Samaritan Health Services Psychology Internship

2025-2026 Academic Year

Samaritan
Health Services

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ACCREDITATION/MEMBERSHIP STATUS

Samaritan Health Services Psychology Internship (SHSPI) is accredited by the American Psychological Association (APA) effective April 15, 2018. Our most recent site visit occurred August, 2025 and we are accredited through 2035. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st St NE, Washington DC, 20002

Telephone: (202) 336-5979

Website: www.accreditation.apa.org

Samaritan Health Services Psychology Internship (SHSPI) is a member of APPIC and participates in the APPIC Match. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

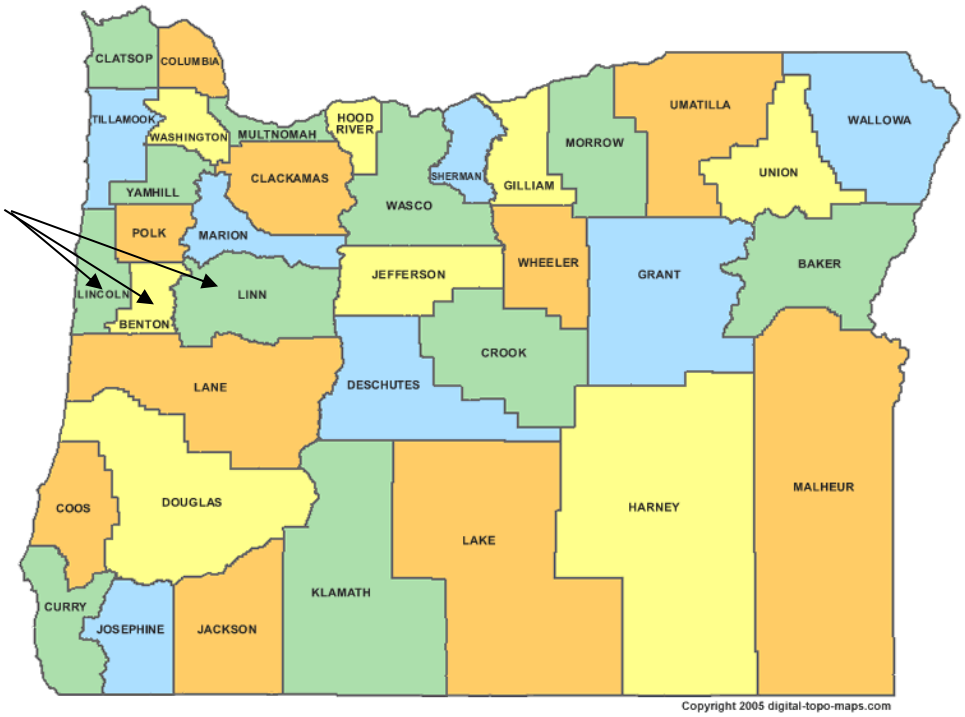
INTRODUCTION

Samaritan Health Services (SHS) is a network of hospitals, clinics, and health services located throughout the beautiful Willamette Valley and central coast region of Oregon. The network began in 1997 with two hospitals joining to serve the Mid-Willamette Valley and has grown to five hospitals, including a Level 2 trauma center in Corvallis, 100+ primary care and specialty physician clinics, a senior care facility, a partial hospitalization program, an inpatient unit, and several healthcare plans all with the goal of "building healthier communities together".

The SHS internship year allows interns the opportunity to use and further develop clinical and research skills in a variety of settings and with different populations. The goal of the internship is to ensure the development of proficiency across the basic areas of clinical and health psychology, including assessment, therapy, consultation, and research. The focus is on generalized training in preparation for a formal post-doctoral residency program. This is accomplished in two different primary and secondary settings. These settings range from rural health care in Linn and Lincoln Counties to more urban settings in the Mid-Valley. Although each clinic setting is unique and has its own specialized opportunities, each rotation is in a primary or specialty care clinic where interns work as part of a multidisciplinary team with a focus on integrated behavioral health care rather than a co-located model. In these clinical settings, interns work with patients referred from physicians and advanced practitioners who have a health concern that is being impacted by a behavioral health condition. As part of the integrated health care model, interns work with referred patients on a short-term basis to target behavioral health habits and concerns, helping patients to develop a healthier lifestyle and more effective coping skills. Interns also consult with and make recommendations to medical personnel to ensure patients are

receiving optimal health care. In addition to individual therapy and assessment, interns have the opportunity to lead and co-lead a variety of behavioral health groups such as behavioral cardiology and perinatal support groups.

Each clinic is unique and located in a distinctive geographic location in Oregon, which allows interns a variety of patient populations with which to work. The Mid-Valley regions are culturally diverse and tend to be more broadly represented on the socio-economic spectrum. The coastal region is more rural and allows students the opportunity to work with a culturally diverse population of adult and adolescent patients, many of whom have typically been underserved. This area has a high incidence of patients with drug and alcohol addictions, as well. Interns are required to travel to and from these sites, thus it is advisable that they have their own transportation. Travel times between sites vary, but typically range from 20 min to 2 hours depending on clinic rotations. A map is provided for your convenience.



MISSION STATEMENT

Equip the psychologists of tomorrow by providing ethical, comprehensive, integrated and innovative training in the field of health psychology.

TRAINING PHILOSOPHY

SHS is dedicated to educating and training upcoming practitioners in psychology. As the national healthcare model adapts, it is appropriate and important for psychologists to be skilled in collaborating with other healthcare professionals in order to best serve the public. Such proficiency requires being well-informed about the interplay between physical and psychological health, driving use of the

biopsychosocial model. Similarly, as psychologists merge into medical primary care clinics, generalist training is key in effectively providing primary psychological care. Thus, the Samaritan internship program espouses a **generalist training model; this includes traditional mental health services, health psychology, and medical/health-focused assessment** as the most salient areas of training for primary care. Effective psychologists must also have skill in reviewing literature and research, as well as clinical skills. To achieve this goal, our training program adheres to a **practitioner/scholar model**. Interns learn how to responsibly consume evidence-based research as well as how to consult with patients and physicians.

Profession-Wide Competencies:

Internship training focuses primarily on meeting the profession wide competencies laid out by the APA Standards of Accreditation (SoA). Generally, these competencies cover the intern performance in: direct patient services, ethical practice, utilization of research, interpersonal and professional presentation, provision and receipt of supervision, and interprofessional functioning within a wide population and a variety of clinical presentations. Additionally, there is an emphasis within the program on leadership and organizational navigation, and patient advocacy and empowerment. At the outset of clinical rotations, interns and supervisors meet to discuss and develop objectives for training based on individualized needs and interests, in relation to the SoA competencies. The nine specific competencies consist of:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

PSYCHOLOGY INTERNSHIP PROGRAM STRUCTURE

The SHS psychology internship program emphasizes generalist and medical/health psychology knowledge and skills. According to APPIC, the results of Match are binding. The internship consists of three different rotations and each rotation

consists of a “Major” area of emphasis (24-32 hours per week) and an optional “Minor” area of emphasis (8 hours per week maximum; optional). The other 8 hours of the training week are divided amongst didactics, research activity, class socialization, and administration activities. Interns work with the Training Committee to develop their training plan for the year at the outset of internship. Please refer to the “training experiences” section at the conclusion of this section for a listing of all the different rotations available. A sample training plan for the year is provided below.

At least two of the three major rotations during the training year consist of experiences emphasizing integration of mental and behavioral health services within primary care. These are primary care placements, with the intern operating as a part of an integrated care team. While the overall goal of this track is to provide experience within a Behavioral Health Consultant model of care, there is some variation in implementation that is based on supervisor style/practice, population being served, and specific clinic needs and set up. Additionally, we encourage trainees to select rotations in our rural communities and clinics. Typically, a caseload will include: patients with a primary mental health diagnosis, patients with a primary medical diagnosis or condition, and a high level of comorbidity of both mental and behavioral health conditions.

The internship is devoted to training clinical health psychologists capable of functioning as scientific investigators and as practitioners, consistent with the highest standards of clinical health psychology. This is in line with APA Division 38 language for advancing the role and contribution of the field in the understanding and treatment of health and illness, through a lens of integration. Additionally, the standards of accreditation for health service psychology (HSP) identify several common elements to training in this area, which are guiding principles for this track and internship program as a whole: 1) integration of empirical evidence and practice, 2) progressive training, providing a graded and ultimately cumulative or comprehensive experience for the provision of services, 3) engagement in actions and practices demonstrating respect and understanding for cultural and individual differences and diversity. Trainees have the option to include available specialty health clinics as minor rotations through the year, and/or complete a more assessment-based minor with neuropsychology. The minor is equivalent to 1 day a week.

Intern preference for rotations is of course taken into consideration when designing a training plan in collaboration with the Training Committee. The training plan is meant to meet the training needs of the interns by providing opportunities to develop skills needed for taking the next professional step into residency and/or as an entry level psychologist. Not all preferences can be accommodated through the training year due to unforeseen changes that can occur within the program and/or organization.

Training Experiences

Training experiences span the Mid-Valley and coastal regions. Specific details of available rotations and supervisors are below. We are proud to offer multiple training sites with skilled psychologists; however, some sites have limited availability for rotation (e.g., minor rotation only). This may be affected by hours faculty is available or whether faculty members have two years licensure per Oregon regulations. Further, with changes following the COVID-19 pandemic, the hospital has implemented safety precautions and provides personal protective equipment (PPE) that may be required of both staff and patients at various times in the year depending on community viral load and hospital policy. Trainees will be provided with PPE per hospital regulations; however, it is important that trainees are aware of potential risks for various rotations in order to make a decision when developing training plans for the year.

Training Experiences– East Linn County

Park Street Clinic

At Park Street Clinic, Dr. Geoffrey Schaubhut sees patients aged 14 and older with behavioral health and psychological concerns. He conducts functional assessments, brief psychotherapy and cognitive screenings. The Park Street Clinic has a full-time physician and two physician assistants. Typical referrals may include smoking cessation, weight concerns, diabetic management, adjustment to a medical condition, depression, anxiety, trauma and stressor-related concerns, and adjustment to situational/interpersonal stressors. The primary supervisor for this location is Dr. Schaubhut. **This experience is available as both a major and minor rotation**.

Training Experiences – Albany and Corvallis

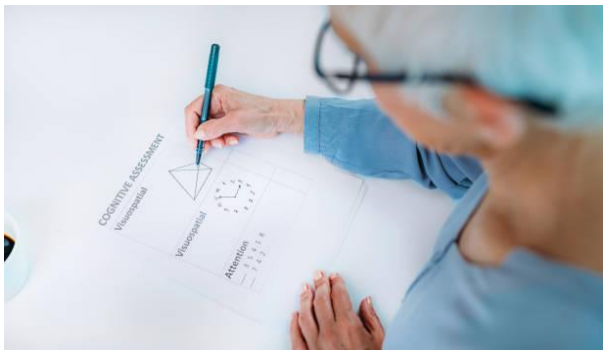
Samaritan Family Medicine-Geary Street

Samaritan Family Medicine-Geary Street is a department of Albany General Hospital. Samaritan Family Medicine-Geary Street treats patients across the lifespan and consists of 11 primary care physicians, two physician assistants, two medical care coordinators, one community health worker, and two primary care psychologists. On-site services also include pharmacy, walk-in care, laboratory, and X-ray. Geary Street is a Level 3 Patient-Centered Medical Home and staff participate in true integrated biopsychosocial care. The primary supervisor for this clinic is Dr. Andrew Iraheta. **This experience is available as both a major and minor rotation**.

Albany OB/GYN

At the Albany OB/GYN Clinic, Dr. Zdenkova sees primarily patients age 17 and older with mental and behavioral health issues. She conducts functional assessments and provides time-limited, evidence-based treatment, primarily from a CBT approach but also integrating interpersonal therapy and narrative techniques. Common presentations include perinatal mood disorders, loss and grief, pregnancy complications, traumatic birth experiences, pelvic and endometriosis pain, and other women's+ health and mental health concerns. Trainees will also gain experience with high-risk patients in terms of pregnancies and complications, as well as suicide risk and other complex presentations. This clinic has four obstetrics/gynecology physicians, a nurse practitioner, two triage nurses, and a maternity care coordinator. The primary supervisor for this location is Dr. Zdenkova. **This clinic is only available as a minor rotation.**

Samaritan Neuropsychology- Albany



The neuropsychology outpatient clinic at SHS serves primary care and specialty medicine by evaluating cognitive and psychological functioning of patients in the region to aid in differential diagnosis and the development of treatment plans. The clinic serves a wide range of patients, from adults to older adults; thus, there is ample opportunity to learn a wide range of testing methods and gain experience with a broad range of disorders.

The training on this rotation emphasizes knowledge of the following domains: cognitive models and normal brain functioning, neuroanatomy, neuropathology, neuropsychology practice models (e.g., selection of test instruments from a fixed-flexible battery), statistical properties of tests, case conceptualization and test interpretation, efficient report writing and feedback to referring providers, effective interaction with other disciplines as a consultant, and patient feedback and follow-up. The goal of this rotation varies depending on the intern participating in the rotation. The emphasis in this rotation is on developing a working knowledge of these different domains such that the intern is able to perform basic cognitive screens (e.g., SLUMS, MMSE, ASRS, WURS, etc.) in a primary care clinic to determine best treatment approaches. Some basic experience with assessment is expected prior to choosing the neuropsychology clinic rotation. The primary supervisor for this clinic is Dr. Robert Fallows. **This experience is available as a minor rotation.**

Samaritan Cardiology – Corvallis

At Good Samaritan Regional Medical Center's Heart & Vascular Institute, Behavioral Health plays an important role as a member of the Heart Center team, including through the provision of behavioral health services to adult patient with cardiovascular disease. This robust clinic is comprised of 30 providers, which includes cardiologists, cardiac electrophysiologists, advanced practitioners as well as cardiology fellows. Dr. Jules Cunningham conducts functional assessments with an emphasis on developing plans to manage cardiovascular behavioral risk factors and promote adjustment to living with a cardiac condition. Behavioral health follow-up visits incorporate evidence-based interventions including motivational interviewing, CBT, ACT, and psychoeducation. Behavioral Health is also available to meet with cardiac patients through warm hand offs. Common referrals include health behavior change such as smoking cessation, increasing exercise engagement, and facilitating adoption of heart healthy dietary practices; promoting patients' self-management of cardiac conditions including Heart Failure; and addressing depression and/or anxiety that has emerged following a major cardiac event or diagnosis. As part of this rotation, interns also have the opportunity to co-lead a group-based program called Minding the Heart: Stress Management for Heart Health. They may also have the opportunity to participate in our Primary Prevention of Cardiovascular Disease Evaluation Clinic, a collaboration between cardiology and behavioral health that was created to identify and address existing risk factors that increase the likelihood of developing a heart condition. The

primary supervisor for this rotation is Dr. Jules Cunningham. **This experience is available as both a major and minor rotation.**

Samaritan Family Medicine Resident Clinic- Corvallis

The training on this rotation emphasizes clinical integration in a primary care setting within a family residency training clinic. The clinic operates with eight physicians, 22 resident physicians, 10 medical interns, additional medical students, two primary care psychologists, a clinical pharmacist, and a dietician. The training on this rotation emphasizes knowledge of the following domains: cognitive models and associated brief interventions for both mental and behavioral health concerns, case conceptualization and screening measures interpretation, efficient documentation and feedback to the medical providers and staff, effective interaction with other disciplines as a consultant, modelling and teaching behavioral health practices to medical residents, and patient feedback and follow-up. Optional training experiences, if available, may include bariatric evaluations and gender affirming evaluations. Navigating the clinic requires a behavioral health consultant model of clinical service and communication. The goal of this rotation varies depending on the intern participating in the rotation. The primary supervisors for this clinic are Dr. Terra Bennett-Reeves and Dr. Austin Lau. **This experience is available as both a major and minor rotation.**

Training Experiences – Coastal Clinics

Because this clinic is geographically remote, students choosing this rotation will have the option of staying in a dorm-type setting located near the clinic.

Samaritan Lincoln City Medical Center

The training on this rotation emphasizes clinical integration in a primary care setting with an emphasis on helping interns develop skills in assessing needs of patients, brief therapy, and consulting with physicians. Other unique aspects of the coastal rotation include its rural setting and distinctive population with opportunities to work with adolescents, adults and families. Lincoln City is a small, picturesque coastal city of 10,000 people that swells to over 30,000 in the summer due to tourism. The dichotomous population ranges from wealthy individuals whose 2nd or 3rd home in Lincoln City allows them to live here part time and a large

percentage of people on the low end of the socio-economic spectrum who are considered underserved. Many patients struggle with drug and alcohol abuse, poverty, isolation, depression, and anxiety. The primary supervisor for this site is Dr. Heather Allen. **This experience is available as a major rotation.**

Additional Experiences

Evidence Based Psychotherapy

In addition to the major and optional minor rotation experiences, all interns participate in a year-long rotation in evidence-based psychotherapy. Some examples of modalities may include Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), or Prolonged Exposure (PE). Each intern is expected to provide evidence-based psychotherapy throughout the year and training is provided upon entering the program and throughout the year during supervision. This experience is housed in the Mental Health department and with patients who have a current referral to specialty mental health. Each intern conducts evidence-based psychotherapy under supervision, carrying a minimum of two cases with one supervisor for the year. Supervision for the evidence-based psychotherapies is in addition to rotation-specific supervision and interns choose a different supervisor housed in the Mental Health department.

Supervision

Each week interns receive a minimum of 2 hours of formal individual supervision with their primary major rotation supervisor and a minimum of 1 hour of individual supervision from their minor rotation supervisor (if applicable). Additionally, interns receive 1 hour of individual supervision with their evidence-based psychotherapy supervisor each week, as well as 1 hour of group supervision with the Director of Clinical Training (DCT) and/or the Associate Director of Clinical Training (aDCT). Altogether, interns receive a total of at least 4 hours of individual and group supervision each week, with interns who opt to complete a minor rotation receiving 5 hours. More information about supervision and the evaluation process of the internship is located in the supervision and evaluation section of this handbook as well as the supervision policy and procedure (Appendix A) and the telesupervision policy and procedure (Appendix B).

Opportunities may also be available to provide layered supervision to practicum students from Pacific and/or George Fox University. Availability of this opportunity depends on if current supervisors have space within their clinics to accommodate training a student alongside an intern. If layered supervision is not available, opportunities for education, discussion, and skill building around supervision will be provided through the year in the form of didactics and support in individual and group supervision experiences.

Research

Research is a necessary component to the field of psychology and working out of a practitioner-scholar training model emphasizes the need for critical research consumption and implementation which is enhanced by prior research experience. Therefore, group research projects are a part of the internship year.

Interns will meet with faculty at the beginning of the year and discuss research opportunities that are available within the program. While research interests may be informed by an intern's dissertation area, the research must be separate from the dissertation. Regardless of the type of project chosen, interns will need to complete CITI training, the expense for which is covered by SHS.

There are multiple ongoing research projects and several potential projects carried out by staff. Interns are encouraged to consider population health-based projects that are reflective of Samaritan's mission of "building healthier communities together." Once interns choose a research mentor, they are required to submit a proposal to the research sub-committee of the Training Committee. The initial recommended deadlines for materials are described below, but may be edited by the research chair as approved by the DCT/aDCT. Examples of acceptable projects include:

- Quantitative Study: Any project that uses statistical procedures to examine individual or group differences. Projects should be retrospective in nature given the time requirements of this type of project; however, prospective projects can be considered (see program development). Data can be pulled from the electronic medical record system (i.e., Epic) for a number of different variables (e.g., questionnaire data, lab values, visit frequency, etc.). A proposal to the IRB is required for this type of research; however, use of retrospective data should qualify for an expedited review.

Task	**Due date** ***(tentative)***
IRB protocol submitted	2nd Thursday of November
Variables from Epic/Repository identified and request submitted to gather information	2nd Thursday of December
Dataset is organized and prepared for next step of analysis, and a request is put in to SHS Research (Andy Hertel) to analyze the data	2nd Thursday of January
Introduction and methods section of the poster completed	4th Thursday of January
Results received from SHS research and compiled into poster	3rd Thursday of February
Abstract for the regional scholarly symposium emailed to shsresearch@samhealth.org	TBD
Poster formatted and finalized, submitted to mentor for review and edits	TBD
Poster submitted to SHS Research for review and printing	TBD
Poster presented at SHS Research Week	TBD
Poster/PowerPoint presented at BH department meeting	TBD

- Program Evaluation: Any project that uses a systematic method of collecting and analyzing data to answer questions about different projects, policies, or programs. Program evaluation is not considered human subject research, but a proposal to the IRB to confirm exempt status is required. The Training Committee endorses the CDC approach to program evaluation, found at: https://www.cdc.gov/eval/approach/index.htm

Task	**Due date** ***(tentative)***
IRB protocol submitted	2nd Thursday of December
Engage stakeholders	3rd Thursday of October
Describe the program	4th Thursday of November
Focus the evaluation design, submit IRB protocol	2nd Thursday of December
Gather credible evidence	2nd Thursday of February
Draw and justify conclusions	1st Thursday of March
Abstract for the regional scholarly symposium emailed to shsresearch@samhealth.org	TBD
Poster formatted and finalized, submitted to mentor for review and edits	TBD
Poster submitted to SHS Research for review and printing	TBD
Poster presented at SHS Research Week	TBD
Poster/PowerPoint presented at BH department meeting	TBD
Ensure that results are used and share lessons learned with stakeholders	3rd Thursday of June

- Program Development: Given the short duration of the internship training year, it may not be possible to fully develop and thoroughly review a program. As such, program development without formal evaluation will be considered. This project should contain a literature review and rationale for the program. The proposed program implementation should be detailed and there needs to be at least one measure for examining patient/program response to the implemented program. Interns should be aware that this type of work is generally considered human subject research that will require full review of a protocol by the IRB (including development of a consent form and consenting process) given prospective hypothesis, intervention application, and measurement of response to intervention.

Task	**Due date** ***(tentative)***
Complete literature review and rationale for program, include in full IRB proposal and submit to IRB	2nd Thursday of November
Manage logistics (e.g., set dates and reserve location for project implementation) and respond to IRB requests	Throughout December
Approved protocol received from IRB	End of December
Implementation of program	3rd Thursday of January
Completion of program and gathering of data	3rd Thursday of February
Data is cleaned, organized, and a request is put in to SHS Research (Andy Hertel) to analyze the data	4th Thursday of February
Results received from SHS research and compiled into poster	2nd Thursday of March
Abstract for the regional scholarly symposium emailed to shsresearch@samhealth.org	TBD
Poster formatted and finalized, submitted to mentor for review and edits	TBD
Poster submitted to SHS Research for review and printing	TBD
Poster presented at SHS Research Week	TBD
Poster/PowerPoint presented at BH department meeting	3rd Thursday of June

- Systematic Literature Review: A systematic literature review critically evaluates research in a manner that helps to answer a clearly formulated question. This is different from a literature review which only provides a synopsis of current research. The Training Committee endorses the Cochrane method for Systematic Literature Reviews, found at: https://training.cochrane.org/interactivelearning

Task	**Due date** ***(tentative)***
Review protocol written	3rd Thursday of November
Study search completed	2nd Thursday of December

Study selection and data collection completed	3rd Thursday of January
Data analyzed and results interpreted	4th Thursday of February
Abstract for the regional scholarly symposium emailed to shsresearch@samhealth.org	TBD
Poster formatted and finalized, submitted to mentor for review and edits	TBD
Poster submitted to SHS Research for review and printing	TBD
Poster presented at SHS Research Week	TBD
Poster/PowerPoint presented at BH department meeting	TBD

The proposal to the research sub-committee provides a chance to receive feedback on whether the proposed project meets the threshold of research required as part of the internship, but also is feasible in the time frame allotted. The proposal should not exceed one page and must include the following elements:

- Dissertation: Two to three sentences on your dissertation, providing a brief overview as well as current status.
- Project Question: What is it that you are proposing to do and why have you chosen one of the four methods above to do this? This section should not exceed two paragraphs.
- Previous research: Brief overview on what research has been done in this area already. This section should not exceed two paragraphs.

Consistent with APA guidelines, authorship and level of contribution should be determined at the outset of the research project. To help facilitate this process, interns are encouraged to discuss authorship with their research mentors, review the APA requirements (https://www.apa.org/science/leadership/students/authorship-paper) and consider using a contribution score card to determine authorship order.

The dates for the remainder of the project completion vary by project type; however, the expectation for successful completion is a poster presentation at GME research week as well as a "community" presentation. Examples of community presentations include presenting at Samaritan grand rounds, hosting a lunch and learn, or delivering a didactic lecture for another program.

Posters presented at research week as well as posters/PowerPoint presented during community presentations must be reviewed by the research mentor and a member of the research department. Additionally, any faculty member that contributed data

to the project should also be consulted throughout study completion and must approve any final product.

Authorship should reflect the trainee (first author) and any faculty member who contributed data/review of the final project. Further, depending on the level of data analysis/consultative support provided, interns are encouraged to consider including collaborators from research and development in authorship. Although the final product is a poster presentation delivered during the Graduate Medical Education Research Fair and didactics, interns are encouraged to present their research at a local or national psychology/medical health related conference. Interns with research experience, who have the time and support of their mentor, may consider writing a manuscript; however, interns should understand that this is a significant undertaking that will inevitably require input past the internship year due to the length of time peer-review can take. Up to 2 hours are allocated for this project on a weekly basis while the project is being completed, usually occurring at the end of the didactic day. Of note, clinical time cannot be used to work on research. The previous projects completed include:

Reppeto, H., Tuning, C., Olsen, D., Mullane, A. & Smith, C. (2018). Triple aim: Benefits of behavioral health providers in primary care. Journal of Health Psychology; DOI: 10.1177/1359105318802949

Olsen, D., & Fallows, R. (2018, October). A case study on young adult patient with non-verbal learning disability. Presentation at Adult Grand Rounds at the National Academy of Neuropsychology Annual Conference, New Orleans, LA.

Vasoya, B., James, C., Bennett-Reeves, T., Yassin, S., Fallows, R., & Mullane, A. (2018, May). Normative data for the MMPI-2-RF and an exploration of the effects of ethnic background on psychological profiles in a college athlete population. Poster presented at the Samaritan Health Services Research Week, Corvallis, OR.

Note: Poster also presented at the Oregon Psychological Association Annual (OPA) Conference (2019, May), Eugene, OR. Recipient of the 2019 OPA Diversity award.

Khoukaz, K, Fong, M., Rullan-Ferrer, L., Hurd, C., Mullane, A., Domingo, S., Fallows, R., and Smith-Watts, A. (2019, May). Validation of the Pillbox Test in older adults with and without dementia. Poster presented at the Samaritan Health Services Research Week, Corvallis, OR.

Stierley, D., Chua, J., Indorewalla, K., Mills, J., Pipitone, O., Koenig, A. & Fallows, R. (2020, June). Establishing cut-off scores for embedded performance validity measures among collegiate athletes. Poster presented at the American Academy of Clinical Neuropsychology Annual Conference, Washington, D.C.

Note: Poster presented at the SHS Research Week (institutional presentation) in May 2020.

Hymen, E., Petersen, D., Slater, L., Fallows, R., Watts, A., & Pipitone, O. (2021, May). Program evaluation of multidisciplinary dementia group. Poster presented at Samaritan Health Services Research Week, Corvallis, OR.

Greenman, K., Dadashadeh, S., Robertson, S., Pipitone, O., Smith Watts, A., Fallows, R., & Vasoya, B. (2022). Reliability of the Millon Behavioral Medicine Diagnostic in pre-surgical bariatric weight-loss evaluations. Manuscript submitted for publication.

Note: Poster also presented at the Samaritan Health Services Research Week (April 2022), Corvallis, OR.

Lau, A., Burkhard, S., Maxson, C., Coskey, O., Herrera, Z., Elmquist, J., Smith Watts, A. (2023, May 6). The relationship between burnout and severe and persistent mental illness among primary care providers. Poster presentation at Oregon Psychological Association, Oregon City, OR.

Note: Poster also presented at the Oregon Psychological Association Annual (OPA) Conference (2023, May), Eugene, OR. Recipient of the 2023 OPA Professional and Relational Competency award.

Wakefield, R. N., Liu, K. Y. E., Herrera, E. Z., Petersen, D. R., Elmquist, J. M., & Smith Watts, A. K. (2024, May). WHO's engaging with services? Understanding the role of referral type on patient engagement. Poster

presentation at Samaritan Regional Scholarly Symposium 2024, Samaritan Health Services, Corvallis, OR.

Note: Research also presented at Samaritan's Lunch & Learn series and Grand Rounds.

Soto, A.V., Kaur, D., Wu, J.W., Hertel, A., Elmquist, J., Bennett-Reeves, T., Zdenkova, P. (2025, May). Comparing perinatal outcomes among cannabis users and non-users. Poster presentation at Samaritan Regional Scholarly Symposium 2024, Samaritan Health Services, Corvallis, OR.

Note: Research also presented at Samaritan's Lunch & Learn series and Grand Rounds.

Didactics and Socialization

Another goal of the internship is to provide interns further classroom style education about various areas of psychology. The goal of this is to continue to build knowledge base, but activities place particular emphasis on skill development. To meet this need, the program at SHS provides 2 hours of didactics per week focusing on a variety of issues, including intervention, research, and assessment. Issues relating to diversity and ethics are infused into all didactic topics and presented by a wide range of speakers, including professionals in the Samaritan system but also community leaders/providers. The internship class also has a socialization hour, each week, to coincide with the day didactics are offered in order to foster a strong internship class. Didactic topics may include:

- Health Behavior Assessment
- Risk Assessment and Reporting
- Spiritual and Cultural Diversity
- Understanding Diversity in Gender & Sexual Identity
- End of Life and Palliative Care
- Ethical Decision Making
- Skill-Based Approaches to Chemical Dependence
- Empirically based therapies
- Assessment overview
- Military culture
- Psychopharmacology
- Professional and career development

- Presentations from peers to cohort and Training Committee (see Presentations section)

Journal Club

In addition to didactics, interns participate in a journal club that meets for 30 minutes most weeks. The journal club alternates between diversity topics one week and health psychology topics the next week. Interns rotate responsibility of choosing an appropriate article for the group to review (at least one week in advance). The presenting intern provides a review of the article, including the prior research, the methodological strengths and weaknesses of the study or review, results, and how the article can be incorporated into clinical work. A template to consider using includes:

1. Describe what type of article it is (e.g., review, empirical, chapter, etc.)
    a. Empirical
        i. What was the previous research (if any)?
        ii. What was their hypothesis?
        iii. Was their statistical approach sufficient/appropriate? Why or why not?
        iv. What were the results?
            1. What was statistically significant?
            2. Does it have clinical significance?
        v. What are the limitations of this research?
    b. Review/Chapter
        i. Provide a walk-through of the text, but avoid just reading the information back
        ii. Think about:
            1. What did you know about this going into it?
            2. What did you learn about as a result of this reading?
            3. What would 5 take away points?
2. Evoke group discussion
    a. What are the implications of this research?
    b. Where does future research need to be done?
    c. Are there any important ethical considerations?
    d. Does this apply to people of different diversity than the study group (e.g., think broad… age, gender, ethnicity, disability status, LGBTQ, etc.)
    e. One other question of your choosing.

Diversity Meeting

The diversity meeting occurs on the 1st Thursday of the month (at the bolded times in table below). The meeting includes opportunities to discuss cultural sensitivity and explore personal/professional challenges with the cohort, Diversity committee, and the postdoctoral fellows. This time will also be used to review monthly reflection assignments and to work on intern's personal diversity project.

8:00am-9am	Diversity Discussion group with Psychologist Resident(s)
9-11am	Didactics
11am-Noon	Diversity Meeting (Monthly topic)

Objectives: The objective of this seminar is to provide trainees with the sensitivity, awareness, knowledge, and skills in an effort towards cultural humility in the field of psychology. At the conclusion of the seminar, trainees will be able to:

1. Identify and describe how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
2. Identify and describe salient aspects of their patient's unique worldview and how to successfully integrate this into assessment and treatment.
3. Recognize the need for consultation, and properly identify/utilize culturally relevant knowledge bases and resources.
4. Implement successful multiculturally competent assessment, intervention, and professional communication skills within clinical practice, supervision, and consultation.

Expectations:

- Attendance is mandatory. If absent, trainees are still required to turn in their assignment for that week.
- Each trainee will complete two out of the presented materials (reading or audio-visual) and prepare one question for the group to discuss.
- Trainees complete a Reflection Assignment using the Reflection Worksheet for each seminar. These are meant to support interns in getting comfortable with active engagement and will be utilized accordingly.

- Each trainee will develop a diversity project that will facilitate personal growth in a domain of diversity. The project will include engaging in experiential activities and final dialog within the diversity seminar.

Tasks:

- **Seminar activities, readings, videos, discussions, and trainee presentations.**
  - While you are encouraged to challenge your own comfort with these topics, we are not requiring you to disclose to a level that feels unsafe or unnecessarily uncomfortable to you.
  - This is not an evaluative process, meaning that your participation in the Diversity Seminar will not have any bearing on your progress in the internship. You will not be negatively evaluated if you have a personal reason for not choosing to disclose something about yourself or your experience of the seminar. With that said, we highly encourage participation as we have found the experience to be a great opportunity for self-reflection and growth.
  - All assignments allow for varying degrees of self-disclosure. We all come to this at different developmental levels and the seminar organizers understand that.

- **Diversity Discussions**
  - These meetings are facilitated by the Psychologist Resident(s) to support consideration of diversity within daily life and internship experiences, in a non-evaluative space. Within the first meeting, group expectations, ground rules and flexibility for the purpose of these discussions will be set. The diversity discussions can include structured learning, case consultation, discussion of community experiences/activities, and broader scholarly learning. The intention of these discussions is to provide a space to reflect on personal experiences, examine biases, and process micro-insults.

- **Diversity Project**
  - The Diversity Project is an individually developed set of experiences over the course of the year, derived from a spark of interest in a culture/identity/community/etc. unfamiliar to yourself. It would be best that these experiences support you in moving towards an area of growth within a topic of diversity (e.g., derived from the ADDRESSING

framework) though we welcome the recognition that culture is a broad concept that can be observed within any collection of individuals.
- The selection of one experiential activity per block is meant to be a personal process and as such we welcome the consideration of all options. Pre- and Post-reflections will be completed to support observing prior knowledge, personal biases, gained knowledge, understanding of related problems (including intersectionality), and consideration of actions that effectively promote wellbeing and safety.
- The final outcome of this project will be a conversation led by the intern (15-20 minutes, including time for group discussion) describing your experiential activities and summarizing the reflection process.

Family Medicine Resident Didactic

Interns may be joined at didactics by a family medicine resident for part of the year. Family Medicine Residents rotate in 2-week blocks through the year in one of the weeks they are attending didactics they will provide a 30-minute talk on a topic of interest to the interns after journal club. These informal presentations are designed to increase interprofessional communication while building some of the medical knowledge of psychology trainees. Previous topics have included: diabetes medication, diabetes pathology, thyroid functioning, IBD and IBS, and oncology medications.

Presentations

Psychologists are called on to develop presentations for a variety of audiences and being able to do so is an essential skill. Therefore, each intern is required to develop one presentation with a primary supervisor throughout the training year, not based on their dissertation, and deliver that talk in a group format. Possible venues might include clinic meetings with multidisciplinary teams or grand rounds at a hospital.

In addition to this presentation, there is a requirement that each intern present on cases to their class and members of the Training Committee throughout the year. Interns are required to present two therapy and one assessment case. These presentations take place during didactics throughout the year. Feedback regarding both the general presentation and the specific therapy and assessment presentations is provided to the intern.

Training Committee

The Training Committee is composed of psychologists within SHS who design, evaluate, and modify the doctoral internship program. The Training Committee is composed of a subset of faculty supervisors. Feedback from the current internship class is essential in making sure that training needs are being met in the most effective manner. Therefore, each intern is responsible for serving as the Chief Intern to the Training Committee for a 3-6 month period. The chief intern will attend the first 5-10 minutes of a Training Committee meeting once a month and report any concerns or feedback the intern class may have. Additionally, all interns are encouraged to, and supported in, providing both formal and informal feedback throughout the year. More information on the Training Committee can be found in the "Operations of the Training Committee" section below.

Chief Intern

In addition to reporting to the Training Committee, the Chief Intern is responsible for sending out weekly reminders to the SHS Behaviorists and Family Medicine Resident regarding didactics, journal club, and upcoming events. A template is provided by the Training Committee to facilitate this.

Mentors

Our trainees are supported through the year by one to two mentors who serve as non-faculty members of the training program. Their role is to provide support to their intern cohort, advocate and protect the trainees in resolving varying professional issues, and facilitate communication between the training committee and the trainees. To accomplish this, they host lunch meetings with the and briefer virtual meetings with the trainees to provide support. Mentors provide feedback and guidance to the training committee as needed.

Sample Training Plan

Upon start of the training year with Samaritan, interns meet with the DCT and aDCT to review program materials and proceed through hospital and department orientation. Ultimately, there are several training clinics and supervisors to choose from in creating the Major/Minor/Long Term case combination for each training Block. To assist the interns in creating their plan, during the orientation period at the outset of the year, they are introduced to and spend time with each supervisor in rotation meetings/presentations. During this time the supervisors provide a detailed description of their site and supervisory style. The interns are encouraged to take notes and ask questions during these meetings. The interns are then given a

Block 1-3 worksheet with space to fill in Major, Minor (optional), and Long-Term Case locale and supervisor through the entire year, including days of the week on service. This year long plan is then vetted with the Training Committee who ask follow-up questions in relation to the intern's overall career trajectory and how their plan informs or adds to that trajectory, as well as how their plan challenges them in areas of growth. A plan can be approved or amended during the Training Committee vetting, which is done collaboratively with the intern. If needed, this plan can be adjusted through the year with approval from the Training Committee. The intern will be asked to bring such requests to the Training Committee for discussion, and with the intern it will be determined if the change can be accommodated. A sample training plan may look like the following:

Medical/Health Track *(Maximum 5 hours supervision, 5 hours didactic/research, 28 hours direct service)*

<table>
<tr><th></th><th>First Rotation</th><th>Second Rotation</th><th>Third Rotation</th></tr>
<tr><td>Major Emphasis
(19 direct hours, 2 supervision hours)</td><td rowspan="2">Samaritan. Family Medicine-Geary Street (no minor rotation)</td><td>Park Street Clinic</td><td>Samaritan Family Medicine Resident Clinic</td></tr>
<tr><td>Minor Emphasis
(7 direct hours, 1 supervision hour)</td><td>Cardiology</td><td>Albany OB/GYN</td></tr>
<tr><td>Evidence Based Psychotherapy
(2 direct hours, 1 supervision hour)</td><td colspan="3">Year Long</td></tr>
<tr><td>Research, Didactics, Socialization, Group Supervision</td><td colspan="3">Year Long</td></tr>
</table>

Throughout the week, interns are expected to work no less or more than 40 hours per week. The workday mirrors the structure of the primary supervisor’s workday. Each intern receives a maximum of 5 hours of supervision per week, 4 hours being individual and 1 hour being in a group. The 28 clinical hours are based on 4 clinical days (between major, minor, and long-term cases), which would provide a total of 32 hours, minus the 4 hours of clinical supervision then received. The fifth day, to make a 40-hour work week, is spent in didactics, group supervision, journal club, diversity meeting, research, and administration time for the interns. With this in mind, a sample week may look like the following:

	Monday	Tuesday	Wednesday	Thursday	Friday
Activity	Minor Rotation	Major Rotation	Major Rotation and two long term therapy cases	Didactics, Group supervision, research, journal club, diversity meeting, admin time, and socialization	Major Rotation
Clinical Hours	7	7	7	0	7
Non-Clinical Hours	0	0	0	7	0
Supervision	1	1	1	1	1

SUPERVISION AND EVALUATIONS

As previously mentioned, psychology interns are provided with a minimum of 4 hours of weekly supervision. Two hours of formal individual supervision are provided with the major rotation, 1 hour of formal individual supervision with the EBT yearlong supervisor, and the remaining 1 hour of supervision consists of group supervision with the DCT/aDCT. Interns who opt to complete a minor rotation receive an additional hour of formal individual supervision each week for a total of 5 scheduled hours. Please review Samaritan's policy on supervision (Appendix A).

As part of supervision, interns are required to complete weekly supervision logs for all supervision experiences (other than group supervision). Our program coordinator sends supervision logs weekly via New Innovations. Supervision logs are a tool to track interns' supervision hours, topics and patients that were discussed, cultural factors reviewed, strengths and growth areas, tasks to be completed, and total clinical hours (total hours and total direct hours). They will be reviewed by supervisors each week, edited as needed, and signed off.

The format for all evaluations is provided at the outset of the training year, during orientation. Evaluations of psychology interns are ongoing throughout the training year. Brief, informal evaluations are completed by the intern's direct supervisor at the midpoint of each of their rotations and a formal, structured evaluation is completed at the end of every rotation for a total of three (3) evaluations over the course of the training year. Evaluations are primarily the responsibility of the major rotation supervisor; however, if an intern is on a minor rotation, that minor rotation supervisor provides input to the major rotation supervisor, which

ultimately affects the rating of the block. In addition, long term therapy supervisors also complete a brief, informal midpoint evaluation and a formal, structured evaluation at the end of the rotation.

Interns also complete formal evaluations of their supervisors, as well as comprehensive program evaluations at the mid and endpoints of the training year with an external consultant. The external consultant presents this de-identified information to the training directors of the program initially, before presenting it to the Training Committee at the next in-person meeting. In addition to these evaluations, interns will complete brief evaluations of their weekly didactic seminars. All evaluations are then used to inform any necessary changes to the internship program. The evaluation schedule is as follows:

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	Block One					Block Two				Block Three			
Major/Minor Rotations			I		F		I		F		I		F
Long Term Therapy							I						F
Evals of Supervisors					F				F				F
Program Evaluation							F						F

F = Formal Evaluation; I = Informal Evaluation. Didactic evaluations are completed weekly.

Interns must receive a minimal rating of "at expected level" in each area of their rotations. The rating scale is as follows:

5 Advanced: Consistent, independent high-level demonstration of competency at the midpoint of the year. By the end of the year this level represents expertise in the skill.

4 Above Expected Level: Competency demonstrated in majority of settings with ongoing focus and discussion in supervision at the midpoint of the year. By end of training year, this level represents both competency in the skill but a level of maturity/ability that is expected of someone 2-5 years out of training.

3 At Expected Level: Foundation of skills present, but competency development is still an integral part of supervision at the midpoint of the year. By end of training year, this level represents readiness for entry into the profession at

the level of an independent practitioner or a post-doctoral resident, dependent upon the individual intern.

2 Below Expected Level: Competency appears newer for intern and development of foundational skills with frequent review is the focus of supervision. By end of training year, this level represents a need for continued required supervision.

1 Limited: Development in this competency is needed. Despite frequent review and focused feedback in supervision, growth in this competency was not evident. Development in this competency remains lacking. By the end of training year, this level represents continued limited proficiency with the skill, still requiring a significant portion of supervision.

Below expected level ratings trigger the due process policy (see Appendix C). The final evaluation of each rotation (block) clearly indicates whether an intern is "at expected level" or "below expected level". Ratings on all evaluation items at the end of the final rotations (blocks) and the Long Term Therapy rotation must be "at or above expected level" in order to complete the internship. An intern who is placed on a performance improvement plan due to any ratings "below expected level" at the end of Block 1 or Block 2 or on the mid-year Long Term Therapy information evaluation, must successfully complete all requirements of the performance improvement plan to successfully complete the internship.

Evaluations will take into consideration the following:

1. Written documentation including functional assessments, progress notes, and clinical communication.
2. Staff observations of clinical interventions.
3. Presentation of therapy and assessment cases.
4. Presentation of challenging cases in multidisciplinary clinical case consultation meetings.
5. Integration and consultation with interdisciplinary team.
6. Awareness of and conduct in accordance with ethical and legal standards.
7. Professional communication and conduct.
8. Knowledge of supervision models and applicable skills.
9. Provision of evidence-based practices and engagement with current literature.
10. Consideration of the impact of diversity and cultural experiences, awareness of personal biases, and adaptation of treatment.

The supervisor reviews the evaluation form with intern focusing on progress made in current rotation. Throughout the supervision process feedback and discussions will be continuous. Thus, interns will be provided with informal feedback prior to formal evaluation, such that nothing on the evaluation should come as a surprise. The DCT/aDCT will review all intern evaluation forms when completed and determine whether or not intern has successfully completed the rotation. Copies of all evaluations will also be incorporated into the information provided in formal correspondence to the intern's graduate program. Written evaluations are maintained in the intern's file indefinitely.

In addition to evaluation of the intern and supervisor, interns also participate in periodic program evaluation. The goal of this is to refine program structure and quality of didactics throughout the training year. These evaluations include weekly rating of didactics that are presented. In addition, an outside consultant not otherwise affiliated with the training program meets with the interns at the midpoint and end of year to conduct an external review. The format of this is face-to-face interviews that results in a de-identified report back to the Samaritan Psychology Training Program faculty.

EXPECTATIONS FOR SUCCESSFUL COMPLETION

1. As measured by the evaluation procedures (Reference Supervision Section):
    a. Interns develop skills in psychotherapy and evaluation that are empirically supported.
    b. Interns develop skills in generating case conceptualizations that reflect theoretical orientation, intervention strategies, and outcome evaluations.
    c. Interns develop skills conducting biopsychosocial intakes in primary care, medical, and neuropsychology settings.
    d. Interns develop an understanding of the roles and expertise the psychologists provide in primary care, medical, and neuropsychology settings.
    e. Interns develop an awareness and knowledge of how one's own cultural diversity, beliefs, and values influence the delivery of competent services.
    f. Interns acquire knowledge and skill to perform consultation services in primary care, medical, and neuropsychology settings.
    g. Interns will demonstrate medical decision making and conduct consistent with the ethical and legal standards of professional

psychology. Please refer to Statutes Pertaining to the Practice of Psychology (oregon.gov) and Statutes Pertaining to the Practice of Psychology (oregon.gov).

h. Knowledge of supervision models and applicable skills.
i. Provision of evidence-based practices and engagement with current literature.

FACULTY AND STAFF PROFILES

Terra Bennett-Reeves, PsyD (she/her)
***Title/Position*:** Licensed Psychologist, Behavioral Scientist Faculty for Family Medicine Residency, and Director of Clinical Training
***Clinic/Location*:** Samaritan Family Medicine Resident Clinic in Corvallis
***Education*:** Earned doctorate in 2018 from Pacific University School of Professional Psychology in Hillsboro, Oregon
***Training*:** Internship at Samaritan Health Services in Corvallis, Oregon; and post-doctoral residency at Samaritan Health Services in Corvallis, Oregon with emphasis in Health Psychology Primary Care, Behavioral Cardiology, and Weight Management
***Licensed since*:** 2019
Areas of expertise: Health behavior management across the lifespan (11+), reproductive health (e.g., fertility, pre- and post-partum care, hormonal functioning), weight management and disordered eating, health and treatment advocacy for transgender and LGBTQ+ individuals, and mindfulness practices
Leadership roles/committees: Director of Clinical Training Psychology Program
Hobbies: Reading, knitting, sewing, weaving/spinning, cooking/baking, gardening, and playing board and table-top games

Petra Zdenkova, PsyD, PMH-C, MBA (she/her)
***Title/Position*:** Licensed Psychologist and Associate Director of Clinical Training
***Clinic/Location*:** Albany OB/GYN and Samaritan OB/GYN & Midwifery in Corvallis
***Education*:** Earned doctorate in 2015 from Adler University in Chicago, Illinois, and earned MBA in healthcare administration in 2010 from Davenport University
***Training*:** Internship at Pacific Psychology and Comprehensive Health Clinic in Portland, Oregon; and post-doctoral residency at Kaiser Permanente NW in Salem, Oregon
***Licensed since*:** 2016
Areas of expertise: Perinatal mental health and women's+ health (e.g., fertility, peri/postpartum care, hormonal changes, pregnancy loss, traumatic birth experiences, interpersonal stressors, pelvic pain) treating mostly adults or 17+, CBT-insomnia, tobacco cessation, adjustment to and management of behavioral health concerns and chronic illness, anxiety and panic, and trauma
Leadership roles/committees: Associate Director of Clinical Training; Co-chair of the Socialization subcommittee
Hobbies: Spending time with family and friends, being outdoors, traveling, snowboarding, and reading

Jules Cunningham, PhD (she/they)
Title/Position: Licensed Psychologist and Assistant Director of Clinical Training Residency
Clinic/Location: Cardiology, located in Corvallis
Education: Earned doctorate in 2016 from The University of Alabama in Tuscaloosa, Alabama
Training: Internship at Geisinger Medical Center in Danville, Pennsylvania; and post-doctoral residency in behavioral medicine at Geisinger Medical Center in Danville, Pennsylvania
Licensed since: 2018
Areas of expertise: chronic disease management including improving self-management of cardiac conditions, diabetes, and chronic pain; health behavior change; program development; primary prevention

Leadership roles/committees: Assistant Director of Training, Psychology Residency; Co-chair of the Didactics subcommittee; Practice Lead for specialty clinics
Hobbies: Running, hiking, traveling, and keeping my three cats entertained!

Zoe Nelles (she/her)
***Title/Position*:** Program Coordinator
***Location*:** Graduate Medical Education (GME) in Corvallis
***History with SHS*:** Joined the GME department and Samaritan Health Services in the fall of 2025.
***Hobbies*:** Visiting the coast, being active in the gym, and hanging out with friends!

Heather Allen, PsyD, PMH-C (she/her)
***Title/Position*:** Primary Care Psychologist and Medical Director of Integrated Behavioral Health and Neuropsychology
***Clinic/Location*:** Lincoln City Medical Center and Coastal Clinic
***Education*:** Earned doctorate in Clinical Psychology from George Fox University in Newberg, OR
***Training*:** Internship at Alaska Family Medicine Residency in Anchorage, Alaska; and post-doctoral residency at Cherokee Health Systems in Knoxville, Tennessee
***Licensed since*:** 2021
***Areas of expertise*:** Perinatal Mental Health, Behavior Science Faculty role w/Family Med Residents, Medical Inpatient Consultation, Addiction Medicine
***Hobbies*:** time in nature (hiking, kayaking, getting pulled down scenic trails by my rambunctious dogs); reading; baking; traveling; board games

Alexandra Bernal, PhD (she/her/hers)
Title/Position: Licensed Psychologist
Clinic/Location: Samaritan Mental Health – Corvallis
Education: Earned master's and doctorate degrees from Utah State University (Logan, UT)
Training: Internship at Oregon State University Counseling and Psychological Services in Corvallis, OR; and post-doctoral residency at Strong Integrated Behavioral Health, LLC in Corvallis and Eugene, OR.
Licensed since: 2021
Areas of expertise: Transgender/Gender Affirming mental healthcare, Trauma (childhood, intimate partner violence, sexual assault), Ethnic/Racial identity concerns and supporting BIPOC populations, Disordered Eating and Body Image concerns; Theoretical orientation: Relational Cultural Therapy; Modalities: ACT, DBT, EMDR and other Trauma-based therapies, and Mindfulness-based therapies
Leadership roles/committees: Member at Large for APA Div 44 (Society for the Psychology of Sexual Orientation and Gender Diversity), Co-chair of the Diversity subcommittee
Hobbies: Coastal trips with my partner, balcony gardening, spending time with family and friends, playing video games, engaging with fiber arts (e.g., knitting, sewing, embroidery), and reading

JoAnna Elmquist, PhD (she/her)
***Title/Position*:** Licensed Psychologist, Medical Director of Integrated Primary Care and Neuropsychology
***Clinic/Location*:** Samaritan Family Medicine-Geary Street located in Albany
***Education*:** Earned doctorate in 2018 from The University of Tennessee in Knoxville, Tennessee.
***Training*:** Internship at The Charleston Consortium in Charleston, South Carolina; and post-doctoral residency at The Yale School of Medicine in New Haven, Connecticut
Licensed since: 2020
***Areas of expertise*:** Weight management and disordered eating, substance use, trauma, anxiety and panic, treating individuals across the lifespan (ages 13 +) and adjustment to and management of behavioral health concerns and chronic illness

Leadership roles/committees: Medical Director of Integrated Primary Care and Neuropsychology; Training Committee; Co-chair of the Research subcommittee
Hobbies: Spending time with family and friends, hiking, being outdoors, and attending Orange Theory classes

Robert Fallows, PsyD, ABPP (him/his)
Title/Position: Senior Medical Director, Behavioral Health Division; Clinical Neuropsychologist
Clinic/Location: Neuropsychology – North Albany
Education: Clinical Psychology (PsyD) from the Arizona School of Professional Psychology at Argosy – Phoenix (2010)
Training: Internship at the North Texas VA (Neuropsychology; Dallas) and Fellowship at the South Texas VA (Neuropsychology; San Antonio)
Licensed since: 2011
Areas of expertise: Neuropsychology; Healthcare Administration
Leadership roles/committees: Senior Medical Director (SMG); Chair – Program Committee (National Academy of Neuropsychology); Member of the System Executive Quality Committee and System Ambulatory Quality Committee (SHS); Member of the Research Executive Steering Committee (SHS); Member of the Credentialing Committee (SHP); Member of the Regional Behavioral Health Strategy Committee (SHS/SHP/CMHP); Member of the Diversity, Equity, and Inclusion Council (SHS); Member of the Wellbeing Council (SHS); Clinical Director of the Linn Benton Lincoln Suicide Care Coalition
Hobbies: Attending my kids' sports events and spending time outdoors with my family and dogs

Andrew Iraheta, PsyD (he/him)
Title/Position: Licensed Psychologist
Clinic/Location: Samaritan Family Medicine- Geary Street located in Albany
Education: Earned doctorate degree in 2022 from Azusa Pacific University in Azusa, California
Training: Providence Health Group and George Fox Integrated Care Internship and post-doctoral residency at Samaritan Health Services
Licensed since: 2023

Areas of expertise: working with patients ages 14 an up, health psychology, and Spanish speaking services
Leadership roles/committees: Training Committee; Co-chair of Socialization subcommittee; and the Linn and Benton Hispanic Advisory Committee.
Hobbies: Soccer, jiu jitsu, video games, spending time with friends, family, and pets.

Austin Lau, PhD (he/him)
Title/Position: Licensed Psychologist
Clinic/Location: Samaritan Family Medicine Resident Clinic – Corvallis
Education: Earned doctorate degree in 2023, Washington State University – Pullman
Training: Samaritan Health Services Health Psychology Internship and Residency
Licensed since: 2024
Areas of expertise: Interpersonal Psychotherapy, Cognitive Behavioral Therapy, Exposure-based interventions for anxiety disorders and trauma, brief evaluation of ADHD in children and adults, supervision
Leadership roles/committees: Training Committee; Co-chair of the Research subcommittee; Clinician Engagement Committee (SFMRC)
Hobbies: Violin, video games, and cooking with partner

Katharine Middendorf, PhD, Ceds (she/her)
Title/Position: Licensed Psychologist and Therapy Program Supervisor
Clinic/Location: Samaritan Mental Health – Corvallis
Education: Earned doctorate degree in 2016 from Indiana University, Bloomington
Training: Internship and Postdoc at UC Davis in Eating Disorder Specialty Area
Licensed since: 2016
Areas of expertise: Eating disorders, Attachment-based therapy, use of expressive arts in therapy, Authentic Connections Groups, athletes
Leadership roles/committees: Therapy Program Supervisor
Hobbies: Painting, piano, Ikebana, spending time with family and friends

Devin Petersen, PhD (he/him)
Title/Position: Licensed Psychologist
Clinic/Location: Samaritan Weight Management Institute Corvallis
Education: Earned a doctorate from Southern Illinois University in 2021
Training: Internship and post-doctoral Residency at Samaritan Health Services
Licensed since: 2022
Areas of expertise: Metabolic/bariatric pre-surgical evaluations, CBT and ACT for anxiety and depression, and habit change.
Hobbies: Spending time with family, being active outdoors (hiking, trail running, SUP/kayaking, backpacking, mountaineering, etc.), photography, reading, and piano

Geoffrey Schaubhut, PhD (he/him)
Title/Position: Licensed Psychologist
Clinic/Location: Main Street Family Medicine and Park Street Clinic, located in Lebanon
Education: Earned a M.S. in Neuroscience in 2013 and a doctorate in Clinical Psychology in 2020 from the University of Vermont
Training: Internship at Community Counseling Center of Mercer County in Hermitage, Pennsylvania; Residency at Samaritan Health Services: Integrated Health Care in Lebanon, Oregon
Licensed since: 2021
Areas of expertise: Mental health within rural settings, treating individuals across the lifespan (ages 14+), MI for substance/nicotine use, identification/treatment of trauma & stressor-related concerns, adjustment to and management of behavioral health concerns and chronic illness, anxiety and panic, and trauma. Therapeutic approach reflects an integration of Motivational Interviewing, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and aspects of Dialectical Behavioral Therapy
Leadership roles/committees: Training Committee; Co-Chair of the Diversity subcommittee; Pride Alliance SERG Leader

Hobbies: Singing (recent member of the Lebanon Community Choir), hiking, gaming, and spending time with friends/family/created family

PROGRAM MENTORS

Anne Harrison, LCSW, BHC (she/hers)
Title/Position: Licensed Clinical Social Worker/BHC.
Clinic/Location: Pacific Communities Hospital – Family Medicine located in Newport and Toledo Clinic.
Education: BA – English Literature/minors in harp and piano performance and art history – Rocky Mountain College in Billings, MT 1996. Earned Paramedic degree while serving in US Army as a Combat Medic 1996-1997. Earned Master's degree in clinical social work from Walla Walla University in 2017 – Walla Walla, Washington.
Training: Internship at St. Alphonsus Inpatient Rehab in Boise, Idaho. Second internship was at Emmett/Payette Counseling and Psychiatric Services in Idaho, doing intensive outpatient psychotherapy/relational work.
Licensed since: June 2017.
Areas of expertise: Treating individuals across the lifespan (ages 3+), play therapy, veterans, PTSD, relational, women's health, CBT, sleep hygiene, adjustment to and management of behavioral health concerns and chronic illness, anxiety and panic concerns.
Leadership roles/committees: Samaritan Veteran's SERG, WPATH.
Hobbies: Spending time with family and friends, traveling, scuba diving, cycling, kayaking, snowshoeing, camping, reading, cooking, beach walks, hanging out with my two Great Pyrenees, two cats and 4 chickens. I'm known in the neighborhood as the "egg dealer."

Danni Ewing, PsyD (she/they)
Title/Position: Licensed Psychologist, Behaviorist
Clinic/Location: Lebanon Medical Plaza
Education: Earned doctorate in 2023 from George Fox University in Newberg, Oregon

Training: Internship at Northern Illinois University in DeKalb, Illinois; postdoctoral residency at Marquette University in Milwaukee, Wisconsin
Licensed since: Wisconsin: July 2024, Oregon: January 2025
Areas of expertise: LGTBQ health, emerging adults, anxiety, trauma
Leadership roles/committees: N/A
Hobbies: animation, reading, contributing to online fan communities, spending time with my cats, diamond painting, podcasts

RECRUITMENT AND SELECTION OF INTERNS

Psychology internship program at SHS abides by the APPIC and APA standards, policies and selection procedures (see Appendix D). SHS is an equal opportunity employer (see Appendix E) and it is the policy of SHS that all employees are able to work in a setting free from all forms of unlawful discrimination or retaliation, including harassment, on the basis of race, color, religion, gender (sex), national origin, age, sexual orientation, gender identity, or disability (see Appendix G). Additionally, SHSPI strongly values diversity and this value is explicitly reflected in multiple areas of the internship including efforts to recruit and retain diverse interns and staff members, create an inclusive and affirming work environment, and effectively train interns to skillfully navigate individual and cultural diversity issues within all aspects of their professional lives (see Diversity and Non-Discrimination Policy, Appendix G).

Along these lines, Samaritan offers Samaritan Employee Resource Groups (SERGs) in four areas of interest – employees of color, disability, LGBTQ, and veterans. These groups were created to promote and increase awareness of diversity, equity, and inclusion within the Samaritan family. Goals of the groups include networking, professional and personal growth, along with creating a culture of inclusion at Samaritan. Interns are encouraged to participate in these groups if interested, and can connect with Kaylie Wengrzynek, Samaritan Health Services' Diversity, Equity, and Inclusion program coordinator for more information.

Language proficiency exams are also available for interns who have fluency in other languages outside of English and would like to provide services in another language. The cost is covered by Graduate Medical Education.

Internship applications must be submitted through the online APPIC system by **November 6th** All complete applications are retrieved from the APPIC service by the DCT and presented to the selection committee. This committee is comprised of core supervising staff. The selection committee reviews each application to determine its overall qualification.

There are two components to the selection process:

A. The selection of interns is based on a committee-based rating of applicants' qualifications, those qualifications are evaluated utilizing the following criteria:
   1) Be in good standing with their APA-accredited clinical or counseling psychology program (Copies of **transcripts** must be submitted for review)
   2) Have been admitted to doctoral candidacy/**submission of an approved dissertation topic to the intern's dissertation committee.**
   3) Have a breadth of previous clinical experience, with more weight given to those at an advanced level. Requirements include:
      a. A minimum of 1,000 total supervised practicum hours
         i. A minimum of 50 assessment hours
         ii. A minimum of 350 intervention hours
   4) Preference will be given to applicants with:
      a. 500 hours of direct intervention experience.
      b. 100 hours of assessment experience
   5) All comprehensive exams must be completed by the ranking deadline
   6) **Three** letters of recommendation are required, with at least one of them from a clinical practicum supervisor.
   7) A **letter of interest** is required
      a. Demonstrate evidence of multi-cultural psychological knowledge and/or interest, or proposed contribution to program based on ethnic diversity and cultural competence from personal experience
      b. Describe distinguishing characteristics, accomplishments and maturity, that separate the applicant from their peers
      c. Provide commentary on "goodness of fit" with the described program and have a specific interest in the Pacific Northwest region.
   8) **Regarding goodness of fit,** the ideal intern at SHSPI will have worked in at least one rural or underserved practicum setting and have experience in at least one integrated care clinic or medical setting. The applicant should have at least one scientific poster accepted at a national or local conference. Applicants should demonstrate strong writing style and good self-awareness in their essays and cover letter on their application to the program.

B. Interview Process: Qualified applicants are invited to interview virtually. Microsoft Teams based interviews will be arranged. These half-day

interviews provide applicants with an opportunity to interview with Training Committee members and learn more about the program. Those not chosen to interview are notified by letter/email regarding this decision, as soon as the decision has been made.

The internship program follows a policy of selecting the most qualified candidates and adheres to principles espoused by APPIC as well as APA.

Interns are rank ordered based on their interest in the program's stated clinical services and population served and the above listed criteria. The application review process is made as objective as possible by utilizing a 10-point scale for rating prospective interns under 4 categories: Intern Application; Professional and Academic Endorsements; Clinical Interest and Training Experiences; and Education. The internship program described here agrees to abide by the APPIC policy that no person in this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

During the onboarding period, interns are required to undergo a background check, drug screening, and health screenings (health questionnaire, vaccination record review, tuberculosis testing or review of recent test, and face mask fit test) as part of the academic contract. They are also required to obtain required liability coverage (see administrative section below) prior to the first scheduled clinical rotation. Interns will be provided with a training contract and details regarding compensation and benefits (see Appendix H). Any prospective interns with questions about the application requirements or the selection process can contact the DCT, Dr. Terra Bennett-Reeves.

Prospective interns may be ineligible for beginning internship and granting academic contract if substantiative changes in their graduate training have occurred (e.g., disciplinary action, being put on probation, failing a practicum), if the background check shows history of a felony, or drug screening shows a positive drug screen (please see Appendix N: Drug and Alcohol-Free Workplace Policy). The DCT will review all eligibility concerns and notify interns of issues prior to completion of the academic contract.

APPLICATION TIMELINE

The program APPIC match policy requires a program code number:

- **Health Psychology: 236112**

The deadline for application submission is **November 6th**

Applicants will be notified of their interview status by **November 24th**

ADMINISTRATIVE

A. Professional Liability Insurance
    a. Intern is required to apply for and receive professional liability coverage through The Trust Insurance program or an equivalent approved by the Training Committee. The coverage shall be consistent with the Hospital's professional liability insurance coverage granted to employed medical and professional practitioners. Such coverage shall provide legal defense and protection against awards from claims reported or filed during or after the completion of the Program, if, and only if, the Intern's alleged acts or omissions identified in the complaint arose out of the Intern's participation in the Program. No other patient care placements are allowed while participating in the Program, and other employment is highly discouraged. Intern is reimbursed by Hospital for annual premium cost.
B. Program progress
    a. Start and Completion dates
        i. The internship starts the third or fourth week in July (depending on the calendar year) and is completed within 12 months.
        ii. Annual leave may not be scheduled during the following times:
            1. First week of internship due to onboarding and orientation
            2. Final week of internship, in order to clear all work-related security items (i.e. return of keys, ID badge, etc.)
        iii. It is also strongly preferred that time off is not scheduled in the second or third week of internship for continued onboarding and transition into clinic
    b. Time requirements
        i. Per APA, the internship is designed as a 12 month training experience requiring 40 hours of "on duty" time during the

regular work week. Regular working hours may vary slightly by clinic but are generally captured between 8am and 5pm.

1. Approximately 20 direct clinical hours per week is equivalent to 1040 hours and the remainder of the 2000+ hours are made up of didactics, administration, supervision, research, and other cohort activities.
2. Requirements vary by state of licensure. The Oregon Board of Psychology requires a minimum of 1500 hours of supervised internship experience, at least 25% of which is direct clinical care (OR-858-010-0013).
3. Under extenuating circumstances (e.g., medical condition requiring activation of the Oregon Family Leave Act [OFLA]) and with Training Committee approval, interns may be eligible for reduced number of hours required for internship completion or an extension of their internship period.
    a. Factors to be considered in the decision-making process by the Training Committee for reduced hours include:
        i. Demonstrated competency as established by formal evaluation procedures (see "Expectations for Successful Completion" and "Supervision and Evaluation" sections),
        ii. Total hours required by graduate school for completion of degree are met, and
        iii. Minimum hour requirement for the State of Oregon is met.
            1. It is the responsibility of the intern to seek information about minimum requirements for other jurisdictions they may want to practice in.
    b. Factors to be considered in the decision-making process by the Training Committee for extension of internship include:
        i. Use of OFLA for medical or personal need that would not meet necessary threshold for Oregon requirements for minimum training hours

ii. Total hours required by graduate school for completion of degree

c. Discussion of benefits and stipend will be reviewed between trainee, DCT, and HR support if changes are made to initial contract.

ii. Interns are NOT required to work more than 40 scheduled hours of work per week and funds for the internship wages will not cover time spent in scholarly activities (e.g., reading journal articles) outside of on-duty hours.

iii. Unless prior written approval is received from the DCT/aDCT, interns are not permitted to work from home during regular work hours.

1. When clinics are closed due to a holiday schedule or inclement weather, there is no option to work from home for those hours which is consistent with Samaritan employment contracts.
2. Please see "Wages, Benefits, and Resources Policy" for more information.

iv. Every effort is made to provide religious accommodations for trainees unless the accommodation would create an undue hardship or effect satisfaction of program requirements and patient care.

1. When a request for an accommodation arises due to a trainee's religious beliefs, observances or practices, faculty members are strongly urged to be mindful of such requests when scheduling. Trainees should notify DCT/aDCT of these requested accommodations as early as possible to allow appropriate support to the trainee, and to allow for schedules to get blocked or time off to be taken without affecting patient care.

C. Performance Improvement Plan/Remediation

a. Interns identified by their supervisors as not meeting program objectives over the course of internship, not complying with organizational or program requirements, or not meeting professional expectations for attitude and/or behavior are informed initially by the direct supervisor. The identified concern is communicated to the DCT

and could escalate to a remediation/performance improvement plan should improvement not be made in a reasonable amount of time or if the concern is serious enough to warrant formal intervention.

b. The program DCT notifies the intern's graduate program when the plan is enacted and continues to provide regular updates throughout the course of the plan.
c. Refer to the Appendix C for formal due process policy and Appendix I for retention and termination policy.

D. Complaints
   a. Interns who have complaints regarding colleagues, staff, and/or supervisors, are encouraged to first attempt to resolve the issue directly with the individual involved. This is assuming the intern is sufficiently comfortable in addressing the issue with the identified individual. If the intern is not comfortable or if a resolution of the problem is not accomplished, there are further and more formal steps for reaching resolution.
   b. Refer to the Appendix J for grievance procedures

E. Policy and Procedures for Patient Care
   a. During clinic/rotation orientations interns are introduced to responsibilities in patient care, inclusive of appropriate documentation in the electronic medical record, requirements for signature by supervisors, releases of information, incident reports, and other patient associated forms and procedures.
   b. As soon as interns have access to the computer system, which includes the patient EMR database and SHS electronic email, a training session is scheduled to provide instruction on navigation and use.
   c. Interns are responsible for adhering to the SHS guidelines on timely completion of notes and reports which may vary from clinic to clinic and will be discussed at the outset of rotations.
   d. All testing/assessment reports are completed in the EMR with the supervisor's signature
   e. All written communication regarding patient consultation and patient care should be reviewed by the supervisor and carry the supervisor's signature.

F. Communication with Graduate Programs
   a. **All** applications **require** a letter from the graduate program DCT, in addition to the other requested references. This letter is intended to

ensure that there are no plans, requirements, obligations, or deficiencies, that will parallel, complicate, or interfere with the applicants' requirements to maintain a full-time commitment to the internship program during the training year.

b. The SHS Internship Training Director (DCT) will provide a letter to the graduate program DCT for each intern, at the 6-month mark of program duration to comment on progress and at the end of the training year to comment on completion of the program. These letters are completed by the internship DCT based on rotation evaluations, as well as any commentary or evaluations relating to aspects of training in which the intern participated. Additional correspondence may be sent if an intern is NOT progressing satisfactorily.
c. Interns sign a contract on acceptance of position within the internship program granting consent for the internship program and graduate school program to communicate readily regarding performance, character, and qualifications, in association with both internship progression and graduate program standing.

G. Completion of the internship and future correspondence
   a. Subsequent to completing the internship, there may be a number of reasons for continuing contact with the training program. For instance, documentation on the completion of training hours for licensure may be required.
   b. Requests for letters of reference may be sent directly to any supervisor, from which this has been requested. Copies of these letters of reference should be filed in the intern's training folder.
   c. The internship program has requirements for accreditation that extend beyond the completion of the training year, such as providing summary information on types of positions taken by interns after leaving the program., documentation on subsequent licensure or professional achievements. The internship program requests that interns provide the internship DCT with the title and location of their initial positions after completing the program and make efforts to provide subsequent achievements thereafter.

OPERATIONS OF THE TRAINING COMMITTEE

The Training Committee meets twice a month with few exceptions (primarily for holidays). Standardized Training Committee Meetings include:

1. In Person or virtual, 2-hour meeting
    a. Review of larger training program needs from Drs. Bennett-Reeves and Zdenkova
    b. Program coordinator to review internship and residency trainees' performances
    c. Sub-committee check-in
        i. Didactics (Drs. Cunningham and Allen)
        ii. Evaluations and Performance Improvement Plans (Drs. Bennett-Reeves and Zdenkova)
        iii. CE & Faculty Development (Drs. Bennett-Reeves and Zdenkova)
        iv. Diversity (Drs. Schaubhut and Bernal)
        v. Research (Drs. Elmquist and Lau)
        vi. Social Activities (Dr. Zdenkova, Dr. Iraheta, and Kimmy Wilcox)
    d. Residency Program (Dr. Cunningham)
    e. Practicum Program (Drs. Bennett-Reeves and Zdenkova)
2. In Person or virtual, 60-minute meeting
    a. Overview of any larger training program needs from Drs. Bennett-Reeves and Zdenkova
    b. Brief sub-committee, Residency Program, and Practicum Program check-in
    c. Chief Intern and Chief Resident Report

Sub Committees of the Training Committee

As noted above, the Training Committee is composed of subcommittees. The responsibilities of these subcommittees include:

- Didactics: The didactics sub-committee is responsible for developing a set of didactic courses that are presented to interns and residents throughout the training year. They seek out expertise from faculty and community members to present material that promotes generalized training but expands on the specialty track knowledge required for the SHS psychology internship. The goal of the didactics committee is also to include a focus on diversity and ethical issues, while promoting the advancement of skill and knowledge.
- Evaluations: The evaluations sub-committee activities are carried out by the DCT and aDCT. The responsibility of this committee is to review evaluations as they are completed in order to ensure communication of skills and areas of development to supervisors, but also ensure interns are progressing as expected.
- CE & Faculty Development: This committee is responsible for bringing in education opportunities for faculty of the training program. Issues addressed

through this sub-committee may include expansion of supervision skill, health psychology topics, diversity knowledge, and ethical decision making.

- Diversity: The goal of this committee is to expand trainee knowledge and skill regarding different aspects of cultural sensitivity by encouraging trainee understanding their own diversity factors and the interaction within the community at large, with their patients, and with their supervisors/supervisees. To accomplish this, values around different diversity variables are explored in a non-therapeutic context, such as participating at a local cultural event. Trainees are also required to complete reflection sheets on different activities (e.g., cases they have seen, supervision session they had, a cultural outing in the community, volunteering within the community, a scholarly reading they completed, or a didactic presentation they attended) and encouraged to discuss these at monthly meetings. Some diversity factors unique to the service areas of SHS include: lower socioeconomic status, rural region, religion, gender identity, sexual orientation, migrant and day labor occupations, cultural backgrounds, and geriatrics.
- Research: This committee's responsibility is to provide structure and guidance for the intern as they complete their research project under the mentorship of a faculty member. They are instrumental in ensuring the proposed project meets the requirements of the internship program, helping interns balance research time with clinical and administrative responsibilities, and ensuring timely communication between the faculty member and intern class. The members of the research committee are not responsible for assistance in carrying out the research project unless they are the mentor for the project.
- Social Activities: This committee helps to plan and coordinate the welcome event or meet-and-greet, mid-year party, and graduation for the SHS Training Program.

Excellence in Clinical Supervision Award

The Training Committee developed the excellence in clinical supervision award in 2018. Description: Many psychologists balance multiple roles within a hospital organization, from care provider to patient advocate and administrator to supervisor. The spirit of this award is to recognize supervisors who have excelled within this aspect of their duties, being highly regarded by their supervisees. This

award reflects their dedication to providing outstanding clinical supervision exemplified by excellence in teaching, communication, collaboration, consultation, and ability to empower their supervisees. Nominees must have a supervisee within the academic training year (e.g., long term therapy, minor rotation, major rotation, residency supervision); providing didactic lectures alone is insufficient for nomination.

Criteria for nomination: Interns and residents are solicited to nominate a supervisor for the award 6 weeks prior to the end of the internship year. Trainees are requested to nominate a supervisor. The nominations are made to the training program manager and reviewed by the program manager and the director of the GME. Nominations will include the name of the psychologist, and a paragraph providing support for the nomination referencing the description of the award. In addition to the paragraph contributing to the ranking of supervisors, the following information will be taken into consideration:

1. Nominated candidates for the award will be ranked in terms of:
    a. Productivity in the training program, using the scoring system:
        i. The most productive supervisor will be given 4 points
        ii. Second place will get three points
        iii. Third place will get two points, and
        iv. Fourth place will get one point
    b. Average evaluation scores from all interns and residents who worked with the supervisor for that year (including through supervision and didactics):
        i. The highest average scored supervisor will be given 8 points
        ii. Second place will get 6 points
        iii. Third place will get 4 points, and
        iv. Fourth place will get 2 points.

If a supervisor does not have evaluation scores, the Productivity score from above will be substituted. The total score of A and B above would set the rank order; however, the nominating paragraph may result in the supervisor with the highest "score" not being chosen given other factors not captured by quantitative data. The difference in average evaluation scores versus productivity emphasizes that the award recognizes the quality of supervisor over their productivity. However, productivity

within the training program creates a meaningful contribution as well. The previous award winners are:

Year	Awardee
2018	Carilyn Ellis, PsyD Robert Fallows, PsyD, ABPP
2019	Sandra Minta, PsyD
2020	Audrina Mullane, PhD, ABPP
2021	Alexandra Koenig, PhD
2022	Terra Bennett-Reeves, PsyD
2023	Bella Vasoya, PsyD
2024	Ashley Watts, PhD, ABPP
2025	Robert Fallows, PsyD, ABPP

Best Didactic Presentation Award

The Training Committee developed the best didactic presentation award in 2019 given that didactics are an essential part of growth and development. The award is based on the ability of a speaker to involve the trainee, promote educational knowledge, facilitate and empower skill development, and consider diversity and cultural factors. Trainees are solicited to nominate a didactic presenter for the award. Based on the top five didactics that received the highest ratings, trainees are asked to work as a group to choose the didactic that best embodied the award description. A short paragraph is read aloud at the award presentation. The previous award winners are:

Year	Awardee
2019	Alan Silver, PsyD – "Factors Related to Gender Diverse Patients"
2020	Marc Taylor, PhD – "Clinical Hypnosis, Relaxation, and Sympathetic Deactivation"
2021	Allegro Johnson, PhD- "Women in Leadership"
2022	Audrina Mullane, PhD, ABPP – "Psychopharm in Geriatric Patients"

2023	Eddie Black – “Military Culture”
2024	Allegro Johnson, PhD – “Palliative Care and End of Life Decision Making”
2025	Allegro Johnson, PhD-“Palliative Care and End of Life Decision Making”

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Initial Post-Internship Positions (Aggregate for the preceding 3 cohorts)

	2021-2024	
Total # of interns who were in the 3 cohorts	8	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	2	2
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	1
School district/system	0	0
Independent practice setting	0	3
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position. N=9. Abbreviated table, full table can be found on website: https://www.samhealth.org/-/media/SHS/Documents/English/321-Medical-Education/Psychology-Programs/internship-program-admissions-form.pdf

2024-2025 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Davvy Kaur	Med/Health	California School of Professional Psychology, Alliant International University	Hospital/Medical Center
Ana Soto	Med/Health	Ponce Health Sciences University	Hospital/Medical Center
Joanna Wu	Med/Health	Pacific University	Hospital/Medical Center

2023-2024 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Emma Liu	Med/Health	Palo Alto University	Hospital/Medical Center
Rachel Wakefield	Med/Health	Georgia Southern University	Hospital/Medical Center

2022-2023 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Stephanie Burkhard	Med/Health	George Fox University	Hospital/Medical Center
Austin Lau	Med/Health	Washington State University	Hospital/Medical Center
Chelsey Maxson	Neuropsychology	University of Montana	Hospital/Medical Center

2021-2022 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Sharon Dadashadeh	Med/Health	California School of Professional Psychology-Alliant International	Hospital/Medical Center

		University, San Francisco	
Kyle Greenman	Neuropsychology	Palo Alto University	Hospital/Medical Center
Sean Robertson	Med/Health	George Fox University	Community Mental Health

2020-2021 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Erica Hymen	Med/Health	Alder University	Independent Practice Setting
Devin Petersen	Med/Health	Southern Illinois University-Carbondale	Hospital/Medical Center
Leigha Slater	Neuropsychology	Pacific University	Independent Practice Setting

2019-2020 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Jonathan Chua	Med/Health	Alliant IU/CSPP – Los Angeles	Hospital/Medical Center
Khushnoo Indorewalla	Neuropsychology	William James College	Hospital/Medical Center
Jacob Mills	Med/Health	Marshall University	Hospital/Medical Center
Dayna Stierley	Med/Health	Pacific University	Hospital/Medical Center

2018-2019 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Michelle Fong	Neuropsychology	University of Oregon	Hospital/Medical Center
Courtney Hurd	Med/Health	University of San Francisco	Hospital/Medical Center
Kate Khoukaz	Med/Health	John F. Kennedy University	Hospital/Medical Center
Laurie Rullán Ferrer	Med/Health	Carlos Albizu University – San Juan Campus	Hospital/Medical Center

2017-2018 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Terra Bennett-Reeves	Med/Health	Pacific University	Hospital/Medical Center
Colleen James	Med/Health	Pacific University	Hospital/Medical Center
Bella Vasoya	Med/Health	Pacific University	Hospital/Medical Center
Sarah Yassin	Neuropsychology	Nova Southeastern University	Independent Practice Setting

2016-2017 Cohort Interns

Trainee	Track	School	Post-Internship Placement
Heather Reppeto	Med/Health	Pacific University	Hospital/Medical Center
Daniel Olsen	Neuropsychology	George Fox University	Hospital/Medical Center
Christina Tuning	Med/Health	George Fox University	Hospital/Medical Center

APPENDIX A – SUPERVISION POLICIES

Samaritan Health Services	Policy & Procedure	[ ] Corporate [X] GSRMC [X] SAGH [X] SLCH [X] SNLH [X] SPCH
Page 1 or 4	Revision #: 1	
Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

SUPERVISION POLICIES

APPLICATION

All Interns and Supervising/Attending Psychologists

POLICY

The purpose of this policy is to insure adequate supervision to all Doctoral Psychology Interns and psychologist residents (hereafter referred to as "trainee") in Samaritan psychology training programs. This policy applies to trainees in Samaritan Health Services or any of its legal affiliates' sponsored training programs; trainees enrolled in integrated or affiliated programs; and/or trainees from other teaching hospitals who are temporarily assigned to Samaritan Hospitals for clinical training purposes.

PROCEDURE

DEFINITIONS:

1. Supervise- to ensure oversight of care, to have ultimate responsibility for actions of those trainees being supervised.
2. Attending or Supervising Psychologist / Supervising Faculty Member-A licensed independent practitioner with appropriate clinical privileges who teaches and supervises trainees. A practitioner cannot serve as an attending psychologist for procedures and/or privileges for which he/she is being proctored. A supervising faculty member can also be a medical staff member, overseeing non-clinical teaching duties, who has been authorized by the DCT to teach and supervise those activities defined as "faculty" for the purposes of this policy.
   For purposes of this policy, the attending psychologist must be available to the trainee at all times both to direct patient care and to enhance the trainee's

educational experience unless otherwise established by leave procedures (please see Communication of Leave Policy, Appendix K).

3. Levels of Supervision- To ensure oversight of trainee supervision and graded authority and responsibility, the program must use the following classification of supervision. Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
4. Direct Supervision- Standards set by the American Psychological Association (APA) state direct clinical supervision is inclusive of observation via physical presence, synchronous audio/video review, and asynchronous audio/video recording. The supervising psychologist is present via these methods to ensure that the treatment or evaluation is performed correctly; i.e. **the supervising psychologist is able to provide timely feedback and guidance to the trainee and patient during and between clinical encounters** for treatment or evaluation.
5. Levels of Indirect Supervision -
   A. With direct supervision *immediately* available – the supervising psychologist is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
   B. With direct supervision available – the supervising psychologist is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
   C. Oversight – the supervising psychologist is available to provide review of procedures/encounters with feedback provided after care is delivered (see Communication of Leave Policy; Appendix K for procedures on conducting oversight indirect supervision).
6. Director of Clinical Training (DCT)- A staff member, who is elected by a process of consideration involving SMG Operations, SMG Academic Affairs/Graduate Medical Education, and remaining program specific leadership, to direct a given training program. The DCT has primary responsibility for supervision of all aspects of the training program, including the selection and supervision of teaching faculty and trainees. The DCT has primary responsibility for ensuring the continued accreditation and/or certification of his/her training program **as well as for determining the level of conditional independence delegated to each trainee.**
7. Trainee- A psychology student enrolled in a doctoral level psychology graduate program (PhD or PsyD) OR a psychologist resident as defined by the Oregon Board of Psychologists.

IMPLEMENTATION:

1. General supervision by the attending psychologist:
    A. Outpatient Rotations
        1) The Director of Clinical Training (DCT) has primary responsibility for the oversight and organization of his/her education program in all institutions that participate in the program. An attending psychologist who has questions or concerns regarding the supervision of a trainee in an outpatient setting should contact the DCT.
        2) In the outpatient setting, the attending psychologist must be physically present or otherwise available (e.g., by phone, videoconference, etc.) in the outpatient facility and available to the trainee for consultation unless otherwise established by leave procedures (please see Communication of Leave Policy, Appendix K)
        3) Trainees must be supervised by the attending psychologist in such a way that the trainee assume progressively increasing responsibility according to their level of education, ability, and experience. The level of the attending psychologist's involvement in the examination, diagnosis and treatment of the patient will vary according to the skill level and knowledgebase of the trainee as determined by the attending psychologist. It is recommended that all patients be seen by the attending psychologist and it is required that all documentation written by trainee be reviewed by an attending psychologist.
        4) The attending psychologist must determine the level of responsibility accorded to each trainee. At no time may a trainee's scope of practice exceed the scope of practice established by his/her attending psychologist's privileges.
        5) The attending psychologist must document his/her involvement in the patient's care in the patient's medical record and must review the trainee's documentation to ensure the accuracy and completeness of these records.
        6) The attending psychologist will review, and countersign written documentation of history, progress notes, procedural notes and treatment discharge summaries. During the process of interacting with the trainees, the attending psychologist will ensure timely performance of patient evaluation, transcribed and written documentation, and discharge processing. This interaction will consist of

meetings, telephone discussions, co-evaluations and co-treatment and assistance with technical procedures.

7) The attending psychologist will review progress notes written by trainees. Documentation of the attending psychologist's ongoing involvement in a patient's care may take the form of a note written by the attending psychologist or a note written by the trainee that is co-signed by the attending psychologist and reiterates the key portions of the assessment and plan.
8) The frequency of repeated patient interviews and examinations by the attending psychologist will be appropriate for the acuity of the patient's condition and the abilities of the trainee providing patient care.
9) The attending psychologist or a qualified designee will be available 24 hours per day for telephone discussion of patient management.

REFERENCES

None.

APPENDIX B – TELESUPERVISION POLICY

Samaritan Health Services	Policy & Procedure	[ ] Corporate [X] GSRMC [X] SAGH [X] SLCH [X] SNLH [X] SPCH
Page 1 or 2		Revision #: 2
Owner: Office of Medical Education		Authorized by: Graduate Medical Education Committee

TELESUPERVISION POLICY

APPLICATION

All doctoral and post-doctoral psychology trainees participating in a Samaritan Health Services (SHS) psychology training program.

POLICY

This policy outlines the use of telesupervision for all trainees participating in a SHS psychology training program..

PROCEDURE

DEFINITIONS:

1. Telesupervision- Supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.
2. In-person Supervision-_Supervision of psychological services where they supervisor is physically in the same room as the trainee.

IMPLEMENTATION:

1. Samaritan Health Services (SHS) psychology training program occasionally uses videoconferencing to provide individual and group supervision to trainees. Although most supervision is conducted in person, the virtual format is utilized flexibly on occasions when the primary supervisor is out of the office but still providing supervision, a covering supervisor is providing supervision and is not in the same physical facility as the trainee, or a trainee is out of office and still available for

supervision. Telesupervision may be used on a regular basis, specifically for situations in which the trainee is in a different clinic than the supervisor for the entirety of the rotation (e.g., long-term therapy psychotherapy for one hour per week of supervision). Additionally, telesupervision and other virtual meetings may be utilized in place of in-person meetings for various states of emergencies such as pandemics, or in the case of inclement weather. Since our supervisors, trainees, and other staff are dispersed across multiple, separate training sites, virtual meetings are an effective way to be able to meet regularly and to foster connection during the intervals between in-person meetings. The use of videoconferencing technology for these experiences is consistent with SHS psychology training program's aim, as the program places a strong training emphasis on access to behavioral healthcare in rural and underserved areas, which often includes the use of telehealth services. Furthermore, the program emphasizes cohesion among trainees and encourages regular contact, whether in-person or virtually.

2. Supervision and telesupervision policies and practices are reviewed with all supervisors to ensure understanding and competency. During supervision retreats, DCT and aDCT review any updates and changes to policies and procedures. New supervisors meet with DCT and/or aDCT for support around supervision competencies and needs, including telesupervision and use of virtual platform. Through the program's self-assessments, supervisors receive feedback on meeting expectations in supervision, including telesupervision. Supervisors are encouraged to seek their own training and education to maintain competency.
3. SHS psychology training program recognizes the importance of supervisory relationships. Interns and postdoctoral residents each attend separate group supervision, and at times there is opportunity for layered supervision across all training levels (practicum, internship, and postdoctoral residency). Group supervision is led by the DCT and aDCT on a weekly basis at regularly scheduled times for one hour. Individual supervision for all trainees and layered supervision, if applicable, are led by trainees' individual supervisors, who are faculty members for the training program. Throughout the year, trainees rotate through various training sites and work with numerous supervisors, in order to provide trainees with the opportunity to experience a breadth of training experiences and supervisory relationships and modalities. It is expected

that the foundation of these supervisory relationships is cultivated initially in-person during the program orientation and at the outset of each training rotation, such that trainees have formed relationships with supervisors prior to engaging in videoconference supervision. If at any point, when telesupervision is used regularly (e.g., long-term psychotherapy), there is a rupture within the supervisory relationship or concerns from the trainee or supervisor arise, it is encouraged that supervision return to in-person supervision to better support effective communication and problem solving. If at any point, the supervisor or trainee is uncomfortable with the telesupervision modality, it is encouraged that supervision return to in-person supervision.

4. For all clinical cases discussed during supervision, full professional responsibility remains with the trainee's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. Trainees are provided contact information for their supervisors, as well as the DCT and aDCT, so crises and time-sensitive information can be reported as necessary.
5. The psychology training program engages in self-assessment of trainee outcomes and satisfaction with supervision (both telesupervision and in-person) via a program evaluation at mid-year and end-of-year. This evaluation is conducted by a research scientist external to the program. Feedback is deidentified and presented to the psychology program leadership, and then shared with the Training Committee. At the end of each rotation, trainees also provide feedback to their supervisors on various aspects of their training, including supervision.
6. All videoconferencing occurs over a secure network using site-administered videoconferencing technology (Microsoft Teams). Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. Supervisors and trainees must be in a private and confidential space for supervision, otherwise telesupervision would not be able to take place and alternative arrangements would be made (e.g., in-person supervision). All trainees are provided with training at the outset of the training year regarding the use of videoconferencing equipment and the telesupervision policy. Trainees cannot participate in telesupervision until they have received this training. Technical difficulties that cannot be resolved on site are directed to Samaritan Information Services Service Desk at 541-768-4911.

7. The psychology training program ensures that the trainees have access to videoconferencing equipment needed to participate in telesupervision. Videoconferencing technology is user-friendly and ADA-compliant (including options for close caption and noise suppression), and accommodations can be provided as needed for trainees with disabilities, if trainees do not have access to reliable broadband out of the office, or if trainees do not have access to a private space. Supervisors are mindful of cultural differences in communication styles, supervision expectations, and feedback preferences, and encourage discussions with their trainees about bias and systemic barriers.

REFERENCES

- C-15-I Telesupervision

APPENDIX C – DUE PROCESS AND APPEALS PROCEDURES POLICY

Samaritan Health Services	Policy & Procedure	[ ] Corporate [X] GSRMC [X] SAGH [X] SLCH [X] SNLH [X] SPCH
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Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

DUE PROCESS AND APPEALS PROCEDURES

APPLICATION

All doctoral and post-doctoral psychology trainees participating in a Samaritan Health Services psychology training program.

POLICY

The purpose of this policy is to ensure that trainees in our clinical training program, as adult learners enrolled in a Graduate Medical Education program, receive procedural due process in accordance with Academic Law. This policy is to be followed in all instances of non-renewal of the Graduate Medical Education Training Agreement, non-renewal of the Graduate Medical Education Resident/Post-Doctoral Agreement, or dismissal from the Psychology Training Program. The Director of Clinical Training (DCT), in consultation with the doctoral psychology Training Committee, is responsible for making a recommendation of non-renewal or dismissal to the Director of Academic Affairs (DAA). DAA, as the primary agent for the institution sponsoring the accredited program, is responsible for the final decisions of non-renewal and dismissal. The DAA assures the trainee of procedural due process in these situations.

PROCEDURE

DEFINITIONS:

1. Actionable/sanctionable event – an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's

repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

2. Identification of a problem – it is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:
    A. The trainee does not acknowledge, understand, or address the problem when it is identified;
    B. The problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
    C. The quality of services delivered by the trainee is sufficiently negatively affected;
    D. The problem is not restricted to one area of professional functioning;
    E. A disproportionate amount of attention by training personnel is required;
    F. The trainee's behavior does not change as a function of feedback, and/or time;
    G. The problematic behavior has potential for ethical or legal ramifications if not addressed;
    H. The trainee's behavior negatively impacts the public view of the agency;
    I. The problematic behavior negatively impacts other trainees;
    J. The problematic behavior potentially causes harm to a patient; and/or,
    K. The problematic behavior violates appropriate interpersonal communication with agency staff.

IMPLEMENTATION:

1. The following steps will be taken to address a trainee's behavior and/or competency issues:
    A. Informal Feedback (e.g., oral reprimand) and Review: This informal review occurs as soon as a supervisor or other faculty/staff member identifies problematic behavior or the trainee is having difficulty consistently demonstrating an expected level of competence. The first step is to address this issue with the trainee directly and attempt to informally resolve the problem. 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.

1) The DCT and/or DAA shall also consider reports not coming directly from a primary supervisor. The DCT and or DAA shall not consider anonymous reports about a trainee. However, the DCT and/or DAA is not obligated to reveal to the trainee the identity of any person reporting information about possibly sanctionable events.
2) Should the DCT directly receive a report alleging Hospital or clinic rule violations, GME Training Agreement or Resident/Post-Doctoral Agreement violations, patient endangerment, and/or incidents of misconduct per APA ethical code and OBOP legislative rules, a review will be initiated.

B. Consultation with the Training Committee (Forms 1 and 2): Written feedback with review by the Training Committee is used when a staff member or other faculty member identifies the need for more support in resolving and addressing issues with trainee behavior or demonstration of an appropriate level of competency. A request for a consult with the Training Committee may take place at any time at which staff or faculty identify a problem as listed above. Prior to consultation with the Training Committee, the staff or faculty member completes a Psychology Trainee Concerns Report Form (Form 1). After consultation with the Training Committee, a Faculty Response Concerns Report Form (Form 2) will be completed by DCT/aDCT documenting the details of the Training Committee recommendations, which could include additional steps for informal resolution or initiation of the formal due process. A copy of each of these forms must be placed in the trainee's file. Supervisor will review Form 2 with the trainee.

C. Formal Review: If through consultation, the Training Committee determines that the formal due process needs to be initiated, or when a trainee receives a rating below a "3" on any competency on a supervisory evaluation, the following process is initiated:

1) **Notice:** The trainee will be notified in writing that the issue has been raised to a formal level of review and that a hearing will be held.
2) **Hearing:** The DCT/aDCT will hold a hearing with the supervisor or faculty/staff member who initiated the concern and trainee within

10 working days of issuing the notice of formal review to discuss the problem and determine what action needs to be taken to address the issue. If the DCT or aDCT is the supervisor who is raising the issue, an additional faculty member who works directly with the trainee will be included at the hearing. The trainee will have the opportunity to present their perspective at the hearing and/or to provide a written statement related to their response to the problem. This will be documented on the Psychology Trainee Performance Improvement Plan form (Form 3).

3) **Outcome and Next Steps:** The result of the hearing will be any of the following options, to be determined by DCT, aDCT, and other faculty/staff member who was present at the hearing. The outcome will be communicated to the trainee in writing within 5 working days of the hearing and will be documented on Form 3. The trainee may respond in writing within 48 hours to any action/sanction, which will be included in the trainee's file along with documentation of any sanctions imposed by the training program. Possible outcomes include:

   a. Notify the trainee in writing, formally acknowledging the following:

      i. That faculty is aware and concerned about the problem;

      ii. That the problem has been brought to the attention of the trainee;

      iii. That the faculty will work with the trainee to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,

      iv. That the problem is not significant enough to warrant further remedial action at this time.

   b. Place the trainee on a formal Performance Improvement Plan, which describes the specific corrective actions and monitoring period. The plan will be documented on Form 3. A performance improvement plan is not a sign of a failing trainee. Rather, it is a highly effective tool to provide trainees with clear and defined processes to help them improve in areas where they are not

meeting expected competency levels. Formation of the Performance Improvement Plan should be collaborative in involving the trainee, defining the reason for the plan, referencing specific competencies, including measurable objectives to track progress, and having specific intervals at which progress is to be assessed. Progress will be monitored and documented using the Performance Improvement Plan Follow-Up form (Form 4). Further, consequences of failure to complete a plan may be indicated, as appropriate, and the trainee should be provided with supportive information (e.g., employee assistance program or other resources, as necessary). The implementation of a Performance Improvement Plan will represent a probationary status for the trainee. The length of the probation period will depend upon the nature of the problem and will be determined by the trainee's supervisor and the DCT/aDCT. A written Performance Improvement Plan will be shared with the trainee and their home doctoral program (if trainee is an intern or practicum student) and will include:

i. The actual behaviors or skills associated with the problem;

ii. The specific actions to be taken to rectify the problem;

iii. The time frame during which the problem is expected to be ameliorated; and,

iv. The procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this probation period as specified above, the DCT will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the trainee's permanent file and will be shared with the trainee's home doctoral program (for interns or practicums students). If the problem has not been remediated, the DCT may choose to extend the Performance Improvement Plan. The extended plan will include all of the information mentioned above and the extended time frame will be specified clearly.

c. Place the trainee on suspension, which would include removing the trainee from some or all clinical provision for a specified period of time, during which the program may support the trainee in obtaining additional didactic training, close mentorship, additional supervision, or some other method of remediation. The length of the suspension period will depend on the nature of the problem and will be determined by the trainee's supervisor and the DCT/aDCT . A written Psychology Trainee Suspension Plan (Form 5) will be shared with the trainee and the trainee's home doctoral program (intern or practicum student) and will include:
   i. the actual behaviors or skills associated with the problem;
   ii. the specific actions to be taken to rectify the problem;
   iii. the specific training activities that will be suspended while the trainee works to rectify the problem;
   iv. the time frame during which the problem is expected to be ameliorated; and,
   v. the procedures designed to ascertain whether the problem has been appropriately remediated.

   At the end of this suspension period as specified above, the DCT will provide to the trainee and trainee's home doctoral program (if intern or practicum student), a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted (Form 6 – Psychology Trainee Suspension Follow Up). *A trainee who is suspended will only be reinstated under a formal Performance Improvement Plan*. In this case, the process outlined above would be followed. This statement will become part of the trainee's permanent file.

d. 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 trainee's placement within the program may be terminated. The decision to terminate a trainee's position would be made by the Training Committee, a representative of Graduate Medical Education, and a representative of Human Resources, and would represent a discontinuation of participation by the trainee within every aspect of the training program. The

Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The DCT may decide to suspend a trainee's clinical activities during this period prior to a final decision being made, if warranted. The training program may consult with APPIC (for interns and post-doctoral residents) and the trainee's home doctoral program (for interns and practicum students) prior to a final decision being made, if appropriate. The training program will notify APPIC (for interns and post-doctoral residents) and the trainee's home doctoral program (for interns and practicum students) of the final decision.

e. A combination of actions/sanctions may be used. Suspensions and/or dismissal may begin immediately if the DCT or DAA believes immediate action is needed to protect the quality of patient care or stable operations of the training program and/or Hospital. A trainee may appeal this process following the due process and appeals procedure. This action/sanction does not go into effect until the hearing is complete. A trainee who appeals a dismissal will be placed on administrative leave pending the outcome of the hearing procedure.

2. Appeals Process

A. A trainee who has received notice of any action/sanction discussed above has 48 hours from receipt of this notice to file a request for an appeal. This request must be made in writing and submitted to the DAA either in person or through email with receipt notification. The request must explain the reason(s) for appeal and the name of the individual the trainee wants to have on the hearing committee (see "b" below). Failure to file this request within 48 hours forever bars an appeal by the trainee.
B. On receipt of a request for a hearing, the DAA shall send a copy of the request to the trainee and shall confirm receipt with the trainee.

1) Within 5 business days of receipt, the DAA shall name a hearing committee to hear the appeal.

2) The 6-member hearing committee shall consist of the DCT and aDCT, one faculty member from another program, one Chief/Senior Intern/Resident from another program, a representative for the Academic Sponsor at the request of the DAA, and one Training Committee Member, faculty member or representative from the trainee's home doctoral program (if applicable) selected by the trainee.
3) Within 5 days of receipt of the request, the DAA will notify the trainee of the membership of the hearing committee.
4) The hearing committee will be chaired by either the DCT or aDCT.
5) The DAA shall request the record of the meeting at which the sanction was given and other supporting data from the DCT and distribute it to the hearing committee members.

C. Within 5 business days of notification of the trainee regarding membership of the hearing committee, the hearing committee shall meet to hear the appeal. The hearing proceedings will also include the DAA and HR Director (as observers) and a staff member to record the meeting. The hearing will be closed to all other individuals.
1) The hearing will consist of a presentation by the DCT and a presentation by the trainee.
2) The hearing committee will be asked to make their final decision, to the best of their ability, based upon the information provided in response to the following questions:
    a. Was the trainee's performance judged using the same criteria and methods (e.g., instruments, forms, meetings, etc.) as those used for other trainees in the program?
    b. Was the trainee notified of the specific deficiencies or problems needing correction?
    c. Was the trainee given an opportunity to be heard or correct the deficiencies/problems?
    d. Was the trainee placed on a formal Performance Improvement Plan? (If not, the DCT must provide an explanation for that decision)

e. If the trainee was placed on a formal Performance Improvement Plan, was the trainee's performance re-evaluated according to the terms of this plan?
f. Was the action/sanction appropriate in light of the trainee's overall performance and/or actions?

3) The trainee may also introduce written documents and/or individuals who will provide testimony that is specifically related to one or more of these six questions.
4) The trainee is not entitled to legal representation during the hearing.
5) The hearing committee has the right to question both presenting parties and any individuals who are appearing at the request of the trainee.

D. Immediately following the hearing, the hearing committee will meet in an executive session to determine its recommendation. A majority of the members of the hearing committee must support a recommendation in order for it to be enacted. The hearing committee is limited to making one of the following recommendations:
1) Upholding the action/sanction, with or without suggestions for the DCT and faculty.
2) Naming an action/sanction of lesser severity with specific reasons for this new plan;
3) Withdrawing the action/sanction at this time and citing specific reasons based upon the information gathered during the hearing. An alternative action/sanction may or may not be recommended.

The hearing committee chair will submit a written report with the recommendation to the DAA within 24 hours of the hearing's conclusion.

E. The DAA will take the hearing committee's report and make a final determination within 24 hours of receipt of this recommendation. Within three days of the hearing committee meeting, the DCT and the trainee shall be informed of the DAA's final decision regarding the appeal. The DCT will file a copy of all reports and notifications of action in the trainee's personnel file.

F. A formal report will be presented, by the hearing committee chair, as an informational item at the next regular Training Committee meeting. The report will provide the hearing committee's recommendation and the reasons for it. This written report will be entered in the minutes. The DAA will also discuss his/her use of the hearing committee's recommendation in reaching the final decision.
G. A record of the hearing and the hearing committee's report will be kept in the GME Office. In addition to notifying the trainee and DCT in cases of non-renewal or dismissal, the DAA will also notify all appropriate regulatory and/or accreditation agencies.
H. Notice of sanction, hearing request and date/time, as well as the final decision must be given to the trainee by personal service (i.e., in person) or email with receipt notification.

REFERENCES

- None.

APPENDIX D – SELECTION AND ACADEMIC PREPARATION REQUIREMENTS POLICY

Samaritan Health Services	Policy & Procedure	☐ Corporate ☒ GSRMC ☒ SAGH ☒ SLCH ☒ SNLH ☒ SPCH
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Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

SELECTION AND ACADEMIC PREPARATION REQUIREMENTS POLICY

APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY

This policy outlines the selection and recruitment procedures set forth by the Samaritan Health Services Psychology Internship (SHSPI).

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:

SHSPI currently offers 3 full-time positions in health psychology. Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org).

Application Timeline

APPIC Program Codes for the Match:

- **Health Psychology: 236112**

The deadline for application submission is **November 6th**

Applicants will be notified of their interview status by **November 24th**

A complete application consists of the following materials:

1. A completed Online AAPI (APPIC's standard application)
2. Cover Letter addressing goodness of fit (as part of AAPI)
3. Current Curriculum Vitae (as part of AAPI)
4. Three Standardized Reference Forms, two of which must be from people who have directly supervised your clinical work (as part of AAPI)
5. Official transcripts of all graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

SHSPI will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. Have a breadth of previous clinical experience, with more weight given to those at an advanced level. Requirements include:
    a. A minimum of 1,000 total supervised practicum hours
    b. A minimum of 50 assessment hours
    c. A minimum of 350 intervention hours
    d. Preference will be given to individuals with 500 hours of direct intervention and 100 hours of assessment experience.
2. Dissertation proposal defended
3. Current enrollment and good standing in an APA-accredited doctoral program
4. Some experience or special interest in working in integrated care settings or medical clinics
5. Some experience or special interest in working in rural health settings and/or with underserved populations

In addition to the preferences listed above, SHSPI values the unique contributions that individually and/or culturally diverse interns provide within training and work environments. The Training Committee encourages diverse applicants to apply. In addition, SHSPI takes into consideration the potential commitment or interest of any prospective interns to remain with SHS following internship. Developing a strong behavioral health workforce is an important consideration for SHS, and an interest in remaining in SHS is considered a benefit in a potential intern.

All complete applications received by the stated deadline are screened by SHSPI's Training Committee using a standard Intern Application Rating Tool and evaluated for goodness of fit with the internship program. Training Committee members review and score each application. The Training Committee holds a section meeting to determine which applicants to invite for an Interview Open House based on rated applications. Applicants are notified of their interview status by November 24th and virtual interviews are held in January. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions as appropriate.

Open House/Interview Process

As noted, qualified applicants will be invited to an Interview Open House. Pending APPIC recommendations, interviews may be in person or virtual. **For the 2026-2027 cohort application cycle, all interviews will be held virtually.** If scheduled in person, this will be scheduled over a **1-day** period and involves the applicant selecting a **full day** where they will meet internship program staff and supervisors, participate in an interview with program supervisors, and be able to ask questions of their own regarding the program. If scheduled virtually, the interview will be over a **1/2 day** and involves the applicant selecting one of the morning or afternoon schedules for the specified days. Nonetheless, applicants will meet internship program staff and supervisors, be provided with an overview of the clinic layouts and workflow, as well as be given opportunities to ask questions about the internship program. Should interviews resume in person, virtual interviews can be arranged on a separate day in cases where applicants are unable to attend. Regardless of the forum, intern responses are rated in four categories on a standardized Intern Interview Rating Tool.

The Training Committee holds a meeting within two weeks of the final interviews being completed in order to determine final applicant rankings. The overall rank of each intern takes into account the scores on the Intern Application Rating Tool, the Intern Interview Rating Tool, and the composite score of both tools. Further discussion of applicants allows for any fine tuning of the rank order and consideration of any "do not rank" decisions. The rank order list is finalized by consensus among the Training Committee members. SHSPI then submits these rankings to the National Matching Service. The internship participates in the APPIC Match process and agrees to abide by the APPIC Match policy that no person

in this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

SHS requires all matched interns to provide proof of citizenship or legal residency and they must successfully pass a background check before beginning their internship training at SHS. SHS will consider information gleaned from the background check on a case by case basis, looking at a variety of factors including the nature of a conviction, relevancy to the position, length of time since conviction, age at time of conviction, education and employment since conviction, etc. In addition, interns must provide results from a tuberculosis (TB) screening test from the previous 12-months as well as complete a drug test. Instructions for providing this information and completing the background check, drug test, and TB screening will be sent out to all who match after the match is complete. If an intern does not meet these criteria, the match agreement will be terminated and the intern will not be allowed to complete their internship within SHSPI.

Questions regarding the application or interview process may be directed to the SHSPI Director of Clinical Training, Dr. Terra Bennett-Reeves (tbennettre@samhealth.org), or to the Associate Director of Clinical Training, Dr. Petra Zdenkova (pzdenkova@samhealth.org).

APPENDIX E – EQUAL EMPLOYMENT OPPORTUNITY

Samaritan Health Services	Policy & Procedure	☐ Corporate ☒ GSRMC ☒ SAGH ☒ SLCH ☒ SNLH ☒ SPCH
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Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

EQUAL EMPLOYMENT OPPORTUNITY

APPLICATION

All employees of Samaritan Health Services (SHS) and affiliated organizations.

POLICY

It is the policy of SHS to provide equal employment opportunities in accordance with applicable laws against discrimination. Applicants to, and employees of, SHS are protected under Federal, State, and local law from discrimination on the following bases: race, color, national origin, religion, disability (in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act), age, sex (including pregnancy, sexual harassment, sexual orientation, gender and gender identity, and sex as it pertains to the determination of wages), family relationship (other than per the SHS Nepotism and Reporting Relationships Policy), veteran status, injured worker status, and the use of genetic information.

This policy prohibits retaliation against employees who file a complaint, participate in an investigation, or report observing discrimination or other unlawful employment practice.

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:

1. The Vice President of Human Resources is designated as the specific individual responsible for coordinating all issues relative to Equal Employment Opportunity (EEO). The duties and responsibilities under this function include, but are not limited to:

    A. Analysis of annual EEO reports including any appropriate recommendations to administration.
    B. Assisting employees and management with any complaints or problems relating to EEO matters.
    C. Assisting with assurance of SHS compliance with any applicable Federal or State EEO regulations, including the monitoring of required statements to job applicants on employment application materials, and the posting of required laws and reporting methods to all employees on an annual basis, and as updates in law occur.

2. Management and supervisory personnel have the responsibility to immediately report all EEO complaints or problems to their Human Resources Director, Vice President of Human Resources, or CEO/designee.

REFERENCES

- SHS Harassment Free Workplace Policy.
- SHS Nepotism and Reporting Relationships Policy.

APPENDIX F – HARASSMENT FREE WORKPLACE

Samaritan Health Services	Policy & Procedure	[ ] Corporate [X] GSRMC [X] SAGH [X] SLCH [X] SNLH [X] SPCH
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Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

HARASSMENT FREE WORKPLACE

APPLICATION

All employees, students, contract/agency personnel of Samaritan Health Services (SHS) and affiliated organizations.

POLICY

SHS believes that all employees have a right to work in an environment where the dignity of each individual is respected. For this reason, SHS expects all employees to accomplish his/her work in a business-like manner with concern for the wellbeing of co-workers. We prohibit harassment of one employee by another employee, regardless of their working relationship or supervisory status, or others conducting business with SHS (e.g. vendors, suppliers, volunteers, etc.). It is the policy of Samaritan Health Services that all employees are able to work in a setting free from all forms of unlawful discrimination, including harassment, on the basis of race, color, religion, gender (sex), national origin, age, sexual orientation, gender identity, disability or retaliation.

PROCEDURE

DEFINITIONS:

1. Harassment- Harassment is the verbal or physical conduct that demeans or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability, or that of his/her relatives, friends, or

associates, and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive working environment; (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities. Harassing conduct includes, but is not limited to, the following: (1) epithets, slurs, negative stereotyping, demeaning comments or labels, or threatening, intimidating or hostile acts to relate to race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability and (2) written or graphic material that demeans or shows hostility or aversion toward an individual or group because of race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability and that is placed on walls, bulletin boards, computers, or elsewhere on the employer's premises, or circulated in the workplace.

   A. Off Duty/Off-Premises Conduct- This prohibition against harassment also applies to off-duty, off premises conduct if the conduct has an adverse effect on the employee's work environment.

2. Sexual Harassment- Sexual harassment is a form of gender (sex) discrimination. The Equal Employment Opportunity commission has defined sexual harassment as follows: "Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
   A. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
   B. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
   C. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

   Prohibited sexual harassment may include, but is not limited to, sexual jokes, calendars, posters, cartoons, magazines, derogatory or physically descriptive comments about or towards another employee; sexually suggestive comments; inappropriate use of company communications including email and telephone, unwelcome touching or physical contact; punishment or favoritism on the basis of an employee's sex; sexual slurs; negative sexual stereotyping.

3. Retaliation- Any adverse action(s) taken against someone for reporting discrimination/harassment or participating in an investigation into discrimination/harassment.

   Harassment and retaliation will not be tolerated in our workplace. This prohibition against harassment and retaliation also applies to off-duty; off-premises conduct if that conduct has an adverse effect on the employee's work environment.

IMPLEMENTATION:

1. SHS encourages employees to resolve interpersonal concerns directly and appropriately whenever possible. This step is not necessary. If the issue(s) persist, or if you don't feel comfortable addressing the person(s) directly, please follow the reporting process below. If you believe you have been harassed, report the harassment immediately. The report should be either (1) to your supervisor, or (2) to the Human Resources Department, or (3) to the Compliance Department. You may report harassment to the Human Resources Department or Compliance Department without first contacting your supervisor. Samaritan Health Services will take no action against an employee who in good faith reports harassment to the company or who participates in an investigation. Such retaliation will not be tolerated in our workplace.
2. Managers and supervisors who have observed behavior or overheard comments that raise concerns regarding compliance with this policy should promptly contact Human Resources.
3. Students and Observers:
   A. If you believe that you have been harassed, report the harassment immediately. The report should be either (1) to your supervisor, assistant or associate directors of clinical training, director of clinical training, Office of Medical Education, or Professional Development, or (2) to the Human Resources Department if an employee is involved, or (3) to the Compliance Department.
   B. Reports of harassment or retaliation will be investigated fairly. All employees are required to fully cooperate with investigations. SHS will attempt to maintain confidentiality, consistent with the need to conduct an adequate investigation

and to take prompt corrective action in response to any harassment or retaliation. Any supervisor or other employee found in violation of this policy will be subject to corrective action up to and including termination. While every effort will be made to investigate and resolve sexual harassment complaints lodged in good faith by employees, management prohibits claims that an employee knows are false, or made with the intent to take revenge against or otherwise harm another employee. Employees, who make such accusations, knowing they are not justified by the facts, are subject to corrective action up to and including termination.

REFERENCES

None.

APPENDIX G – DIVERSITY AND NON-DISCRIMINATION POLICY

Samaritan Health Services	Policy & Procedure	[ ] Corporate [X] GSRMC [X] SAGH [X] SLCH [X] SNLH [X] SPCH
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Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

DIVERSITY AND NON-DISCRIMINATION POLICY

APPLICATION

All doctoral and post-doctoral psychology trainees participating in a Samaritan Health Services psychology training program.

POLICY

Samaritan Health Services Psychology Training Program (SHSPTP) strongly values diversity and this value is explicitly reflected in multiple areas of training including efforts to recruit and retain diverse trainees and staff members, create an inclusive and affirming work environment, and effectively train trainees to skillfully navigate individual and cultural diversity issues within all aspects of their professional lives.

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:

1. SHSPTP welcomes applicants from diverse backgrounds. The training program believes that diversity among trainees, supervisors, and staff members enriches the educational experience, promotes personal and professional growth, and strengthens communities, both in the workplace and beyond. As such, the Training Committee provides equal opportunity to all prospective applicants and does not

discriminate based on race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or any other factor that is irrelevant to success as a psychology trainee and/or staff member. The Training Committee approaches diversity recruitment proactively, with ongoing discussions about ways to increase the visibility and attractiveness of the training among diverse applicants. Applicants are evaluated in terms of quality of training, clinical experiences and goodness of fit with the program. Of note, in considering "goodness of fit," SHSPTP reflects upon each applicant as a unique individual and considers what perspectives, experiences, knowledge, and skills they may add to the program, rather than looking for applicants who fit a mold of existing trainees and/or staff members.

2. SHSPTP works to create a welcoming, inclusive, and affirming environment that allows a diverse range of trainees and staff members to feel respected and supported both personally and professionally. Efforts are made to create a climate in which all employees feel valued and comfortable, removing potential barriers for their success in the workplace. SHSPTP believes this effort must be ongoing and prioritized. Trainees and staff members are routinely encouraged to engage in self-reflection related to diversity, acknowledge and discuss issues of diversity, and provide one another with formal and informal feedback related to diversity efforts and the climate of the workplace.
3. SHSPTP maintains a required profession-wide competency in individual and cultural diversity. Diversity experiences and training are interwoven throughout the training program to ensure that trainees are both personally supported and well trained in this area. These experiences include (but are not limited to) provision of interventions and assessment to diverse populations, an emphasis on diversity issues in supervision, and didactic seminars on diversity-related topics.

REFERENCES

None.

APPENDIX H – WAGES, BENEFITS, AND RESOURCES POLICY

Samaritan Health Services	Policy & Procedure	☐ Corporate ☒ GSRMC ☒ SAGH ☒ SLCH ☒ SNLH ☒ SPCH
Page 1 of 2	Revision #: 4	
Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

WAGES, BENEFITS, AND RESOURCES POLICY

APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY

Interns training at Samaritan Health Services receive annual wages and health benefits similar to employed medical and professional practitioners.

PROCEDURE

DEFINITIONS:

1. Intern- Masters level psychology student participating in their final year of a doctoral graduate training program.

IMPLEMENTATION:

1. The annual stipend for all Samaritan Health Services Psychology Internship (SHSPI) trainees total $37,000. Wages are paid on an hourly basis and interns are eligible for overtime. Interns are required to work 40 hours per week and are discouraged to work over this amount.
2. Interns will conduct training at Samaritan Health Services and will receive health benefits similar to employed medical and professional practitioners. During Open Enrollment for benefits, interns may choose between options for health benefits, including medical, dental, or vision as well as the option to waive these benefits.

3. Interns receive 200 hours of Authorized Time Off (ATO). Interns' ATO usage is monitored through program administration. Time taken in excess of the allotted ATO must be approved by the aDCT and DCT and will not be paid unless it is considered time for continuing education or residency interviews (Professional days). There is a four-day cap to the number of professional days paid when used in this manner.
4. In addition, interns may become eligible for Oregon Family Leave Act (OFLA) after 6 months (180 days) of internship employment if they have worked an average of 25 hours a week in the preceding 6 months. Under OFLA, interns are entitled to up to 12 weeks off per year and keep your insurance benefits through this leave period. Through Oregon Sick Leave, interns are also eligible to accrue 1 hour of sick time for every 30 hours worked and can use this sick time after 90 days of internship employment. See https://www.oregon.gov/boli/workers/pages/oregon-family-leave.aspx and https://www.oregon.gov/boli/workers/Pages/sick-time.aspx for more information. SHS Human Resources can also clarify questions around OFLA and can be contacted via email at hrservicecenter@samhealth.org or by phone at 541-768-4748. We strongly urge trainees to utilize their Oregon Sick Leave and/or OFLA, and abide by clinics' sick leave policies. When sick, trainees should not be working from home, and this will only be approved by DCT/aDCT under extenuating circumstances.
5. SHSPI interns have access to numerous resources. In most cases, interns are provided with a private office space. In circumstances where a private office space is not available, there is a dedicated workspace for the intern (i.e., exam room with workstation). All interns receive a laptop computer for use through the training year. All workspaces have access to a printer and most have access to a private phone. Assessment and other training materials are provided by each training site, and additional materials that may be needed may be purchased with Training Committee approval. Each intern additionally has access to administrative and IT support through their primary training site.

REFERENCES

None.

APPENDIX I – EVALUATION, RETENTION, AND TERMINATION POLICY

Samaritan Health Services	Policy & Procedure	☐ Corporate ☒ GSRMC ☒ SAGH ☒ SLCH ☒ SNLH ☒ SPCH
Page 1 of 2	Revision #: 1	
Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

EVALUATION, RETENTION, AND TERMINATION POLICY

APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY

Samaritan Health Services Psychology Internship (SHSPI) requires that interns demonstrate minimum levels of achievement across all training competencies and training elements, as outlined in the internship manual. This policy/procedure provides a formal description of that process.

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:

1. Interns are formally evaluated by their primary supervisors throughout the training year. For major and (if any) minor rotations, this occurs at the end of each 4-month block. For long term therapy cases, formal evaluation occurs at the end of the rotation. Evaluations are conducted using a standard rating form that includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of SHSPI's expected

training competencies and the training elements. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback. Once reviewed, the intern and supervisor sign the evaluation and a copy is provided to the Training Director.

2. A minimum level of achievement on each evaluation is defined as a rating of "3" for each competency. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1= Limited Development, 2= Below Expected Level, 3= At Expected Level, 4= Above Expected Level, 5= Advanced Level. If an intern receives a score less than 3 on any learning element within any competency area, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process and Appeals Procedures are initiated. The Due Process guidelines can be found in the SHSPI Intern Handbook. Interns must receive a rating of 3 or above on all competencies and training elements to successfully complete the program.
3. Additionally, all SHSPI interns are expected to complete 2000 hours of training during the internship year, which includes time in clinic, ATO, Oregon Sick Leave, and DCT/aDCT approved unpaid time off. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program.
4. Intern records are kept in an electronic folder on a secured shared drive. The DCT/aDCT, Training Committee, and the Program Coordinator are the only individuals able to access these records via the secured shared drive. In addition, the Program Coordinator maintains a binder of relevant printed records (from 2017 through the first half of 2020) that are stored in a locked filing cabinet in their office. A printed copy of each year's training manual is also stored with relevant printed records in the filing cabinet of the Program Coordinator. All records have been digitized and stored on the secured shared drive, in folders specific to areas of internship training. Records for each intern, including the certificate of completion, all evaluations, and a description of the training experience, are retained by SHSPI indefinitely. Records related to Due Process procedures are maintained

in the same file, as described in the SHSPI Due Process Procedures. Records related to grievances or complaints are kept in a separate secure digital file, as described in the SHSPI Grievance Procedures. Intern evaluations and the certificates of completion are shared with the Director of Clinical Training at the intern's home doctoral program at the mid-point and end of internship year. Remediation plans and notices of termination are shared with the home doctoral program's Director of Clinical Training as described in the SHSPI Due Process Procedures. Furthermore, SHSPI utilizes a medical education software program, New Innovations, to gather and maintain records (e.g., evaluations, supervisory agreements, tracking training activities). DCT/aDCT, supervisors, program coordinator, Director of Academic Affairs, and institutional coordinator have individual accounts and passwords for accessing New Innovations. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director in a secure digital file.

5. Feedback to the interns' home doctoral program is provided, at a minimum, twice per year including planned contact at the mid- and endpoints of the training year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process and Appeals Procedures due to a concern by a supervisor or an inadequate rating on an evaluation or a rating less than 3 on any element of the intern evaluation, the home doctoral program will also be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by SHSPI as a result of the Due Process and Appeals Procedures, up to and including termination from the program.
6. In addition to the evaluations described above, interns must complete an evaluation of their supervisors at the end of each rotation, as well as a program evaluation at the mid-point and end of the internship year,

in order to provide feedback that will inform any changes or improvements in the training program. All evaluation forms are available in the SHSPI Intern Handbook.

REFERENCES

None.

APPENDIX J – GRIEVANCE PROCEDURES

Samaritan Health Services	Policy & Procedure	☐ Corporate ☒ GSRMC ☒ SAGH ☒ SLCH ☒ SNLH ☒ SPCH
Page 1 of 4	Revision #: 2	
Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

GRIEVANCE PROCEDURES

APPLICATION

All doctoral and post-doctoral psychology trainees participating in a Samaritan Health Services psychology training program.

POLICY

Grievance Procedures are implemented in situations in which a trainee raises a concern about a supervisor or other faculty member, trainee, or the training program. These guidelines are intended to provide the trainee with a means to resolve perceived conflicts. Trainees who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a trainee raises a grievance about a supervisor, staff member, trainee, or the training program:

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:

1. Informal Review
   A. First, the trainee should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Director of Clinical Training (DCT) in an effort to resolve the problem informally.

2. Formal Review
    A. If the matter cannot be satisfactorily resolved using informal means, the trainee may submit a formal grievance in writing to the DCT. If the DCT is the object of the grievance, the grievance should be submitted to the associate Director of Clinical Training (aDCT). If the grievance is against the program, rather than a person, the grievance should be submitted to the Director of Academic Affairs (DAA). At this time, it will be decided by the DCT/aDCT (or DAA, if applicable) if temporary adjustments should be made to the trainee's training plan until the issue can be resolved. The individual being grieved, or the DCT/aDCT in the case of a complaint against the program, will be provided the written grievance and be asked to submit a response in writing.
    B. The DCT/aDCT will meet with the trainee and the individual being grieved within 10 working days. In some cases, the DCT or aDCT may wish to meet with the trainee and the individual being grieved separately first. In cases where the trainee is submitting a grievance related to some aspect of the training program rather than an individual (e.g., issues with policies, curriculum, etc.), the DAA, DCT, and aDCT will meet with the trainee jointly. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:
        1) the behavior/issue associated with the grievance;
        2) the specific steps to rectify the problem; and,
        3) procedures designed to ascertain whether the problem has been appropriately rectified.
    C. The DCT or aDCT (or DAA, if applicable) will document the process and outcome of the meeting. The trainee and the individual being grieved, or DCT/aDCT when the complaint is against the program, will be asked to report back to the DCT or aDCT (or DAA) in writing within 10 working days regarding whether the issue has been adequately resolved.
    D. If the plan of action fails, the DCT or aDCT (or DAA) will convene a review panel consisting of the DCT and at least two other members of the Training Committee (and the DAA, if applicable) within 10 working days. The trainee may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties

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

E. 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 immediately turned over to the employer agency (Human Resources) in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the DCT or aDCT (or DAA). The trainee and the individual being grieved, or DCT when the complaint is against the program, will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation (action plan and written resolution) and determine whether the issue has been adequately resolved. If a grievance against a staff member is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency (Human Resources) in order to initiate the due process procedures outlined in the employment contract.

F. If the review panel determines that a grievance against the training program cannot be resolved internally or is not appropriate to be resolved internally, then the DAA will immediately initiate the Special Review Process with the Graduate Medical Education Committee.

    1) The Special Review Process Policy is used when part of a program is underperforming or needs oversight. When initiated, a Special Review Process Oversight Committee, organized and led by the DAA, will review the program for quality of training or specific complaints. The committee will provide a written report to be presented to Graduate Medical Education (GME) outlining the corrective actions to address identified concerns and the ways GME can monitor the outcomes of the corrective actions taken by the program. (The full process is detailed in the Special Review Process Policy in the SHSPIP Training Manual.)

3. Appeals Process
    A. If the trainee wishes to challenge a decision made at any step in the Grievance Procedures, the trainee may request for an appeal hearing. This request must be made in writing and submitted to the DAA within 48 hours of notification regarding the decision with which the trainee is dissatisfied. This request must be made either in person or through email with receipt notification. The request must explain the reason(s) for appeal and the name of the individual the trainee wants to have on the hearing committee (see "b" below). If requested, the appeals process (outlined below) will be implemented. Failure to file this request within 48 hours forever bars an appeal by the trainee.
    B. On receipt of a request for a hearing, the DAA shall send a copy of the request to the trainee and shall confirm receipt with the trainee.
        1) Within 5 business days of receipt, the DAA shall name a hearing committee to hear the appeal.
        2) The 6-member hearing committee shall consist of the DCT and aDCT, one faculty member from another program, one Chief/Senior Intern/Resident from another program, a representative for the Academic Sponsor at the request of the DAA, and one Training Committee Member, faculty member or a representative from the trainee's home doctoral program (if applicable) selected by the trainee.
        3) Within the 5 days of receipt of the request, the DAA will notify the trainee of the membership of the hearing committee.
        4) The hearing committee will be chaired by either the DCT or aDCT (or DAA, if applicable).
        5) The DAA shall request the record of the meeting at which the plan of action was developed and other supporting data from the DCT and distribute it to the committee members.

    C. Within 5 business days of notification of the trainee regarding membership of the hearing committee, the hearing committee shall meet to hear the appeal. The hearing proceedings will also include the DAA and HR Director (as observers) and a staff member to record the meeting. The hearing will be closed to all other individuals.
        1) The hearing will consist of a presentation by the DCT (or the DAA in the case of a grievance toward the program), including a summary of the process and the grievance decision, and a presentation by the trainee of their concerns about the grievance decision.

2) The hearing committee will be asked to make their final decision, to the best of their ability, based upon the information provided in response to the following questions:
    a. Was the response to the trainee's grievance addressed using the same criteria as used in the past for other trainee grievances?
    b. Was the trainee given an opportunity to be heard?
    c. Was the grievance policy followed appropriately?
3) The trainee may also introduce written documents and/or individuals who will provide testimony.
4) The trainee is not entitled to legal representation during the hearing.
5) The hearing committee has the right to question both presenting parties and any individuals who are appearing at the request of the trainee.

D. Immediately following the hearing, the hearing committee will meet in an executive session to determine its recommendation. A majority of the members of the hearing committee must support a recommendation in order for it to be enacted. The hearing committee is limited to making one of the following recommendations:
    1) Upholding the grievance process and decisions made, with or without suggestions for the DCT and faculty;
    2) Providing a new response to the grievance (including repealing previous grievance process/decisions), with specific reasons for this new plan or decision;

    The hearing committee chair will submit a written report with the recommendation to the DAA within 24 hours of the hearing's conclusion.

E. The DAA will take the hearing committee's report and make a final determination within 24 hours of receipt of this recommendation. Within three days of the hearing committee meeting, the DCT and the trainee shall be informed of the DAA's final decision. The DCT will file a copy of all reports and notifications of action in the training program's grievance file.

F. A brief summary will be presented, by the hearing committee chair, as an informational item at the next regular Training Committee meeting. The report will provide the hearing committee's recommendation and the reasons for it. This written summary will be entered in the minutes. The DAA will also discuss his/her use of the hearing committee's recommendation in reaching the final decision.

G. A record of the hearing and the hearing committee's report will be kept in the GME Office.
H. Notice of grievance, hearing request and date/time, as well as the final decision must be given to the trainee by personal service (i.e., in person) or email with receipt notification.

REFERENCES

None.

APPENDIX K – COMMUNICATION OF LEAVE POLICY

Samaritan Health Services	Policy & Procedure	[ ] Corporate [X] GSRMC [X] SAGH [X] SLCH [X] SNLH [X] SPCH
Page 1 of 2	Revision #: 3	
Owner: Office of Medical Education	Authorized by: Graduate Medical Education Committee	

COMMUNICATION OF LEAVE POLICY

APPLICATION

All employees, students, contract/agency personnel of Samaritan Health Services (SHS) affiliated with the psychology training program.

POLICY

It is the policy of SHS that any trainee, regardless of status, should have a plan in place should they or their supervisor not be available. This will prevent misunderstandings regarding leave and coverage, ensuring good patient care and available supervision by appropriately licensed providers. There may be times where this is additive to the regulations of the Oregon Board of Psychologist Examiners (OBPE) and their adopted ethical code from the American Psychological Association (APA). However, while OBPE and APA lay out ethical obligations for supervision, this policy specifically addresses effective communication within this program to better ensure good patient care and the program's success within SHS. Of note, supervisor availability is NOT restricted to a certain amount of time. Rather, it is dependent upon the situation that the supervisor and/or trainee will be in during the absence. That is, this policy should be enacted for any time that a supervisor is unavailable.

PROCEDURE

DEFINITIONS:

1. Unavailable - not readily accessible by phone (e.g., driving through a pass where there is patchy service) AND/OR not readily able to respond (i.e., in person at the clinic within 30 minutes).

IMPLEMENTATION:

1. Supervisor Leave
    A. Supervisor is required to send an email that identifies:
        1) When and for how long they are out of the office
        2) Who is providing coverage for their trainee(s)
        3) Whether or not formal supervision is covered by them or the covering psychologist, and
        4) Who the "on the ground" psychologist will be in case of need for immediate response. If there is not another "on the ground" psychologist available in clinic, one will be identified to be available, if needed.
        5) In the event of an urgent matter and the covering provider is not immediately available, on site staff are also available to the trainee in the interim until the covering provider can be reached.
        6) Additional trainee and program support can be provided by the Director of Clinical Training (DCT) and/or Associate Director of Clinical Training (aDCT)
    B. The email should be addressed to:
        1) Trainee(s)
        2) Clinic Operations Manager/Clinic Manager/Front Office Manager
        3) DCT/aDCT
        4) Psychology Training Program Coordinator
        5) Behavioral Health Director and Director of Specialty Practices
        6) Identified covering "on the ground" psychologist
        7) Identified psychologist covering formal supervision, if different from "on the ground" psychologist

C. A template for this email and steps to create a Microsoft Outlook "quick step" is located on the PsychologyIntern drive within SHS.

2. Trainee Leave
   A. Trainee is required to send an email (with 2 weeks' notice, unless it is an urgent situation) that identifies:
      1) Dates requested, identifying last full day in clinic and first full day back in clinic
      2) Whether or not formal supervision is affected. If it is, then identify when the next supervision will occur.
   B. This email should be addressed to:
      1) Supervisors during leave period
      2) Clinic Manager/Front Office Manager for clinics impacted by leave period
      3) DCT/aDCT
      4) Psychology Training Program Coordinator
      5) Behavioral Health Care Coordinator (if applicable)
      6) Operations Manager
   C. A template for this email and steps to create a Microsoft Outlook "quick step" is located on the PsychologyIntern drive within SHS.

REFERENCES

None.

APPENDIX L – SPECIAL REVIEW PROCESS

Samaritan Health Services	Policy & Procedure	☐ Corporate ☒ GSRMC ☒ SAGH ☒ SLCH ☒ SNLH ☒ SPCH
Page 1 of 2	Revision #: 2	
Owner: Graduate Medical Education	Authorized by: Graduate Medical Education Committee	

SPECIAL REVIEW PROCESS

APPLICATION

All psychology training programs (i.e., internship and residency) under the Sponsoring Institution: Samaritan Health Services (SHS).

POLICY

The Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming programs through a Special Review process. The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:

1. The GMEC may identify underperformance through the following established criteria, which may include, but are not limited to, the following:
    A. Program attrition
        1) Change in program director more frequently than every 2 years
    B. Loss of major education necessities
        1) Major departmental structural change

C. Recruitment performance
    1) Unfilled positions for three consecutive years
D. Evidence of scholarly activity (excluding typical and expected departmental presentations)
    1) Graduating trainees – failure to complete required research activities as outlined in training manuals
    2) Faculty (core) – failure to participate in didactics or providing support to research
E. Review surveys and evaluations
    1) Indications of program concerns through informal mid-rotation surveys of supervisor performance conducted by social workers interviewing trainees
    2) Indications of program concerns through external evaluation of programs
    3) Indications of program concerns through other evaluation forms routinely collected by programs, including: evaluation of supervisor, review of program, etc.
F. Non-compliance with accreditation/membership responsibilities
    1) Failure to submit milestones data to the APA
    2) Failure to submit data to requesting organizations or GMEC (APPIC)
G. Negative APA accreditation status change
    1) Unresolved citations or new citations or other actions by the APA resulting from annual data review or other actions

2. A special review may occur when:
    A. A severe and unusual deficiency in any one or more of the established criteria
    B. There has been a significant complaint against the program
    C. As periodically determined by the Designated Institutional Official (DIO)
3. A Program Oversight Subcommittee will be assembled and schedule a Special Review in a timeframe as determined by the DIO and will consist of members as determined by the DIO. The Program Oversight Committee will present a report to the GMEC for review and approval.
4. The Program Oversight Subcommittee will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

A. A description of the quality improvement goals to address identified concerns,
B. A description of the corrective actions to address identified concerns and
C. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

5. The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

APPENDIX M: CRITICAL PATIENT INCIDENT POLICY

Samaritan Health Services	Policy & Procedure	[ ] Corporate [x] SLCH [x] GSRMC [x] SNLH [x] SAGH [x] SPCH
Page 1 of 4	Revision #: 2	
Owner: Office of Medical Education	Authorized by: Psychology Training Committee and Graduate Medical Education Committee	
SHSPI Training Manual		

APPLICATION

All doctoral and post-doctoral psychology trainees participating in a SHS psychology training program.

POLICY

Samaritan health services psychology training program recognizes that there are number of critical incidents that can occur in providing care to patients. A brief statement describing a rule that governs practice. When these critical incidents arise, they have the potential to create a significant emotional reaction that can potentially compromise the training and/or supervisor. Proactive and thoughtful care of trainee and supervisor after such a critical incident is imperative for the wellbeing of the trainee and supervisor.

PROCEDURE

DEFINITIONS:

1. Critical incident - includes, but not limited to: Patient suicide, patient committing homicide, clinician/trainee being threatened or harmed, clinician/trainee death or disability, patient being murdered, and patient death from medical complications

IMPLEMENTATION:

After a critical incident, the following measures should be taken, divided into objectives for the supervisor (Section 1) and for the trainee (Section 2):

1. Supervisor
    A. Consideration of canceling patient care for the remainder of the day and notification of the Medical Director for Behavioral Health (Medical Director) and/or Operations Director for Behavioral Health (Operations Director) by phone. The medical director and operations director will then notify the Operations Manager and Practice Lead for the clinician's group.
        1) Supervisors may feel that canceling their clinic for paid administrative leave is not necessary in some situations (e.g., expected patient death in hospice care, death due to medical complications, etc.) and this should be taken on a case-by-case basis.
        2) Other times, the supervisor should be strongly encouraged to cancel clinic for the remainder of that clinical day (e.g., patient suicide/homicide, clinician/trainee death/disability, etc.) in order to ensure the supervisor receives the support they need. This decision will be made by either the Medical Director /Operations Director dyad or the Practice Lead/Operations Manager dyad in discussion with the supervisor.
            a. In these situations, the supervisor may be provided up to 3 days of paid administrative time, not to be taken out of their authorized time off (ATO) within the first two weeks.
            b. Three days is the maximum amount of time available given the importance of re-engaging in clinical care to address self-confidence and decrease anticipatory anxiety (Ellis, 2012). The amount of time taken shall be decided on a case-by-case basis by the Medical Director and Operations Director in discussion with the supervisor.
    B. The Medical Director and/or the supervisor will contact the Director of Clinical Training (DCT) if a trainee was involved in the patient's care OR there is a trainee on rotation, even if they are not involved in that patient's care.

1) If the trainee was involved in the patient's care, then the critical incident procedures for the trainee should fall into place (see Section 2
2) If the trainee was not involved in the patient's care, but is on rotation, then the DCT will ensure that they are appropriately de-briefed on why their primary supervisor is not on site and will ensure that coverage is provided for the trainee in line with the Communication of Leave Policy (Appendix K). Samaritan Health Services leadership recognizes that a traumatic event does not have to occur to a patient in direct care of the supervisor or trainee to impact them. As such, the trainee or supervisor may still necessitate a leave of absence and this should be evaluated on a case by case basis by the appropriate leadership chain (operations/GME) in discussion with the supervisor and/or trainee.

C. See work instructions for critical patient incident within PolicyTech for further clinician guidelines regarding the review process

2. Trainee
   A. If the trainee was involved in the patient care, they may be provided up to 3 days of paid administrative time (unless they are a practicum student, for which no paid time will be provided but time off may still be required), not to be taken out of their authorized time off (ATO).
      1) Trainee will be asked to cancel their clinic for the remainder of the day. They will be given an opportunity to check in with their supervisor, DCT and/or aDCT to debrief following the patient loss within 24 hours.
         a. In these situations, the trainee may be provided up to 3 days of paid administrative time, not to be taken out of their authorized time off (ATO) within the first two weeks following patient loss.
         b. Three days is the maximum amount of time available given the importance of re-engaging in clinical care to address self-confidence and decrease anticipatory anxiety (Ellis, 2012).
      2) Trainees may feel that canceling their clinic for paid administrative leave is not necessary in some situations (e.g., expected patient death in hospice care, death due to medical

complications, etc.) and this should be taken on a case by case basis after discussing with supervisor, DCT and/or aDCT.

B. The DCT and associated Assistant or aDCT (as appropriate) will contact the supervisor and determine the appropriate sequence to contact the trainee, being mindful of supporting but not overwhelming the trainee.
    1) Contact should be made daily by one agreed upon representative of the training program until the trainee returns to clinic. A focus on support system around the trainee should be briefly explored on the phone call, and resources available to the trainee including the Director of Academic Affairs and the Employee Assistance Program (if appropriate) should be offered.
    2) If the trainee is a practicum student, the DCT and the Assistant Director for Practicum Training should contact the Director of Clinical Training and/or track mentor of the university to inform them.
C. After the clinical review has been conducted between the supervisor and the Medical Director/Practice Lead, a clinical review will be conducted with the supervisor and trainee at a minimum. Dependent on the situation, the DCT, aDCT, and/or Assistant Director of Clinical Training may also be a part of this process.
    1) If the DCT, aDCT, and/or Assistant Director of Clinical Training is not included in the clinical review, they should have a separate meeting to follow up with the trainee.
D. Within the first 72 hours, the DCT will create a peer selected panel based on the trainee's preference to provide a de-identified review. This panel should meet within the first week after the event and priority should be given to this meeting over clinic schedule, within reason accounting for patient severity/needs.
    1) Trainees may choose a small set of peers from their cohort, across different levels of psychology training, or across different training programs within the Samaritan system. Social work mentors should also be considered as possible attendees, based on trainee preference.
    2) The de-identified case review will be informally reviewed in this meeting, but in far less detail. The goal of this meeting is to provide support to the trainee with a focus on sharing experiences, as appropriate, normalizing thoughts/emotional

reactions, and forming a supportive network of peers for the trainee to access as needed. It is emphasized that this is a non-evaluative process.

E. Upon return to clinic, there should be a reduced clinical load that is slowly increased, as appropriate. The supervisor and DCT should continue to check in by phone or in person with the trainee to monitor their progress until they return to a full, clinical schedule.
F. Two weeks after the trainee has returned to their regular clinical schedule, the trainee, supervisor, and Medical Director for Behavioral Health and the Operations Manager for Behavioral Health should meet with the DCT, aDCT, and/or associated Assistant Director of Clinical Training. The goal of this meeting will be to review the processes contained in this policy and help to refine any gaps that were observed.

REFERENCES

Ellis, T., & Patel, A. (2012). Client Suicide: What Now? *Cognitive and Behavioral Practice, 19*, 277-287

APPENDIX N: DRUG AND ALCOHOL-FREE WORKPLACE POLICY- SYSTEM

Samaritan Health Services	Policy & Procedure	[x] Corporate [x] SLCH [x] GSRMC [x] SNLH [x] SAGH [x] SPCH
Page 1 of 10	Revision #: 27	
Owner: Human Resources	Authorized by: Psychology Training Committee and Graduate Medical Education Committee	

Drug and Alcohol-Free Workplace Policy

PURPOSE

Samaritan Health Services (SHS) has a responsibility to the people they serve to deliver services in a safe and conscientious manner. SHS expects employees to report to work unimpaired and in condition to perform their duties safely and efficiently. In order to ensure this objective, SHS employees must at all times work free from the effects of performance impairing substances. SHS strives to balance the respect for individual privacy with the need to ensure a safe, productive, drug-free work environment and comply with federal regulations.

DEFINITIONS

1. Clinician: All applicable physicians and advanced practice professionals defined as Neuropsychologist, Psychologist, Physician Assistant, Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, Licensed Clinical Social Worker, Licensed Professional Counselors, Mental Health Therapists and related Resident Physicians and Fellows.

Implementation

1. PROHIBITED CONDUCT

A. Using drugs or alcohol on the job or while on-call, reporting to work under the influence, or possessing, distributing or selling drugs or alcohol in the workplace. The term "drug" for purposes of this policy includes illegal inhalants and illegal drugs and any controlled substance that has not been lawfully prescribed to the employee or is not being used as prescribed. Illegal drugs include marijuana, even if medically prescribed or recreationally used pursuant to Oregon law.

B. The following conditions and activities are expressly prohibited while at work or on-call and are subject to corrective action, up to and including termination:

1) The manufacture, sale, trade, offer to sell or trade, use, distribution, or possession of drugs or alcohol) is prohibited during work or on-call hours, including breaks and lunches and in circumstances that SHS believes might adversely affect its operations or safety.

2) It is a violation of this policy for an employee to report to work with any detectable level of alcohol or drugs (other than as described under Prescription Medications, in one's system or to have any noticeable or perceptible impairment of the employee's mental or physical faculties. This includes perceptible impairment due to prescription medication. "Detectable level" may include a positive blood, urine, saliva, or breath test.

2. PRESCRIPTION MEDICATIONS

A. Employees who are medically authorized to use over the counter or prescribed drugs, not including medical marijuana, are responsible to determine from their physician whether or not the substance can impair safe job performance. If it can, the employee must report the use of the substance to their immediate supervisor and provide proper written medical authorization from a physician (i.e. Fitness for Duty/Return to Work Authorization Form) as to whether the employee can perform all the essential job functions with or without restrictions while using the authorized drugs. Even with a medical release from a physician, if an employee using prescription drug(s) is feeling impaired by the authorized

medication, they must immediately inform a supervisor and excuse themselves from work.

B. Written medical authorization(s) will be maintained in the employee's health record in the Employee Health (EH) Department. SHS will treat marijuana (whether recreational or medical) in the same manner as any other illegal drug.

3. DRUG AND ALCOHOL TESTING

A. A legal chain of custody form will be required for all drug and alcohol testing. Drug testing shall be administered as follows:

1) Pre-employment/Post Offer Testing

1. This applies to clinicians and those with a testing requirement listed in the job description. Urine testing for drugs will be conducted where required after a conditional job offer has been extended ("post-offer") for potential new hires and must be completed before the candidate is hired and begins to work. Job offers will be contingent upon the candidate passing the urine drug test within one business day of accepting the conditional job offer. Out-of-area candidates and candidates with special circumstances may have the collection time extended at the sole discretion and approval of the SHS Talent Acquisition or Physician Recruitment Director or designee.

2) Specimen Integrity

1. The urine sample must be suitable for testing. If the collection site determines that the urine sample is unsatisfactory, e.g. temperature less than 90 degrees Fahrenheit, quantity less than 30 ml, etc., the candidate will be asked to repeat the urine test immediately before leaving the collection site. If the candidate refuses or does not remain at the collection site to provide another specimen, the collection site will notify the appropriate SHS contact person and SHS may rescind the job offer.
2. The urine drug screen must be negative for the presence of drugs that are being tested (Amphetamines, Barbiturates, Cocaine, Opiates, and Marijuana) and the urine sample must pass an integrity test. If a candidate has a negative drug screen but fails the integrity portion of the test due to the consumption of too much liquid, they will be allowed to repeat the urine drug screen within one business day. If

the candidate refuses or does not return within one business day after notification, the job offer will be rescinded. If the candidate's sample fails the integrity test the second time, no further testing will be done, and the job offer will be rescinded.

3. The Medical Review Officer (MRO) will notify SHS Talent Acquisition or Physician Recruitment of any confirmed positive test results or adulterated, substituted or invalid specimens. SHS Talent Acquisition or Physician Recruitment will rescind the job offer for tests reported as positive or refusal to test. For tests reported as invalid/cancelled (adulterated or substituted), the candidate will be asked to report back to the collection site within one business day for re-collection under direct observation unless recommended otherwise by the MRO. If the test is reported as invalid a second time, or the specimen fails the integrity test, SHS Talent Acquisition or Physician Recruitment will proceed with MRO recommendation
4. Any candidate denied employment based on a pre-employment/post-offer drug screen will not be eligible to reapply for employment with Samaritan Health Services for at least one year.

3) Reasonable Suspicion Testing

1. When SHS has a reasonable suspicion that an employee has violated this policy due to perceptible impairment or other factors, some of which are identified below, the employee will be required to submit to testing to determine the presence or use of alcohol or drugs. SHS reserves the right to determine whether reasonable suspicion exists. When reasonable suspicion testing is initiated, the employee will be placed on unpaid investigatory leave pending the findings of the investigation and results of any applicable laboratory testing, fitness for duty examinations or medical evaluations. The situations where SHS may exercise its "reasonable suspicion" right to test include, but are not limited to, the following
   a. Observable symptoms of being under the influence of alcohol or drugs (e.g., slurred speech, staggering or unsteady gait, glassy or reddened eyes, etc.);
   b. Noticeable odor of alcohol or drug use;

c. Involvement in an accident on company premises which results in physical injury or property damage where drug or alcohol use is suspected as a contributing factor
d. Involvement in a motor vehicle accident, other than minor incidents, involving an SHS owned motor vehicle even if the employee does not exhibit observable symptoms of being under the influence of drugs or alcohol. These may include, but are not limited to accidents:
    1. Injuries to any party;
    2. Significant damage to any vehicle or property; where the driver of the SHS vehicle was cited; or
    3. Involving excessive speed by the SHS employee for the driving conditions.
e. A sentinel event or any significant patient safety concern
f. Unexplained, significant changes in behavior (erratic, insubordinate or abusive behavior, sudden decline in performance, or disregard of safety rules or procedures);
g. Unexplained or suspicious absenteeism or tardiness and/or deteriorating work performance;
h. Suspicion of diverting, theft or misappropriation of drugs;
i. Admission of alcohol and/or drug use; or
j. Reports of drug and alcohol policy violations deemed credible by SHS.

4) Fitness for Duty

1. An employee may be subjected to reasonable suspicion testing for signs/symptoms of impairment and have a “negative” drug test. In such cases, an employee may still be placed on unpaid investigatory leave if SHS determines the employee is unfit to provide patient care or perform their job duties as assigned in a safe manner. An employee may be considered impaired and unfit for work for reasons other than use of alcohol, illegal substances, or controlled substances such as excessive use of prescriptive and over-the-counter medications which result in impairment of the employee’s mental or physical faculties. The employee may be required to complete a fitness-for-duty medical evaluation. Employees are expected to use

good judgment and not report to work if they are unfit to perform assigned job duties in a safe manner.

5) Return to Work Monitoring

1. Drug and alcohol testing will be conducted as outlined in any Accountability Agreement as part of the employee's rehabilitation program when applicable.

4. VERIFICATION/NOTIFICATION OF TEST RESULTS

A. If the urine drug test is positive for any of the drugs tested, the sample will be sent to a SHS/ Substance Abuse and Mental Health Service Administration (SAMHSA)-certified and Oregon licensed laboratory for Gas Chromatography/Mass Spectrometry confirmatory testing

B. A licensed physician with knowledge of drug and alcohol use will make a final verification of a positive drug test result. SHS has designated a Medical Review Officer (MRO) who will determine if a confirmed positive test resulted from something other than prohibited drug or alcohol use. The MRO will notify a designated SHS contact person with the final interpretation of the test result (i.e. pass/fail).

5. RIGHT TO CONDUCT LIMITED SEARCHES

A. SHS reserves the right to inspect and/or search any employee's personal property, including automobiles, on SHS premises if it determines in its sole discretion there is reason to believe that property may contain drugs or alcohol. In the event that a search is required, the employee will be notified of the reasons for the search and the search will be conducted by the Security Department Manager and/or Department Manager/designee in the presence of the employee whenever possible. Refusal to submit to any such inspection or refusal to cooperate in any investigation will result in corrective action, which could include termination. Employee should have no expectation of privacy with respect to personal belongings brought onto SHS property.

6. CORRECTIVE ACTION

A. Any employee who is found to be in violation of this policy, refuses to submit and fully consent to testing as required, refuses to cooperate, or attempts to subvert the collection process including but not limited to tampering with, using a masking agent, or providing an adulterated or substituted sample (e.g., abnormal temperature or color) will be subject to corrective action up to immediate termination of employment. SHS will

report any confirmed incident of substance abuse to the appropriate licensing board, when applicable, for any licensing corrective action. SHS also reserves the right to involve law enforcement officials for any conduct that it believes might be in violation of applicable law.

7. SHS ASSISTANCE

A. Voluntary Request for Assistance

1) Any employee who voluntarily requests assistance in dealing with a personal drug and/or alcohol problem may do so through the Employee Assistance Program (EAP) without jeopardizing their employment, as long as the assistance is sought before work performance has deteriorated or corrective action has begun, and the employee has not previously requested assistance with a drug and/or alcohol problem. No discipline or reprisals will result merely from an employee asking for such assistance, and SHS will work with the employee to initiate an appropriate treatment program. The only exception to this provision is if the employee is already subject to discipline at the time of the request or announcement. In such cases, having an announced problem with alcohol and/or drugs may not be considered in the determination of appropriate discipline. SHS will work with employees voluntarily seeking assistance to initiate an appropriate treatment program. The employee will not be released from work unless their condition creates an inability to work or as required by applicable law.

2) An employee who uses alcohol or drugs in connection with work, or otherwise violates this policy, thus endangering themselves, patients, customers, or other employees, will not be entitled afterwards to enter a treatment program and avoid discipline or penalty. SHS will instead discharge the employee unless SHS, in its sole discretion and judgement, decides to show leniency in a particular case, and still allow the employee to enter a treatment program

B. Conditions of Employment following a Voluntary Request for Assistance

1) As a result of voluntary request for assistance, or as part of a corrective action plan, a condition of continued employment may include the employee's entering into an Accountability Agreement with SHS. The Accountability Agreement will outline compliance requirements with an appropriate treatment plan, after-care, and follow-up testing. Employees who enter into an Accountability Agreement generally will be subject to

additional testing requirements, including but not limited to random drug and/or alcohol testing for a period of two years. Failure to observe the terms of the Accountability Agreement generally will result in immediate termination

2) SHS will keep any communication regarding the employee's treatment as private and confidential as possible under all the factual circumstances.

8. CONFIDENTIALITY & RECORD KEEPING

A. Substance abuse records are considered confidential information, which are disclosed only to individuals on a need to know basis

1) Reasonable Suspicion/Corrective Action Documents

1. If an employee has a confirmed positive drug or alcohol test, documentation of the investigation and any corrective action communication will be stored in the employee's investigation file in Human Resources.

2) Test Results

1. Substance abuse test results for reasonable suspicion will be stored in a separate file in a locked cabinet located in the Human Resources Department.

2. For post-offer urine drug tests, Samaritan Occupational Medicine (SOM) will have custody and maintain the results for all SHS sites

3) Release of Post-Offer Urine Drug Test Results

1. Employees requesting copies of their post-offer urine drug test results should contact SOM.

4) Release of Reasonable Suspicion Test Results

1. The employee must make the request in person at SOM* office. A picture I.D. will be required. SOM* will only release the test results. Other documents (i.e. MRO evaluation, etc.) will not be released without a court order, pursuant to a lawful subpoena, or as otherwise required by law. **For SNLH, the request is made at the Laboratory Department. SNLH Laboratory will only release a copy of the test results.*

9. ARREST OR CONVICTION – DRUGS

A. Employees are required to notify SHS of any criminal drug statute arrest or conviction no later than five (5) days after such arrest or conviction.

B. SHS recognizes that situations may arise which are not specifically covered by this policy and these guidelines. Such situations will be dealt with on a case-by case basis taking into account such things as the nature of the

situation or problem, the employee's overall employment record and job assignment, the potential impact on production and safety and customer relations concerns.

10. REASONABLE SUSPICION PROCEDURE

A. Mid-Valley Hospitals and Coastal Hospitals- During Samaritan Occupational Medicine business hours: If an employee appears to be in violation of the SHS drug and alcohol policy, the following steps generally will be taken:

1) The manager or designee will request the assistance of an appropriate witness (i.e. ADM, Security Manager, and Nursing Supervisor). Both persons will observe the behavior of the employee in question. A "Supervisor's Worksheet" may be used to document the signs/symptoms of the employee's suspected violation of the drug and alcohol policy.

2) Once confirmation of the suspicion has occurred, the employee will be removed from the work area and, in private, with the manager/witness present, questioned regarding the behavior/performance observed. The manager/designee and witness will then determine whether it will be necessary to require the employee to submit to drug or alcohol testing.

3) If the employee refuses to cooperate, the manager/designee will advise the employee that under SHS's policy, failure to respond to questions or to allow a test thereafter may be grounds for termination. The employee is to be sent home with appropriate transportation if they refuse to cooperate with the drug or alcohol policy investigation.

4) Refer to the last page of the policy for locations and phone numbers of drug/alcohol collection. A urine drug test (consisting of a comprehensive Health Professional Drug Test Panel) *and* alcohol testing will be collected for any reasonable suspicion.

5) When contacting SOM during normal business hours in the mid-valley, provide meeting location and contact person's name. (Example: "Requesting reasonable suspicion drug testing at GSRMC, Corvallis. Please meet Jane Doe, Nursing Supervisor, in the front lobby of the Emergency Department.")

B. For Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital testing contact SOM's Manager by calling (541) 974-3408.

C. For after-hours reasonable suspicion testing in the mid-valley, the house supervisor will notify the SOM on-call collector to perform the testing.

D. For assistance with any reasonable suspicion testing, Human Resources may be contacted.

E. Secure a private room, near a restroom, for the testing to be conducted. Once testing has been completed, the employee will be relieved of their duties and appropriate transportation will be arranged by the facility to take the employee home. The employee will be placed on unpaid investigatory leave until the investigation is complete.

F. The manager/designee will complete necessary documentation and send it to Human Resources.

11. AUTHORIZATION

A. If a situation arises during post-offer or reasonable suspicion testing that is not covered within this written policy, the person conducting the drug test will contact the appropriate SHS contact person for clarification and/or further instructions. If needed, the contact person will consult with the SHS Vice President of Human Resources who has the ultimate authority in decisions pertaining to these situations.

REFERENCES

- Appendix A: Mid-Valley and Coastal Contact Information.
- Appendix B: Drug and Alcohol-Free Workplace Policy Supervisor's Worksheet
- Employee Corrective Action Policy - System

SHSPI ACKNOWLEDGEMENT OF HANDBOOK, PROTOCOLS, & POLICIES

I acknowledge that I have received, reviewed, understand, and agree to abide by the Samaritan Health Services Psychology Internship's (SHSPI) handbook and protocols, relevant SHS policies, and relevant ethical and specialty guidelines.

___ Psychological Intern Graduate Medical Education Training Agreement

- ___ Two copies (one for SHS and one for self)

___ Health History Questionnaire

___ Employee Orientation Checklist

___ SHSPI Handbook

- ___ Mission
- ___ Training model and philosophy
- ___ Profession-Wide Competencies

___ SHSPI Evaluations Package

- ___ SHSPI Evaluation of Intern Agreement
- ___ SHSPI Mid-Rotation Evaluation of Intern
- ___ SHSPI End of Rotation Intern Evaluation
- ___ End of Rotation Evaluation of Clinical Supervisor
- ___ Didactic Evaluation Form

___ SHSPI Policies

- ___ Supervision Policy
- ___ Telesupervision Policy
- ___ Due Process and Appeals Procedures Policy
  - ___ Forms 1-6 regarding Due Process and Appeals Procedures Policy

___ Selection and Academic Preparation Requirements Policy

___ Grievance Procedures Policy

___ Wages, Benefits, and Resources Policy

___ Intern Evaluation, Retention, and Termination Policy

___ Diversity and Nondiscrimination Policy

___ Critical Patient Incident Policy

___ SHS Policies

___ SHS Grievance Procedures

___ SHS Harassment Free Workplace

___ SHS Equal Employment Opportunity

___ Drug and Alcohol-Free Workplace Policy

___ Relevant Ethical and Specialty Guidelines

___ APA Ethical Principles of Psychologists and Code of Conduct

In signing below, I also acknowledge that I have been provided with a hard copy of the above listed documents for my files.

_____

Printed Name

_____

Signature

_____

Date