



## The University of Vermont Clinical Psychology Internship Program

# **Policies and Procedures Manual**

2017-2018



*Photo credit: Marina Monzani da Rocha*

**Karen Fondacaro, Ph.D. and Masha Ivanova, Ph.D.**  
Co-Directors

**Kathleen Kennedy, Ph.D.**  
Associate Director

## **Welcome!**

Welcome to the UVM Clinical Psychology Internship Program! We are very excited that you have chosen to complete your internship at UVM! The faculty at the *Vermont Psychological Services* and the *Vermont Center for Children, Youth, and Families* are eager to help make your transition to the program and Vermont in general as smooth, as possible. This manual offers an introduction to the program and the two centers. Please do not hesitate to ask the faculty and staff at both centers any questions. We look forward to assisting you on your internship journey and beyond!

## I. Program Description

The UVM Clinical Psychology Internship Program (CPIP) is a pre-doctoral program for doctoral candidates in Clinical Psychology. Following the scientist-practitioner model, the CPIP provides advanced training in evidence-based psychotherapies. The training foci of the CPIP are providing culturally competent treatment to refugees and survivors of torture, and family-based health promotion and treatment. While the CPIP emphasizes clinical training, it strongly values research. Interns are offered protected research time, and are connected with leading researchers in both departments for research mentorship and other professional guidance.

## II. Accreditation

The CPIP has been accredited by the American Psychological Association's Commission on Accreditation since November, 2012. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation*  
American Psychological Association  
750 1<sup>st</sup> Street NE, Washington DC 2002  
Phone: (202)336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## III. Application

The UVM CPIP is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and participates in the APPIC Match program (Program # 2241). We *do not* require paperwork in addition to your APPIC application. **Members of underrepresented groups are encouraged to apply!** For more information about the application process, please contact the Co-Directors:

- Dr. Karen Fondacaro: [Karen.Fondacaro@uvm.edu](mailto:Karen.Fondacaro@uvm.edu), or
- Dr. Masha Ivanova: [Masha.Ivanova@uvm.edu](mailto:Masha.Ivanova@uvm.edu)

### *Intern Selection Criteria:*

The UVM CPIP prefers students currently matriculated in an American Psychological Association (APA) - accredited Ph.D. program in Clinical Psychology. Successful applicants to our program typically come from training programs with a strong clinical science or scientist practitioner emphasis.

All candidates for admission to the UVM CPIP will have adequate preparation for internship, as indicated by a statement from the applicant's Program Director. We require a minimum of 800 contact hours of formal, supervised practicum training.

## IV. Training Settings

The CPIP uniquely integrates complementary training at the Department of Psychological Science's clinic; Vermont Psychological Services (VPS) and the Psychiatry Department's Vermont Center for Children, Youth, and Families.

### **The Vermont Psychological Services (VPS)**

Since its founding in 1972, the VPS has become a respected center of excellence serving the greater Burlington community and beyond. The VPS' mission is to provide evidence-based treatments of mental health disorders to the Vermont and northern New York communities. Because the VPS receives referrals from a variety of community sources and offers many types of evidence-based psychotherapies, the professional environment of the center is rich and diverse. Set in an academic setting and staffed by many seasoned clinicians and leading researchers, the VPS offers a stimulating and intellectually rigorous environment. As the primary pre-doctoral practicum placement for UVM students in Clinical Psychology, the VPS also offers CPIP interns an instant peer support group.

Central to its mission is the VPS' commitment to providing the best-practice, evidence-based, accessible services to underserved community populations, including low-income individuals, people of color, severely traumatized children, criminal offenders, and individuals with HIV. In response to the mental health needs of Vermont's growing community of international refugees, the *Connecting Cultures* specialty service was established at the VPS to serve Vermont refugees and survivors of torture. *Connecting Cultures* is a clinical-science specialty that is developing a new, multidisciplinary, evidence-based model of mental health treatment for refugees and torture survivors. CPIP interns work primarily in the framework of the *Connecting Cultures* service at the VPS. They receive comprehensive training in the evidence-based treatments utilized in the service, in the cultural competencies necessary to successfully work with refugees, and in the consultation and collaboration with other professionals working with this population. They also work within the NESTT (New England Survivors of Torture and Trauma) program providing services to refugees with histories of torture.

### **The Vermont Center for Children, Youth, and Families (VCCYF)**

Founded in 1999, the VCCYF is the child and adolescent psychiatry division of the UVM Department of Psychiatry. It is an academic psychiatry center that brings together professionals from psychiatry, psychology, social work, nursing, and genetics to fulfill the missions of (1) helping children and families suffering from psychopathology, (2) training the next generation of clinicians, and (3) advancing research on genetic and environmental influences on wellness and psychopathology across the lifespan. As Vermont's only academic child and adolescent psychiatry clinic, the VCCYF draws diverse and complex cases, offering extremely rich clinical experiences.

VCCYF specializes in the application of evidence based prevention and intervention

strategies from the family perspective, directly addressing both child and parental psychopathology. This means that the entire family, rather than the identified child, is conceptualized as the client. In the framework of the Vermont Family Based Approach, a clinical and public health paradigm developed at the center, interns apply health promotion, prevention, and intervention to help the well families remain well, prevent at-risk children from developing emotional and behavioral problems, and intervene comprehensively on behalf of children and families challenged by psychopathology.

## **V. Program Goals and Objectives**

**Goal 1 To provide proficient and effective psychological intervention grounded in evidence-based principles.**

*Training Objective for Goal #1:* An intern can formulate case conceptualizations, implement evidence-based treatment strategies, and conduct oral case presentations, while being competent in issues pertaining to ethics, cultural diversity and professional demeanor.

**Goal 2 To complete comprehensive psychological assessments and accessible assessment reports.**

*Training Objective for Goal #2:* An intern can develop and understand a referral question, choose appropriate, well validated assessment tools, assess clients in a valid and reliable manner, write clear, useful and accessible assessment reports, and disseminate assessment findings to appropriate parties.

**Goal 3 To incorporate research and theory in clinical practice.**

*Training Objective for Goal #3:* An intern can incorporate theory, scientific knowledge and evidence-based techniques in clinical practice.

**Goal 4 To practice psychology from a culturally and ethnically sensitive framework.**

*Training Objective for Goal #4:* Interns know the cultural orientation of clients, consider cultural issues when choosing assessment materials and making a differential diagnosis, and disseminate culturally specific knowledge to the mental health community.

**Goal 5 To advance clinical research skills and scholarly inquiry.**

*Training Objective for Goal #5:* Interns will develop and build upon their analytic and research skills, while contributing to the clinical research community.

**Goal 6a To gain knowledge regarding theories and methods of supervision and gain direct experience providing supervision.**  
*Training Objective for Goal #6a:* An intern is able to supervise doctoral-level graduate students.

**Goal 6b To gain knowledge regarding theories and methods of consultation and gain direct experience providing consultation.**  
*Training Objective for Goal #6b:* An intern is able to provide professional assistance and consultation services to others in response to a client’s needs.

**Goal 7 To develop a thorough understanding of ethical practice in the context of professional psychology and to implement such practice.**  
*Training Objective for Goal #7:* Interns adhere to the ethical standards comprising the APA “Ethical principles of psychologists and code of conduct,” and consistently demonstrate professionalism.

## VI. Core Faculty

The following is a list of core faculty at the BPTC and VCCYF associated with the CPIP.

### Vermont Psychological Services (VPS: Psychology)

<i><b>Name/Title</b></i>	<i><b>CPIP Role</b></i>	<i><b>Research or Clinical Focus</b></i>
Karen Fondacaro, Ph.D./ <b>Director, VPS; Clinical Professor of Psychology</b>	Co-Director	Refugee mental health. Interpersonal violence, including child victimization, domestic violence, sexual abuse and criminality
Rex Forehand, Ph.D./ <b>University Distinguished Professor and Heinz and Rowena Ansbacher Endowed Distinguished Professor of Psychology</b>	Senior Advisor	Parenting prevention and intervention efforts to enhance child adjustment in the context of family stress

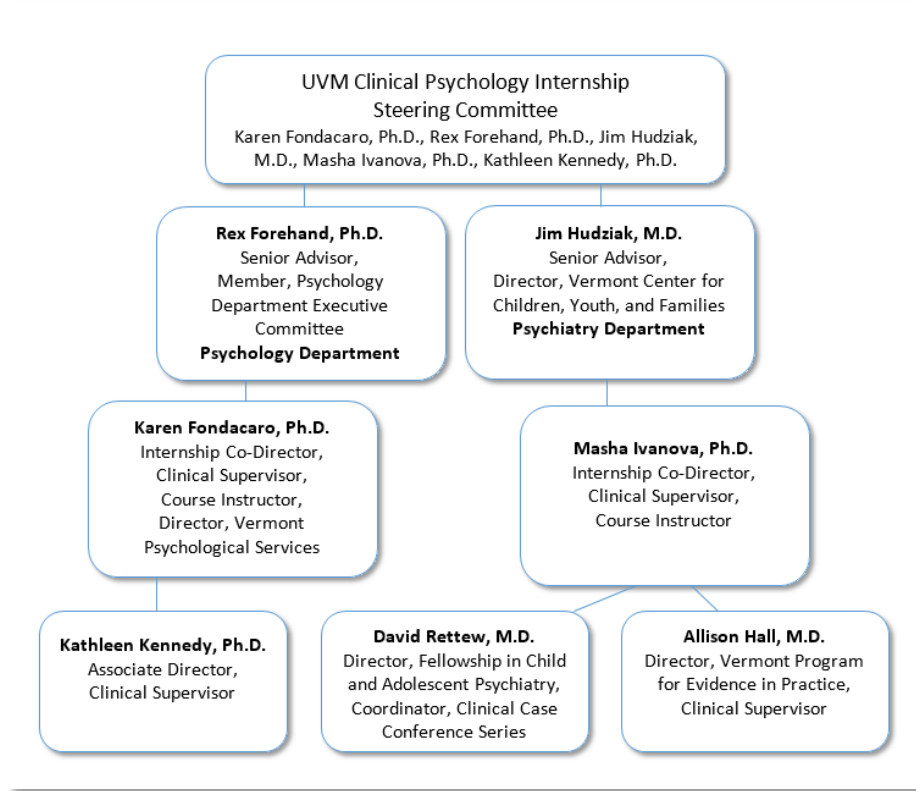
Kathleen Kennedy, Ph.D./ <b>Clinical Assistant Professor of Psychology</b>	Associate Director	Treatment of children and adolescents for anxiety/stress and depression
---	-----------------------	---

### Vermont Center for Children, Youth, and Families (Psychiatry)

<i>Name/Title</i>	<i>CPIP Role</i>	<i>Research or Clinical Focus</i>	<i>Webpage</i>
<b>Masha Ivanova,</b> Ph.D./Assistant Professor of Psychology and Psychiatry	Co- Director	<b>(1):</b> Applying evidence- based treatments of emotional, behavioral, and social problems from the family perspective, <b>(2):</b> Understanding environmental factors, including cultural and family influences, as risk and protective factors for child psychopathology	<a href="http://www.uvm.edu/medicine/vccyf/?Page=profile.php&amp;bioID=5207">http://www.uvm.edu/medicine/vccyf/?Page=profile.php&amp;bioID=5207</a>
<b>Jim Hudziak,</b> M.D./Director, VCCYF; Thomas Achenbach Endowed Professor of Psychiatry, Psychology, and Pediatrics	Senior Advisor	Application of behavioral and molecular genetic methodologies to the study of wellness and psychopathology from the family perspective, Vermont Family Based Approach	<a href="http://www.uvm.edu/medicine/psychiatry/?Page=profile.php&amp;bioID=23244">http://www.uvm.edu/medicine/psychiatry/?Page=profile.php&amp;bioID=23244</a>
<b>Allison Hall,</b> M.D./Assistant Professor of Psychiatry and Pediatrics; Director, Vermont Center for Evidence in Practice	Research Mentor, Clinical Supervisor	Dissemination of evidence- based psychotherapies in community treatment settings.	<a href="http://www.uvm.edu/medicine/vccyf/?Page=profile.php&amp;bioID=23237">http://www.uvm.edu/medicine/vccyf/?Page=profile.php&amp;bioID=23237</a>
<b>David Rettew,</b> M.D./Associate Professor of Psychiatry and Pediatrics; Director, Pediatric Psychiatry Clinic; Director, Child and Adolescent Psychiatry Fellowship	Course Instructor	Understanding the relation between temperament and psychopathology; temperament and parenting	<a href="http://www.uvm.edu/medicine/vchip/?Page=profile.php&amp;bioID=23259">http://www.uvm.edu/medicine/vchip/?Page=profile.php&amp;bioID=23259</a>

## VII. Organizational Chart

The following chart represents the organizational structure of the CPIP.



## VIII. Training: Didactics

### A. VPS:

#### **Clinical Skills and Competencies Group** (1.5 hours/week)

*Instructor: Karen Fondacaro, Ph.D.*

The goal of the course is to support the development of advanced competencies in evidence-based practice in the context of the *Connecting Cultures* clinical service. Clinical interns, along with graduate students completing their clinical placements in the *Connecting Cultures* service, receive didactic instruction in the application of evidence-based treatment strategies to international refugees and torture survivors.

### B. VCCYF:

#### **Evidence-Based Intervention: Individual- and Family-Based Perspectives** (1 hour/week)

*Instructor: Masha Y. Ivanova, Ph.D.*

The goal of the course is to support the development of the interns' competencies in evidence-based practice. It will cover evidence-based psychotherapeutic interventions across



the developmental spectrum, with an emphasis on family-based interventions. Professional issues associated with evidence-based practice will also be discussed.

**Psychiatry Grand Rounds** (September – May, Fridays 10:30-11:45am, Davis Auditorium)

Psychology interns will be encouraged to attend Psychiatry Grand Rounds, including presentations pertaining to child and adolescent mental health. Periodically, Grand Round speakers will be invited to join the VCCYF group for lunch in the University Health Center 6th floor conference room, and interns are welcome to attend these meetings. Please visit <http://www.med.uvm.edu/psychiatry> for the Psychiatry Grand Rounds schedule.

**Clinical Case Conference Series** (monthly)

*Coordinator: David Rettew, M.D.*

A clinical case conference is held monthly to provide interdisciplinary consultation on a challenging case. A VCCYF clinician refers a case, and another VCCYF clinician interviews the child and family and offers his/her clinical impressions to the referring clinician. The interview is observed by other VCCYF clinicians with the help of telemedicine equipment, who then join the referring and interviewing clinicians in discussing the case after the interview. Psychology interns are encouraged to attend these case conferences, as they offer a unique opportunity to observe different interviewing styles and explore multidisciplinary perspectives.

## **IX. Training: Clinical Rotations**

### **A. VPS**

***Connecting Cultures' Chronic Traumatic Stress (CTS) Intervention with Torture Survivors Group Intervention*** (weekly)

*Supervisor: Karen Fondacaro, Ph.D.*

Interns have the opportunity to learn integrated Narrative Exposure Therapy (NET; Schauer, Neuner & Elbert, 2011) and Acceptance and Commitment Therapy (ACT; Harris, 2009; Hayes, Strosahl, & Wilson, 2003) focused on Chronic Traumatic Stress (CTS) related to torture experiences. Emotion regulation, mindfulness and coping skills are emphasized within each of the ten modules developed specifically for Bhutanese and Somali Bantu torture survivors. This torture survivor group is based on the "Connecting Cultures' Chronic Traumatic Stress (CTS) approach and the implementation of effective psychological treatments for torture survivors. The framework is non-pathologizing, value-driven, strength-based, and allows a respectful collaboration between clinicians and clients using mindfulness, metaphors and additional strategies that easily transcend cultural bounds.

***Connecting Cultures Torture Survivor Asylum Evaluations***

*Supervisor: Karen Fondacaro, Ph.D.*

Interns have the opportunity through *Connecting Cultures* to gain experience conducting psychological evaluations for asylum applicants with torture experiences. Interns conduct these evaluations with a team of senior evaluators and supervisors. Survivors of torture and their attorneys/legal advocates use these documents as

submissions in the legal process of seeking asylum.

### ***Global Parenting Skills (GPS)***

*Supervisor: Karen Fondacaro, Ph.D.*

Bhutanese parents resettled in Vermont have reported difficulty with child conduct problems. As such, the Bhutanese community may benefit from a parent management intervention, which is a well-established EBP that increases positive parenting and reduces child behavioral and conduct problems. The Global Parenting Skills (GPS) Program (a community based intervention) allows for a pre-doctoral clinician and a psychology intern to provide these services in a group format with a Bhutanese elder, and simultaneously evaluate the effectiveness of this parenting program.

### ***NESTT Monthly Meetings***

*Supervisors: Karen Fondacaro, Ph.D. and Erin Jacobsen, Esq*

Interns attend a monthly one hour multi-disciplinary didactic with Vermont Law School and UVM social work and clinical psychology graduate students. Although the NESTT (Multidisciplinary Team – New England Survivors of Torture and Trauma) collaboration was established in 2010, innovative multi-disciplinary implementation of services, and new research initiatives has promoted a great learning experience for students and professors.

## **B. VCCYF**

### **Intensive Rotation in the Vermont Family Based Approach (VFBA)**

(September - October, 5 hours/week)

*Instructor: Jim Hudziak, M.D.*

The VFBA is the clinical and public health approach to mental health and wellness developed by Dr. Jim Hudziak, Director of the VCCYF. Recent advances in genetics and neuroscience, including Dr. Hudziak's own research, that illuminated the familial nature of psychopathology and strong influence of the family environment on children's mental health were central to the development of the VFBA. During the first two months of the internship, Dr. Hudziak will offer the interns rigorous experiential training in the VFBA, inviting them to join his sessions with VCCYF patients. With Dr. Hudziak's guidance, the interns will gradually increase their practice of the approach, from observing Dr. Hudziak at first to taking over the psychotherapeutic aspect of the clients' care by the end of the rotation. Exposure to Dr. Hudziak's genetic and neuroscience perspectives will be a unique aspect of this training experience.

### **Outpatient Psychotherapy**

*Supervisor: Masha Ivanova, Ph.D.*

Interns will provide psychotherapeutic services to children and families at the VCCYF ten hours per week. The VFBA will be used to inform their work, emphasizing evidence-based approaches delivered from the family perspective. Because emotional and behavioral problems run in families, and because parents

play the central role in facilitating their children’s development, the entire family is considered to be the target of treatment within the VFBA. This is more challenging for the clinician than when individuals are treated as the identified clients, because it invites greater complexity into the clinical process and requires more advanced clinical skills. Jim Hudziak, M.D., the author of the VFBA, and Masha Ivanova, Ph.D., will provide the interns support and clinical supervision to support the development of their clinical skills in family-based practice.

### **University of Vermont Medical Center (UVM MC) VFBA Project**

The goal of the study is to pilot the VFBA with families of 3- to 6-year-old children in the University of Vermont Medical Center (UVM MC) University Pediatrics Clinic. One hundred families will be randomly assigned to receive the VFBA or treatment as usual. The VFBA group will receive family-based assessment of emotional and behavioral health, family-based health-promotion, and, where indicated, family-based treatment of emotional and behavioral problems. The study will thus test an innovative approach to population healthcare that (1) focuses on the entire family, (2) recognizes the central role of emotional and behavioral health to all health, (3) uses evidence-based health promotion in addition to evidence based treatment of existing problems, and (4) intervenes early in children’s life. The interns will offer family-based, evidence based psychotherapy to children and families in the VFBA group, as well as consult to primary care providers on various topics pertaining to emotional and behavioral health.

## **X. Training: Clinical Supervision**

### **A. VPS**

#### **Individual Supervision**

*Supervisor: Kathleen Kennedy, Ph.D.; Emily Mazzulla, Ph.D.*

Interns are provided at least one hour of individual supervision per week.

### **B. VCCYF**

#### **Individual Supervision**

*Supervisor: Masha Ivanova, Ph.D.*

Interns are provided at least one hour of individual supervision per week.

## **XI. Training: Research**

Interns are offered the opportunity to advance their research skills. A minimum of four hours/week are protected for research. Interns are mentored by a primary research mentor, and are encouraged to seek out other faculty affiliated with the VPS and VCCYF for support and possible collaboration. With the help of their research mentors, interns are expected to work on a research project that is consistent with their long-term research goals. They are also strongly encouraged to submit an abstract to a professional conference to present this work, with the ultimate goal of writing it up for publication. Interns also

receive ongoing mentorship in their professional development, including preparing for a successful job talk, refining presentation and interview skills, and confidently navigating contract negotiations.

## XII. Typical Weekly Schedule

The following illustrates a typical weekly schedule for a CPIP intern.

Time	Monday (VCCYF)	Tuesday (VPS)	Wednesday (VCCYF)	Thursday (VPS)	Friday (VCCYF/VPS)
8:00	VCCYF: clients	VCCYF: Psychopharm. Didactic (optional)			
9:00		VPS: Individual Supervision	VCCYF: Evidence-Based Interventions Didactic	VPS: Clinical Skills & Competencies Group	VCCYF: Psychiatry Grand Rounds (optional)
10:00				VPS: <i>Connecting Cultures</i> Group supervision	
11:00		VPS: <i>Connecting Cultures</i> Multidisciplinary Team			VCCYF/VPS: research
12:00		VPS: clients	VCCYF: Individual Supervision	VPS: clients	
1:00			VCCYF: clients		
2:00					
3:00					
4:00		VPS: <i>Connecting Cultures</i> Somali Bantu women's group			

*Note:* Additional *monthly* meetings include the **NESTT Didactic** with the VT Law School.

## XIII. Remuneration and Support Offered To Interns

*Stipends and health insurance:* For the 2017-2018 academic year, the intern stipend is \$23,000. Interns are also offered comprehensive health insurance coverage through the University of Vermont graduate student health insurance program, which is paid for entirely by the CPIP.

*Administrative support:* Administrative/clerical support is available to the interns through the administrative staff at both centers. Technical support is available through the UVM's Information Technology services.

*Other support:* Paid sick leave, 10 days paid vacation, and 10 days paid professional time to attend professional meetings, job interviews, and dissertation defense are provided.

## XIV. Performance Evaluation

### Evaluation of Interns by Faculty

#### *The Competency Evaluation Form (CERF)*

Appendix A presents the CPIP Competency Evaluation Rating Form (CERF), which was created for the evaluation of interns by the faculty. The CERF assesses competencies involved in the provision of effective psychological services grounded in evidence based principles. Competencies measured by the CERF map on to the training goals of the CPIP and reflect the competency benchmarks for Clinical Psychologists articulated by Fouad et al. (2009). Clinical and research supervisors complete the CERF three times/year, in November (initial evaluation), March (second evaluation), and July (final/exit evaluation). Competency data are collected by supervisors via the following methods: direct observation of clinical services, case presentation, and standardized rating forms (see Appendices B - D).

Fouad, N.A., Grus, C.L., Hatcher, R.L., Kaslow, N.J. Hutchings, P.S., Madson, M., Collins, F.L., Jr. & Crossman, R.E. (2009). Competency benchmarks: A developmental model for understanding and measuring competence in professional psychology. *Training and Education in Professional Psychology. Vol 3(4, Suppl)*, Nov 2009, S5-S26. doi: 10.1037/a0015832

#### *Schedule of Competency Evaluations*

The following Table presents the schedule of intern competency evaluations, along with the assessment methods used by the supervisors to collect the competency data:

	<b>Assessment Points</b>			
	<b>by September 30 (Research Goals)</b>	<b>by November 30 (the CERF)</b>	<b>by March 31 (the CERF)</b>	<b>by July 31 (the CERF)</b>
<b>Assessment Methods</b>	<i>Research Goals and Expectations Form</i>	*Direct Observation *Case Presentation *Video Observation *Clinical Evaluation Form *Self-Assessment *Presentation/Article	*Direct Observation *Case Presentation *Video Observation *Clinical Evaluation Form *Self-Assessment *Presentation/Article	*Direct Observation *Case Presentation *Video Observation *Clinical Evaluation Form *Self-Assessment *Presentation/Article

		review *Research Evaluation Form *Teaching Evaluation Form *Clinical Rating Form	review *Research Evaluation Form *Teaching Evaluation Form	review *Research Evaluation Form *Teaching Evaluation Form
--	--	---	--	--

*Achievement Thresholds*

Acknowledging the sequential nature of learning, interns are expected to demonstrate increasing levels competencies from their first to last/exit evaluation, with the following achievement thresholds used at each assessment period:

*Initial Evaluation Expectation (by November 30):* Interns will achieve at least 50% success. As such, they will receive a rating of “fully meets expectations” (or higher) on at least three of the five competencies for Goals with five competencies (Goal #1, Goal #2, Goal #5 and Goal #6a), and at least two of the four competencies for Goals with four competencies (Goal #3, Goal #4, Goal #6b and Goal #7).

*Second Evaluation Expectation (by March 31):* Interns will achieve 75% success. As such, they will receive a rating of “fully meets expectations” (or higher) on at least four of the five competencies for Goals with five competencies (Goal #1, Goal #2, Goal #5 and Goal #6a), and at least three of the four competencies for Goals with four competencies (Goal #3, Goal #4, Goal #6b and Goal #7).

*Final Evaluation Expectation (by July 31):* Interns will achieve 100% success. They will receive a rating of “fully meets expectations” (or higher) on the Goals with five competencies (Goal #1, Goal #2, Goal #5 and Goal #6a) and four of the four competencies for Goals with four competencies (Goal #3, Goal #4, Goal #6b and Goal #7).

*Retention and Notification Policy*

The following policy has been put in place to support interns who fall behind in meeting the achievement thresholds described above:

“Level 0: Cautionary Pre-warning”: If CERF results indicate that an intern is slightly behind schedule in meeting one or more expected achievement thresholds, the intern’s supervisors will appraise him/her of this in person. The intern will be provided with written, operationally-defined methods for improving her/his performance and attaining the competency thresholds. With the help of a supervisor, the intern will develop a plan for meeting all competency thresholds by a certain date, at which time an additional CERF will be completed by supervisors.

“Level 1 Warning”: If an intern fails to make sufficient progress on a Level 0 plan by the predetermined date, or more serious concerns regarding intern progress arise in

between scheduled administrations of the CERF, a written warning will be provided to the intern and the intern's Director of Clinical Training (with a copy placed in the intern's CPIP file). The intern will be provided with a written explanation of why the competency threshold(s) have not yet been achieved that will focus on specific, modifiable behaviors. The intern and his/her CPIP supervisors will develop a written remedial plan to address the specific competencies of concern. The intern's progress will be reevaluated by his/her supervisors in one month.

“Level 2 Warning”: This constitutes a notice of probation. If the intern does not make sufficient progress by the predetermined date established as part of the Level 1 Warning, a written notice will inform him/her of probationary status. The intern will be asked to develop a remedial plan (including concrete, time-anchored steps to address problem areas) within two weeks of the notice with the help of his/her clinical and research supervisors and the Co-Directors of the CPIP. The intern's DCT will receive written notification of the intern's probation status and a copy of the remediation plan.

“Level 3 Warning”: This warning constitutes a notice that the intern is considered “inactive” by the CPIP. This warning will be given, if the work that was outlined in the Level 2 remedial plan was not completed. The warning will outline the specific requirements that were not met by the intern during the Level 2 remediation. Interns on inactive status may petition the CPIP faculty to return to active status by presenting a detailed plan and timetable for meeting program milestones, along with justification for its feasibility. The decision to grant the petition, however, will be at the discretion of the CPIP Steering Committee.

Termination from the program: Interns notified of being placed on inactive status who do not petition the CPIP to return to active status within a month of their inactive status notification will be formally terminated from the program. Moreover, interns who petition the CPIP faculty by way of a remediation plan that is found to be insufficient by the CPIP faculty will be terminated from the program. Finally, interns on inactive status who fail to abide by the remediation plan within two weeks of its implementation, as determined by the CPIP faculty, will be terminated from the program.

### **Evaluation of Faculty by Interns**

To ensure a high quality of instruction, supervision, and mentorship, the interns are asked to evaluate the CPIP faculty three times/year, in November (initial evaluation), March (second evaluation), and July (final/exit evaluation). These data are collected via standardized rating forms (see Appendices E-F). Supervisors are given aggregated feedback averaged across interns.

## **XV. Policy on the Dissatisfaction with Internship Faculty and Staff**

### **Intern's Dissatisfaction with Faculty or Staff Member**

If an intern has concerns about the behavior of any C-PIP faculty member or staff, he or she should first notify his or her immediate clinical supervisor or internship Co-Director. After appropriate investigation and consultation, the clinical supervisor or

internship Co-Director will make a decision to resolve the problem. If the situation cannot be addressed to the intern's satisfaction in this way, the intern should take the matter to the C-PIP Grievance Committee. In the case of legal or harassment concerns, the intern is entitled to pursue reporting procedures available through the University of Vermont Office of Human Resources and the Vermont Secretary of the State Office of Professional Regulation.

### **Staff or Faculty Member's Dissatisfaction with Staff or Faculty Member**

If a C-PIP staff or faculty member has concerns about the behavior of any other C-PIP staff or faculty member, he or she should first notify an internship Co-Director. After appropriate investigation and consultation, an internship Co-Director will make a decision to resolve the problem. If the situation cannot be addressed to the dissatisfied party's satisfaction, he or she should take the matter to the C-PIP Grievance Committee. In the case of legal or harassment concerns, the staff or faculty member is entitled to pursue reporting procedures available through the University of Vermont Office of Human Resources and the Vermont Secretary of the State Office of Professional Regulation.

### **The C-PIP Grievance Committee**

The Grievance Committee will be appointed by the internship Co-Director who receives the grievance. The Grievance Committee will consist of two VCCYF faculty members, two VPS faculty members, and one faculty member from another UVM department. Only faculty uninvolved in the investigated matter may sit of the Grievance Committee. The Grievance Committee will investigate the grievance and communicate with all involved parties prior to reaching a decision. The Grievance Committee will then render a decision in the form of a written recommendation to the C-PIP Co-Directors, who will then make the final decision on the matter. If the decision is still dissatisfactory to the person who had filed the grievance, he or she may file the grievance with the internship Steering Committee. If the grievance involves a member of the Steering Committee, he or she will be excused from the deliberations. The following article is used as a reference in such situations:

Lamb, D. H., Presser, N. R., Pfof, K. S., Baum, M. C., Jackson, V. R., and Jarvis, P. A. (1987). Confronting professional impairment during the internship: Identification, due process, and remediation, *Professional Psychology: Research and Practice*, 18, 597-603.

## **XVI. Statement of Non-Discrimination**

The University of Vermont and State Agricultural College is committed to a policy of equal educational opportunity. The university therefore prohibits discrimination on the basis of unlawful criteria such as race, color, religion, national or ethnic origin, age, sex, sexual orientation, marital status, disability, or gender identity or expression, as those terms are defined under applicable law, in admitting students to its programs and facilities and in administering its admissions policies, educational policies, scholarship and loan programs, athletic programs, and other institutionally administered programs or activities made available to students at the university.



## **XVII. Living in Burlington**

Burlington is a small city on the eastern shoreline of Lake Champlain. Set in picturesque Vermont, it is considered a gem of the North East. Burlington is famous for its progressive culture, community and ecological values, and high quality of life. It has been on the Kiplinger's top ten places to live in the United States for the past 10 years.

**University of Vermont:** [www.uvm.edu](http://www.uvm.edu)

**City of Burlington:** <http://www.burlingtonvt.gov>

**Vermont Chamber of Commerce:** <http://www.vermont.org/visitors>

**Burlington's "Find-and-go-Seek":** <http://www.findandgoseek.net/>

**We leave you with photos of our beautiful city and state:**



*Photo credit: Marina Monzani da Rocha*



## CPIP Policies and Procedures Manual: APPENDIX A

# Competency Evaluation Rating Form (CERF) UVM Clinical Psychology Internship Program

Date: \_\_\_\_\_  
Intern: \_\_\_\_\_  
Evaluator: \_\_\_\_\_

For each competency (listed under each training goal), please rate the intern's competency using the following scale:

- 1** = Does not meet expectations
- 2** = Meets minimal expectations
- 3** = Fully meets expectations
- 4** = Exceeds expectations
- 5** = Superior abilities

To assist you in making this rating, for each competency, we have provided behavioral anchors to indicate what the intern's behavior would look like to receive a rating of **3**-"**fully meets expectations**", which we consider as signaling readiness for professional practice.

**Goal #1:** To provide proficient and effective psychological interventions grounded in evidence-based principles.

**Objective for Goal #1:** A clinical intern can formulate case conceptualizations, implement evidence-based treatment strategies, and conduct oral case presentations while being competent in issues pertaining to ethics, cultural diversity and professional demeanor.

<b>Competencies: Readiness for Entry to Practice #1</b>			<b>Competency Rating</b>
<ol style="list-style-type: none"> <li>1. Applies knowledge of evidence based practice in treatment and case presentation.</li> <li>2. Engages in independent intervention planning.</li> <li>3. Applies effective clinical skills and judgment.</li> <li>4. Implements intervention with fidelity to empirical principles, while being flexible, when appropriate.</li> <li>5. Evaluates treatment progress and modifies planning, as indicated.</li> </ol>			<ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> </ol>
<b>Behavioral Anchor for Each Competency</b>			
<ol style="list-style-type: none"> <li>1. Writes clear case notes and summaries grounded in evidence-based practice and provides rationale in notes, supervision, and formal clinical case presentation for intervention strategies utilizing empirical support.</li> <li>2. Independently conceptualizes case and selects appropriate intervention.</li> <li>3. Develops rapport with a wide range of clients, uses good judgment in crises, and effectively delivers intervention.</li> <li>4. Independently implements a typical range of appropriate intervention strategies and manages special circumstances.</li> <li>5. Critically evaluates own clinical work and seeks consultation, when necessary.</li> </ol>			
<b>Methods of Evaluation</b>			
	<b>Date(s)</b>	<b>Supervisor</b>	<b>Meets Expectation?</b>
Direct Observation (Co-facilitation)			<b>Y N</b>
Case Presentation (CPR)			<b>Y N</b>
Video Observation			<b>Y N</b>
Clinical Evaluation Form			<b>Y N</b>
Self Assessment			<b>Y N</b>

**Goal #2:** To complete comprehensive psychological assessments and accessible assessment reports.

**Objective for Goal #2:** A clinical intern can develop and understand a referral question, choose appropriate, well validated assessment tools, assess clients in a valid and reliable manner, write clear, useful and accessible assessment reports, and disseminate assessment findings to appropriate parties.

<b>Competencies: Readiness for Entry to Practice #2</b>			<b>Competency Rating</b>
<ol style="list-style-type: none"> <li>1. Independently selects and implements multiple methods and means of evaluation with responsiveness to diversity and context.</li> <li>2. Independently understands strengths and limitations of diagnostic approaches and interpretation of results from multiple measures.</li> <li>3. Demonstrates knowledge of psychometrics of measures and integrates data effectively from a variety of assessment methods.</li> <li>4. Communication of results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.</li> <li>5. Demonstrates the ability to base written evaluation on psychological assessment literature.</li> </ol>			<ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> </ol>
<b>Behavioral Anchor for Each Competency</b>			
<ol style="list-style-type: none"> <li>1. Demonstrates competent use of appropriate and culturally sensitive instruments, seeks consultation as needed, and acknowledges limitations of assessment data, as reflected in written reports.</li> <li>2. Accurately and consistently selects, administers, scores and interprets assessment tools with appropriate flexibility, such that diagnostic questions are addressed and the report leads to clinical formulation and appropriate treatment plan, while including limitations of measures.</li> <li>3. Accurately reports psychometric properties of assessment instruments, when appropriate.</li> <li>4. Writes an effective, comprehensive and conceptually framed report, and effectively communicates results verbally.</li> <li>5. Writes report consistent with guidelines provided in Groth-Marnat (2009), Sattler (2008), and Sattler &amp; Ryan (2009)<sup>1</sup></li> </ol>			
<b>Methods of Evaluation</b>			
	<b>Date(s)</b>	<b>Supervisor</b>	<b>Meets Expectation?</b>
Direct Observation (Co-Evaluator)			<b>Y N</b>
Clinical Evaluation Forms			<b>Y N</b>

**Goal #3:** To incorporate research and theory in clinical practice.

<sup>1</sup> Groth-Marnat, G. (2009). *Handbook of Psychological Assessment – Fifth Edition*. Hoboken, NJ: John Wiley & Sons; Sattler, J.M. (2008). *Assessment of Children: Cognitive Foundations – Fifth Edition*. San Diego: Jerome M. Sattler, Publisher, Inc.; Sattler, J.M & Ryan, J.J. (2009). *Assessment with the WAIS-IV*. San Diego: Jerome M. Sattler, Publisher, Inc.

**Objective for Goal #3:** A clinical intern incorporates theory, scientific knowledge and evidence based techniques in clinical practice

<b>Competencies: Readiness for Entry to Practice #3</b>		<b>Competency Rating</b>	
<ol style="list-style-type: none"> <li>1. Independently applies scientific methods to practice.</li> <li>2. Knowledge of core science.</li> <li>3. Knowledge and understanding of scientific foundations applied to practice.</li> <li>4. Independently and critically evaluate evidence-based treatment approaches in the context of case conceptualization and treatment planning.</li> </ol>		<ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> </ol>	
<b>Behavioral Anchor for Each Competency</b>			
<ol style="list-style-type: none"> <li>1. Read and remain up-to-date on relevant clinical research and applies scientific knowledge and skills appropriately and habitually to the solution of problems.</li> <li>2. Demonstrates advanced level and respect for scientific knowledge of the bases for behaviors.</li> <li>3. Discusses theory and research with clinical supervisors and develops treatment plans and intervention strategies based on theory, research and measureable goals.</li> <li>4. Discusses evidence-based principles and techniques with appropriate flexibility and firm knowledge of scientific foundation.</li> </ol>			
<b>Methods of Evaluation</b>			
	<b>Date</b>	<b>Supervisor</b>	<b>Meets Expectation?</b>
Clinical Evaluation Form			<b>Y N</b>
Self Assessment			<b>Y N</b>

**Goal #4:** Practice psychology from a culturally and ethnically sensitive framework.

**Objective for Goal #4:** Clinical interns know the cultural orientation of clients, consider cultural issues when choosing assessment materials and making a differential diagnosis, and disseminate culturally specific knowledge to the mental health community.

<b>Competencies: Readiness for Entry to Practice #4</b>		<b>Competency Rating</b>	
<ol style="list-style-type: none"> <li>1. Independently monitors and applies knowledge of <i>self</i> as a cultural being in assessment, treatment, and consultation.</li> <li>2. Independently monitors and applies knowledge of <i>others</i> as cultural beings in assessment, treatment, and consultation.</li> <li>3. Independently provides culturally sensitive assessment and intervention with a variety of clients from diverse socio-economic and socio-cultural background.</li> <li>4. Independently provides effective and culturally sensitive assessment and intervention with refugees (with and without torture histories) and families.</li> </ol>		<ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> </ol>	
<b>Behavioral Anchor for Each Competency</b>			
<ol style="list-style-type: none"> <li>1. Independently articulates, understands and monitors <i>own</i> cultural identify in relation to work with others and initiates consultation or supervision when uncertain about diversity issues.</li> <li>2. Independently articulates, understands and monitors <i>other</i> cultural identities in relation to work with others and initiatives consultation or supervision when uncertain about diversity issues.</li> <li>3. Independently articulates the impact of culture, socio-economic status and diversity when providing services.</li> <li>4. Independently articulates aspects of culture and impact of war associated with refugee groups when providing services to refugees from countries such as Somalia, Iraq, and Bhutan.</li> </ol>			
<b>Methods of Evaluation</b>			
	<b>Date</b>	<b>Supervisor</b>	<b>Meets Expectation?</b>
Clinical Evaluation Form			<b>Y N</b>
Self Assessment			<b>Y N</b>

**Goal #5:** Advance clinical research skills and scholarly inquiry

**Objective for Goal #5:** Clinical interns will develop and build upon their analytic and research skills while contributing to the clinical research community

<b>Competencies: Readiness for Entry to Practice #5</b>		<b>Competency Rating</b>	
1. Engages in a scientific approach to knowledge generation. 2. Conducts independent research. 3. Contributes to the clinical research community. 4. Meets research goals and expectations. 5. Further develops research skills and scholarly inquiry.		1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
<b>Behavioral Anchors for Each Competency</b>			
1. Engages in systematic research, using appropriate research questions and methods, and consults or partners with community stakeholders of diverse communities. 2. Independently develops research questions, conducts studies and data analysis. 3. Generates poster presentations at a national conference or submits a manuscript to a peer-reviewed journal. 4. Refer to the <i>Research Goals/Expectations</i> form, as completed by intern and research supervisor. 5. Refer to the <i>Research Evaluation</i> form.			
<b>Methods of Evaluation</b>			
	<b>Date</b>	<b>Supervisor</b>	<b>Meets Expectation?</b>
Review of Presentation/Article			<b>Y N</b>
Research Evaluation Form			<b>Y N</b>
Self Assessment			<b>Y N</b>

**Goal #6a:** To gain knowledge regarding theories and methods of supervision and gain direct experience providing supervision.

**Objective for Goal #6a:** A clinical intern is able to supervise doctoral-level graduate students.

<b>Competencies: Readiness for Entry to Practice #6</b>			<b>Competency Rating</b>
<ol style="list-style-type: none"> <li>1. Understands the complexity of the supervisor role, including ethical, legal, and contextual issues.</li> <li>2. Knowledge of procedures and practices of supervision.</li> <li>3. Engages in professional reflection about relationship with supervisee, as well as supervisee's clients.</li> <li>4. Understanding of other individuals and groups and intersection of diversity in the context of supervision practice.</li> <li>5. Provides supervision independently to others.</li> </ol>			<ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> </ol>
<b>Behavioral Anchor for Each Competency</b>			
<ol style="list-style-type: none"> <li>1. Articulates a philosophy or model of supervision and reflects on how this model is applied in practice.</li> <li>2. Prepares supervision contract (verbal or written) and demonstrates knowledge of limits of competency, and constructs plans to deal with areas of limited competency.</li> <li>3. Articulates how to use supervisory relationships to enhance development of supervisees and clients.</li> <li>4. Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision with clients, supervisees and self as supervisor.</li> <li>5. Provides supervision to less advanced trainees.</li> </ol>			
<b>Methods of Evaluation</b>			
	<b>Date(s)</b>	<b>Supervisor</b>	<b>Meets Expectation?</b>
Direct Observation (supervising other)			<b>Y N</b>
Teaching Evaluation Form (by grad student)			<b>Y N</b>
Self Assessment			<b>Y N</b>



**Goal #6b:** To gain knowledge regarding theories and methods of consultation and to gain direct experience providing consultation

**Objective for Goal #6b:** A clinical intern is able to provide professional assistance and consultation services to others in response to a client's needs

<b>Competencies: Readiness for Entry to Practice #6b</b>		<b>Competency Rating</b>	
1. Determine situations that require consultation and shifts role accordingly. 2. Selects appropriate assessment/data gathering that answers consultation referral question(s). 3. Provides effective assessment feedback and articulates recommendations 4. Applies literature to provide consultation in routine & complex cases		<b>1.</b> _____ <b>2.</b> _____ <b>3.</b> _____ <b>4.</b> _____	
<b>Behavioral Anchor for Each Competency</b>			
1. Recognizes situations in which consultation is appropriate and shifts functions to meet referral needs. 2. Demonstrates ability to gather necessary information, and clarifies and refines referral questions based on analysis of question. 3. Provides clear consultation reports and verbal feedback to consultee and offers appropriate recommendations. 4. Implements consultation based on assessment findings and meets consultee goals			
<b>Methods of Evaluation</b>			
	<b>Date(s)</b>	<b>Supervisor</b>	<b>Meets Expectation? Y N</b>
Direct Observation (providing consultation)			Y N
Self Assessment			Y N

**Goal #7:** To develop a thorough understanding of ethical practice in the context of professional psychology and to implement such practices

**Objective for Goal #7:** Clinical interns will adhere to ethical standards consistent with the APA “Ethical principles of psychologists and code of conduct,” and consistently demonstrate professionalism throughout the duration of the clinical internship.

<b>Competencies: Readiness for Entry to Practice #7</b>			<b>Competency Rating</b>
1. Routine command and application of the APA Ethical Principles and Code of Conduct and other relevant standards and guidelines in the profession 2. Commitment to integration of ethics knowledge into professional work 3. Determines when it is appropriate to seek information for an ethical issue 4. Independently and consistently integrates ethical and legal standards with all foundational and functional competencies			<b>1.</b> _____ <b>2.</b> _____ <b>3.</b> _____ <b>4.</b> _____
<b>Behavioral Anchors for Each Competency</b>			
1. Spontaneously and reliably identifies complex ethical and legal issues, analyzes and addresses them, and is aware of the obligation to confront peers. 2. Applies ethical principles and standards in writings, presentations, teaching, training and research when applicable. 3. Uses supervision to discuss ethical dilemmas. 4. Demonstrates awareness, integrates and understands that ethical-legal standards are informed by all competencies.			
<b>Methods of Evaluation</b>			
	<b>Date</b>	<b>Supervisor</b>	<b>Meets Expectation?</b>
Clinical Rating Form			<b>Y N</b>
Self Assessment			<b>Y N</b>



## CPIP Policies and Procedures Manual: APPENDIX B

### Clinical Evaluation Form: Faculty Mentor Evaluation of Intern

Date: \_\_\_\_\_

Intern: \_\_\_\_\_

Faculty: \_\_\_\_\_

**Instructions:** Please use the following response scale to answer the following questions:

**1=Needs work; 2=Fair; 3=Good; 4=Very Good; 5=Superior.**

a. Consistently attends team meetings	1	2	3	4	5	NA
b. Attends case presentations	1	2	3	4	5	NA
c. On time for meetings	1	2	3	4	5	NA
d. Interest in ongoing cases	1	2	3	4	5	NA
e. Thoughtfulness	1	2	3	4	5	NA
f. Dependability	1	2	3	4	5	NA
g. Completion of assigned tasks	1	2	3	4	5	NA
h. Willingness to devote adequate time to clinical activities	1	2	3	4	5	NA
i. Initiative	1	2	3	4	5	NA
j. Reads relevant materials/prepares for sessions	1	2	3	4	5	NA

Comments: \_\_\_\_\_

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Faculty Member's Signature



# CPIP Policies and Procedures Manual: APPENDIX C

## **Research Goals and Expectations** (Completed by September 30<sup>th</sup>)

Intern: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_

Intern Goals:

Faculty Member's Goals for Intern:

Intern Expectations of Faculty Member:

Faculty Member Expectations of Intern:

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Faculty Member's Signature



# CPIP Policies and Procedures Manual: APPENDIX D

## **Research Evaluation Form: Faculty Mentor Evaluation of Intern**

Intern: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

1. Were Research Goals Set?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
1. Were research goals met? \_\_\_\_\_ Yes      \_\_\_\_\_ No
2. What are strengths of the intern?
  
3. What are research skills (e.g., work skills, involvement in research, research methodology/statistics, publication/presentation of data) that need to be developed?
  
4. What are some changes that can lead to the development of these research skills?

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Faculty Member's Signature



## CPIP Policies and Procedures Manual: APPENDIX E

### **Teaching Evaluation Form: Supervisor's Evaluation of Intern**

Intern : \_\_\_\_\_

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

Date: \_\_\_\_\_

1. What are strengths of the intern?
  
  
  
  
  
  
  
  
  
  
2. What are teaching skills (e.g., organization, lecturing, visual aids, class led discussions) which need to be developed?
  
  
  
  
  
  
  
  
  
  
3. What are some changes that can lead to the development of these teaching skills?  
This evaluation was reviewed by us on (date).

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Faculty Member's Signature



## CPIP Policies and Procedures Manual: APPENDIX F

### **Research Evaluation Form: Intern Evaluation of the Research Mentor**

Intern : \_\_\_\_\_

Research Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

Were Research Goals Set?    \_\_\_\_\_ Yes

   \_\_\_\_\_ No

1. Were your research goals met?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

2. What do you like about your research experience and supervision?

3. What do you not like about your research experience and supervision?

5. What are some changes that would improve your research experience and supervision (November and March only)?

Responses will be tabulated for all interns working with a faculty member and provided to the faculty member without identification of individual interns.



## CPIP Policies and Procedures Manual: APPENDIX G

### Clinical Evaluation Form: Intern Evaluation of the Clinical Supervisor

Clinical Supervisor: \_\_\_\_\_

Intern: \_\_\_\_\_

Date: \_\_\_\_\_

Competency	Rating				
	Poor	Fair	Average	Very Good	Excellent
1. Knowledge in relevant areas	1	2	3	4	5
2. Has relevant clinical experience	1	2	3	4	5
<b>Overall knowledge/skill base</b>	1	2	3	4	5
3. Maintains and models professional demeanor	1	2	3	4	5
4. Demonstrates an interest in and commitment to optimal clinical service	1	2	3	4	5
5. Models awareness of ethical issues	1	2	3	4	5
6. Maintains appropriate interpersonal distance.	1	2	3	4	5
<b>Overall professionalism</b>	1	2	3	4	5
7. Interested in intern's professional development					
8. Understands intern's professional goals	1	2	3	4	5
9. Helps intern develop own clinical style	1	2	3	4	5
10. Has clear goals and expectations for intern's development	1	2	3	4	5
11. Promotes autonomy	1	2	3	4	5
12. Varies supervisory style, based on the case's needs	1	2	3	4	5
13. Gives regular, honest feedback	1	2	3	4	5
<b>Overall supervision</b>	1	2	3	4	5
14. Impacts basic fund of knowledge	1	2	3	4	5



<b>15.</b> Teaches technical skills and psychotherapy skills	1	2	3	4	5
<b>16.</b> Brings together assessment and treatment	1	2	3	4	5
<b>17.</b> Promotes case/diagnostic formulation	1	2	3	4	5
<b>18.</b> Serves as a clinical model	1	2	3	4	5
<b>Overall teaching</b>	1	2	3	4	5
<b>19.</b> Available	1	2	3	4	5
<b>20.</b> Approachable	1	2	3	4	5
<b>21.</b> Supportive	1	2	3	4	5
<b>22.</b> Respectful when offering criticism	1	2	3	4	5
<b>Overall interpersonal</b>	1	2	3	4	5
<b>23. Overall, what is your rating of this supervisor?</b>	1	2	3	4	5
<b>24. Overall, what is your rating of this clinical rotation/service?</b>	1	2	3	4	5

Comments: