

University of Washington School of Medicine
Psychology Internship Program
Administration/Training Manual
Version 24 (approved October 2023)

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I. Introduction

A. Purpose of the administration/training manual

The purpose of this manual is to present general information about the organizational and administrative structure and content of the University of Washington School of Medicine Psychology Internship Program, to give an overview of the internship program and its components, and to serve as the central reference guide for policies and procedures for internship-related matters. This manual was initially accepted by the Internship Steering Committee, the Chair, and Administrator, of the Department of Psychiatry and Behavioral Sciences, on November 24, 1998; section V on Grievance Policy and Problem Resolution, existed previously in memorandum form. Subsequent revisions of this manual have been reviewed by the Steering Committee and accepted by majority vote.

B. Program overview and mission statement

The Internship Program strives to provide excellent clinical, didactic and research training firmly rooted in the scientist-practitioner tradition to predoctoral students of clinical and counseling psychology. The Program seeks to provide broad-based training with an emphasis in one of five training tracks. At the present time, the five emphasis tracks of the internship, as registered with the national computer matching system, are: General Adult Psychology, General Child Psychology, and Behavioral Medicine, Rehabilitation Neuropsychology, and Autism and Developmental Disabilities Track. We certify that psychology residents who successfully complete the program accrue a minimum of 2000 hours of clinically-relevant experience and at least 200 hours of supervision during the year (at least 100 hours of which are individual supervision).

C. Historical perspective on the program

The first year of the program was 1961. It was first accredited by the American Psychological Association (APA) Committee on Accreditation on June 1, 1965. The internship program has had full accreditation status continuously since the time of its first accreditation. The last accreditation virtual site visit review occurred in May 2022; followed by an in-person physical site visit review in October 2023. Based on the American Psychological Association's Office of Program Consultation and Accreditation our program received accreditation renewal for 10 years with our next review for accreditation in 2032.

The internship has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 1969. The University of Washington internship program adheres to the APPIC member guidelines including but not limited to those regarding the appropriate process for the notification of internship applicants. The internship program also adheres to the ethical guidelines established by the American Psychological Association and the legal regulations set forth in the Washington Administrative Code of revised statutes.

In terms of program honors, in 1998, after a peer-review process, the program was admitted to the Academy of Psychological Clinical Science, which is associated with the American Psychological Society. The Academy of Psychological Clinical Science is a coalition of training programs that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration

of human problems. Our membership in the Academy indicates that our program is recognized as being committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures.

II. Administrative Organization and Structure

A. Administrative placement of the program

Administrative oversight for the internship program is provided by the Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington.

B. Range of placements of training faculty and training sites

Rotations occur at sites associated with three medical centers and their associated clinics: University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children's Hospital (SCH), Center on Human Development and Disability (CHDD), Seattle Children's Autism Center, and Fred Hutchinson Cancer Center (FHCC), and at other affiliated sites.

The training faculty are affiliated with one or more of the Departments in the School of Medicine, primarily Psychiatry and Behavioral Sciences and Rehabilitation Medicine or Department of Rehabilitation Medicine.

C. Director of Internship Training

The Director of Internship Training is appointed by the Chair, Department of Psychiatry and Behavioral Sciences, and as such, reports to the Chair. This appointment typically is made in consultation with the outgoing Director, the Internship Steering Committee (ISC: see below), and the training faculty. The Director is the official representative of the program to APPIC and the APA the Commission on Accreditation of the American Psychological Association; represents the internship on the Department of Psychiatry and Behavioral Science's Executive Advisory Committee; is responsible for the integrity and quality of the program; for monitoring the program's goals and activities; and for directing and organizing the training program and its resources. Securing commitments for psychology resident salaries from training sites and negotiating and managing the internship budget through the Department of Psychiatry and Behavioral Sciences' administrative structure are a significant component of the Director's responsibilities. The amount of the salary is negotiated by the Director with the Chair of Psychiatry and Behavioral Sciences with the goal of being comparable to similar internship programs. To maintain involvement and good communication with sites where the Director is not present, the Director utilizes bimonthly ISC meetings and, as needed, site visits and meetings with personnel in liaison positions, such as the coordinators for each training track. As part of organizing the goals and content of the program, the Director, or training faculty in consultation with the Director, may initiate new rotations. New rotations should enhance the breadth and depth of the internship program. New rotations are site visited by the Director, or Training Track Coordinator, and another member of the training faculty. The site visits should include an inspection of the physical site (e.g., residents' workspaces, training resources such as videotaping capability), and discussions with the supervisors and rotation training coordinator regarding an overview of the site and its clientele, training opportunities, structure, and plans for

supervision. The Director may initiate the discontinuation of a rotation if the rotation does not provide adequate training opportunities. For example, excessive service demands coupled with inadequate supervision and/or supervisor unavailability may lead to the termination of training at that site.

D. Assistant or Associate Director of Internship Training

In addition to the Director, an Assistant or Associate Director of Internship Training may also be appointed. The Assistant or Associate Director of Internship Training is also appointed by the Chair, Rehabilitation Medicine, and as such, ultimately reports to the Chair. The Assistant or Associate Director's main role is to back up and share administration and oversight responsibility with the Director.

E. Internship Steering Committee

The Internship Steering Committee (ISC) is an advisory body to the Director of Internship Training. The ISC includes:

- Director of Internship Training
- Assistant Director of Internship Training
- Coordinator of the General Adult Psychology Training Track
- Coordinator of the Autism and Developmental Disabilities Training Track
- Coordinator of the General Child Psychology Training Track
- Coordinators of the Behavioral Medicine and the Neuropsychology Training Track
- Community Liaison (i.e. a non-regular faculty community representative)

Additional voting members of the ISC are drawn from the following areas (variations in representation may occur):

- UWMC, Dept. of Rehabilitation Medicine-affiliated rotations
- HMC, Dept. of Psychiatry and Behavioral Sciences-affiliated rotations
- UWMC, Outpatient Psychiatry Clinic
- Seattle Children's Hospital, affiliated rotations
- Center on Human Development and Disability (CHDD)
- Seattle Children's Autism Center

Non-voting, non-faculty members include:

- The Internship Program Coordinator, who serves as the secretary to the ISC
- One representative from the current internship class (rotating terms)
- Post-Doctoral representative(s) invited by the Internship Director

Internship class representatives volunteer or are chosen by their peers. There is no set length of service on the ISC. Changes in membership can be proposed by any member of the training faculty and a majority vote determines any change in the representation on the committee.

The ISC meets every other month for two hours, with e-mail communication in between meetings as needed. Minutes are kept and distributed to all training faculty and psychology residents via e-mail. Typically, the minutes are distributed at the same time as the agenda for the next meeting.

F. Other Committees

F1. Selections Committee

The purpose of this committee is to oversee the process by which internship applications are reviewed and rated, and to formulate final rank-ordered lists of applicants for each internship track to be submitted to the computer matching service. This committee consists of the track coordinators and the Internship Director, who chairs the committee.

F2. Didactics Committee

The purpose of this committee is to review the previous year's didactics program and to create and operate the following year's program. Topics, speakers, speaker evaluations by residents, speaker comments, input from other internship program committees, and other input from residents and faculty will be reviewed in light of the current state of the field of psychology and the training program. Changes will be formulated for the upcoming year based on available data and perceived needs or desires for modification of the didactics series. Faculty and resident volunteers comprise the committee; the chair is appointed by the Internship Director.

F3. Diversity Advancement Committee

The mission of this committee includes four basic goals of service related to training, resources, recruitment, and retention. The functions of the committee are (1) to provide training of residents and faculty on issues of individual and cultural diversity as these relate to theories and methods of assessment, diagnosis, and effective intervention; consultation, supervision, and evaluation; and research methods/design (including ethnic minorities, gender/sexual orientation, physical disabilities, SES, age, (2) to serve as a resource hub of information (clinical and social service resources, research, lectures, and expertise at the University of Washington and surrounding community) on diversity issues for everyone involved in the internship, and (3 & 4) to promote the recruitment and retention of diverse residents, faculty, and speakers as well as those interested in diversity issues. All interested residents are encouraged to participate on the committee that remains active throughout the internship year. Residents work with regular and allied faculty members, as well as representatives from the local community. The committee chair is appointed by the Internship Director.

F4. Professional Development Committee

This committee is responsible for coordinating professional development activities and support for the psychology residents during the year. These activities may include the annual workshop for psychology residents on post-doctoral and job possibilities; facilitating job talk practice sessions and providing a mechanism for feedback on application material (e.g., cover letters); and conducting seminars on professional wellness and balancing different life demands. The committee also disseminates relevant job-related information throughout the internship year. Both faculty and psychology resident volunteers comprise the committee; the committee chair or co-chairs are appointed by the Internship Director.

F5. Awards and Events Committee

This committee facilitates the review of potential recipients of the Robinson Director's Award, Becker Research Award, Joan Martin Award, and the John E. Carr award and oversees the Internship Director's and Program Coordinator's administration of these award funds. Faculty volunteers comprise the committee; the committee chair is appointed by the Internship Director.

G. Other Internship Positions and Faculty Responsibilities

G1. Coordinator of General Adult Psychology Training

The coordinator of the general adult psychology training track provides counsel and assistance to the director regarding adult clinical training-related issues, takes a major role in coordinating application reviews, open house activities, and orientation for residents in the track and serves as a liaison regarding adult training sites. The coordinator of general adult psychology training also is a member of the ISC and the selections and rotation assignments committees. This training track coordinator is appointed by the Chair and the Internship Director.

G2. Coordinator of Autism and Developmental Disabilities Training

The coordinator of the autism and developmental disabilities training track provides counsel and assistance to the director regarding autism clinical training-related issues, takes a major role in coordinating application reviews, open house activities and orientation for residents in the track and serves as a liaison regarding SCAC and CHDD sites. By virtue of this position, the coordinator of autism and developmental disabilities clinical training also is a member of the ISC and the selections and rotation assignments committees. The coordinator of autism and developmental disabilities training is appointed by the Vice-Chair for Child Psychiatry and the Internship Director.

G3. Coordinator of General Child Psychology Training

The coordinator of the general child psychology training track provides counsel and assistance to the director regarding child clinical training-related issues, takes a major role in coordinating application reviews, open house activities and orientation for residents in the track and serves as a liaison regarding SCH sites. By virtue of this position, the coordinator of child clinical training also is a member of the ISC and the selections and rotation assignments committees. The coordinator of child clinical training is appointed by the Vice-Chair for Child Psychiatry and the Internship Director.

G4. Coordinators of Behavioral Medicine and Rehabilitation Neuropsychology Training

The coordinators of Behavioral Medicine/Neuropsychology training provides counsel and assistance to the director regarding Behavioral Medicine and Rehabilitation Neuropsychology training issues, takes a major role in coordinating application reviews, open house activities and orientation for residents in the track and serves as a liaison regarding Behavioral Medicine/Neuropsychology rotation sites. The coordinator is also a member of the ISC and the selections and rotation assignments committees. The coordinator of the behavioral medicine/neuropsychology clinical training is appointed by the Chair and the Internship Director.

G5. Rotation Training Coordinators

It is the responsibility of the rotation site training coordinators to represent the rotation in any official capacity, which may include updating and editing of the internship brochure for accuracy; representing the rotation at the Open House for internship applicants; and coordinating and overseeing the training needs at the rotation. The training coordinator role may include tasks such as meeting with residents at initial internship orientation and determining rotation assignments within tracks, providing the initial orientation for new psychology residents at the site, and assigning faculty supervisors to the psychology residents on site. Site training coordinators may be assigned by their clinical service chief or may be self-selected from among faculty volunteers.

G6. Mentors

The mentor is the psychology resident's advisor for the year. Mentors are assigned before the incoming psychology resident class arrives and preferably also serves as the research advisor, though this is not required. If a change in mentor is desired later in the year, it can be arranged. Mentor's responsibilities vary somewhat over the course of the year. They serve as a role model, may supervise research, and act as professional advisors.

It is recommended that psychology residents meet with their mentors during the first two weeks of internship, particularly if residents are considering conducting a research project or writing a grant proposal for postdoctoral training, and on a regular basis throughout the internship year. The purposes of this early-year meeting are to monitor their initial adjustment, and to discuss additional training possibilities and other internship program resources such as seminars, research projects, and other opportunities. Mentors should also discuss with residents their goals for the internship year and help them to formulate and document these on the appropriate forms so that they can be tracked over the year. Mentors should keep informed about their resident's progress during each rotation, and provide support for other issues, such as their professional development.

G7. Preceptors

If residents experience difficulty in the program, or face sanctions, they select in conjunction with the director a preceptor who represents residents' interests at Steering Committee meetings. The preceptor is typically the mentor, unless a clear conflict of interest arises.

G8. Supervisors

Supervisors are the mainstay of internship training; they are responsible for assessing the background and skills of a psychology resident as s/he begins supervision; to ensure that psychology residents are given clinical opportunities appropriate to their background and skill; to provide teaching on clinical activities (via modeling, role playing, feedback on tapes and chart notes, reading materials, etc.) through regularly scheduled meetings; to arrange for supervisory coverage when they are not available; to provide informal formative and formal summative feedback; and to be excellent models, and to uphold high professional standards at all times. Supervisors must provide at minimum 2 hours of individual face-to-face (in-person or telesupervision) supervision plus 2 hours of individual, group or team supervision per week to residents (see Telesupervision Policy, section G10). Supervisors also are responsible for shaping residents' Professional Wide Competencies to Minimal Levels of Achievements under their supervision. Evaluations of psychology residents by supervisors, of supervisors by psychology residents, and of rotations by psychology residents, occur at regular intervals (see section IV. below). Nothing in a formal PWC evaluation of a psychology resident by a supervisor should be a surprise; supervisors are responsible for providing ongoing feedback throughout a rotation.

G9. Journal Club Coordinators

The journal club coordinators are those faculty in each track that have volunteered to arrange the journal club meetings. Journal clubs generally meet once a month or more. Each journal club coordinator is responsible for logistical arrangements associated with the meetings and overseeing the topical content of the meetings. Psychology residents are required to attend at least 10 journal clubs during the year from any track which fits the resident's training goals. Residents need to sign in to document attendance

at journal clubs. The journal club coordinator will maintain the attendance record and forward copies to the internship office. If for some reason a resident is still unable to attend 10 journal clubs, the resident must arrange with the journal club and track coordinators to read the article from the missed journal club and write a summary paper on the article and submit it to the journal club and track coordinators. Confirmation of acceptance of the make up activity should be sent by the track coordinator to the internship office. Completion of the journal club requirement needs to be met prior to graduation.

G10. Supervision - Telesupervision

Rationale

Our training program involves multiple physical training sites / clinical settings geographically dispersed across the Seattle area. Both trainees and supervisors may work at multiple locations. While we do our best to ensure each trainee has an onsite supervisor with each rotation, supervisors may at times need to be at other locations and/or on-site on different days of the week that can be variable throughout the rotation. Telesupervision will allow for better accommodation of trainee schedules and needs for supervision in a timely way, by enabling supervisors to provide supervision remotely during times that they may not be physically at the clinic training site. Furthermore, research evidence that telesupervision is as effective as in-person supervision and Washington State has approved all telesupervision to count toward licensure.

Definitions

- **Supervision** is defined as an interactive educational experience between the intern and supervisor. The relationship between supervisor and intern must be evaluative and hierarchical, extend over time, and have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession.
- **In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee.
- **Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee.
- **Individual Supervision** is defined as a single psychology resident and clinical supervisor.
- **Group Supervision** is defined as more than one psychology resident and clinical supervisor.

Amount of Supervision

All psychology residents will receive a minimum of 4 hours of supervision per week in the weeks in which residents are providing clinical service, of which 2 hours must be individual supervision in any format. In most cases, psychology residents will receive a minimum of 200+ hours of supervision over the course of their internship year (100+ individual and 100+ additional hours in either individual or group format).

Philosophy of Training

We aim to provide the highest quality and most timely supervision possible to each of our trainees. Telesupervision will allow for more timely access to supervisors and has potential to increase opportunities for spontaneous supervision as appropriate.

How and When is it Permitted

- All four hours of supervision per week may be completed either in-person or via telesupervision, thus there is no limitations placed on quantity of supervision which must be completed in person, however, when possible, the program encourages completion of in person supervision whenever possible or if deemed necessary by the supervisor or resident.
- The supervisor will attempt to have met with the trainee in person to establish rapport before telesupervision is started, but it is not a requirement of the program.
- Supervisors will notify trainees about preferences for contact remotely that will include clear instructions on how to engage in non-scheduled consultation and crisis coverage when a supervisor is remotely located, using similar existing procedures as to how to do the same when the supervisor is on site.
- Supervisors will instruct trainees to use as little identifying information as possible during telesupervision discussions, to maintain privacy and confidentiality.
- Supervisors and trainees will ensure they are in a private space, that cannot be overheard, to maintain privacy and confidentiality.
- Any supervisor providing telesupervision is expected to co-sign all clinical notes generated by the trainee in the electronic medical record.
- Telesupervision will be conducted via UW approved Zoom line, preferably with video in addition to audio.

Who is Eligible

- Trainees in all training tracks are potentially eligible for telesupervision, at the discretion of their supervisor.
- Telesupervision should not be utilized if it is experienced as a hindrance by the supervisor or trainee in the delivery of adequate supervision.
- The trainee must possess a level of competence to justify the use of telesupervision in relation to the sequence of training.

G11. Records Retention

Our internship records comply with the APA's records retention policy, in which we permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program. Our program retains these files indefinitely which are used by the program to provide verification for licensure and credentialing of our graduates.

Regarding non-internship applicant files, the internship follows the University of Washington General Records Retention Schedule per our parent department, Psychiatry and Behavioral Sciences Department.

G12. Graduate Program Communications

The Director of the Internship Program initiates contact with the intern's academic program during the internship year as needed. The internship program provides to the intern's academic program at least twice per year (mid-year and year-end). Each of these communications includes a letter summarizing the intern's progress or completion of their Professional Wide Competencies.

III. The Internship Year

A. Orientation and Rotation Assignments

The internship year starts on July 1st. First, psychology residents are welcomed and oriented to the internship program. This orientation includes a formal appointment process, a general orientation to the internship year and statement of expectations for the year, and an overview of the specific rotations available to them. Psychology residents work with their training track coordinators to determine their rotation assignments for the year. These placements attempt to take into account the psychology residents' training needs as perceived by the psychology residents and faculty; psychology residents' preferences, and the need to provide psychology residents to rotations that have funded salaries. It is typically difficult to make changes in rotation assignments after the initial assignments.

B. Internship Didactics Series

The Internship Didactics Series seeks to provide broad-based instruction in topics related to ethical and legal issues for psychologists; understanding a variety of psychological and behavioral problems and their bio-psycho-social aspects; assessment and treatment of children, adults, couples and families, and among persons of varying ethnicity and culture; all with an emphasis on empirically-based information. Didactics occur weekly and are 2 hours in length (some sessions may last longer). Residents are required to attend all didactics, and must sign into document attendance, as well as complete an evaluation form. Up to 5 didactic sessions can be missed for reasons such as approved vacation, sick leave, or professional leave. Missing didactics for all other reasons are strongly discouraged. Residents are expected to be on time and to attend the didactic in its entirety. If a resident misses more than 5 didactic sessions, the resident needs to make the didactic up by reading two articles from the bibliography provided by the didactic speaker on the content area of the missed session, and to provide a summary paper (at least one page, single spaced) on each article to the internship office. This should ideally be completed as soon as possible following the missed didactic but must be completed by the end of internship. All make up activities need to be completed and accepted by the internship office prior to the date of graduation for a graduation certificate and any certification of completion of internship to be issued.

Should didactics be delivered via tele-services, residents are required to leave their camera on throughout the didactics. A resident can request an exception to the "camera on" policy as an accommodation, which need to occur in writing and approved by the Program Director. Furthermore, resident attending virtual didactics, are instructed to treat this educational experience as if they were in-person; by being present, engaged, and interact with the presenter during the entire didactics presentation. Residents are instructed not to work on clinic notes or other activities (either internship or non-internship-related) during tele-didactics.

Residents are required to complete an online didactics evaluation after each attended didactics, which counts toward the resident's attendance.

Occasionally, elective programs (such as seminars in a particular therapeutic modality) are offered which occur in addition to, not in place of, the regularly scheduled didactic program.

C. Research

Psychology residents may participate in a year long seminar on research skills and grantsmanship. Participation in this activity includes the provision of 6 hours of release time from clinical rotations to participate in the grantsmanship seminar and pursue research and grant writing. The 6 hours of release time includes the time spent in the grantsmanship seminar as well as travel time from rotations to attend it. Release time begins when the resident leaves the clinical site or ends when the resident arrives at the clinical site. Residents should discuss the timing of their research hours with their supervisors at the beginning of a rotation and a schedule of release time for the rotation should be agreed upon at that time. Written progress reports, signed by the supervisor, are required every 6 months to be turned into the internship office and are signed by the Director with copies returned to the resident and the research mentor.

In the event that the number of interested residents exceeds the number of possible participants, the seminar coordinators will choose from among the interested participants based on such factors as goodness of fit (between resident research interests and those of potential faculty mentors); commitment to the seminar; dissertation progress; and readiness for an academic career in which grant support will be expected.

Psychology residents not participating in the grantsmanship seminar may apply for one half-day (4 hours) of release time, defined as above, per week for research (including dissertation research) with an internship training faculty supervisor. Residents who withdraw from the grantsmanship seminar and have an approved research plan are allotted 4 hours to work on these approved research activities.

Psychology residents interested in pursuing the 4 hours dedicated or protected time for research should have an identified training faculty research mentor who will agree to collaborate or oversee the resident's research progress. After identifying a research advisor, the psychology resident completes a **Research Plan Form**, on which the resident describes briefly the research project. The advisor then signs the Form and commits to a specific number of hours of supervision per week or month. This form is then sent to the Internship Director for review and final approval. The Director may seek opinions from colleagues about the proposal's merits. Written progress reports, signed by the supervisor, are required at mid-year and year end to be turned into the internship office and are signed by the Director with copies returned to the resident and the research mentor.

D. Quantity and Quality of Work

The internship spans a full year, beginning on the weekday closest to July 1st, and ending one full year later on June 30 of the following year. Rotations can range from a day a week throughout the year, to several days a week for four to six months.

The quantity of direct clinical experience varies from rotation to rotation; across the course of the internship year, at least 25% of the psychology resident's time must be spent in face to face (virtual or in-person) psychological services per APPIC policies (APPIC, 1999, p. 13). Each psychology resident receives at least four hours of regularly scheduled supervision per week, at least two of which are individual supervision and of which two or more are from a licensed psychologist, consistent with APPIC (APPIC, 1999, p. 13).

E. Moonlighting policy

The UW School of Medicine moonlighting policy only applies to physicians-in-training, not to psychology residents. The internship policy on moonlighting is that a psychology resident can receive compensation for paid professional activities outside of the internship training program and the University of Washington for up to 8 hours/week of outside activities, subject to approval by the Training Director. Possibly acceptable activities include research or consulting activities; outside clinical activities are not acceptable. A psychology resident who wishes to engage in such activities must make a written request to the director to do so prior to engaging in these activities. The work must be conducted outside of regularly scheduled internship hours and must not interfere with training. Payment for such activities must conform to university and all applicable (e.g. federal) policies and procedures regarding payment from grants or other sources. The University provides no liability coverage for activities that are done outside of the internship training program.

F. Vacation, sick leave, and professional leave policies

Note: please see individual track chapters for detailed track leave policies. This policy is the program policy but different clinical sites have further requirements. This section is also in an individual file in the Orientation Manual.

The University of Washington has a generous leave system available to all psychology residents who are classified as Professional Staff. You will also be paid for all recognized state holidays. This year Juneteenth has been added to the recognized state holidays. The University language does not recognize PTO or Paid Time Off. Each type of leave is separate so the type of leave must be specified in all leave requests. The breakdown of leave is as follows:

Psychology Resident Leave Accrual

- 2 personal holidays, one for each calendar year where more than 4 months are completed so your first personal holiday will be available November 1, 2022. If not used it will be voided after December 31, 2022. The good news is a new personal holiday will be available January 2, 2023.
- 10 hours of vacation per month of completed employment
- 8 hours of sick leave per month of completed employment

Guidelines

- We ask that you reserve 5 days (40 hours) of vacation leave to be used for professional leave such as PhD defense, conference poster presentation, or for post-doctoral interviews. If you don't need the full 5 days of leave for professional activities, you are free to use your vacation leave as you like.
- You will accrue leave in June 2023 but won't be able to use it if you go somewhere else after graduation. If you are leaving the UW you will be paid out any remaining vacation time. If you are leaving and haven't used your sick leave, it will remain in a leave bank should you return to the UW.

- The total accrued 136 hours of vacation and personal holiday leave time can be used for a recommended combination total of 11 vacation days (88 hours) and 5 professional day (40 hours). Time taken for vacation, professional leave, or sick leave applies to research time as well as clinical time taken off. The final 10 hours of vacation accrued for June 2023 will be either paid out on your last paycheck or follow you to a new UW position.

Residents are required to get approval for all time off. The request should be made to the supervisor of the rotation during which the leave time will be taken. This should be done prior to taking the time off (except in the case of unexpected sick leave). It is the responsibility of the resident to inform ALL of the people who need to know about their absence. In addition to the primary clinical supervisor that might include people who do scheduling, head nurses, chief residents, chief of services, etc. If the resident does not know who else to notify of an absence, she or he should ask the primary supervisor when they request the leave or report a sick day.

The procedure for requesting vacation or professional leave time is to email the primary supervisor, day supervisor, with a cc to the internship office at cynlong@uw.edu. The supervisor will reply to all with an approval or disapproval. For sick days the internship office should be cc'd on a notification email that goes to the supervisor and others being notified of the absence also at cynlong@uw.edu. Alternatively, the resident can gather all email approvals and forward all to the internship office at cynlong@uw.edu as confirming primary supervisor approval. For details about the leave procedure, please see the appropriate track description in the Orientation Manual the follow this chapter.

Supervisors who have a concern about the requested leave may wait and discuss the concerns with the resident in person. Please be sure to inform the internship office of the result so the internship office knows whether to count the time as leave approved and taken or not approved, not taken.

The program coordinator is responsible for keeping records of the reported psychology residents' time away from the internship, as well as their reported attendance at required activities, such as didactics.

Vacation Leave Guidelines

Time off is to be spread over the internship year. This is an guide as each track has different rotation timelines. For instance, no more than two weeks (10 days) of leave, including vacation, sick leave, and professional leave are taken during any one full-time, four-month rotation. No more than 5 days of vacation should be taken during one rotation. Leave may not be taken during the first or last week of rotations, except under extraordinary circumstances, and must be approved by your rotation supervisor and track coordinator well in advance, if possible. For rotations of different durations, these guidelines shall be prorated (e.g., no more than 5 total days off shall be approved during a half-time, four-month rotation). The recorded leave time Residents' have taken is available to supervisors; however, it is the resident's responsibility, as a professional, to verify that the time is available prior to making the request. All leave must be approved in advance by the resident's supervisors **for the rotation during which the leave will take place**, i.e. supervisors may not approve leave that will take place on a rotation that is not their own.

An appeal to the Director can be made if the leave request is rejected.

Sick Leave Guidelines

If a serious illness results in the need to take off more than the allotted time for the year, arrangements to extend or otherwise 'make-up' time away from the training program (whether clinical or research time) may be arranged by the psychology resident, supervisor, training director and the training track coordinator of the assigned sites. Documentation of the required make up activities and a timeline for accomplishing this should be sent to the internship office at cynlong@uw.edu and to the director at tylost@uw.edu. Verification of the completion of the make-up activities by the supervisor or track coordinator will be sent to the internship office to be placed in the resident's file.

Please note that sick leave is for resident or a family member's illness, injury, health condition, or disability, as well as medical, dental or optical appointments. It can not be used for any other purpose. According to University policy, a family member is defined as, "a child or parent (including biological, adopted, foster, step, or legal guardian, or de facto parent), a spouse, registered domestic partner, spouse's parent, grandparent, grandchild, or sibling." Since residents are only here for a year, they do not qualify for extended sick leave under the Family Medical Leave Act.

Bereavement Leave Guidelines

In the case of the death of a family member, up to three days of bereavement leave can be taken (not counted as vacation or sick leave).

For other University of Washington leave policies and types of leave, please visit the UW Benefits website at: <https://hr.uw.edu/ops/leaves/>

G. Confidentiality Policy related to Clinical Materials

Psychology residents may not remove any clinical materials from any clinical site. If a psychology resident wishes to dispose of self-generated confidential clinical material such as handwritten notes, the psychology resident must locate a shredder at the rotation Training Track site and shred all clinical material before disposing of it. All confidential materials must be dealt with in a manner consistent with HIPAA regulations and UW Medicine policies as well as the relevant sites where clinical activities occur (UWMC, HMC, SCH). For further information on the handling of confidential materials, psychology residents should review the relevant sections of the Washington Administrative Code, the policies included in the Psychology Internship Orientation Manual, and the policy of each of the training sites (UWMC, HMC, SCH), including policy regarding e-mail communications and social media policy; failure to maintain confidentiality is noted in these policies as potential grounds for disciplinary action including dismissal. All residents assume the responsibility to be familiar with, and follow, HIPAA regulations.

IV. Evaluation

A. Psychology resident self-evaluation

Psychology residents complete a self-assessment of his/her experience relative to the rotation learning objectives at the beginning of each rotation using the Professional Wide Competencies (PWCs). These self-assessments are discussed with the supervisor.

At the end of each month, psychology residents are asked to summarize the amount of face-to-face clinical work performed, number of patients seen, and amount of supervisory experience using the Monthly Activity Reports. These records are used to summarize psychology residents' clinical experiences over the course of their training year which will be submitted to internship office for review.

B. Evaluation of psychology residents by clinical faculty supervisors

All residents are formally evaluated 3 times per year by the clinical supervising faculty using the **Professional Wide Competencies (PWC)** as defined by the American Psychological Association to evaluate a resident's skill level over the course of their internship year. APA has defined 9 domains deemed competencies every professional psychologist must demonstrate as a trainee to become a psychologist. The 9 domains are:

1. **Research:** The resident demonstrates knowledge, skills, and competence sufficient to produce new knowledge to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.
2. **Ethical and Legal Standards:** The resident demonstrates good knowledge of ethical principles and state law. Resident can assess, manage, and document all high-risk client situations (to include suicidality, homicidality, and other safety issues). Residents are expected to respond ethically and professionally in increasingly complex situations with a greater degree of independence.
3. **Individual and Cultural Diversity:** The resident demonstrates knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal backgrounds and characteristics. The CoA defines equity, inclusion, and diversity as including, but not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
4. **Professional values, attitudes, and behaviors:** The resident demonstrates appropriate interactions with professionals, clients, and colleagues and displays a professional appearance. Resident effectively manages all aspects of clinical care. Resident responds professionally in increasingly complex situations with a greater degree of independence across levels of training.
5. **Communication and interpersonal skills:** The CoA views communication and interpersonal skills as foundational to education, training, and practice in Health Service Psychology. These skills are essential for any service delivery/activity/ interaction and are evident across the program's expected competencies. Resident utilizes appropriate interpersonal skills to communicate effectively with colleagues, supervisors, and clients. Residents are expected to respond professionally in increasingly complex situations with a greater degree of independence across the training year.
6. **Assessment:** Resident demonstrates competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. The Resident demonstrates skills in

evaluating/assessing individual behavior by observation, interview, administration of psychological instruments, and review of collateral information that leads to appropriate consultation in verbal and/or written format to the person being evaluated and, when applicable, to other health care providers.

7. **Intervention:** Resident demonstrates competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is defined broadly to include but not limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems. The Resident demonstrates the ability to provide a case conceptualization based on theoretical orientation that leads to effective treatment planning. Resident can identify and provide most suitable psychological intervention based on theoretical orientation and extant literature. Resident demonstrates the ability to (co)facilitate group therapy.
8. **Supervision:** The CoA views supervision as grounded in science and integral to the activities of Health Service Psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role-models and maintain responsibility for the activities they oversee. The Resident actively participates in supervision and over time requires less intensive supervision to effectively function in the clinical setting.
9. **Consultation and interprofessional/interdisciplinary skills:** Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in Health Service Psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional settings. The resident demonstrates the ability to consult and collaborate with other professionals.

Our training supervisors evaluates each trainee in each of these Professional Wide Competency domains via specific **Learning Elements** using the **Minimal Level of Achievement (MLA)** standard for completion of Internship is “Readiness for Entry Level Practice” defined as:

1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision or consultation.

This standard requires that by the end of the internship year, all competencies will be rated as 4 (High Intermediate) or 5 (Advanced).

PWC Rating Scale

5	Advanced/ Competencies exceed MLA standard for independent practice at the licensure level. Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status. Resident meets and exceeds all MLA criteria as listed below.
4	High Intermediate/ Competencies meet MLA standard for independent

	practice at the licensure level. All competencies will be met at this level at completion of internship. Trainee demonstrates the ability to independently function in a broad range of clinical and professional activities. Resident demonstrates the ability to generalize skills and knowledge to new situations and the ability to self-assess when to seek additional training, supervision or consultation.
3	Intermediate/ Competencies developing appropriately and on track to meet MLA standards by completion of training. Common rating throughout internship. Routine supervision of each activity. Supervisor provides overall management of trainee's activities; resident demonstrates appropriately developing abilities to function with moderate to minimal supervision in clinical and professional activities and to seek additional supervision as needed.
2	Entry level/Continued intensive supervision is needed. Resident demonstrates beginning level of skill and competency in an area. Routine, but intensive, supervision is needed.
1	Needs remediation. Resident demonstrates significant skill/competency deficits requiring a remediation plan.
N/A	Not Applicable for this training experience OR Not Observed during this training experience.

Evaluation Process

The evaluation process takes place within a track faculty meeting comprised by the clinical supervisors. The faculty will meet 3 times per year with the goal being that residents will receive individualized feedback from their Track Coordinator (or their designee) on their progress of each learning element of the PWCs. The evaluation process will be completed by October 15, January 15, and June 15 each year.

Rotation Guidelines

As noted above, psychology residents may complete a self-assessment at the beginning of each rotation or training period, which is discussed their PWCs with the supervisor. At the mid-point of the rotation or training period, the resident and supervisor should review the resident's progress, reviewing progress made compared to the initial self-assessment, and finalizing goals for the remainder of the rotation or training period to meet expectations for achieving the MLA of the resident's PWC. Formal summative evaluations of psychology residents by supervisors occur at the end of each rotation or reporting period. The internship coordinator distributes an evaluation (PWC) to each Track Coordinator; the faculty will hold a track wide meeting consisting of the clinical supervisors, who will complete the PWC evaluation form for each resident in their track. The Track Coordinator or their designee will meet with psychology resident to provide feedback on the residents' progress on their PWC and will signs the form indicating that s/he understands its content. The Track Coordinator or their designee will then send the PWC form to the internship office; the internship office review and Training Director or Assistant Director will sign the form. The Internship Steering Committee (ISC) meetings serve as a forum for the ISC, mentors, and other supervising faculty to review the performance and progress of each trainee. Any concerns or difficulties that are identified during the PWC evaluation process may be addressed by the appropriate steps listed under Probation Procedure (section V.A.), below. Successful completion of each rotation is assumed by faculty ratings of "3" (intermediate skills) "4" (high intermediate skills) or "5" (advanced skills) for all PWCs during the evaluation period. A pattern of increasing numbers of "4" and "5" ratings, and decreasing numbers of "3" ratings, is expected over the course of the year, and ideally by year's end, 100% of learning elements within the PWCs ratings will be "4" or above. A learning element that is rated as an "2" may signal satisfactory progress if that skill was new to the resident (e.g., a resident doing a competency outside of their previous background or with a population new to the resident) but require

more intensive supervision or may signal performance problems. The training supervisor is asked to provide feedback to discriminate between these situations. A pattern of "2" ratings that persists across rotations, particularly without satisfactory progress, or the presence of 1 (Requires remediation) ratings, would signal the need to activate informal remediation or possibly more formal remediation and probationary procedures. These situations would trigger information gathering and review by the Training Director, the mentor, and the track coordinator, followed by discussion and review by the ISC. ISC decisions on resident progress in these situations will be documented by the training director. Successful completion of the program requires successful completion of review periods, including ISC resolutions regarding residents' progress who receive "2" ratings or "1" ratings, as described above, and the prescribed didactics sequence and journal club attendance.

C. Evaluation of supervisors by psychology residents

Formal summative evaluations of supervisors by psychology residents also occur at the end of each rotation. The psychology resident rates the supervisor on the quantity (e.g., availability, conscientiousness) and quality (e.g., strengths and weaknesses) of the supervision and selected aspects of the supervisory relationship (e.g., was feedback given on an ongoing basis during the rotation?). These evaluations are held by the internship office until the supervisor has completed his/her evaluation of the psychology resident, then a copy of the psychology resident's evaluation of the supervisor is sent to the supervisor. The evaluation of the supervisor is held so that the supervisor's evaluation of the psychology resident will not be affected by knowing the psychology resident's feedback regarding the supervisor. The director reviews all evaluations of supervisors by psychology residents. Any instances of significant concern and any recurrent pattern of feedback of moderate concern regarding a supervisor are discussed with the supervisor by the director. If the matter is not resolved, the director may discuss the issue with the site training coordinator at the rotation, the supervisor's service chief, and then the department chair.

D. Rotation evaluation by psychology residents

Psychology residents also prepare summative feedback on each rotation as a whole, in addition to evaluating their experiences with specific supervisors. Psychology residents are asked to evaluate the strengths and weaknesses of each rotation, and make suggestions for improvement. As with the supervisor evaluations, these rotation evaluations are held by the internship office until the supervisors at that site complete their evaluations of the psychology resident. The rotation evaluations are then sent to the site training coordinator and the rotation coordinator for his/her review. The director also reviews all evaluations of rotations by psychology residents. Again, any instances of significant concern and any pattern of feedback of moderate concern regarding a rotation are discussed with the site training coordinator by the director; if the matter is not resolved, the director may discuss the issue with the supervisor's service chief, and then department chair. If significant difficulties with a rotation persist, training at the rotation may be discontinued at the director's discretion, after consultation with the ISC.

V. Grievance Policy and Problem Resolution

A. Probation Procedure

The following steps govern the placement of psychology residents on probation or dismissal from the program.

Step 1: Clinical Supervisor. If the psychology resident is not performing at a satisfactory level of competence, the clinical supervisor is expected to discuss this with the psychology resident, to increase his/her supervisory guidance and to direct the psychology resident to other appropriate resources such as additional didactics or training experiences. The supervisor is encouraged to discuss concerns and ideas for helping the resident to improve performance with the Training Director, Track Coordinator and track faculty, although formal communication with other members of the internship faculty is not required at this level. However, the clinical supervisor should document what concerns led to the discussion and the remedial steps, if any, which were proposed.

Step 2: Clinical Supervisor. If the problem addressed in Step 1 persists, or if the problem is judged to be of a seriousness that cannot be remedied by actions outlined in Step 1, the clinical supervisor will communicate his/her concerns in writing to the Internship Director and the Track Coordinator. The communication should include copies of any internal memoranda developed in Step 1.

Step 3: Director of Internship Training/Ad hoc Review Committee. The Internship Director will constitute a Review Committee consisting of him/herself, the psychology resident's mentor and a third internship faculty member who has not been involved in the problem situation. The psychology resident will be given a formal written notice of concern that outlines the nature of the problems identified, and notification of the review and hearing process. The Committee's mandate is to review all pertinent data, to interview the psychology resident and all supervisors involved, and to make one of the following recommendations to the Internship Steering Committee: (a) no action required; (b) corrective action short of probation; (c) probation for 3 months; (d) immediate dismissal from the program. The nature of all corrective actions proposed, whether involving formal probation or not, is detailed by written memoranda on all contacts. Recommendations to the Steering Committee are prepared. The psychology resident is told of the recommendations and given the opportunity to have a faculty representative of his/her choice (i.e., a preceptor, usually the mentor) present at the Internship Steering Committee meeting when the case is presented.

Step 4: Internship Steering Committee: The Internship Steering Committee hears the case presented by the Ad hoc Review Committee and, if the psychology resident wishes, by him/herself and his/her representative. The Steering Committee, in executive session, by majority vote, acts on the recommendations by the Ad hoc Review Committee. If the decision is to place the psychology resident on probation or to dismiss the psychology resident, the Internship Director will communicate the decision immediately to the psychology resident and the Director of Clinical Training of the psychology resident's home university. Minutes of the meeting are kept, but separate from the minutes of general ISC meetings.

Step 5: Ad hoc Review Committee. Toward the end of the formal probation period, the Review Committee again examines data and conducts interviews with the psychology resident and relevant supervisors. The committee makes one of the following recommendations to the Steering Committee: (a) removal from probation; (b) continuation of probation for an additional stipulated period; (c) dismissal from the program.

Step 6: Steering Committee. If the Ad hoc Committee recommends continuation of probation or dismissal, the procedure in Step 4 is followed.

Step 7: Ad hoc Review Committee. Toward the end of the second probation period, the Ad hoc Review Committee repeats Step 5. However, only two recommendations can be made: (a) removal from probation; or (b) dismissal from the program.

Step 8: Steering Committee. If the Ad hoc Review Committee recommends dismissal, the procedure in Step 4 is followed.

Appeal Procedure: If the psychology resident is dismissed from the program by action of the Steering Committee, he/she may appeal this decision to the Chair of the Department of Psychiatry and Behavioral Science. The Chair will appoint an independent Appeals Committee that can uphold, modify, or reject the decision of the ISC.

Whenever possible, disciplinary hearings and actions will be conducted within the framework of the Internship Program. However, this may not always be possible. An infraction could automatically trigger intervention by external persons or agencies.

B. Psychology Resident Grievance Procedure

In the event of difficulties with a supervisor or other grievances about training the psychology resident should:

Step 1: Raise the issue with his/her supervisor in an effort to resolve the problem.

Step 2: If the matter cannot be resolved with the supervisor the issue should be discussed by the psychology resident with his/her mentor.

Step 3: If the mentor cannot resolve the matter, is unavailable, or the mentor is the supervisor in question, the next level of recourse is the Internship Director.

Step 4: If the Internship Director cannot resolve the matter, the Director chooses a faculty member, acceptable to the psychology resident, who attempts to mediate the difference. At this point the faculty mediator requests written materials from the psychology resident and the supervisor. The mediator is chosen from a faculty panel whose members have agreed to serve as mediators.

Step 5: If mediation fails, the Steering Committee reviews the issue based on materials supplied by the psychology resident, the supervisor, and the appointed mediator. The psychology resident,

supervisor, Internship Director, and preceptor must be present. The Steering Committee has final discretion regarding outcome.

Possible issues for psychology residents include matters such as: poor technical supervision, inadequate time provision, relative unavailability of the supervisor, onerous workload, evaluations perceived as unfair, or conflicts over scientific ownership of ideas or data.

It is also possible that conflict might revolve around issues of rotation assignment or other matters that involve the Internship Director rather than the supervisor. In such situations

1. The mentor should discuss the issue with the Internship Director.
2. The mentor should assign the mediating faculty member who will discuss the matter with the psychology resident and the Internship Director.
3. In the event of failure to resolve the matter the Steering Committee reviews the issue and has final discretion regarding the outcome, as stated above.

Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level including by the University Ombudsman. These guidelines are intended to provide psychology residents with a means to resolve perceived conflicts that cannot be resolved by informal means. The internship class can pursue grievances without fear of retribution.

VI. Miscellaneous

A. Communications and IDs/badges/site requirements

Intra-program Communications

The primary method of communication by the program is by email. Email accounts are provided for all psychology residents and training faculty who have University of Washington faculty appointments. Residents should familiarize themselves with confidentiality issues in using email.

Psychology residents are expected to inform the internship office of their office and pager phone numbers at the beginning of each rotation. Psychology residents are expected to notify the training office of any change in their home address or phone number before or, as soon as possible, after the change is made. The Internship must be able to reach residents in case of emergencies.

Faculty are expected to provide the internship office with any changes to their address, office phone, or e-mail.

Communications outside of the Program

The Director is responsible for how the internship program is represented to the larger community. For example, the Director is responsible for overseeing the annual updating and editing of the brochure and website, and communications with APA, APPIC, and other professional groups.

IDs/badges/site requirements

Psychology residents are given an identification card (Husky Card) that shows that they are a University of Washington staff member. Do not lose, it costs you money to replace it. Many rotation sites (UWMC, HMC, SCH) require psychology residents to obtain a site-specific identification badge that must be worn at all times while working on-site.

B. Background Check Policy

Prior to beginning internship, all incoming psychology residents must pass a background check per the University of Washington policies. To read more about the background check criteria and process please review <https://hr.uw.edu/talent/hiring-process/background-checks/background-checks-overview/>.

For candidates that have consistently resided and worked in Washington for more than three years, the UW will run:

- Washington Access to Criminal History (WATCH) through the Washington State Patrol
- National Sex Offenders Check*
- Nationwide Federal Criminal Search*

For individuals who have not resided in the state of Washington for the previous consecutive 3-year period prior to their criminal conviction history background check, in addition to the above, the UW will run the following checks:

- National Criminal Database Check*
- Nationwide/International Place of Residence Criminal Conviction Check*

**The check is conducted by A-Check America, with results reported to UWHR in consultation with the Psychology Internship Program.*

Except as required by law, when evaluating conviction history, the University considers the nature of the criminal conviction(s), its relationship to the position for which the candidate is being considered, how much time has passed since the conviction(s), the candidate's complete employment history, records of relevant educational achievement, and any other information bearing on the candidate's ability to function reliably, lawfully, and safely as an employee.

Only after this full assessment is completed does UWHR, in consultation with the Psychology Internship Program, determine whether it is appropriate to disqualify a candidate from employment based on a criminal conviction record.

C. Financial Information

Psychology residents are paid twice a month, on the 10th and 25th; there is a ten-day lag in the payroll system. Psychology residents also receive benefits (medical and dental, etc.). Psychology residents can arrange to have direct deposit of their paychecks.

D. Transportation/Parking

There are **free shuttle buses** between UWMC and HMC, SCH (SCH badge required) and the outpatient clinics on Roosevelt Way N.E. (e.g., Outpatient Psychiatry Clinic).

- **Health Sciences Express** shuttle goes to Harborview, Roosevelt Clinic and the UW Tower <https://transportation.uw.edu/getting-around/shuttles/health-sciences-express>
- **UWMC to Fred Hutchinson** <https://transportation.uw.edu/getting-around/shuttles/uw-fred-hutch-south-lake-union>
- **All UWMC Shuttles** <https://transportation.uw.edu/getting-around/shuttles>
- **Seattle Children's Commute Services** <https://seattlechildrens.luum.com/commute>

Parking

Parking at many rotation sites ranges between expensive and difficult, to nearly impossible, the University encourages alternate transportation. Each location has its own parking options.

- **University of Washington** – <https://transportation.uw.edu/park/student-employee>
- **Northwest Hospital** – https://depts.washington.edu/neurolog/images/NW_CAMPUS_MAP.pdf
- **Seattle Children's Hospital**– <https://seattlechildrens.luum.com/commute>
- **Harborview Medical Center** – <https://www.uwmedicine.org/locations/harborview-medical-center#directions-tab> (select parking option for details)
- **Fred Hutchinson Cancer Center** – <https://www.fredhutch.org/en/about/contact-us/transportation.html>

UPASS

The UPASS is a UW benefit. All employees receive a **free** bus pass that comes with other privileges. The UPASS is connected to your Husky Card. More information about the UPASS can be found online here: <https://transportation.uw.edu/getting-here/transit/u-pass>

E. Immunizations

Since residents work in a variety of hospital settings, current proof of immunizations is required. Residents can complete their immunizations anywhere, but as staff they are eligible to receive their shots free of charge at the employee health clinic. If immunizations are done somewhere else, residents must provide copies of records which employee health will keep on file.

The vaccines required are:

- Tetanus Diphtheria (if the last one is over 10 years)
- MMR (need two documentations in which the first MMR and the second MMR are at least one month apart); or blood titer test
- Varicella (either history of disease, or vaccine in which the first and the second shot are at least one month apart)
- Hepatitis B (three series of three shots and the blood test for Hep B antibody level)
- TB test (this can change but, in the past, has been every year, if the last one is over 1 year, then two tests are required)
- The University of Washington or other training sites (Seattle Children's Hospital) may require additional vaccinations such as COVID vaccination or COVID boosters. *

**Religious exemptions may be granted based on the University of Washington employee policy.*

F. Other Resources

The Health Sciences library is located in the Health Sciences Building in T334. <https://hsl.uw.edu/>

VII. References

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