide, under supervision, direct services to patients in these facilities including those with traumatic brain injury, concussion, stroke and various other neurological and neuromuscular disorders.

RESIDENT RESOURCES: Residents are provided with individual offices where they conduct their professional activities such as seeing patients, report writing, and research. Each office has a phone extension. Residents are provided with common ancillary materials such as access to a copy machine, computer administered/ assisted / scored testing etc. Residents receive staff support for such things as managing phone messages, scheduling patients, billing, and medical records. Second year residents may have access to psychometrician support for test administration. Nametags are provided for identification in the various facilities where they practice.

CLINICAL SERVICE: Across settings, the resident will be responsible for conducting neuropsychological assessments, including interpretation of test results and report writing. These range from full batteries in the outpatient setting to bedside examinations/ reexaminations during inpatient treatment. The resident will also provide feedback to patients, including clinical and diagnostic impressions, areas for intervention, and strategies for behavior change and recommendations for further workup or treatment. Specific skill areas include the administration of neuropsychological tests, interpretation of test findings, integrated with clinical history, report writing and case conceptualization. Residents will improve their ability to conduct follow-up encounters with patients and families to review test results, and engage them in the therapeutic process. Residents will also hone their consultation skills in discussing test results with referring physicians and other professionals.

Once licensed, Residents can be included in the on-call rotation providing these services in the medical center. This level of training / service delivery is the apex of training at Northshore where residents, supported by senior staff, take part in providing consultative services seven days

a week for such issues as competency to make medical decisions, level of cognitive injury related to trauma and coping with acute hospitalization.

EDUCATION, TEACHING AND SUPERVISION:

Primary and secondary supervisors are assigned based on a combination of the resident's clinical interests and the availability of a specific supervisor. Residents will receive a minimum of two hours per week of face-to-face supervision from a licensed psychologist.

Residents are required to attend and participate in the Department of Neurology's weekly educational seminars where they receive education in such topics as neuroanatomy, movement disorders, the neurological exam and neurobehavioral syndromes. Specifically, in conjunction with the Neurology Residency Program, psychology residents participate in the resident lecture series that covers the diagnosis and management of various disease states in Neurology. Case studies are discussed.

Residents attend the monthly seminar in neuropsychology. These didactic seminars are hosted by a senior staff member. Seminar topics are developed collaboratively between residents and staff based on resident / staff interests, current research or clinical developments.

Residents also attend the monthly Ethics and Professional Issues Seminar which topics include ethical case vignettes, discussion of legal/ ethical interface, journal article review / discussion and trends / challenges within the profession of Psychology.

Residents participate in a monthly Professional Development Seminar, hosted by senior staff, that focuses on a variety of topics such as consultation/ interface with other professions, dealing with large health systems/ insurances, running a business, personal/ professional growth, and work-life balance.

Residents also provide monthly lectures to neurology residents on psychological and neuropsychological aspects of diagnosis, patient treatment and care.

PROFESSIONAL RESPONSIBILITIES: Residents are expected to interview and evaluate patients with neurobehavioral disorders and participate in all activities that are necessary to make an inpatient and outpatient clinical service operational (e.g., informal consultation, participation in case conferences, etc.). Participation in several didactic exercises (see above) is required. Residents are expected to make presentations in the Neurology Seminar for neurology residents, attend the monthly Ethics and Professional Issues Seminar and assist in consultation with other professional employees at NPA. The residents are also expected to participate in some type of research activity and/or complete a scholarly exercise during their training. Lastly, the residents are expected to develop and deliver the curriculum for the Neuropsychology Seminar Series and participate in the evaluation of the program through periodic evaluation of supervisors and the curriculum.

TIME COMMITMENT: The position is considered to be a full-time, 40 hour/week commitment. A clinical day can be quite varied with the resident completing a variety of professional tasks, such as a full neuropsychological evaluation, a more focused evaluation,

bedside evaluations or consulting as well as participating in educational/ training activities. In the second year, residents may expect increased independence in clinical productivity along with the availability of psychometric support. Residents typically spend approximately 25 hours of their week in direct clinical service.

SCHEDULE AND HOURS: During the early weeks of the program, an orientation will be completed. As required for practices within these facilities, the schedule will also include completion of orientation through Encompass Health and UPMC Hamot. The residency is based on a 40-hour work week schedule, typically beginning at 8:00 AM and concluding at 4:30 PM. The resident may work a different schedule based on a client's needs or as agreed and arranged in consultation with the primary supervisor and DOT.

STATEMENT OF DIVERSITY: The Psychological Residency program is fundamentally committed to the principle that cultural and individual differences matter in our efforts to train competent psychologists. The provision of culturally competent psychological services is an important objective of our residency and we continually strive to enhance our efforts toward attracting diverse faculty and residents. Attracting diverse faculty and residents allows for a more diverse experience and a rich environment and curriculum that embraces individual difference and diversity. This is particularly important in the training of psychological assessment and interventions with diverse groups.

Consistent with these efforts, the Residency Program acts to ensure a supportive and encouraging environment appropriate for the training of diverse individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in the residency program or a career in psychology. The program strives to ensure residents will have opportunities to learn about cultural and individual diversity as they relate to the practice of psychology and integrate into their clinical practice as psychologists. Specific goals and objectives are included in the residents' clinical learning objectives. We are an equal opportunity training program and encourage applications from all qualified individuals regardless of racial, ethnic, religious, sexual orientation, disability or other minority status.

EMPLOYMENT POLICY: In order to ensure the orderly induction of residents and to establish general guidelines for the employment relationship between Northshore Psychological Associates, its employees and residents, the following practices and policies have been established. It is the policy of Northshore Psychological Associates:

- To employ the best qualified person for each job opportunity regardless of race, creed, religion, national origin, sex, sexual orientation, age or handicap.
- To encourage promotion of current employees who demonstrate leadership skills and exceptional abilities.
- To foster individual development as directly related to the goals of the agency.
- To provide working conditions free from unnecessary hazards.

- To provide hours of labor and conditions of employment in accordance with federal, state and local regulations.
- To foster in each employee a sense of pride in the Northshore Psychological Associates and its mission to the clients it serves.

ATTENDANCE: Residents are expected to be present as scheduled, unless previously arranged and approved by their clinical supervisor and/or the director of training. Dress code is professional, and may consist of scrubs or professional attire such as slacks and shirt or sweater, or dress/skirt and blouse or sweater. On certain approved days, casual business wear may be permitted. It is the resident's responsibility to review the dress code with their supervisor or the clinical director as to what is considered appropriate dress. Completion of time sheets and pay will be coordinated through Northshore Psychological Associates. Residents are considered employees of Northshore Psychological Associates.

COMPENSATION PACKAGE: Residents will receive a benefits package including malpractice insurance, medical insurance and retirement options. The current stipend is \$ 40,000 for the initial residency year. The resident will also receive accrued time for vacation, holidays, sick care, continuing education and other uses consistent with the Post Doctoral Resident Employment Agreement. The resident is also eligible for participation in the Northshore group Health and Dental Plans as well as the 401(k) retirement plan. Once licensed, they will be considered resident psychologists and will be offered a new contract recognizing their status as licensed professionals with additional training opportunities that is then reflected in a change in the stipend, currently \$50,000.

HOLIDAYS: NPA observes the following holidays: New Year's Day, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas.

SCHEDULING TIME OFF: It is often necessary to schedule time off for family emergency issues, or other matters. Requests for time off must be coordinated with the primary supervisor.

RESEARCH TIME: Residents are expected to make either a poster presentation or oral presentation in their area of study or interest by the end of their first year of training. During the second year, residents may demonstrate continued scholarly activity by making professional presentations at state or regional seminars or by preparing a manuscript, suitable for publication, in their area of interest. This manuscript could include a literature review or a preliminary data collection in the area of the resident's interest. In addition to the clinical activities and various didactic and informal educational activities, residents are encouraged to reserve at least a half of a day per week for research activities.

PROFESSIONAL DEVELOPMENT: The residency program encourages additional training and professional development throughout the course of the residency. Residents are encouraged to attend conferences, workshops, and other educational activities, often with funding provided by the Program. Many of these activities are located in Erie and Erie County and several conferences are scheduled each year and should be incorporated into your schedule in advance. These include UPMC Neurology Conference in November, Pennsylvania Psychological

Association Ethics Educators Conference in October, and Pennsylvania Psychological Association's Annual Convention in June. Periodically, residents may express a desire to attend a workshop or training outside of the geographical area or one that reflects their specific educational goals. Residents are encouraged to apply for financial support to attend these. Requests for attendance and/ or support should be coordinated through the primary supervisor.

SEQUENCE OF TRAINING:

Baseline: As the residency is assessment heavy, incoming residents are assessed at a basic level of competence in the administration and scoring of a host of commonly used instruments, utilizing the Assessment Competency Form. Although this evaluation tool is used mostly during the early aspects of the rotation, it actually is employed on an ongoing basis throughout the residency as residents acquire additional instruments for their use.

Ongoing: First year

Assessment:

Participate jointly in assessment with supervisor, interview, testing, write up and feedback.

Receive case as assigned by primary/ secondary supervisor. Administer tests. Jointly develop report. Jointly meet for feedback

Receive case assigned, Administer tests. Develop report for review / approval. Provide feedback.

Select own cases, administer tests. Develop report for review / approval, Provide feedback.

Intervention:

Receive cases as assigned. Develop initial evaluation with supervisor. Discuss/ present cases ongoing.

Receive cases as assigned, Develop initial evaluation for review by supervisor, discuss/ present cases ongoing.

Select own cases, Develop initial evaluation for review by supervisor, discuss/ present cases ongoing.

Consultation:

Receive cases in Rehab hospital as assigned. Develop initial evaluation with supervisor. Discuss/ present cases ongoing.

Receive cases as assigned in Rehab hospital, Develop initial evaluation for review by supervisor, discuss/ present cases ongoing.

Select own cases in Rehab hospital, Develop initial evaluation for review by supervisor, discuss/ present cases ongoing.

Ongoing second year / post licensure:

Assessment:

Select own cases, administer tests. Develop report for review / approval, Provide feedback.

Fellows complete assessments with the aid of technicians (psychometricians) who complete the testing under the supervision of the fellow and a faculty neuropsychologist. Fellows receive training and experience in supervising psychometricians in neuropsychological evaluations.

Intervention:

Select own cases, Develop initial evaluation for review by supervisor, discuss/ present cases ongoing.

Consultation:

Select own cases in Rehab hospital, Develop initial evaluation for review by supervisor, discuss/ present cases ongoing.

Begin consultation in acute medical facility ½ day per week in conjunction with on-call psychologist.

Assume on call duties at medical facility ½ day per week with oversight by on call psychologist.

Assume on call duties at medical facility ½ day per week with consultation as needed by on call psychologist.

Assume increasing participation in on-call rotation.

As noted elsewhere, once licensed, Residents can be included in the on-call rotation providing these services in the medical center. This level of training / service delivery is the apex of training at Northshore where residents, supported by senior staff, provide consultative services seven days a week for such issues as competency to make medical decisions, level of cognitive injury related to trauma and coping with acute hospitalization.

RESIDENT PERFORMANCE EVALUATION AND FEEDBACK:

Resident performance is also discussed monthly among the faculty and supervisors with routine formal review of resident progress occurring with the resident on a quarterly basis utilizing the resident evaluation form (Appendix D). If a resident does not meet a rating of at least three on every element, due process will be initiated. Issues of immediate or significant concern are

addressed promptly by the clinical supervisor in the next supervision session.

Resident performance is evaluated by:

- Direct observation of clinical practice
- Direct observation of participation in meetings
- Review of clinical case documentation
- Review of psychosocial assessments
- Review of psychological and neuropsychological consultations
- Review of psychological and neuropsychological testing reports
- Evaluation of case formulation, as well as diagnostic and treatment plans
- Evaluation of adherence to ethical and professional standards throughout observation and supervisory sessions
- Evaluation of sensitivity to diversity and multicultural issues
- Evaluation of ability to interpret and apply empirical findings, and treatment strategies
- Evaluation of ability to integrate current treatment theory and methods

NORTSHORE RESIDENCY FACULTY:

Donald McAleer Psy.D ABPP. Licensed Psychologist, Board-certified in clinical psychology–American Board of Professional Psychology (ABPP). Dr. McAleer received his graduate training at Indiana University of Pennsylvania and completed his internship in Clinical Psychology and Neuropsychology at Hamot Medical Center. Dr. McAleer provides a monthly seminar on ethics and professional issues in Psychology. His clinical interests include behavioral medicine, police psychology, ethics and professional issues, and various topics in neuropsychology. He is a past president of the Pennsylvania Psychological Association.

Michael Schwabenbauer Ph.D ABPP. Licensed Psychologist. Dr. Schwabenbauer received his graduate training at United States International University and completed his post-doctoral residency in Neuropsychology at Lake Erie Institute of Rehabilitation. Dr. Schwabenbauer was the clinical director of the APA internship. He is board-certified in clinical psychology. His professional interests include neuropsychology, dementia, Parkinson’s disease, and projective techniques. Specific topics covered in supervision include post-stroke depression, bedside assessment, differential diagnosis of dementia, and psychopharmacology.

Mark Hogue Psy.D. Licensed Psychologist. Dr. Hogue is a clinical supervisor. He completed his doctoral training at Indiana University of Pennsylvania. His clinical interests include sport psychology, faith-based psychology, behavioral medicine, concussion, and sleep psychology. He is a past president of the Pennsylvania Psychological Association.

Tammy Kordes PhD. Licensed Psychologist. Dr. Kordes is a graduate of Gannon University. She is a clinical supervisor in the residency program. Her professional interests include sport psychology, dementia, traumatic brain injury, treatment of stroke, concussion and multiple sclerosis.

Robert Mailliard Psy.D. Licensed Psychologist. Dr. Mailliard is a graduate of the Philadelphia

College of Osteopathic Medicine. He provides clinical supervision and didactic training for the residency. His clinical interests include chronic disease management, cognitive, behavioral, and reality-based psychology, ADD and ADHD, and pre-bariatric psychological evaluations.

Jon Glass Ph.D., MSCP, Licensed Psychologist. Dr. Glass is a graduate of Gannon University and clinical supervisor. He received his Post-Doctoral Master's degree in Clinical Psychopharmacology from Fairleigh Dickenson University. His clinical interests include neuropsychology, sports psychology, concussion, dementia, and psychopharmacology.

Debra Gilroy Ph.D Licensed Psychologist. Dr. Gilroy completed her graduate training in Counseling Psychology from Gannon University in 2004. She completed her internship training at the Carruth Center for Counseling and Psychological Services at West Virginia University. Topics covered in supervision include learning disorders, ADHD disorders for those 12 and older, grief counseling and memory assessment.

Susan Troutner, Ph.D. Licensed Psychologist. Dr. Troutner is a graduate of Gannon University and is a supervisor in the residency. Her interests include psychopharmacology, concussion, dementia and stress related disorders. She specializes in assessment and treatment of individuals who experience a change in their cognitive and memory functioning related to dementia and neurological conditions, as well as providing post-concussive care to those who have suffered a mild traumatic brain injury. She also provides psychotherapy services to those coping with depression, anxiety, relationship issues and personal stressors.

Nykole Gonzalez-Mestres, Psy.D. Licensed Psychologist. Originally from Puerto Rico, Dr. Gonzalez earned her doctorate in Clinical Psychology from the Chicago School of Professional Psychology in Washington D.C. She has received clinical training in several outpatient mental health settings and private practices. In her postdoctoral residency, Dr. Gonzalez focused on acquiring additional training in the neuropsychological assessment, psychotherapeutic treatment, and consultation with individuals demonstrating a broad spectrum of medical and psychiatric illnesses. As a Spanish-speaking professional, she is also interested in issues related to diversity and multicultural competency in the evaluation of individuals with English as a second language.

APPENDIX A:
Structured Learning Activities

**Northshore Psychological Associates
Residency in Neuropsychology**

Calendar of Structured Learning Activities for the 2023-2024 Training Year

Activity	Day	Time	Hours
Individual Supervision	By arrangement	By arrangement	2/week
<i>Description:</i> Residents are expected to actively participate in supervision with their primary and secondary supervisors by presenting relevant cases as well as written work product and updates regarding current patients for review by the supervising psychologist.			
Neurology Lecture Series	varies	varies	4/week
<i>Description:</i> In conjunction with the Neurology Residency Program, psychology residents participate in the resident lecture series that covers the diagnosis and management of various disease states in Neurology. Case studies are discussed. Also, once monthly, the Neuropsychology resident is responsible for lecturing, presenting from a neuropsychological perspective.			
Case Conference	Varies	varies	1/week
<i>Description:</i> Hosted by a senior staff member, the conference allows for presentation of cases of either unique or pedagogical value for training/ review. Cases can be presented by residents or senior staff.			
Ethics Seminar	4 th Monday of each month	15:00-17:00	2/month
<i>Description:</i> The Ethics/ professional issues seminar occurs monthly and is led by the Director of Training. Topics include ethical case vignettes, discussion of legal/ ethical interface, journal article review / discussion and trends / challenges within the profession of Psychology.			
Didactic Seminars	Second Monday of each month	12:00 – 13:00	1/month
<i>Description:</i> Didactic Seminars are held on the second Monday of each month. Hosted by a senior staff member, seminar topics are developed collaboratively between residents and staff based on resident / staff interests, current research or clinical developments.			
Professional Development Seminar	4 th Thursday of each month	12:00-13:00	1/month

<i>Description:</i> The Monthly Professional Development Seminar, hosted by senior staff, focuses on a variety of topics such as consultation/ interface with other professions, dealing with large health systems/ insurances, running a business, personal/ professional growth, and work-life balance			
Ethics Educators Conference	October	One day	8 hours/yr
<i>Description:</i> Residents along with select staff, attend this invitation-only seminar sponsored by the Pennsylvania Psychological Assn. The seminar focuses on current topics/ issues in Ethics and Ethics education. Residents are invited/ expected to participate and offer their perspectives during this daylong seminar.			
Annual Neuroscience Conference	November	One Day	8 hours/yr
<i>Description:</i> This annual conference, sponsored by the UPMC Health system and co-lead by senior staff, discusses current topics in the diagnosis and management of various neurological disease states. Residents are expected to attend and often present on topics in their areas of interest.			
Pennsylvania Psychological Association Annual Convention	Yearly in June	4 days	32 hours/yr
<i>Description:</i> Residents receive financial support for and accompany senior staff to this annual convention. Presentations vary and are on a wide range of topical areas relevant to the practice of psychology. Residents have the opportunity to co-present with senior staff when applicable.			
Research Project	Variable	Variable	2/week
<i>Description:</i> The postdoctoral program's Research Project is a supervised, year-long project. The residents are also expected to participate in some type of research activity and/or complete a scholarly exercise during their training. Past examples include developing a workshop for presentation at a regional psychological group, authoring an article suitable for publication and developing a patient/ family handout/workbook related to coping with dementia			

**APPENDIX B:
Residency Educational Calendar**

Residency Educational Experiences / Schedule 2023-2024

NOTE: All seminars are one hour in length unless otherwise indicated.

8/14/23	Residency Onboarding Seminar (2h)	Dr. McAleer
8/15/23	Group Didactic Seminar – ECF Consultations	Dr. Troutner
8/16/23	Neuromuscular Anatomy - Neuro Grand Rounds	Dr. Todhunter
8/18/23	Epilepsy - Neuro Grand Rounds	Dr. Mayoglou
8/21/23	Professional Development Seminar- Psychology in Medical Care	Dr. Kordes
8/23/23	Assessment Seminar – Statistics/ Psychometrics	Dr. Glass
8/28/23	Multiple Sclerosis Drug Treatments - Neuro Grand Rounds	Dr. Danesh
8/28/23	Ethics and Professional Issues Seminar (2h)	Dr. McAleer
8/29/23	Movement Disorders - Neuro Grand Rounds	Dr. Nacopoulos
8/30/23	Assessment Seminar- Scoring of Rey-O	Dr. R. DeMatteis
9/6/23	Assessment Seminar – BNT use and updated scoring sheet	Dr. Gonzalez
9/8/23	Movement Disorders - Neuro Grand Rounds	Dr. Nacopoulos
9/11/23	Neuroanatomy - Neuro Grand Rounds	Dr. Duarte
9/13/23	Assessment Seminar – Woodcock-Johnson	Dr. Gilroy
9/14/23	Headache - Neuro Grand Rounds	Dr. Bellini
9/14/23	ADHD – Recent Developments - Group Didactic Seminar	Dr. Gilroy
9/15/23	General Neurology - Neuro Grand Rounds	Dr. J DeMatteis
9/18/23	Child Epilepsy - Neuro Grand Rounds	Dr. Patterson
9/21/23	Professional Relationships - Professional Development Seminar	Dr. Kordes
9/20/23	Assessment Seminar – DKEFS 1	Dr. Troutner
9/20/23	Understanding ADHD- Resident Lecture	Dr. R. DeMatteis
9/25/23	Ethics and Professional Issues Seminar (2h)	Dr. McAleer
9/27/23	Assessment Seminar – DKEFS 2	Dr. Troutner
9/29/23	Brain Aneurysms - Neuro Grand Rounds	Dr. Stone
9/29/23	Multiple Sclerosis - Neuro Grand Rounds	Dr. Grazioli
10/2/23	Stiff Person Syndrome -Neuro Grand Rounds	Dr. Pettis
10/3/23	Topic TBA - Neuro Grand Rounds	Dr. Stone
10/4/23	Assessment Seminar – PASAT	Dr. Kordes
10/6/23	Neuroanatomy - Neuro Grand Rounds	Dr. Lambert
10/9/23	Psychopharmacology - Group Didactic Seminar	Dr. Glass
10/11/23	Dementia v Pseudo-dementia- Resident Lecture	Dr. R DeMatteis
10/12/23	Epilepsy - Neuro Grand Rounds	Dr. Mayoglou
10/16/23	Headache - Neuro Grand Rounds	Dr. Bellini
10/16/23	Medical Staff Structure in Acute Care -Professional Development Seminar	Dr. Kordes
10/18/23	Assessment Seminar – Trails+ JOLO	Dr. McAleer
10/19/23	Neuroanatomy - Neuro Grand Rounds	Dr. Duarte
10/20/23	Ethics Educators Conference – PPA Seminar (6h)	Various
10/24/23	Movement Disorders - Neuro Grand Rounds	Dr. Nacopoulos
10/25/23	Multiple Sclerosis – Neuro Grand Rounds	Dr. Grazioli
10/30/23	Ethics and Professional Issues Seminar (2h)	Dr. McAleer
10/30/23	Leukodystrophy - Neuro Grand Rounds	Dr. Todhunter
10/31/23	Neuroanatomy - Neuro Grand Rounds	Dr. Carvajal
11/1/23	Neuroanatomy - Neuro Grand Rounds	Dr. Quinlan
11/2/23	PD Progression - Neuro Grand Rounds	Dr. Nacopoulos
11/8/23	Headache – Neuro Grand Rounds	Dr. Bellini

11/10/23	Differential Diagnosis - Neuro Grand Rounds	Dr. Esper
11/13/23	CTE- Group Didactic Seminar	Dr. Kordes
11/15/23	The Frontal Lobes – Group Didactic Seminar	Dr. Gonzalez
11/20/23	The Cortex- Neuro Grand Rounds	Dr. Mayoglou
11/20/23	Strategies for Consultation- Professional Development Seminar	Dr. Kordes
11/21/23	Vision and TBI - Neuro Grand Rounds	Dr. Villella
11/27/23	Ethics and Professional Issues Seminar (2h)	Dr. McAleer
12/1/23	Neuroanatomy - Neuro Grand Rounds	Dr. Lambert
12/11/23	Bariatric Consultation - Group Didactic Seminar	Dr. Mailliard
12/11/23	Headache - Neuro Grand Rounds	Dr. Bellini
12/13/23	Neuropsychiatry – Resident Lecture	Dr. Burns
12/14/23	Neurophysiology - Neuro Grand Rounds	Dr. Smith
12/18/23	Neuroanatomy - Neuro Grand Rounds	Dr. Duarte
12/18/23	Managing Peer Relationships – Professional Development Seminar	Dr. Kordes
12/20/23	Neuroanatomy - Neuro Grand Rounds	Dr. Kulesma
12/27/23	Movement Disorders - Neuro Grand Rounds	Dr. Nacopoulos

2024		
1/3/24	Neuroanatomy - Neuro Grand Rounds	Dr. Lambert
1/4/24	Vestibular Therapy - Neuro Grand Rounds	Dr. Kingston
1/5/24	Epilepsy - Neuro Grand Rounds	Dr. Mayoglou
1/8/24	Headache – Neuro Grand Rounds	Dr. Bellini
1/8/24	Geriatric Psychopharmacology in Nursing Homes – Group Didactic Seminar	Dr. Kordes
1/9/24	Neurology – Neuro Grand Rounds	Dr. J. DeMatteis
1/10/24	Components of Neuropsychological Exams – Resident Lecture	Dr. Burns
1/21/24	Navigating Legal Cases/ Trials – Ethics and Prof Issues Seminar (2h)	Dr. McAleer
1/24/24	Multiple Sclerosis - Neuro Grand Rounds	Dr. Grazioli
1/25/24	Gaining Confidence & Self Advocacy – Professional Development Seminar	Dr. Kordes
1/29/24	Parkinson’s Plus – Neuro Grand Rounds	Dr. Horlick
2/5/24	Epilepsy - Neuro Grand Rounds	Dr. Mayoglou
2/6/24	Neuroanatomy - Neuro Grand Rounds	Dr. Duarte
2/12/24	Psychopharmacology - Group Didactic Seminar	Dr. Glass
2/13/24	Pediatric Neurology – Neuro Grand Rounds	Dr. Baboo
2/14/24	Substance use disorders and associated cognitive decline – Resident Lecture	Dr. R. DeMatteis
2/19/24	Headache - Neuro Grand Rounds	Dr. Bellini
2/21/24	Multiple Sclerosis - Neuro Grand Rounds	Dr. Grazioli
2/19/24	EPPP Preparation – Professional Development Seminar	Dr. Kordes
2/23/24	Neuroanatomy - Neuro Grand Rounds	Dr. Lambert
2/26/24	Boundaries in Clinical Practice – Ethics and Prof Issues Seminar (2h)	Dr. McAleer
2/27/24	Procedural treatment for movement disorders - Neuro Grand Rounds	Dr. Nacopoulos
3/4/24	Neuroanatomy - Neuro Grand Rounds	Dr. Lambert
3/11/24	Capacity Evaluations - Group Didactic Seminar	Dr. Troutner
3/11/24	Headache – Neuro Grand Rounds	Dr. Bellini
3/13/24	Thinking like a neurologist - Neuro Grand Rounds	Dr. J. DeMatteis
3/14/24	External factors which impact cognitive functioning – Resident Lecture	Dr. Burns
3/25/24	Ethical Case Analyses – Ethics and Prof Issues Seminar (2h)	Dr. McAleer
3/22/24	Multiple Sclerosis - Neuro Grand Rounds	Dr. Grazioli
3/18/24	Running a Private Practice – Professional Development Seminar	Dr. Kordes
4/4/24	Inpatient Neurology - Neuro Grand Rounds	Dr. Kinem
4/8/24	ADHD Self Report Measures - Group Didactic Seminar	Dr. Gilroy
4/10/24	Parkinson’s Psychosis - Neuro Grand Rounds	Dr. Nacopoulos
4/15/24	Headache – Neuro Grand Rounds	De. Bellini
4/17/24	Conversion Disorders – Resident Lecture	Dr. R. DeMatteis

4/19/24	Topics in Neurology - Neuro Grand Rounds	Dr. J. DeMatteis
4/29/24	Integrated Care Models – Ethics and Professional Issues Seminar (2h)	Dr. McAleer
4/25/24	Multiple Sclerosis – Neuro Grand Rounds	Dr. Grazioli
4/26/24	Neuroanatomy - Neuro Grand Rounds	Dr. Lambert
4/22/24	Strategies for Consultation – Professional Development Seminar	Dr. Kordes
5/1/24	Multiple Sclerosis Pt. 1 –Neuro Grand Rounds	Dr. Baboo
5/2/24	Neuroanatomy – Neuro Grand Rounds	Dr. Lambert
5/3/24	Multiple Sclerosis Pt. 2 –Neuro Grand Rounds	Dr. Baboo
5/6/24	A Case of Self Defense / Legal consultation work - Group Didactic Seminar	Dr. McAleer
5/9/24	Cardio-embolic Stroke – Neuro Grand Rounds	Dr. Phinney
5/13/24	Headache – Neuro Grand Rounds	Dr. Bellini
5/14/24	Neuro-rehab – Neuro Grand Rounds	Dr. Blackburn
5/15/24	Ethical Issues in Neuropsych Assessment – Resident Lecture	Dr. Burns
5/16/24	Eye Movement with Lesion Location - Neuro Grand Rounds	Dr. J. DeMatteis
5/20/24	Legal Case review, Ethical Cases discussion – Ethics and Prof Issues Seminar (2h)	Dr. McAleer
5/22/24	Dementia Dx. And Management - Neuro Grand Rounds	Dr. Nacoupoulos
5/22/24	Multiple Sclerosis Pt. 3 - Neuro Grand Rounds	Dr. Baboo
5/23/24	Time management and self-care – Professional Development Seminar	Dr. Kordes
5/23/24	Neurophysiology - Neuro Grand Rounds	Dr. Smith
5/29/24	Police and Firearm Evaluation – PPA Webinar	Drs McAleer and Small
5/31/24	Sleep Disorders - Neuro Grand Rounds	Dr. Grazioli
6/3/24	Neurophysiology - Neuro Grand Rounds	Dr. Smith
6/11/24	Neurology Topics- Neuro Grand Rounds	Dr. DeMatteis
6/10/24	Health Behavior Management - Group Didactic Seminar	Dr. Mailliard
6/12-15/2024	PPA Convention (3.5 days)	Various
6/17/24	Headache- Neuro Grand Rounds	Dr. Bellini
6/17/24	Professional Organizations - Professional Development Seminar	Dr. Kordes
6/24/24	Epilepsy- Neuro Grand Rounds	Dr. Mayoglou
6/25/24	Movement Disorders - Neuro Grand Rounds	Dr. Nacopoulos
6/26/24	Multiple Sclerosis - Neuro Grand Rounds	Dr. Grazioli
6/27/24	Parkinson’s Dementia vs Lewy Body Dementia – Resident LECTure	Dr. R. DeMatteis
6/30/24	Neuroanatomy - Neuro Grand Rounds	Dr. Lambert
7/8/24	Multiple Sclerosis - Neuro Grand Rounds	Dr. Baboo
7/9/24	General Neurological Exam - Neuro Grand Rounds	Dr. Todhunter
7/10/24	Mechanisms of TBI - Group Didactic Seminar	Dr. Schwabenbauer
7/11/24	Myasthenia Gravis- Neuro Grand Rounds	Dr. Esper
7/15/24	Intro to Headache- Neuro Grand Rounds	Dr. Bellini
7/15/24	Work Life Balance - Professional Development Seminar	Dr. Kordes
7/18/24	Intro to EEG- Neuro Grand Rounds	Dr. Mayoglou
7/22/24	Alzheimer’s Diagnosis- Neuro Grand Rounds	Dr. R. DeMatteis
7/29/24	Ethics and Professional Issues Seminar (2h)	Dr. McAleer
7/30/24	Differential Diagnoses - Neuro Grand Rounds	Dr. Esper

APPENDIX C:
Clinical Competencies/Goals/Objectives

CLINICAL COMPETENCIES/ GOALS/ OBJECTIVES:

The program expects residents to master established clinical competencies by the conclusion of the program. These competencies reflect the basic performance necessary to function as a psychologist in a clinical setting. The primary supervisor completes assessment of progress quarterly.

Competencies:

1. Integration of Science and Practice: Residents are expected to demonstrate an understanding of the synergistic effect of science on practice and practice on science.

Objective 1. Demonstrates the ability to independently critically evaluate and apply scholarly materials and research to clinical work.

Objective 2. Integrates knowledge of foundational and current research consistent with clinical work in the conduct of their professional role.

Objective 3. Demonstrates knowledge of common research methodologies used in the study of clinical psychology and implications of the use of the methodologies for practice.

Objective 4. Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided and the clinic setting.

Objective 5. Demonstrates the ability to and disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.

2. Ethical and legal standards: Residents will be knowledgeable of the ethical, legal and regulatory standards governing the professional practice of psychology and conduct themselves ethically in all professional activities.

Objective 1. Knows and adheres to APA Ethical Principles of Psychologists and Code of Conduct and applicable state and federal law.

Objective 2. Understands ethical principles and professional/legal duties that pertain to cases that involve complicated roles and responsibilities.

Objective 3. Recognizes ethical dilemmas and applies ethical decision making to resolve those dilemmas.

Objective 4. Seeks consultation from appropriate professional resources when clarification and assistance are needed to determine appropriate course of action.

3. Intercultural effectiveness: Residents will develop the ability to conduct all professional activity with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population.

Objective 1. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

Objective 2. Demonstrates an awareness of the variables including power dynamics, that affect culture and identity and how those intersect to affect client functioning.

Objective 3. Engages with clients in a way that shows sensitivity and respect for identity and cultural differences and the context in which the client lives.

Objective 4. Demonstrates skill in discussing with clients the nature of both the client's and the clinician's identity differences and how those influence the therapeutic relationship.

Objective 5. Applies sensitivity and humility in addressing dimensions of diversity in all facets of professional work.

Objective 6. Demonstrates knowledge and skill in addressing dimensions of diversity in all facets of professional work. This includes the ability to apply a framework for working effectively with forms of diversity not previously encountered.

4: Professional Values and attitudes: Residents are expected to demonstrate professional integrity and the evolution of an identity as a Neuropsychologist.

Objective 1. Knows and adheres to both Northshore Psychological Associates and host facility's policies and guidelines.

Objective 2. Meets professional obligations and supports site functioning by making reasonable efforts in assigned tasks.

Objective 3. Completes professional documentation in a timely manner.

Objective 4. Prepares for supervision.

Objective 5. Demonstrates self-reflection, an openness to life long learning, and an awareness of personal and professional strengths and limitations.

Objective 6. Demonstrates awareness of and ability to discuss personal emotional functioning as it affects performance of duties.

Objective 7. Able to receive corrective feedback, apply it and modify behavior accordingly.

Objective 8. Appropriately manages personal stress and emotions in a way that job

performance is not unduly affected.

Objective 9. Demonstrates awareness of personal impact on co-workers, other professionals, and clients, and alters behavior and presentation appropriately (e.g., language, dress, conduct).

Objective 10. Demonstrates an emerging professional identity consistent with the specialty of Clinical Neuropsychology.

5: Communication and Interpersonal Skills: Residents will demonstrate effective oral and written communication skills in the context of an effective professional relationship.

Objective 1. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Objective 2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate an effective grasp of professional language and concepts.

Objective 3. Develops and maintains effective relationships with a wide range of individuals, including colleagues, supervisors, supervisees, and those receiving professional services.

Objective 4. Develops and maintains effective relationships with a wide range of individuals, including community members and organizations.

6: Assessment: Residents will demonstrate effective problem conceptualization leading to a cogent assessment and proper diagnostic classification.

Objective 1. Provides rationale and sufficient data from multiple sources including record review, clinical interview, behavioral observation and neuropsychological assessment for conceptualization and diagnosis.

Objective 2. Conceptualizes cases grounded in psychological theory, evidence based practices, and an understanding of the client's context.

Objective 3. Demonstrates flexibility in modifying conceptualization based on client responsiveness to interventions and functioning.

Objective 4. Demonstrates ability to administer and score psychological and neuropsychological measures appropriately.

Objective 5. Demonstrates effective integration of test data with other information (clinical interview/review of other records).

Objective 6. Organizes and writes clear, well supported intake reports, progress notes,

evaluation reports, and other documentation that communicates information effectively to the intended audience.

Objective 7. Demonstrates a working knowledge of ICD 10 / DSM V criteria.

Objective 8. Demonstrates knowledge of biological / psychiatric issues and appropriately refers for psychiatric and other medical assessment.

7: Intervention: Residents demonstrate the application of scientifically supported behavioral change methods.

A) Psychotherapeutic alliance and intervention:

Objective 1. Listens carefully and reflects accurately what the client communicates.

Objective 2. Shows sensitivity to emotional tone and client concerns.

Objective 3. Is physically and emotionally present with client.

Objective 4. Establishes appropriate therapeutic boundaries and therapeutic framework.

Objective 5. Sets and implements appropriate goals with client.

Objective 6. Demonstrates awareness of underlying issues, reflecting how neurobehavioral disorders and sociocultural factors can affect the application of these interventions.

Objective 7. Makes interventions in response to client's reactions (goal – corrected attunement).

Objective 8. Effectively utilizes cognitive interventions (e.g., framing, normalizing, etc.)

Objective 9. Recognizes client somatic information and directs interventions toward somatic awareness and regulation.

Objective 10. Shows awareness of own thoughts and feelings (including countertransference).

Objective 11. Demonstrates skill in dealing with relationship issues (e.g., ruptures, transference).

Objective 12. Challenges and provides feedback when useful.

Objective 13. Integrates theory and practice.

Objective 14. Utilizes outcome and process data to inform therapy.

Objective 15. Handles termination process appropriately.

B) Crisis Intervention (as appropriate):

Objective 16. Appropriately evaluates the client's level of distress and functioning.

Objective 17. Assess risk effectively (e.g., self-harm, suicidality, homicidally, substance use).

Objective 18. Provides appropriate level of intervention including grounding, stabilization, and other interventions as needed (e.g., referral to crisis services).

Objective 19. Effectively utilizes appropriate resources to ensure safety.

8: Consultation and inter-professional / interdisciplinary skills: Residents demonstrate an appreciation for and the utility of the perspectives of other professions.

Objective 1. Demonstrates knowledge of and respect for the roles and perspectives of other professions.

Objective 2. Identifies consultee and object of consultation appropriately.

Objective 3. Clarifies consultee's presenting concerns.

Objective 4. Responds effectively to both content and relational issues in consultation.

Objective 5. Identifies appropriate resources and communicates these effectively to consultee and referral source.

Objective 6. Follows up on consultation as necessary and appropriately documents consultation.

Secondary Competencies

A specific level of competence is not required on Secondary Competencies to successfully complete the residency, as residents do not always have the opportunity to provide services that would allow them to develop a particular skill in these areas. As available, residents will receive training and feedback in developing competencies in the following areas.

9: Outreach and collaboration: Residents will make the most of opportunities for collaboration and outreach.

Objective 1. Develops original or updated programs and workshops.

Objective 2. Demonstrates competency in program delivery (e.g., assesses need accurately, prepares appropriately, delivers high-quality program, etc.).

- Objective 3.** Demonstrates professional public speaking skills.
- Objective 4.** Participates in program delivery and outreach related activities.
- Objective 5.** Maintains and reports data regarding individual programming activities and outcomes.
- Objective 6.** Makes contact with and establishes relationships with collaboration sites.
- Objective 7.** Informs and involves Residency staff about collaboration opportunities and/or challenges.
- Objective 8.** Understands organization structure, limitations/abilities, and the needs of the collaborator.

10: Teaching/ Mentoring/ Supervision: Residents will effectively represent the practice of Clinical Neuropsychology through opportunities for teaching, mentoring or supervision.

- Objective 1.** Is open to opportunities for extending their expertise to the growth/ training of others.
- Objective 2.** Teach/ mentor/ supervise others by accurately and effectively presenting information related to clinical neuropsychology.

APPENDIX D:
Resident Evaluation Form

NORTSHORE PSYCHOLOGICAL ASSOCIATES
EVALUATION OF POST DOCTORAL FELLOW

DATE: _____

Name of Postdoctoral Fellow:

Name of Supervisor:

Rotation:

Start of Rotation

Mid- Rotation

End of Rotation

Supervisory Contact

List the area(s) of focus of supervision (ex. individual psychotherapy, group psychotherapy, consultation, assessment, etc.)

Methods of Supervision and Evaluation (check those used):

_____ Audio Recording

_____ Video Recording

_____ Discussion

_____ Live Observation

_____ Co-Therapy

_____ Role Playing

_____ Seminar

_____ Other

Postdoctoral Fellow Evaluation & Minimum Level of Achievement

Profession Wide Competencies

Postdoctoral Fellows are evaluated on Profession Wide Competencies required under the APA Standards of Accreditation. Evaluation is based on a Postdoctoral Fellow's ability to demonstrate or provide each element (i.e., knowledge, awareness, or skill) that comprises each Competency. Our Postdoctoral Fellow Evaluation Scale is Postdoctoral Fellowship oriented rather than whole-career oriented. It is structured developmentally, and the criteria used to determine the rating level on each element are effectiveness, extent of integration of element into Postdoctoral Fellow's practice, and the degree to which the Postdoctoral Fellow can function independently.

In order to successfully complete Postdoctoral Fellowship, Postdoctoral Fellows must obtain a minimum level of achievement rating of four (4) on all elements of the Profession Wide Competencies.

Secondary Competencies

A specific level of competence is not required on Secondary Competencies to successfully complete Postdoctoral Fellowship. Postdoctoral Fellows do not always have opportunities to provide services that would allow them to develop skill in nor do they always arrive at Postdoctoral Fellowship with training in these competencies. Secondary Competencies are important to our work at the Northshore Psychological Associates. When asked to engage in activities in which they can develop skill in such competencies, Postdoctoral Fellows are expected to make a good faith effort to do so. Postdoctoral Fellows will receive support, training, and feedback in developing competencies in these objectives. Such effort is evaluated as an element in Competency IV: Professional Values and Standards.

Evaluation Scale

Level 5 — Proficient: The Postdoctoral Fellow has a well-established competence in the element (knowledge, awareness, or skill) being evaluated. The use of the element is consistently incorporated into the Postdoctoral Fellow's work as an emerging psychologist and is evident in their daily professional practice. Postdoctoral Fellow is able to reflect on their experience of the element and knows when to consult. The Postdoctoral Fellow functions in this element at a level that could allow them to work independently. This level characterizes the competency of an experienced post-doctoral resident.

Level 4 — Competent: The Postdoctoral Fellow is aware of the element and frequently applies it in their work without need for assistance. The Postdoctoral Fellow seeks greater learning about and understanding of the element as a form of ongoing development. Supervision focuses on further refining and developing advanced performance of this element. Postdoctoral Fellow is ready for post-residency supervised experience.

Level 3 — Maturing Competence: The Postdoctoral Fellow is aware of the element and can utilize this awareness to inform their work in the Postdoctoral Fellowship setting, though the Postdoctoral Fellow may still need assistance didactically or experientially in order to regularly utilize the element in their direct service. The application of learning to practice may be inconsistent. Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Postdoctoral Fellow is ready for post-doctoral supervised experience and will need further attention on this element to be able to fully function independently.

Level 2 — Emerging Competence: The Postdoctoral Fellow has a basic foundation in the element and moves toward acquiring competence in it. The Postdoctoral Fellow may have cognitive understanding or experiential skill with the element, but those may not be well integrated. Significant supervision and monitoring are required to support the skill level needed for competence in professional entry level practice.

Level 1 — Insufficient Competence: The Postdoctoral Fellow does not understand or is unable to effectively demonstrate the element that is expected at this time in the training experience OR the Postdoctoral Fellow exhibits behaviors indicating lack of readiness for the work that will be required in the Postdoctoral Fellowship setting. A doctoral Postdoctoral Fellow evaluated at this level will require immediate augmented supervision or structured training opportunities. No confidence in ability to functioning independently at this time.

N/O Not Observable/ Applicable

NOTE: If a resident does not the meet a rating **of at least 3** on every element, due process will be initiated.

PROFESSION WIDE COMPETENCIES

I. INTEGRATION OF SCIENCE AND PRACTICE

- _____ 1. Demonstrates the ability to independently critically evaluate and apply scholarly materials and research to clinical work.
- _____ 2. Integrates knowledge of foundational and current research consistent with clinical work in the conduct of their professional role.
- _____ 3. Demonstrates knowledge of common research methodologies used in the study of clinical psychology and implications of the use of the methodologies for practice.
- _____ 4. Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided and the clinic setting.
- _____ 5. Demonstrates the ability to and disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.

II. ETHICAL AND LEGAL STANDARDS

- _____ 1. Knows and adheres to APA Ethical Principles of Psychologists and Code of Conduct and applicable state and federal law
- _____ 2. Understands ethical principles and professional/legal duties that pertain to cases that involve complicated roles and responsibilities.
- _____ 3. Recognizes ethical dilemmas and applies ethical decision-making to resolve those dilemmas
- _____ 4. Seeks consultation from appropriate professional resources when clarification and assistance are needed to determine appropriate course of action

III. INTERCULTURAL EFFECTIVENESS

We define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. These categories apply to all the elements listed below when refer to identity, culture, or diversity. It is expected that Postdoctoral Fellows apply their knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity to all these elements.

- _____ 1. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- _____ 2. Demonstrates an awareness of the variables including power dynamics, that affect culture and identity and how those intersect to affect client functioning
- _____ 3. Engages with clients in a way that shows sensitivity and respect for identity and cultural differences and the context in which the client lives.
- _____ 4. Demonstrates skill in discussing with clients the nature of both the client's and the clinician's identity differences and how those influence the therapeutic relationship
- _____ 5. Applies sensitivity and humility in addressing dimensions of diversity in all facets of professional work
- _____ 6. Demonstrates knowledge and skill in addressing dimensions of diversity in all facets of professional work. This includes the ability to apply a framework for working effectively with forms of diversity not previously encountered

IV. PROFESSIONAL VALUES AND ATTITUDES

- _____ 1. Knows and adheres to Northshore Psychological Associates policy and guidelines
- _____ 2. Meets professional obligations and supports site functioning by making reasonable efforts in assigned tasks
- _____ 3. Completes professional documentation in a timely manner
- _____ 4. Prepares for supervision
- _____ 5. Demonstrates self-reflection, an openness to learning, and an awareness of personal and professional strengths and limitations

- _____6. Demonstrates awareness of and ability to discuss personal emotional functioning as it affects performance of duties
- _____7. Able to receive corrective feedback, apply it and modify behavior accordingly
- _____8. Appropriately manages personal stress and emotions in a way that job performance is not unduly affected
- _____9. Demonstrates awareness of personal impact on co-workers, other professionals, and clients, and alters behavior and presentation appropriately (e.g., language, dress, conduct)
- _____ 10. Demonstrates an ability to take up authority appropriate to the role, goal, and context of professional activities

V. COMMUNICATION AND INTERPERSONAL SKILLS

- _____ 1. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
- _____2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate an effective grasp of professional language and concepts
- _____3. Develops and maintains effective relationships with a wide range of individuals, including colleagues, supervisors, supervisees, and those receiving professional services
- _____4. Develops and maintains effective relationships with a wide range of individuals, including community members and organizations

VI. ASSESSMENT

- _____ 1. Provides rationale and sufficient data from multiple sources for conceptualization and diagnosis
- _____2. Conceptualizes cases grounded in psychological theory, evidence-based practices, and an understanding of the client's context
- _____3. Demonstrates flexibility in modifying conceptualization based on client responsiveness to interventions and client functioning
- _____4. Demonstrates ability to administer and score psychological and neuropsychological measures appropriately
- _____5. Demonstrates effective integration of test data with other information (clinical interview / review of other records)
- _____6. Organizes and writes clear, well-supported intake reports, progress notes, evaluation reports, and other documentation that communicates information effectively to the intended audience
- _____7. Demonstrates a working knowledge of ICD 10 / DSM-V criteria
- _____8. Demonstrates knowledge of biological / psychiatric issues and appropriately refers for psychiatric or other medical assessment

VII. INTERVENTION

Psychotherapeutic Alliance and Intervention

- _____1. Listens carefully and reflects accurately what the client communicates
- _____2. Shows sensitivity to emotional tone and client concerns
- _____3. Is physically and emotionally present with the client
- _____4. Establishes appropriate therapeutic boundaries and therapeutic framework
- _____5. Sets and implements appropriate goals with the client
- _____6. Demonstrates awareness of underlying issues and directs interventions to these issues
- _____7. Makes interventions in response to client's reactions (goal-corrected attunement)
- _____8. Effectively utilizes cognitive interventions (e.g., framing, normalizing, etc.)
- _____9. Recognizes client somatic information and directs interventions toward somatic awareness and regulation
- _____10. Shows awareness of own thoughts and feeling (including countertransference)
- _____11. Demonstrates skill in dealing with relationship issues (e.g., ruptures, transference)
- _____12. Challenges and provides feedback when useful
- _____13. Integrates theory and practice
- _____14. Utilizes outcome and process data to inform therapy
- _____15. Handles termination process appropriately

Crisis Intervention

- _____16. Appropriately evaluates client's level of distress and functioning
- _____17. Assesses risk effectively (e.g., self-harm, suicidality, homicidally, substance use)
- _____18. Provides appropriate level of intervention including grounding, stabilization, and other interventions as needed (e.g., referral to crisis services)
- _____19. Effectively utilizes appropriate resources to ensure safety

VIII. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

- _____1. Demonstrates knowledge of and respect for the roles and perspectives of other professions
- _____2. Identifies consultee and object of consultation appropriately
- _____3. Clarifies consultee's presenting concerns
- _____4. Responds effectively to both content and relational issues in consultation
- _____5. Identifies appropriate resources and communicates these effectively to consultee and referral source
- _____6. Follows up on consultation as necessary and appropriately documents consultation

SECONDARY COMPETENCIES

IX. OUTREACH AND COLLABORATION

- _____1. Develops original or updated programs & workshops

- _____2. Demonstrates competency in program delivery (e.g., assesses need accurately, prepares appropriately, delivers high-quality program, etc.)
- _____3. Demonstrates professional public speaking skills
- _____4. Participates in program delivery and outreach-related activities
- _____5. Maintains & reports data regarding individual programming activities and outcomes
- _____6. Makes contact with and establishes relationships with collaboration sites
- _____7. Informs and involves Northshore Psychological Associates staff about collaboration opportunities and/or challenges
- _____8. Understands organization structure, limitations/abilities, and needs of the collaborator

X. TEACHING/ MENTORING/ SUPERVISION:

- _____1. Is open to opportunities for extending their expertise to the growth/ training of others.
- _____2. Teach/ mentor/ supervise others by accurately and effectively presenting information related to clinical neuropsychology.

EVALUATION SUMMARY

Global Evaluation of Postdoctoral Fellow

1. General Comments

2. Strengths

3. Areas for Development

4. Progress of Postdoctoral Fellow through Semester

Recommendations for Future Training (Areas of development and /or including remediation)

Reservations (Areas requiring significant attention)

Signatures:

Postdoctoral Fellow: _____ Date: _____

Supervisor: _____ Date: _____

Supervisor: _____ Date: _____

Director of Training: _____ Date: _____

APPENDIX E:
Evaluation of Supervisor Form

**Northshore Psychological Residency
Evaluation of Supervisor**

Supervisor's Name: _____

Date: _____

Resident's Name: _____

Please complete this questionnaire evaluating supervisor's skill and performance using the following rating scale:

- (5) *Outstanding*
- (4) *Very Good*
- (3) *Average*
- (2) *Fair*
- (1) *Poor*
- NA *Not Applicable*

PROCEDURE, FORMAT, EFFORT

1. Used supervision time productively	1	2	3	4	5	NA
2. Knowledge of policies, procedures and requirements	1	2	3	4	5	NA
3. Kept regular appointments	1	2	3	4	5	NA
4. Maintained accessibility for questions and discussions	1	2	3	4	5	NA
5. Set clear supervision objectives and responsibilities	1	2	3	4	5	NA
6. Provided feedback on professional performance and development	1	2	3	4	5	NA
7. Maintained reasonable expectations for resident's development throughout the program	1	2	3	4	5	NA

ASSESSMENT/CLINICAL SKILLS

1. Assisted in conceptualizing and clarification of client issues	1	2	3	4	5	NA
2. Assisted in development of concrete short/long term goals	1	2	3	4	5	NA
3. Assisted in selection of appropriate assessment/intervention strategies	1	2	3	4	5	NA
4. Recommended appropriate readings and other resources	1	2	3	4	5	NA

5.	Provided guidance in development of professional relationships	1	2	3	4	5	NA
6.	Provided guidance in development of adequate skills to generate meaningful reports and case notes	1	2	3	4	5	NA
7.	Provided guidance in development of adequate skills to evaluate treatment outcomes	1	2	3	4	5	NA
8.	Provided assistance in learning referral and termination procedures	1	2	3	4	5	NA

SUPERVISORY RELATIONSHIP

1.	Created environment offering freedom to make mistakes	1	2	3	4	5	NA
2.	Provided ongoing feedback	1	2	3	4	5	NA
3.	Challenged resident to expand counseling/therapy skills	1	2	3	4	5	NA
4.	Respected resident as an emerging professional	1	2	3	4	5	NA
5.	Exhibited commitment to resident's training	1	2	3	4	5	NA
6.	Exhibited characteristics of an excellent role model	1	2	3	4	5	NA
7.	Accurately conceptualized resident's strengths and developmental needs as an emerging psychologist	1	2	3	4	5	NA
8.	Communicated evaluation of resident's skills in a direct manner	1	2	3	4	5	NA

GENERAL COMMENTS

1. What did you most enjoy about the supervision you received?
2. What did you least enjoy about the supervision you received?
3. What suggestions do you have for further improving supervision?

APPENDIX F:
Supervision Documentation Form

NORTSHORE PSYCHOLOGICAL RESIDENCY
Supervision Record

Resident(s): _____ Supervisor: _____

Date: _____ Length of supervision: _____ Individual / Group

- Case Presentation: _____
- Journal Article Review: _____
- Didactic/Seminar: _____
- Assessment Measures/Scoring/Interpretation: _____
- Literature Discussion: _____
- Theory: _____
- Therapy
- Ethics
- Cultural Competence
- Professional Development
- _____
- _____
- _____

Comments/Follow-up actions: _____

Resident(s) _____ Supervisor

APPENDIX G
Post Residency Survey

NORTHSHORE PSYCHOLOGICAL RESIDENCY
Post-Residency Survey

Northshore is committed to the continued growth and improvement of the training we offer through the residency program. Feedback from previous residents is vital in this process. Please respond to the following questions to help us to ensure the best quality of training for future residents. Thank you in advance for your time and effort.

Name: _____

Residency Year: _____

1. Please indicate your current professional standing (Licensed Psychologist, ABPP etc.)

_____.

2. Please indicate your current place of employment _____.

3. Please indicate the what you believe to be the strengths of the Residency

4. Please indicate the areas that you believe to be a weakness of the Residency

_____.

5. In general, do you believe the training you obtained through this residency adequately prepared you for your career (yes or no and what area was insufficient for you) _____

6. In particular, please comment on the cultural diversity experience you gained through the residency and how well it prepared you for clinical practice

APPENDIX H: DUE PROCESS POLICY:

It is the policy of the Northshore Psychological Residency Program to respond to performance problems of residents in a timely manner according to the procedure below.

RIGHTS AND RESPONSIBILITIES:

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

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

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

PROCEDURE:

1. Any questions or concerns about resident performance in meeting competencies should be presented either verbally or in writing to the respective clinical supervisor. Examples of such concerns may include chronic errors in test administration or scoring, chronic tardiness of reports or failure to follow through with assigned tasks. The clinical supervisor has the discretion to request additional meetings with the person or persons submitting the concern to gather additional information.
2. Due process will automatically be initiated if the resident falls below a rating of 3 on any measure of competency during a mid year evaluation.
3. If the behavior is determined to be that of a serious ethical or legal nature, the clinical supervisor will consult with the Director of Training and a formal hearing will be scheduled.

4. The clinical supervisor will initially convene a meeting with the resident in an attempt to informally resolve the problem. This will include:
 - a) Discuss the questions or concerns about performances that were raised.
 - b) Determine the level of severity of the performance concerns.
 - c) Determine if a formal hearing regarding performance correction is required.
 - d) If the supervisor and resident agree that an informal correction can be made, a written summary of the issue and agreed upon plan will be entered into the resident's professional file. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.
5. If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a resident receives a rating below a "3" on any competency on a supervisory evaluation, the following process is initiated:
6. If a formal hearing is required, the resident will be given **written notice** of a pending hearing by the hearing committee as well as the nature of the concern.
7. Within 10 working days, **a formal hearing** will occur. The Hearing committee will be composed of the clinical supervisor, and the Director of Training. At this hearing, concerns regarding the resident performance will be presented and discussed. Input from relevant others such as faculty or other residents will be presented as appropriate. The implementation of a corrective action plan will represent a probationary status for the fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the Hearing committee as below.
8. At the time of the hearing, if it is determined that the behavior warrants a corrective action plan, within 7 working days the Hearing Committee, in conjunction with the resident, will develop a measurable corrective plan of action that will consist of:
 - a) A written description of the specific performance concern.
 - b) A manner in which to quantify or measure the performance concern.
 - c) Specific requirements delineated to allow the resident an opportunity to correct their performance (re-training, taped therapy sessions with review, test review and practice, ethics reading/review/discussion with clinical supervisor).
 - d) A manner in which to quantify or measure improvement in the resident's performance (certification of training received, number of tapes recorded and reviewed, hours of productivity, number of practice test administrations).
 - e) A time frame in which the resident is to improve their identified area of performance.
 - f) This documentation will become a part of the resident's professional file.
9. If the resident successfully remediates concerning behaviors and deficits, notation will be made by the training director in their professional file. If remediation is unsuccessful within the time frame allotted, alternate actions may be implemented that include:

- a) Continuation of the probation/ remediation with a revised time frame
- b) Suspension, which would include removing the resident from all direct clinical service for a specified period of time, during which the program may support the resident in obtaining additional didactic training, close mentorship, or other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the resident's supervisor and the Director of training. The resident will be provided with a written suspension plan detailing the nature of the problem, the specific actions to be taken for remediation, the time frame for remediation and how the remediation will be assessed.

- i) At the end of this suspension, the Director of Training will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the resident on a probationary status with a Remediation Plan. This statement will become part of the resident's permanent file.

- c) Termination from the Residency. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the resident's placement within the fellowship program may be terminated. The decision to terminate a resident's position would be made by the Hearing Committee and the managing partner of Northshore Psychological Associates and would represent a discharge of the resident from every aspect of the training program. The Hearing Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during a meeting of the partners of Northshore Psychological Associates. The Director of training may decide to suspend a resident's clinical activities during this period prior to a final decision being made, if warranted.

- i) The Director of Training will evaluate the need to make contact (oral and / or written) with the respective professional body (i.e. APA, APPIC) with which the resident is registered.

10. Appeal of the Committee's decision:

Appeal by the resident:

The resident may request a review of the Committee's decision by submitting to the Committee in writing, within 5 days of that decision, a request of appeal of the decision, including the reasons they disagree with the Committee's decision on the complaint.

Committee's Response to the Appeal:

- a) The Committee, for the purpose of review of resident's appeal, will consist of 2 Clinical Supervisors, who are not the student's direct supervisors and the NPA managing partner. This Committee will review any additional information submitted since the outset of the hearing.
- b) The Committee may or may not conduct additional investigation, may or may not

direct the original committee to re-evaluate all pertinent information.

- c) Within 14 days of the conclusion of its review, the Committee then may take one or more of the following actions on the appeal:
 - i. It may uphold, over turn or modify its original decision and will communicate in writing this decision to the complainant and the alleged violator.
 - ii. It may authorize a challenge to its original decision by
 - a) Authorizing a filing of a new complaint, waiving the time limits, as necessary, or
 - b) Inviting the resident and the complainant to attend one of its regularly scheduled meetings to present their cases.
 - c) The Hearing Committee then will make the final written determination on the case and will communicate (in writing) the results to all parties involved.
11. All areas of performance identified via this process will continue to be reviewed with the resident and the clinical supervisor during their quarterly performance evaluation.
12. Repeated infractions of previously identified and corrected performance concerns could result (at the discretion of the Director of Training, and clinical supervisors) in termination from the Residency.

APPENDIX I: GRIEVANCE POLICY:

Grievance Procedures are implemented in situations in which a psychology resident raises a concern about a supervisor or other faculty member, trainee, or any aspect of the residency training program. It is the policy of Northshore that residents who pursue grievances in good faith **will not** experience any adverse professional consequences.

GRIEVANCE PROCEDURES:

Informal Review

First, the resident should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Director of Training in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the resident may submit a formal grievance in writing to the Director of Training. If the Director of Training or some aspect of the training program is the object of the grievance, the grievance should be submitted to the managing partner of Northshore Psychological Associates.

The individual being grieved will be asked to submit a response in writing. The Director of Training (or alternative as appropriate) will meet, either separately or together as warranted or appropriate, with the resident and the individual being grieved within 10 working days.

In cases where the resident is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the Director of Training and the resident's clinical supervisor will meet with the resident jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter.

The plan of action will include:

- a) the behavior/issue associated with the grievance;
- b) the specific steps to rectify the problem; and,
- c) procedures designed to ascertain whether the problem has been appropriately rectified.

The Director of Training or designated alternate will document the process and outcome of the meeting. The resident and the individual being grieved, if applicable, will be asked to report back to the Director of training or the alternate in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the director of training or the alternate will convene a review panel consisting of themselves and at least two other members of the training faculty within 10 working days. The resident may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to

interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Managing Partner and/or the Business manager of Northshore Psychological in order to initiate the agency's due process procedures.

Acknowledgment

I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the Northshore Psychological Residency Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

Print Name

Signature

Date

APPENDIX J
EEOC AFFIRMATION AND POLICY:

Northshore Psychological Residency Program, in recognition of its responsibility to its clients, family members, staff and the communities it serves affirms its policy in compliance with all applicable federal, state and local laws to hire qualified applicants and treat employees during their employment without regard to race, color, religion, sex, age, national origin, disability, sexual orientation or any other characteristic protected by law.

The successful achievement of a non-discriminatory employment policy requires cooperation between the agency administration and its employees. In fulfilling its part in this cooperative effort, administration is committed to setting the example by establishing and implementing affirmative practices, which ensure the objective of equitable employment opportunities for all.

In order for the Northshore Psychological Residency Program to fulfill this policy, all vendors, customers and employment services are required to comply with all applicable federal, state and local laws in their association with the Northshore Psychological Residency Program.

EEOC POLICY

An open and equitable personnel system will be established and maintained. Personnel policies, procedures and practices will be designed to prevent discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age or sex.

Employment opportunities shall be provided to applicants and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes he/she has been discriminated against may file a complaint of discrimination with any of the following:

Bureau of Equal Opportunity
Department of Public Welfare
Room 223 Health and Welfare Building
P.O, Box 2675
Harrisburg, PA. 17105

Office of Civil Rights
U.S. Department of Health and Human Services
Office of Civil Rights Region III
Suite 372 Public Ledger Building
150 South Independence Mall West
Philadelphia, Pa. 19106-9111

Pennsylvania Human Relations Commission
Pittsburgh Regional Office
Eleventh Floor, Pittsburgh State Office Building
300 Liberty Street
Pittsburgh, Pa. 15222

Bureau of Equal Opportunity
Department of Public Welfare
Western Field Office
Room 702 Pittsburgh State Office Building
300 Liberty Street
Pittsburgh, Pa. 15222

