Psychiatric
Research Institute

Division of Psychology
UAMS Clinical Psychology Training Programs

Our doctoral internship training program is fully accredited by the
American Psychological Association

UAMS Doctoral Psychology Internship
4301 W. Markham St., #568
Little Rock, AR 72205
501-526-8147

https://medicine.uams.edu/psychiatry/postdoc-fellowships/clinical-psychology-internship/

Program Orientation and Training Manual for Interns and Fellows in Clinical Psychology 2026-2027

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About This Manual

This manual is being provided to you for basic orientation and as a policy and procedure manual for your training year with us. We have tried to include most things you will need to know over the course of your training experience in this manual. If you have questions at any time about the contents of this manual, updates, or policies and procedures in general, please ask your training director or primary supervisor.

If you have suggestions for additions to these documents, please contact the training director.

UAMS Clinical Psychology Doctoral Internship and Postdoctoral Fellowship Programs Overview

The UAMS Department of Psychiatry Internship Training Program in Clinical Psychology is accredited by the American Psychological Association (APA) and offers training through Child and Adolescent (Program Code # 110611); Trauma, Recovery, and Justice (Program Code # 110612); Neuropsychology (Program Code # 110613); and Integrated Health Care (Program Code # 110614) training tracks.

Our 2080-hour clinical psychology internship is designed to provide interns with a broad and general training experience in basic principles and techniques of professional psychology. Interns will have the opportunity to work with patients across a wide range of clinical settings serving diverse populations who vary by age, sex, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

We welcome interns from all backgrounds and experiences. Mental health is a universal concern, and we need individuals from all swaths of life to build a healthcare system that is equitable and inclusive for all individuals, especially for high-risk and marginalized populations. We are deliberate in developing a culture centered on humility and desire intern applicants who demonstrate experience with and interest in working with diverse populations.

The internship is one of the training programs of the Department of Psychiatry in the UAMS College of Medicine and has multiple training sites depending on the specific training track. The internship training year is July 1 through June 30 of each year.

History

The UAMS clinical psychology internship program was first established in 1961 and was given full accreditation by APA in 1967. The internship developed a child and adolescent focus in 1979 following a site visit. The internship added a general adult track beginning with the 2009-2010 training year, an adult neuropsychology track beginning with the 2017-2018 training year, and an adult integrated health care track beginning with the 2022-2023 training year. Additionally, the adult track shifted focus in the 2022-2023 training year to emphasize trauma, recovery, and justice as part of the training experiences. Furthermore, in 2018 APA approved continued accreditation of the internship for the next 10 years.

Mission

The mission of our psychology training program is to provide quality training and practice experience in an environment centered on cultural humility, providing our community with equitable access to evidence-based behavioral health services. Therefore, we seek to recruit and train doctoral interns and postdoctoral fellows who reflect the community in which we serve and share our values of diversity, equity, and inclusion. We strive to prepare culturally responsive trainees for competent, ethical, and socially relevant practice as early career psychologists.

Training Philosophy

Our training philosophy is based on a set of core values that inform our training- as well as service-related activities. These include the following guiding principles:

Diversity, Equity, and Inclusion. Training is sensitive and responsive to the individual and cultural diversity of human experience and is centered on promoting the fair and full participation of the psychology interns and of the patients they serve, particularly for those who are marginalized or historically excluded due to their identities.

Nurturance. Training occurs in a nurturing, supportive atmosphere in which it is viewed as a valued priority which is not compromised by financial, political, or other considerations. Training staff are accessible to interns, serve as good role models and mentors, and promote the professional growth of trainees.

Increasing Autonomy. Training facilitates interns' acquisition of gradually increasing competence and confidence in the independent provision of professional psychological services.

Individualization. Training methods and activities are tailored to address specific training strengths, weaknesses, needs, and goals of interns.

Collaboration. Training prepares interns to work cooperatively with other health care professionals and other interested parties (e.g., family members, school personnel) in serving their patients. Training is enhanced by collegial partnerships with affiliated institutions and programs in the community.

Evidence-Based Practice. Training prepares interns to apply scientific principles and knowledge to the provision of professional psychological services.

Accountability. Training prepares interns to meet quality of care standards of the profession of psychology. Training satisfies program accreditation requirements and provides evidence of continuous improvement in training processes and outcomes incorporating the needs and concerns of psychology trainees, patients, their families, and the community.

Training Goals

We value a scientist practitioner training model in which our emphasis is on developing professional psychologists who provide culturally attuned clinical services to children, adolescents, adults, and families, while working within the community context of each person. Our goal is to foster the professional and personal development and growth of interns from trainee to early career professional through a junior colleague model. As such, at the completion of the program, interns will be able to demonstrate competency in formal and informal assessment procedures, a variety of treatment approaches, and a strong experience base in consultation and multidisciplinary teamwork. They will be able to provide these services to a wide range of diverse population who vary by age, sex, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

The training program has core, profession-wide competence that focus on the development of a doctoral intern's or postdoctoral fellow's competencies in professional psychology. Additionally, rotation-specific training goals and objectives are developed. By the end of the training year, we expect each intern to have achieved at least entry-level competence and each follow to have achieved advanced competence in each of the following core, profession-wide domains:

Competency Domain 1. Research and Evaluation. Conducting research that contributes to the professional knowledge base and/or evaluation that assesses the effectiveness of professional activities.

Specific Competencies:
A. Scientific Approach to Knowledge Generation
B. Scientific Approach to Practice

Competency Domain 2. Standards and Policies. Understanding, applying, and adhering to ethical, legal, professional, and organizational standards, guidelines, regulations, and policies regarding professional activities.

Specific Competencies:
A. Knowledge of Standards and Policies
B. Ethical Decision Making
C. Compliance with Standards and Policies

Competency Domain 3. Individual and Cultural Diversity. Working effectively with diverse individuals, groups, organizations, and communities representing various cultural backgrounds, including those based on age, sex, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

Specific Competencies:
A. Cultural Identity – Self
B. Cultural Identity – Other
C. Cultural Diversity in Interpersonal Interactions
D. Cultural Humility

Competency Domain 4. Professionalism. Behaving in a manner consistent with professional values, ethics, and norms.

Specific Competencies:
A. Integrity and Responsibility
B. Professional Behavior
C. Accountability
D. Concern for Welfare of Others
E. Professional Identity

Competency Domain 5. Relationships. Interacting effectively, collaboratively, and productively with individuals, groups, organizations, and communities.

Specific Competencies:
A. Interpersonal Relationships
B. Affective Skills
C. Expressive Skills

Competency Domain 6: Assessment. Conducting psychological assessment, diagnosis, case conceptualization, and communicating findings and recommendations.

Specific Competencies:
A. Evaluation and Selection of Assessment Methods
B. Implementation of Assessment Methods
C. Formulation of Diagnoses and Case Conceptualizations
D. Formulation of Recommendations for Intervention
E. Communication of Assessment Findings

Competency Domain 7. Intervention. Selecting, planning, implementing, and evaluating interventions to improve psychosocial functioning of individuals, groups, and/or organizations.

Specific Competencies:
A. Knowledge of Interventions
B. Intervention Planning
C. Nonspecific Therapeutic Skills
D. Implementation of Interventions
E. Evaluation of Processes and Outcomes
F. Documentation of Interventions

Competency Domain 8. Supervision. Receiving and providing supervision of professional activities.

Specific Competencies:
A. Supervisory Roles and Responsibilities
B. Supervision Processes and Procedures
C. Reception to Provided Supervision
D. Provision of Supervision

Competency Domain 9. Consultation and Interdisciplinary Systems. Working effectively, collaboratively, and systematically toward shared goals with professionals from other disciplines.

Specific Competencies:
A. Role of Consultant
B. Multidisciplinary Knowledge
C. Multidisciplinary and Interdisciplinary Functioning

These core competencies serve as the basis for supervisor evaluations of intern performance as well as intern evaluations of the program. The evaluation form provides examples of behavior illustrating the level of performance expected of the intern or fellow for each specific competency. Interns and fellows must receive final global ratings at least commensurate with the expected level of performance in all core competency domains in order to successfully complete training.

Rotation-Specific Training Goals and Objectives

In addition to the specific objectives for each rotation, the intern or fellow is expected to provide direct, face-to-face services to patients for at least 10 hours a week over the course of the internship. The intern or fellow is also rated on productivity, with the absolute minimum being

25% direct, face-to-face services, the minimum required by APPIC for adequate internships and fellowships.

Training Methods

Orientation. During the first several weeks of the training year, interns participate in a period of orientation in which clinical supervisors provide overviews of their rotations, so interns have the general knowledge essential to their rotation activities. Our program takes a scaffolding approach to training in which interns frequently observe their clinical supervisors during the provision of clinical services at the beginning of the rotation. They then subsequently are observed by the supervisor during clinical encounters and provided with constructive feedback with the goal of interns providing clinical service as a relatively independent clinician, with continued supervision. For postdoctoral fellows, the expectations are that they will start at the level of an independent practitioner in all areas for which they have received prior training. Although they will continue to receive supervision, they are given more autonomy in directing their clinical work. For those clinical areas in which they have less exposure, the fellows will initially receive the same level of supervision and support as the interns, but again with an expectation that they will progress more quickly to clinical independence.

Clinical Supervision. Either group or individual supervision is provided weekly by the rotation supervisors or periodically by back-up supervisors when rotation supervisors are unavailable. Interns have at least 2 hours of individual, face-to-face supervision each week with supervisors and a minimum of 4 hours of total supervision per week, though they frequently receive more. Fellowship supervision depends on experience and current needs. Our program also encourages continuous informal supervision by means of an "open door" arrangement whereby trainees can request and receive immediate consultation or supervision when significant clinical or training issues arise. These drop-in interactions are welcomed by faculty and function to increase the trainee's comfort with consulting with peers and colleagues. Consultation is also available from other professionals in the department. When an intern faces an urgent situation requiring immediate supervision or consultation and the rotation or case supervisor is not immediately available, the intern should attempt to seek assistance from other training committee members. Consultation with other clinicians, faculty, and administrators (e.g., program managers, medical directors, therapists) can also be helpful, and may take precedence in cases of extreme urgency where members of the training faculty are not readily available. You will be provided with a phone list including all supervising faculty. When a clinical supervisor is out on leave, he or she will be responsible for providing trainees with the name of the back-up supervisor.

Primary Supervision. Each intern and fellow is matched with a primary supervisor for the training year and meets at least monthly with this person. The supervisor acts as the trainee's advocate and personal advisor. During primary supervision, trainees and supervisors often discuss the trainee's experiences across rotations, life after internship or fellowship, professional development interests and goals, work-life balance, etc.

Specialty Trainings. Depending on track and rotation, interns and fellows can attend trainings on specialized treatment intervention and assessment practices from state, regional, and nationally certified trainers.

Didactic Seminar Series. Weekly seminars designed to meet the training needs of the interns in the program feature presentations by training faculty and other professionals from UAMS and the local community. Didactics are scheduled from 8:00am to 9:30am weekly on Tuesday morning and are divided into several series of training topics and activities.

Profession-Wide Competency Series. This series of presentations cover competences developed by APA to help doctoral interns prepare for the practice of health service psychology.

Cultural Humility Curriculum. The overall goal of this curriculum is to help each psychology intern make progress toward being a psychologist who exhibits cultural humility in clinical practice, teaching and mentoring, and/or research. The baseline knowledge, attitudes, and skills for each intern will vary, and thus, the growth and end-of-internship progress will be different for each intern. This course provides a variety of teaching modalities to enhance cross-cutting knowledge, attitudes, and skills related to cultural humility. The format involves in-person lectures, process-oriented group discussions, journaling activities, assigned readings, and experiential activities. Although the overall goal of the course is not explicitly to enhance social justice—that is, the social advocacy of a psychologist to create equity in our society—it is possible that certain interns, instructors, or experiences may gravitate toward social justice. This is welcomed and encouraged.

Supervision Curriculum. The goal of the supervision curriculum is to create a foundational knowledge base and skills to develop a trainee's identity as an entry-level clinical supervisor. It is understood that trainees enter internship with varying degrees of experience related to training and practice of supervision. This curriculum is intended to support trainees' exposure to various models of supervision and practice with using various modes of teaching including lecture, video review, role-play and discussion. By the end of the course, it is anticipated that interns will meet the necessary benchmarks for readiness for entry to practice for supervision as identified in the APA Competency Benchmarks in Professional Psychology.

Specialty Seminar Series. Interns participate in discussions related to professional topics, such as careers in clinical psychology (e.g., research, clinical, administration), applying to postdoctoral fellowships, preparing for the EPPP, and working alongside other clinical or medical specialties in the hospital (e.g., psychiatry, neurology, social work). Finally, interns each conduct a clinical case presentation or a research job talk, depending on their career interests.

Grand Rounds and Conferences. Interns and fellows also have the opportunity to attend the bimonthly Department of Psychiatry Grand Rounds and Case Conferences to stay current on clinical practices and research outcomes to increase and improve their knowledge, competence, performance, and patient outcomes. Trainees also have access to the many grand rounds, symposia, and seminars that are offered within other UAMS departments (Pediatrics, Neurology) and colleges (College of Public Health).

Arkansas Psychological Association Fall Conference. Interns can attend the annual 2-day fall conference held in Little Rock to learn from state and national experts on a variety of topics and network with other psychologists in the state. Interns also have the opportunity to conduct poster and oral presentations at the conference.

Child and Adolescent Track Rotations and Training Opportunities

Overview

The goal of the Child and Adolescent Track is to provide interns with specialized training in the evaluation and treatment of traumatic stress in children and adolescents using evidence-based assessment and intervention models. The track offers interns training opportunities in the following outpatient and inpatient settings, all of which offer significant opportunities to work with underserved populations:

- Child and Adolescent Behavioral Health Center (general outpatient clinic for children and adolescents)
- Child Diagnostic Unit (psychiatric inpatient unit for children)

Interns also provide clinical services to patients across a wide range of diverse populations in regard to age, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, disability and/or language. As such, intern applicants who demonstrate experience with and interest in working with diverse populations are desired.

To meet training goals, interns will participate in year-long rotations for TF-CBT, PCIT, outpatient psychological evaluations, and inpatient psychological evaluations. They will also choose between CPP and/or outpatient DBT group for adolescents. Interns may optionally participate in all available clinical rotations, but they will have fewer cases on each rotation which may impact their ability to meet certain requirements towards national certifications (e.g., PCIT or TF-CBT case requirements). Lastly, interns may participate in an optional 6-month research rotation. Theoretical orientations of faculty include behavioral, cognitive behavioral, social learning and interpersonal.

Child Study Center

Overview of Setting: The Child and Adolescent Behavioral Health Center has been offering mental health services to children and families since 1955. This center is a major program within the Division of Child and Adolescent Psychiatry and serves children and adolescents from birth through age 17 and their families. The clinic attracts patients from throughout the state for psychotherapy and psychological evaluation services, although the majority of patients are from the Central Arkansas region. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Little Rock metropolitan area. Socioeconomic status also is diverse; however, the majority of clientele come from lower income homes. Staff at the Child and Adolescent Behavioral Health Center includes psychologists, doctoral psychology interns and postdoctoral fellows, psychiatrists, psychiatry residents and fellows, social workers, counselors, and nurses.

Patient Population: The Child and Adolescent Behavioral Health Center serves infants, toddlers, preschoolers, school-age children, and adolescents representing the full range of problems normally presenting to an outpatient clinic. Typical referrals include traumatic stress, ADHD, disruptive behavior, depression, and anxiety. Due to our statewide referral base, rarer cases such as bipolar disorder, psychosis, and selective mutism are referred to the clinic as well. Although

interns may gain experience in working with youth of all ages, interns mostly commonly work with preschool or school-age youth. Similarly, although patient presenting concerns vary within the clinic, the interns typically will focus on treating posttraumatic stress and disruptive behaviors.

Core Training Opportunities: During the 12-month rotation, interns conduct TF-CBT and PCIT and CPP and/or DBT. In addition, they conduct diagnostic (intake) assessments for new patients referred to the clinic and provide psychological evaluations for a wide range of presenting problems across the age range. Furthermore, interns may also gain experience in implementing treatment interventions via telepsychology.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Interns provide TFCBT with youth ages 3 through 17 who are experiencing mood, anxiety and/or behavioral problems as a result of traumatic stress. Children and adolescents seen during this rotation often have experienced maltreatment, witnessed domestic violence, resided in foster care, and/or experienced other traumatic events such natural disasters, medical procedures or death of loved ones. Interns often gain experience working with professionals who are a part of the Division of Child and Family Services (DCFS) and child dependency courts, including case workers, guardians ad litem, attorneys, court appointed special advocates and judges. In addition, interns may have the opportunity to implement an evidence-based treatment for preschool and school-aged children who have developed problematic sexual behaviors as a result of trauma exposure. Throughout the rotation, interns will be encouraged to engage in opportunities intended to strengthen their skills related to diversity, equity and inclusion through self-reflection, consideration of patient cultural factors, and discussion. Rotation supervisors are Nationally Certified TF-CBT therapists and facilitate a combination of individual and group supervision based on interns' caseload and needs. Interns will also participate in monthly consultation calls with a National TF-CBT trainer over the course of the year. By the end of internship, interns typically will have made significant progress towards meeting the national certification requirements for TF-CBT.

Child-Parent Psychotherapy (CPP). Interns may conduct CPP for children birth through age 6 who have experienced trauma and are currently exhibiting posttraumatic, behavioral, emotional, and/or attachment-related difficulties. This evidence-based model is rooted in attachment theory and includes psychodynamic, developmental, trauma, social learning, and cognitive-behavioral theories. Treatment focuses on strengthening the caregiver-child relationship to promote healing from traumatic experiences that impact the dyad's cognitive, behavioral, and/or social functioning. One important aspect of the CPP rotation is that interns often get the opportunity to work with multiple caregiver-child dyads for the same patient (e.g., work with both foster parent/child and biological parent/child dyads) as well as the inclusion of caregivers who have been part of child maltreatment that are not routinely included within other trauma treatments. Interns often gain experience working with professionals who are a part of our state's Safe Babies Court Teams (SBCT) or who are involved with the child welfare system, including case workers, guardians ad litem, attorneys, court appointed special advocates and judges. Interns frequently have opportunities to gain hands-on experience with preparing documentation and participating in court teams or testifying in court proceedings. Finally, trainees also gain exposure and

practice with a reflective supervision model, which prioritizes addressing case supervision needs while promoting clinicians' capacity to consider their responses and reactions and to contribute to the reflective growth of co-interns. Interns will be supervised by certified CPP supervisors in group and individual formats, depending on the training year. Of note, the CPP training will not count towards national rostering criteria. If chosen as a minor rotation, interns will gain experience learning the model in a learning collaborative format and practicing the model, often in a co-therapy format.

Parent-Child Interaction Therapy (PCIT). Interns are able to obtain training in PCIT, an evidence-based, dyadic treatment for children ages 2 through 6 with disruptive problems that results in a stronger relationship between caregivers and children and use of more effective and appropriate caregiver disciplinary strategies. Supervisors are certified regional or within-agency trainers and provide live supervision with the interns during sessions and meet with them weekly for group supervision. Interns first typically observe supervisors conducting PCIT with several patients before transitioning to acting as a co-therapist with the psychologist, though supervisors tailor the training for interns who have previous experience with the model. For example, interns who meet PCIT International therapist certification before internship may have the option to complete within agency trainer training. By the end of internship, interns will have made significant progress towards meeting the PCIT International criteria for therapist or within-agency trainer certification.

Dialectical Behavior Therapy (DBT). Interns have the opportunity to participate in a multifamily DBT skills group at the Child and Adolescent Behavioral Health Center. Adolescents referred to DBT often have complex psychiatric presentations, which may include a history of mood lability; symptoms of depression and anxiety; impulsive, disruptive and/ or risky behavior (e.g., substance use, disordered eating); polarized or extreme thinking patterns; family and peer conflict; poor perspective taking; and non-suicidal self-injury and/or history of suicidal ideation and attempts. The multifamily DBT skills group maintains a maximum of eight families at a time and meets weekly on Monday afternoons at the Child and Adolescent Behavioral Health Center. Interns will receive exposure to all five modules throughout the year: mindfulness, distress tolerance, walking the middle path, emotion regulation and interpersonal effectiveness. Families have the option to complete a second cycle of group to further consolidate their learning and practice skills and concepts. Currently, the Child and Adolescent Behavioral Health Center does not provide phone coaching for families. Interns will have multiple opportunities to co-lead group, which entails leading mindfulness exercises, reviewing families' practice of skills and teaching new material. Rotation supervisors attend DBT group and conduct weekly group supervision. Please note, although rotation supervisors have extensive experience in the model, they currently are not DBT certified clinicians or trainers. Overall, throughout the course of the training year, interns will have participated in didactic training and gained clinical experience which set a solid foundation for interns interested in formally pursuing DBT-Linehan Board Certification later in their career.

Psychological Evaluations. In addition to psychotherapy experiences, interns also

provide psychological evaluations to children and adolescents with a broad range of presenting issues, including ADHD, learning difficulties, traumatic stress, anxiety, mood problems, autism spectrum disorder and disruptive behaviors. Referral questions often include clarifying diagnoses, assessing level of functioning and planning treatment. Interns gain experience in clinical interviewing; administering, scoring, and interpreting psychological tests and measures; forming diagnostic impressions and making recommendations for intervention; and communicating assessment findings. Typical psychological testing instruments include tests of intelligence, achievement, adaptive functioning, executive functioning, attention and memory, as well rating forms and diagnostic interviews assessing emotional and behavioral disorders. Interns will typically conduct assessments as a team and will be involved in two evaluations per month; however, each intern will be responsible for leading case record review, battery development, diagnostic conceptualization, and individually writing the psychological evaluation report for one case per month. Interns will meet weekly with rotation supervisors for group supervision.

Complex Trauma Assessment Program. Interns may also have the opportunity to conduct psychological evaluations through the Complex Trauma Assessment Program. The goal of the program is to provide comprehensive, trauma-informed assessments for children ages 3-18 in the foster care system who have a history of chronic interpersonal maltreatment and exhibit serious clinical symptoms. Additional complexities of psychiatric medication use, acute and residential hospitalizations, disrupted placements, and/or previous diagnoses of attachment-related concerns are frequently present. Evaluators conduct these evaluations to clarify diagnoses, assess level of functioning, and provide recommendations related to level of care needed and specific services indicated. Multiple domains of functioning are assessed through administration of psychological tests and measures; clinical and diagnostic interviews with patients, caregivers, and caseworkers; behavior observation; record review; and consultation with other pertinent parties (e.g., teachers, therapists). Results lead to recommendations for evidence-based treatments, assistance for other professionals in care coordination, and a framework to aid caregivers in making informed decisions about the care of the child. Interns will meet weekly with rotation supervisors for group supervision.

Child Diagnostic Unit

Overview of Setting. The Child Diagnostic Unit (CDU) is a psychiatric inpatient unit that provides services for children ages 3 to 12 who need diagnostic clarification due to the complexity, frequency, severity, intensity, and impact of their symptoms. Although the CDU is not an acute care placement, many of the children have been psychiatrically hospitalized multiple times and are poorly understood by outpatient providers, schools, and their families. The inpatient unit has 8 beds. Children reside on the unit for a planned, scheduled stay of 28 days.

The mission of the CDU is to provide child- and family-centered care in a collaborative, compassionate, and trauma-sensitive manner to establish clarification of diagnoses and development of appropriate treatment planning for the child. An interdisciplinary approach is utilized, relying on specialists in child psychiatry, psychology, social work, occupational therapy,

speech and language, education, and nursing. The milieu model used on the unit is Collaborative Problem Solving (CPS). The basic premise of CPS is "Kids do well if they can," and it is the job of clinicians, including psychology interns, to assist in identifying the "lagging skills" that interfere with the child's ability to meet expectations (e.g., executive functioning deficits, emotion regulation). Other key components of CPS include identifying unsolved problems and working collaboratively with children to solve these problems.

Patient Population. Children present with a variety of symptoms, including verbal and physical aggression, disruptive behaviors, irritability, mood lability, anxiety, extreme inflexibility, and significant noncompliance. Diagnoses frequently include trauma diagnoses, ADHD, mood and anxiety disorders, autism spectrum disorder, and disruptive behavior disorders. Children also present with developmental delays and sensory difficulties.

Core Training Opportunities. During their 12-month rotation, interns conduct comprehensive psychological evaluations for the children on the unit, which includes administering tests of intelligence, academic achievement, adaptive functioning, mood and behavior, and autism symptoms. Interns also engage in behavioral observations, clinical record review, and report-writing.

Interdisciplinary Consultation Opportunities — Each intern has the opportunity to participate in the unit's interdisciplinary treatment team meetings, which last 1 to 1½ hours on Wednesdays. During these meetings, each discipline reports on the most recent observations and assessment findings for each child. In addition to psychology, disciplines present in these meetings include psychiatry, nursing, social work, speech therapy and occupational therapy. Interns frequently contribute to these meetings by sharing behavioral observations and/or testing results. Interns also participate in the diagnostic finalization meetings conducted the day before each child's discharge. Interns and supervisors regularly consult with staff from other disciplines to determine the best approaches for working with the children on the unit. If time permits, interns are encouraged to observe the testing and groups conducted by the other disciplines. Finally, interns are encouraged to observe one to two admissions and discharges over the course of the rotation to observe each discipline's contribution to the child's conceptualization as well as psychology's fit within the broader interdisciplinary picture.

Supervision. Supervision typically totals ½ to 1 hour per week and is conducted in segments at the beginning and end of the intern's "shift." At the beginning of the shift, the testing needed for that day is discussed, along with any recommendations to facilitate testing completion for each child. Following completion of testing for the day, the intern and supervisor discuss the day's findings and behavioral observations. This frequently includes discussion of the intern's thoughts and observations related to the child's diagnoses and may include other topics such as problem-solving for future testing interactions with a given child or children with similar presentations.

Optional Research Rotation

Interns may elect to complete an optional 6-month research rotation where they participate in on-going research under the supervision of a psychologist within the department. Generally, this is 4 hours of protected time each week to work towards a tangible research product (e.g., presentation,

publication). Many opportunities are available depending on interests, the availability of faculty mentors, and funded projects. Alternatively, the intern may elect to bring data from their home lab and use this time to continue their previous line of research through the development of manuscripts, presentations, posters, or grant applications under the guidance of a research mentor assigned for the year. Whether interns work on projects from UAMS or from their home institution, it is expected that a research product will be submitted before the internship year is complete. Of note, the research rotation cannot be used to complete the intern's dissertation.

Interns who do not elect to complete the research rotation may expand their involvement in one of the other internship rotations or additional clinical opportunities discussed with program faculty on interview day.

Trauma, Recovery, and Justice Track Rotations and Training Opportunities

Overview

The goal of the Trauma, Recovery, and Justice Track is to train psychologists who: 1) are versed in the complex, systems-level influences on and responses to the health and mental health of adults, 2) can provide tailored, evidence-based care across a variety of settings and modalities, and 3) are prepared for leadership roles in promoting high quality care for traditionally underserved populations. To this end, this track focuses training on the intersections of trauma, mental illness, addiction and involvement with the criminal legal system (e.g., arrest, incarceration, victimization). Our rotations expose interns to systems highlighted by the sequential intercept model, including jails, prisons, and residential and outpatient treatment centers serving individuals with high levels of justice-involvement.

We offer specialized training in traumatic stress sequelae (broadly defined) and in evidence-based psychotherapies for responding to PTSD and substance use disorders specifically. We also provide exposure to in-person and telehealth modalities. Across rotations, we strive to provide interns with a nuanced understanding of the criminal legal system and its impacts on individuals and communities. We aim for interns to leave our program as skilled early career professionals who can utilize clinical science to develop evidence-based health care programs that meet complex community needs and/or pursue a career in clinical science that is informed by community needs and strengths. We welcome applications from individuals who have had experience in any of the aforementioned areas; no prior experience in criminal legal settings is required.

We seek to recruit interns who embrace complexity and believe that all people deserve access to mental health care that aligns with best practices. The following core and optional rotations are available:

- Women's Mental Health Program (core rotation)
- Pulaski County Regional Detention Facility (core rotation)
- Walker Family Clinic (core rotation)
- East Central Arkansas Community Correction Center (core rotation)
- Growing Together Program at Arkansas Department of Correction Women's Health Unit (core rotation)
- Justice Health Research (optional rotation)

Across rotations, interns receive year- long training in the treatment of individuals with a wide range of disorders, including trauma and stress-related disorders, depressive disorders, anxiety disorders, substance abuse disorders, and personality disorders. Exposure to group psychotherapy is particularly strong. Interns will also gain exposure to the assessment and management of suicidality in several settings. Rotations are designed as 12-month experiences, unless otherwise specified, to support both breadth and depth of clinical training while on internship. Faculty psychotherapy orientations are generally cognitive or cognitive behavioral.

Of note, our internship is not considered forensic in nature. We do not provide training in forensic assessment or in related interventions such as restoration of competency. Rather, we seek to train

interns in how to apply evidence-based therapies common in community settings within carceral and carceral-adjacent settings to increase reach of our best mental health interventions to these underserved populations.

Please see the last page of this section for a visual of the original sequential intercept model, and how we have conceptualized each rotation that is available in our internship.

Women's Mental Health Program

Overview of Setting — The Women's Mental Health Program is focused on women's reproductive mental health and conducts assessments to identity women at risk for numerous mental health conditions including substance use disorders.

Patient Population — This rotation focuses on pregnant women and women in the postpartum period with complex health and mental health conditions including substance use disorders (e.g., opioid use disorder) who require evidence-based interventions for improving their health outcomes.

Core Training Opportunities — During this 12-month rotation, responsibilities of the intern include delivery of clinical services to clinic patients as part of an interprofessional (e.g., psychiatry, nursing, social work, peer recovery) care team, consultation about patient care with other disciplines, education of staff and other medical care trainees, and participation in the management of team dynamics. The intern will learn a variety of evidence-based interventions for treating mental health and substance use disorders in this population. The intern will learn brief cognitive behavioral therapy, relapse prevention and motivational interviewing. Interns will also learn to deliver these interventions in both individual and group formats.

Supervision — Michael Cucciare, PhD, is the supervisor for the rotation and meets with the intern weekly to review cases, prepare for group and individual treatment, and discuss consultation activities with other team members.

Pulaski County Regional Detention Facility

Overview of Setting — The Pulaski County Regional Detention Facility is the largest jail in the state of Arkansas. It is located only a few miles from the UAMS main campus, directly adjacent to the PCRCSU. The facility generally houses people who are detained while awaiting a judicial process (e.g., court hearing or trial) or while awaiting transfer to another facility following a criminal conviction. The facility has a capacity of approximately 1,200 beds. No prior experience working in jails is required; a specialized orientation will be provided to interns.

Core Training Opportunities — The Pulaski County Regional Detention Facility rotation provides interns with a concentrated focus on working with people who are incarcerated for a relatively short duration and in group therapy. The intern works closely with leadership of the facility's "CSI Academy," a specialized program that focuses on programming for people who are approaching community reentry.

The core group that the intern will lead is a psychoeducational group focused on traumatic stress. For the 2027-28 training year, interns may also have the opportunity to participate in a grant funded by the National Institute on Drug Abuse (NIDA) which is focused on improving access to PTSD therapy for people in the detention center with co-occurring PTSD and OUD. This will open the opportunity to provide individual Cognitive Processing Therapy (CPT) and Written Exposure Therapy (WET) to individuals in several additional units in the jail.

Supervision — Interns have both periodic live supervision and weekly individual and/or group supervision. Melissa Zielinski, PhD, and Ashley Conrad, LCSW, are the primary supervisors for this rotation.

Walker Family Clinic – Behavioral Health Therapy

Overview of Setting — The Walker Family Clinic has been offering mental health services to adult populations since 2008. This outpatient mental health clinic serves the referral needs for UAMS' inpatient services and outpatient clinical programs. The patient population for the clinic generally reflects the socioeconomic demographic breakdowns of the Little Rock metropolitan area. This rotation focuses on providing diagnostic assessment (intakes) and intervention to patients with a wide range of mental health concerns. Staff include psychologists, doctoral psychology interns, psychiatrists, psychiatry residents and fellows, psychiatric nurses, licensed clinical social workers, social work interns and licensed professional counselors.

Patient Population — The Walker Family Clinic serves adults with a wide range of clinical diagnoses, including trauma and stress-related disorders, depression, bipolar disorder, anxiety disorders, somatization and conversion disorders, psychotic disorders, personality disorders, and substance use concerns. Because patients are referred from within the UAMS Health system, many of those seen at the Walker Family Clinic have co-occurring chronic health issues such as pain, migraines, diabetes, hypertension, gastrointestinal issues, sleep problems and neurologic disorders.

Core Training Opportunities — During the 12-month therapy rotation, interns will have an opportunity to emphasize client populations and treatment modalities of interest. This rotation primarily emphasizes interns solidifying skills in providing individual psychotherapy. However, based on interest and experience, interns may also have the opportunity to lead or co-lead existing psychoeducational groups (e.g., Dialectical Behavior Therapy, Cognitive Processing Therapy, Safety Aid Reduction Treatment (STAIR) or implement new groups, including justice health-related topics (based on experience). Interns will also have the opportunity to provide clinical consultation to masters-level clinicians and tiered supervision to doctoral practicum students providing services at the clinic. Interns will also have opportunities to build competency and skill in the provision of trauma-informed and trauma-focused individual and group psychotherapies including Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Prolonged Exposure, Written Exposure Therapy, and STAIR Narrative Therapy. Interns may also choose to contribute to trainings for masters-level clinicians, medical students and residents, and other service providers team related to traumatic stress.

Supervision — Interns have weekly individual supervision focused on their cases/ groups within this rotation. Depending upon scheduling, they may also attend multidisciplinary staffing meetings and/or clinic trainings. Chelsey Bull, Ph.D. and Laura Rohm, Psy.D. supervise this rotation.

East Central Arkansas Community Correction Center

Overview of Setting — The East Central Arkansas Community Correction Center is a residential correctional facility that houses approximately 450 incarcerated women. Nearly 60% of those incarcerated in this facility are serving time for drug-related charges, and most have been identified as having needs related to substance use. The facility differs from most prisons in that it operates as a modified therapeutic community and is a licensed substance abuse treatment center.

Patient Population — Treatments offered through the UAMS internship are provided through the center's Residential Substance Abuse Treatment (RSAT) program, which is a special track for women with especially strong need for addiction-related services based on their intake assessment. There are about 90 women in the RSAT program at any given time.

Core Training Opportunities —Several treatment groups are currently available for interns to facilitate/ co-facilitate over the course of the 12-month rotation including:

- Dialectical Behavior Therapy (DBT) Skills group- This group teaches skills to help control emotions, handle stress, stay focused, and get along better with others. It is led didactically and is offered weekly for 1.5 hours over the course of 14 weeks.
- Survivors Healing from Abuse: Recovery through Exposure (SHARE) group- This group is for helping women in prison deal with the effects of sexual violence through exposure and supplemental psychoeducational topics. It meets once a week for 1.5 hours, for 8 sessions.
- PTSD Coping Skills (PCS) group- This group focuses on learning about trauma, PTSD, and developing skills to cope with them. It meets once a week for 1.5 hours, for 12 sessions.
- Managing Youth Trauma Effectively (MYTE) group- This group helps parents understand trauma and how to create a safer home environment for children 0-10 by using trauma-sensitive approaches. It meets once a week for 1 hour, for 8 sessions.

Opportunities for involvement in program development and evaluation activities are available as part of this rotation.

Supervision — Interns have both live supervision and individual and/or group supervision. Chelsey Bull, PhD is the primary supervisor for this rotation.

Growing Together Program at Arkansas Department of Correction Women's Health Unit

Overview of Setting — The Women's Unit within Arkansas Department of Corrections is set to open its doors in the summer of 2025 in Little Rock, Arkansas. This unit will house women who are incarcerated while pregnant and/or postpartum. No prior experience working in prisons is required. Experience and/or interest in supporting programming that is adapted to the unique needs of women during the perinatal period is helpful.

Patient Population — This rotation focuses on pregnant women and women in the postpartum period who are incarcerated within Arkansas' Department of Corrections.

Core Training Opportunities — The Women's Unit rotation provides interns with the opportunity to provide group therapy to a sub-population of incarcerated women with unique needs related to their perinatal experiences. The Growing Together program is a multicomponent service set for women who are sentenced to time in Arkansas state prison while pregnant. Interns facilitate an emotional health support group that integrates aspects of mindfulness and CBT for this population. There is currently one support group running, with the potential for new group offerings based on facility requests and intern interests.

There may also be intermittent opportunities to engage in advocacy (e.g., via local presentations, attending meetings with correctional system leadership focused on programming and policy).

Supervision — Interns have both live supervision and individual and/or group supervision. Chelsey Bull, PhD is the primary supervisor for this rotation.

Justice Health Research

Interns may elect to complete an optional six- or 12-month research rotation where they participate in ongoing research under the supervision of a psychologist within the department. Generally, this is four hours of protected time each week to work towards a tangible research product (e.g., presentation, publication). Many opportunities are available depending on interests, the availability of faculty mentors and funded projects. Alternatively, the intern may elect to bring data from their home lab and use this time to continue their previous line of research through the development of manuscripts, presentations, posters or grant applications under the guidance of a research mentor assigned for the year. Whether interns work on projects from UAMS or from their home institution, it is expected that a research product will be submitted before the internship year is complete. Of note, the research rotation cannot be used to complete the intern's dissertation.

The faculty section in this brochure offers information about their research interests. However, as faculty projects and availability varies from year-to-year, interns wishing to complete the research rotation should include a short paragraph addressing the following in their application cover letter:

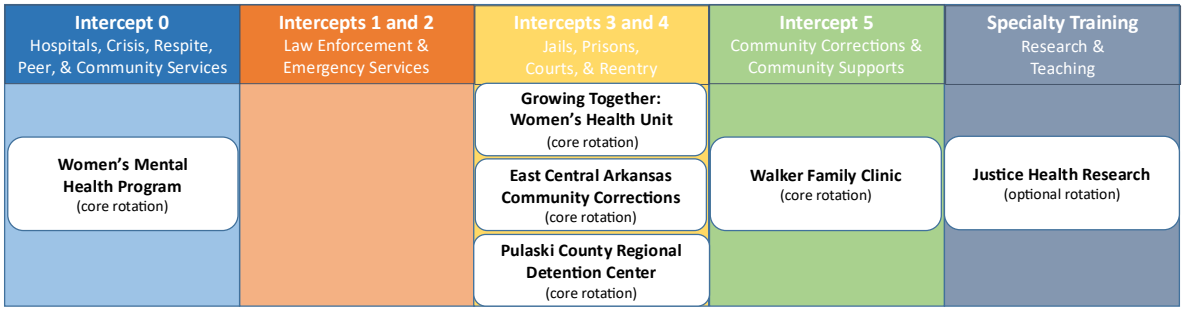
1. A brief overview of their previous research
2. Their interest areas for research moving forward (consider content area(s), methodologies and populations of interest, and need for training in research processes)
3. The names of one or two program faculty who may be a good fit for interests identified in #2

The information above will be used to match interns to possible preceptors, with knowledge of timely opportunities also considered.

Of relevance to this training track, Zielinski is available to serve as a research rotation preceptor for interns with an interest in the intersections between mental health, trauma and drug/alcohol

use, which commonly intersect with individuals' involvement in the criminal justice system. You can read about her research team's focus and ongoing work here: psychiatry.UAMS.edu/research/heals-lab. Please reach out to Dr. Zielinski if you would like additional information on opportunities.

Illustration of Internship Experience



Neuropsychology Track Rotations and Training Opportunities

Overview

The Neuropsychology Track is designed for trainees who intend to pursue a career in academic neuropsychology with a focus on clinical service, research, and education. The primary objective of the neuropsychology track is to fulfill the requirements of the APA guidelines for internship training in psychology as well as to fulfill the requirements set forth by APA Division 40, the Minnesota Conference guidelines, and the Association of the Internship Training Centers in Clinical Neuropsychology. The neuropsychology track provides clinical, didactic, and research training to develop a high level of competence in clinical neuropsychology. Twelve months of neuropsychological clinical training allows for exposure to a wide range of patient populations, including classic neurologic disorders and rarer syndromes, using flexible battery to more qualitative approaches for assessing and understanding the neurocognitive profiles of these patients. Successful completion of this internship program will meet criteria for future Board Certification in Clinical Neuropsychology with 50% of the training focused specifically on neuropsychology. Consistent with APA guidelines, the remaining 50% of the training is focused on clinical psychology with 12-month rotations in psychotherapy or cognitive rehabilitation with general and specialty adult populations. An elective minor research rotation is also offered. The primary patient population for this track is adults and geriatric populations with a variety of neurological, neurosurgical, medical, and psychiatric presentations with more limited exposure to late adolescents. Faculty psychotherapy orientations include cognitive, cognitive behavioral, interpersonal, and mindfulness-based approaches.

A strength of this training experience is that it is trainee-centered, with significant opportunities for breadth of experience as well as depth with specialized populations of interest. Traditional outpatient neuropsychological assessment is the foundational aspect of training. However, interns self-select their cases, so there is substantial opportunity for specialization within that experience. Further, interns can choose to be immersed in several other aspects of neuropsychological practice, including inpatient assessment and intervention in the Level 1 trauma unit, several multidisciplinary teams (epilepsy, DBS, behavioral neurology, Huntington's disease, and atypical Parkinson's), cognitive rehabilitation (individual and group), and research. Interns will work with the training director and the faculty to build their schedule to provide broad training with the opportunity for specialization for trainees who have a particular area of interest.

Outpatient Neuropsychology Service

For 12 months interns train within the neuropsychology service that was developed in 2006. The service has developed a strong regional reputation, and patients are referred from across the state and from bordering regions of adjacent states. At present the neuropsychology service is a referral-based program that provides neurocognitive assessment for a variety of patient populations with referrals primarily coming from the Departments of Neurology and Neurosurgery, as well as from Family Medicine, Psychiatry, and community and hospital-based clinicians throughout the state. Common referral questions focus on diagnostic clarification, neurocognitive and functional abilities within existing conditions, and evaluation for surgical planning. Neuropsychologists play important roles on interdisciplinary teams, including epilepsy and DBS for movement disorders.

The service includes two board-certified neuropsychologists, two early career neuropsychologists, two neuropsychology fellows, and two dedicated neuropsychology technicians. Interns have the opportunity to conduct testing independently and to train with the neuropsychology technician to fully experience the range of testing modalities. Our goal is to help interns develop proficiency and self-assurance with increasing levels of independence throughout the training year so that they matriculate to postdoctoral fellowship with a strong sense of confidence and professional identity.

Clinical Populations:

Neurology. UAMS Health's neurology clinics are a primary referral source to the neuropsychology service. Primary patient populations from these clinics include multiple sclerosis, autoimmune disorders, epilepsy (surgical and general epilepsy related cognitive disorders), movement disorders (including presurgical Parkinson's disease as well as other movement disorder types), neurodegenerative conditions, and stroke. Typical consults are conducted to evaluate the extent to which an individual's illness impacts cognition, emotion and functionality to 1) assist in differential diagnosis; 2) track disease progression over time, which often informs treatment decisions; and 3) provide recommendations to patients to improve daily functioning. There are additional opportunities for providing assessments in the Behavioral Neurology Clinic (housed in Neurology), a clinic designed for patients interested in anti-amyloid treatments as well as individuals with other neurologic disorders with the possibility for intervention (e.g., NPH, autoimmune encephalitis).

Neurosurgery. The UAMS Health Neurosurgery Clinic is staffed by specialized neurosurgeon faculty who specialize in functional neurosurgery, skull-based and vascular neurosurgery, oncology and spine. The Department of Neurosurgery houses the only gamma knife service within the state of Arkansas and is one of the few hospitals in the country that offers skull-based surgery. Common referrals include pre-and post-surgical evaluations for epilepsy, DBS evaluations for movement disorders, brain tumors, aneurysms and trauma.

Geriatrics – The Donald W. Reynolds Institute on Aging provides primary care for patients who are 65 years and older, and also houses the Thomas and Lyon Longevity Clinic and Walker Family Memory Clinic. Common referrals often include patients with suspected neurodegenerative processes, with the goal of differential diagnosis, treatment planning, and recommendations for safety and support.

Physical Medicine and Rehabilitation (PM&R). The PM&R program provides comprehensive physician services to individuals with a variety of chronic injuries and disorders including central nervous system injury, neuromuscular and musculoskeletal disorders, and chronic pain. Typical referrals from PM&R often include the assessment of cognitive and emotional functioning in individuals with acute injuries such as TBI or stroke, or more chronic illness such as multiple sclerosis to determine functional abilities and make recommendations regarding ability to return to work, driving, and other daily activities.

Psychiatry. The neuropsychology service receives referrals for a variety of presenting problems from within the Psychiatry Department including differential diagnosis of cognitive decline (pseudodementia versus dementia) and dual diagnosis (cognitive decline, mood disorder and medical comorbidities).

Primary Care. As the state's only academic medical center Arkansas, the neuropsychology service receives referrals across the state from primary care providers and other medical clinics for a wide variety of referral questions including dementia, general memory loss, concussion, and questions of differential diagnosis.

Specialty Areas of Focus – Multidisciplinary Teams.

Deep Brain Stimulation (DBS). The neuromodulation program at UAMS was formulated in 2010 under the direction of Erika Petersen, M.D., functional neurosurgeon in the Department of Neurosurgery. Over the course of the past 15 years, the program has grown exponentially and has developed a strong regional and national reputation. We currently rank in the top 50 most active sites nationally. This multidisciplinary team has led to active research collaborations with a mission to improve presurgical evaluation procedures and postsurgical outcomes. Neuropsychology is an integral component to the neuromodulation program. As compromised presurgical cognitive functioning is a risk factor for poor postsurgical outcomes, neuropsychological assessment is a critical component of identifying appropriateness for surgery. Patients who do undergo DBS implantation undergo follow up neuropsychological evaluations one year post.

Epilepsy. The Arkansas Epilepsy Center at UAMS Health is the only adult comprehensive level 4 epilepsy center in the state of Arkansas certified by the National Association of Epilepsy Centers (NAEC). The center is comprised of a multi-disciplinary team of clinicians, including neurology, neurosurgery, radiology, and neuropsychology, who work together to find the most appropriate epilepsy treatment for each patient. Neuropsychology serves an integral role within this team by providing neurocognitive evaluations for individuals with epilepsy. Neuropsychology is consulted to assist with diagnosis, cognitive and functional impact, treatment recommendations, and as part of the epilepsy surgical team. All individuals being considered for surgical intervention undergo pre-surgical evaluations with neuropsychology for the purposes of identifying areas of dysfunction that may support the seizure focus and for determining cognitive or other risks of surgery in the individual. These results are discussed during the bi-monthly epilepsy surgical team meetings, and if the patient is approved for surgery, a follow-up post-surgical evaluation is conducted 12 months post-surgery. When indicated neuropsychology also participates in Wada and cortical mapping procedures.

Behavioral Neurology Clinic. In partnership with the Department of Neurology, neuropsychology helps lead the weekly Behavioral Neurology Clinic (BNC). The clinic is designed to evaluate patients for candidacy for anti-amyloid monoclonal antibodies as well as evaluate patients with suspected NPH or rapidly progressive dementias (e.g., autoimmune encephalitis). Neuropsychology provides evaluations for each patient, regularly consults with the neurologists before their visits, and assists in additional

administrative requirements of AAMTs (e.g., registry to database, consenting for ALZ-NET).

Huntington's Disease (HD) Multidisciplinary Clinic. The Neuropsychology team helps serve patients in the Department of Neurology at the HD Center of Excellence. The team consists of Neurology, Neuropsychology, Social Work, Physical Therapy, Speech and Language Pathology, and Nursing. Our role on this multidisciplinary team is to provide serial abbreviated assessments to monitor symptoms common in HD, including cognitive decline, mood changes, and impulsivity. Additionally, assessments are aimed at providing data to the team regarding neuropsychological limitations in functional independence, safety, and engagement in other therapies. There is also opportunity for brief psychological intervention, cognitive rehabilitation, psychoeducation, and research.

Atypical Parkinson's Multidisciplinary Clinic – The Atypical Parkinson's Clinic serves patients with PSP, CBS, and MSA and is housed within the Department of Neurology at the PSP Center of Excellence. Our role within this team is similar to that of the HD clinic. We provide abbreviated assessments, brief intervention, cognitive rehabilitation, and psychoeducation. The multi-disciplinary team features individuals from Neurology, Neuropsychology, Social Work, Physical Therapy, Speech and Language Pathology, Occupational Therapy, Nutrition, and Nursing

Tumor. Neurosurgery regularly treats benign and malignant brain tumors through medication, surgery, radiation therapy, and chemotherapy. UAMS is also the only facility in Arkansas offering non-invasive gamma knife treatment for brain tumors. Although less prevalent than our other referrals, neuropsychology is regularly present at brain tumor surgical planning meetings and is consulted for a variety of reasons including pre-treatment baseline evaluations, post-treatment evaluations for functional assessment, and ongoing monitoring of cognitive abilities and emotional functioning for individuals with chronic or recurrent tumors.

Optional Clinical Training Opportunities

Inpatient Trauma and Emergency General Surgery Service

Overview of Setting — UAMS is an American College of Surgeons verified Level I Trauma Center that serves as a tertiary referral center for critically injured adult patients, admitting more than 2,800 patients with traumatic injuries each year. It is the only Level I Trauma Center in the state. The Trauma Center is staffed by faculty from the Department of Surgery, Division of Trauma, and Acute Care Surgery. Trauma patients are typically admitted to the Medical Surgical Unit or the Surgical Intensive Care Unit. Interns join a dynamic team that includes surgeons, advanced practice providers, social workers, occupational therapists, physical therapists, speech therapists, pharmacists, and pastoral care. The setting's reliance on multidisciplinary consultation and collaboration enables exposure to co-treatment with other disciplines, training for other disciplines, development of educational material for families, and systemic intervention.

Patient Population — Since UAMS is the only Level I Trauma Center in the state, injured patients come from all over Arkansas and at times surrounding states to receive care. For the Neuropsychology Consult Service, common patient presentations include polytrauma with TBI, stroke, and SCI. Frequent mechanisms of injury include motor vehicle collisions, motorcycle accidents, ground level falls, and gunshot wounds (either self- or other-inflicted). Patient age ranges from 18 to 90+. For older adults, there are often questions regarding comorbid dementia. In the broader Trauma Psychology Consult service, common patient populations include orthopedic injuries, penetrating trauma, limb amputations, and various other conditions and injuries, in addition to patients with emergent non-injury-related medical conditions. The trauma population is often an underserved and psychosocially complex population with disproportionate exposure to prior traumatic experiences, mental health and/or substance use disorders, poverty, community violence, and oppression. Interns will be encouraged to expand their awareness of the systemic issues that contribute to increased risk for injury and victimization in this population and how they relate to an elevated risk of developing PTSD, depression, or other negative health outcomes.

Core Training Opportunities — Opportunities for both assessment and intervention are available. These rotations can last 6 or 12 months. The time commitment is flexible based on the intern's interest in other rotations.

> **Inpatient Trauma Neuropsychology Consult Service:** Neuropsychology provides a consultation service which includes serial bedside assessment (e.g., O-Log and C-Log) and abbreviated neuropsychological evaluations to track recovery, quantify cognitive and emotional deficits, relay information to the treatment team, and target symptoms for appropriate inpatient treatment as well as outpatient referrals after discharge. Opportunities for more robust assessment and capacity evaluations are occasionally available. This rotation also provides ample opportunity to engage in early rehabilitation services for trauma patients, including in-room environmental restructuring, compensatory strategies, behavioral management, and adjustment to injury focused therapies.
>
> **Trauma Psychology Consult Service:** As part of the Trauma team, interns provide interventions for adult patients and their family members. Services include brief assessment of mental health symptoms, psychoeducation, crisis intervention, health and behavioral intervention, pain management, inpatient psychotherapy (e.g., adjustment to illness), and trauma-focused assessment and treatment for those at elevated risk of developing post-injury PTSD. Interns collaborate with members of the Trauma and Emergency General Surgery teams in several ways, including consulting with staff regarding patients' psychological functioning and facilitating effective communication between patients and the treatment team.

Optional Training Opportunities — For interns who are participating in the Cognitive Rehabilitation rotation, opportunities may be available for brief bedside cognitive rehabilitation, as patient census allows. Interns may also be involved in clinical training and supervision. Examples include supervision of social work externs, trauma-informed care training for residents/fellows/nursing staff, and education about brief behavioral interventions for social workers/care managers/the pastoral care team. Additionally, interns may be included in ongoing

quality improvement and program development opportunities within the Trauma Center. For example, interns may have the opportunity to support development of intervention materials and resources for Trauma patients and the Trauma team.

Supervision — Supervision is conducted in a progressive manner. The supervisor and intern see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Brief supervision and consultation occur throughout the clinical day. Hilary Clark, Ph.D. supervises the Trauma Neuropsychology Consult Service, while Laura Rohm, Psy.D. supervises the Trauma Psychology Consult Service.

Cognitive Rehabilitation

Overview of Setting. In 2019, a multi-tiered Cognitive Rehabilitation Program was initiated within the Walker Family Clinic to provide individual and group therapy services to rehabilitate cognitive functioning and improve brain health for adults with neurologic conditions. As of 2022, this program has expanded to include opportunities to provide inpatient cognitive rehabilitation, adjustment to injury intervention, behavioral management, and supportive psychoeducation to patients and their families receiving care within the Level I Trauma Center at UAMS.

Patient Population. The Cognitive Rehabilitation Program provides services to individuals with any sort of neurologic illness or injury. Frequent presenting problems include acquired brain injury, multiple sclerosis, epilepsy, brain tumor, and dementia. Treatment populations continue to expand with program growth

Core Training Opportunities. In this 6- or 12-month rotation, interns can provide outpatient individual cognitive rehabilitation services using empirically supported manualized interventions. Adjustment to injury work and psychoeducation are routinely incorporated. For interns interested in epilepsy, opportunities to become certified in HOBSCOTCH may be available. In group settings, interns can co-facilitate a virtual psychoeducation and cognitive rehabilitation group for patients with multiple sclerosis. Interns may also be able to provide in-person Cognitive Stimulation Therapy, an evidence-based group treatment for mild to moderate dementia. Additionally, a couple of opportunities are available through a partnership with Baptist Health Rehabilitation Institute. One involves co-facilitating a grant-based multidisciplinary rehabilitation group for survivors of moderate to severe TBI. Another consists of co-facilitating a workshop for caregivers addressing challenges associated with TBI, such as impulsivity, agitation, and apathy. The amount of time spent on this rotation is flexible based on the intern's interest in other rotations

Optional Training Opportunities. Motivated interns may be able to gain experience with program development, facilitating the creation of new programs for populations of interest whose needs are not currently being met. For interns who are simultaneously participating in the Inpatient Trauma Neuropsychology Consult Service rotation, opportunities are available for brief bedside cognitive rehabilitation for inpatients with acquired brain injuries who are receiving Level I trauma care.

Supervision. Interns have weekly individual supervision focused on their cases within this rotation. Hilary Clark, Ph.D. is the primary supervisor for this rotation.

Transplant Psychology

Overview of Setting. UAMS is the home of Arkansas' only adult kidney and liver transplant center. UAMS performed the state's first kidney transplant in 1964 and the state's first liver transplant in 2005. The UAMS organ transplant team has performed over 2,000 kidney transplants and over 400 liver transplants, and continues to grow. This rotation focuses on providing pre-transplant psychological evaluations and psychotherapy to pre- and post-transplant patients to optimize outcomes. Interns are part of multidisciplinary teams consisting of transplant surgeons, nephrologists/hepatologists, nurse practitioners, nurse coordinators, pharmacists, dietitians, financial coordinators, social workers, psychiatrists, and psychologists.

Patient Population. As the only adult kidney and liver transplant center in Arkansas, patients come from all over the state of Arkansas and at times from surrounding states to receive care. Common behavioral health issues addressed within this population include depression, anxiety, substance use disorders, treatment adherence, pain management, and weight management.

Core Training Opportunities. During the six- or 12-month rotation, interns primarily conduct outpatient pre-transplant psychological evaluations. There may also be opportunity to conduct pre-surgical psychological evaluations for living kidney donors. Interns who are on this rotation on Mondays may also provide group therapy focusing on coping skills and relapse prevention to post-transplant patients. Interested interns may also provide individual psychotherapy to post-transplant patients; interventions primarily utilize CBT, ACT and other evidence-based interventions to address depression, anxiety, substance use, pain management and adherence issues. Interns will attend multidisciplinary weekly kidney and/or liver transplant listing meetings.

Optional Training Opportunities. Interns may have the opportunity to shadow transplant psychiatry for inpatient emergent pre-liver transplant evaluations and consultations. Interns may have the opportunity to assist with staff trainings in their area of expertise and participate in ongoing program development and evaluation initiatives.

Supervision. Interns work closely with the supervisor while conducting pre-transplant and living donor psychological evaluations. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Brief supervision occurs immediately before and after each evaluation. Interns who provide psychotherapy to patients within this rotation will also have weekly individual supervision focused on therapy cases. Dr. Yek is the primary supervisor for this rotation.

Primary Care and Population Health Service Line

Overview of Setting. UAMS is home to 19 primary care clinics across the state of Arkansas. UAMS has a mission to develop the next generation of integrated primary care teams through training and clinical experiences within a fully integrated primary care setting. The UAMS Primary Care and Population Health Service Line (PCPHSL) is dedicated to strengthening the integration of behavioral health into all primary care settings across UAMS and the state. Psychologists work

within the PCPHSL to implement and evaluate integrated behavioral health and to spearhead a culture change within primary care to fully integrate behavioral health as a pillar of primary care.

Patient Population. The UAMS primary care clinics serve a range of socioeconomic, racial and ethnically diverse patients, as well as provide services for many of the seriously mentally ill and unhoused people within the community.

Core Training Opportunities. During the 6- or 12-month rotation, interns will work in interdisciplinary primary care clinics providing integrated behavioral healthcare as a behavior health consultant. They will receive warm-handoffs from primary care providers, conduct functional assessments to determine treatment needs, and provide short-term, evidence-based interventions within primary care. Interns will have the opportunity to train in and receive supervision in evidence-based treatments for common conditions in primary care. This includes CBT for Insomnia (CBT-i), Written Exposure Therapy (WET), CBT for Chronic Pain (CBT-c), and brief interventions for depression and anxiety in primary care. Core training will include hands-on experience working in multidisciplinary care teams that include physicians, nurse practitioners, nurses, nutritionists, tobacco cessation counselors, and specialty care teams. Interns will have the opportunity to work with varied patient populations and the rotation can be tailored to address specific patient population interests. The amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

Optional Training Opportunities. The PCPHSL and behavioral health integration team are committed to continued quality improvement and the use of implementation science to bring evidence-based practices into the community. Interns have the opportunity to learn about implementation science and gain experience with planning and executing quality improvement projects within integrated primary care.

Supervision. Interns will receive cutting-edge training in integrated primary care behavioral health and will have the opportunity to observe, train, and practice in fully integrated primary care settings with supervision. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Tisha Deen, Ph.D. is the primary supervisor for this rotation.

Student Wellness

Overview of Setting. The UAMS Student Wellness Program provides free and confidential psychotherapy, psychiatric evaluation, and medication management services to actively enrolled UAMS students and their partners. The program also offers outreach and prevention activities on campus to increase awareness of our services and promote wellness among UAMS students. These activities include workshops on wellness topics such as mindfulness, relationships, stigma, stress management, and school-life balance). Staff include psychiatrists, psychiatry residents, licensed clinical social workers, and doctoral psychology interns.

Patient Population. The clinic serves UAMS students with a wide range of clinical concerns, including stress, depression, anxiety, OCD, trauma, eating disorders, relationship problems, concerns related to gender-identity and sexuality, substance use disorders, and burnout.

Core Training Opportunities. During this 6- or 12-month rotation, interns carry individual therapy cases and work in a multi-disciplinary team setting with psychiatrists and social workers. Interns are invited to co-lead a transdiagnostic ACT group as part of their learning.

Supervision: Matt Boone, LCSW, provides weekly or biweekly individual and/or group supervision according to the intern's needs. Boone is an Association of Contextual Behavioral Science (ACBS) peer-reviewed ACT trainer and the co-author of multiple books on ACT. Supervision focuses on evidence-based principles and processes of change drawn from the CBT tradition, with a special emphasis on ACT and ACT-informed exposure therapy. Other methods and models include dialectical behavior therapy (DBT), cognitive therapy, habit reversal training for body focused repetitive behaviors, and behavioral activation. The rotation starts with a six-week interactive group training series on acceptance and commitment therapy. Modalities include brief didactics on ACT concepts, demonstration of ACT skills, group discussion, working through an ACT self-help book as a way of learning, practicing ACT case conceptualization and skills via role-play, and observing Matt Boone's practice with ACT clients. Supervision invites the intern to reflect on their own reactions to their work; they are encouraged to use the skills they are learning to respond more effectively to their own internal barriers to doing their best work while also connecting to what matters most to them as clinicians and human beings

Behavioral Health Therapy

Overview of Setting. The Walker Family Clinic has been offering mental health services to young adults, adults and geriatric populations since 2008. This outpatient mental health clinic serves the referral needs for UAMS' inpatient services and outpatient clinical programs. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Little Rock metropolitan area. This rotation focuses on providing diagnostic assessment (intake) and behavioral health intervention to patients with a wide range of health conditions. Staff include psychologists, doctoral psychology interns, psychiatrists, psychiatry residents and fellows, psychiatric nurses, licensed clinical social workers, social work interns and counselors.

Patient Population. The Walker Family Clinic serves adults with a wide range of clinical diagnoses, including trauma and stress-related disorders, depression, bipolar disorder, anxiety disorders, somatization and conversion disorders, psychotic disorders, personality disorders, and substance use concerns. Because patients are referred from within the UAMS Health system, many of those seen at the Walker Family Clinic have co-occurring chronic health issues such as pain, diabetes, hypertension, gastrointestinal issues, sleep problems, and neurologic disorders.

Core Training Opportunities. During this six or 12-month rotation, interns will have an opportunity to emphasize client populations and treatment modalities of interest. This rotation primarily emphasizes interns solidifying skills in providing individual psychotherapy. However, based on interest and experience, interns may also can lead or co-lead existing psychoeducational groups (e.g., Dialectical Behavior Therapy, Cognitive Processing Therapy, Safety Aid Reduction

Treatment (STAIR) or implement new groups, including justice health-related topics (based on experience). Interns will also have the opportunity to provide clinical consultation to masters-level clinicians and tiered supervision to doctoral practicum students providing services at the clinic. Interns will also have opportunities to build competency and skill in the provision of trauma-informed and trauma-focused individual and group psychotherapies including Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Prolonged Exposure, Written Exposure Therapy, and STAIR Narrative Therapy. Interns may also choose to contribute to trainings for masters-level clinicians, medical students and residents, and other service providers team related to traumatic stress.

Supervision. Interns have weekly individual supervision focused on their cases/ groups within this rotation. Depending upon scheduling, they may also attend multidisciplinary staffing meetings and/or clinic trainings.

Research Rotation

A unique feature of the neuropsychology track is the availability of an elective research rotation. This rotation is designed to afford interns the opportunity to participate in neuropsychologically-focused research of their choosing from multiple ongoing research endeavors with the expectation that the work would result in a presentation and/or publication. Alternatively, the intern may elect to bring data from their home lab and use this time to further their own research through the development of manuscripts, presentations, posters, or grant applications under the guidance of a research mentor assigned for the year. Whether interns work on projects from UAMS or from their home institution, it is expected that a research product will be submitted before the internship year is complete. Of note, the research rotation cannot be used to complete the intern's dissertation

Current Research Opportunities

The Neuropsychology Service has an active research group that collaborates across multiple ongoing projects, primarily based off clinical databases as well as publicly available databases. Interns interested in conducting research can join the Neuropsychology Research Group, directed by Dr. Isaac and comprised of interested faculty, trainees and technicians, who meet monthly to track, discuss, and plan next steps for all ongoing research projects. Interns may collaborate on existing projects or propose their own investigations. It is common for interns to be involved in poster submissions for INS annual conferences as well as other conference presentations (such as AACN and NAN) and peer-reviewed manuscript publication. Trainees have also been involved in funding applications both internal and external to UAMS. Ongoing projects and clinical databases are listed below.

Ongoing Projects

LEARN Dementia. (Learning, Empowerment, and Resource Navigation for Dementia) is a three-year community-based initiative. The project aims to address the disproportionate burden of Alzheimer's disease and related dementias in rural and medically underserved Arkansas communities by building dementia knowledge, reducing stigma, and improving access to care and resources. Working across three regions — Little Rock, Northwest

Arkansas, and the Arkansas Delta — the project includes a community needs assessment, Community Brain Day outreach events, and Lunch & Learn educational sessions. The projected start date is 8/1/2026. Interns joining the neuropsychology track will have the opportunity to participate in LEARN Dementia if interested.

RIMCAT. The RIMCAT project is a collaborative digital cognitive screening initiative involving UAMS, Brown University Health, and WellAware. It is focused on refining and validating a remote, at-home cognitive assessment tool designed to improve early detection of cognitive impairment among older adults, particularly those in rural, remote, underserved, or homebound communities. Interested interns can participate in data collection efforts if interested.

Clinical Databases

General Clinical Databases. This database holds data from all patients seen within the Neuropsychology Service, including over 3000 current patients, with evaluations being entered on an ongoing basis. Available data includes neuropsychological test performance, demographics, and diagnoses.

Pre and Post-Surgical Deep Brain Stimulation Evaluation Database. This database includes over 700 data timepoints with neuropsychological and clinical data for all patients seen for presurgical DBS evaluation, including for Parkinson's disease and essential tremor, as well as all completed one-year postsurgical evaluations. Data collection is still ongoing. Additional data include cognitive diagnoses, UPDRS and TETRAS scoring, and surgical data.

Older Adult Database. The older adult database includes patients seen within the Neuropsychology Service and currently includes over 1400 cases with ongoing data collection. Available data includes neuropsychological test performance, demographics, diagnoses, and some additional variables (e.g., referral source, zip codes, level of rurality, social vulnerability index, etc.).

Epilepsy Presurgical Evaluations: This database holds neuropsychological and clinical data for all patients who have been seen for presurgical epilepsy surgery.

Cognitive Connectome. The Cognitive Connectome project was established in 2012 as an initiative to enhance fMRI's translation into clinical care by mapping normative variance in the neural encoding of cognition. To date, 54 healthy participants have completed functional neuroimaging tasks and clinical neuropsychological assessment spanning eight cognitive domains: motor, visuospatial, language, learning, memory, attention, working memory and executive function. The fMRI tasks include direct replications of neuropsychological instruments (such as the Judgment of Line Orientation task) as well as conceptual replications (such as the Tower of London and Tower of Hanoi tasks). To date, the Cognitive Connectome project has generated a whole brain atlas derived from task-based fMRI activity.

Monthly Research Meeting – Interns who do not elect to have a research rotation are still encouraged to participate in the monthly neuropsychology research meeting. This meeting was developed to facilitate ongoing collaboration within the group and create opportunities for trainees to accumulate authorship while maintaining their clinical caseload. Projects thus far have primarily included use of our older adult database (e.g., examining error patterns on commonly given measures, validation of PVTs in dementia) and DBS database (e.g., post-surgical outcomes of VIM DBS). The research group has also worked on original data collection (e.g., clock drawing survey, SLUMS norms in liver transplant), use of other databases (e.g., oldest old MoCA norms from the NACC database), and systematic reviews (e.g., review of independent norming studies for oldest old).

Didactics

Didactic opportunities unique to the neuropsychology track are offered in addition the general didactics that are scheduled for interns across the three tracks. They include the following:

- UAMS Neuropsychology Didactics (weekly)
- UAMS Neuropsychology Neuroanatomy Lecture Series (every two weeks)
- DBS Surgical Conference (monthly)
- Epilepsy Surgical Conference (twice monthly)
- Brain Cutting Conference (weekly to bi-weekly as scheduled)
- Neurology Grand Rounds (weekly)
- Psychiatry Grand Rounds (weekly)
- Movement Disorders Video Conference (as scheduled)
- Neuro-Oncology/Gamma Knife Conference (weekly)
- Other Didactic Opportunities in conjunction with Neurology and Neurosurgery Residents as applicable
- Brain Imaging Research Center (BIRC) Journal Club and other lectures as available
- Other Grand Rounds and lectures throughout the UAMS system as scheduled and available

Integrated Health Care Track Rotations and Training Opportunities

Overview

The goal of the Integrated Health Care Track is to train psychologists who can thrive in multidisciplinary, specialized health and primary care settings, provide high-quality evidence-based care and promote the crucial role of integrated care in promoting physical and psychological wellness. Our track strives to provide clinical experiences and mentorship that foster development of interns' professional identity as an integrated care professional. We aim for interns to leave our program as skilled early career professionals who are developing expertise in interdisciplinary communication and promotion of psychological health to other health care professionals and to the public, and as scholars who are able to utilize clinical science to develop evidence-based health care programs for underserved communities. We seek to recruit interns who are interested in improving population health and health equity through interprofessional collaboration and education. The Integrated Health Care Track offers training opportunities in outpatient and inpatient settings, all of which offer significant opportunity to work with dynamic, multidisciplinary teams and diverse patient populations:

- Arkansas Children's Hospital Burn Center for Adults (inpatient/outpatient core)
- Trauma and Emergency General Surgery Service (inpatient elective)
- Primary Care and Population Health Service Line (outpatient core)
- Transplant Psychology Service (outpatient core)
- Cognitive Rehabilitation (inpatient/outpatient elective)
- Walker Family Clinic Behavioral Health Therapy (outpatient elective)

To ensure breadth of training, interns will complete at least one inpatient core, inpatient elective, outpatient core and outpatient elective rotation.

Inpatient Rotations

Arkansas Children's Hospital Burn Center for Adults

Overview of Setting. Arkansas Children's Hospital Burn Center is the only one of its kind in Arkansas, providing both inpatient care and outpatient follow-up for adults and children with burn injuries. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Little Rock metropolitan area; however, the specialty nature of this setting draws patients from across Arkansas and sometimes surrounding states. Interns are part of the multidisciplinary Burn Center team which includes surgeons, anesthesiologists, nurses, nurse practitioners, physician assistants, occupational therapists, physical therapists, speech therapists, nutritionists, respiratory therapists, social workers, and psychologists.

Patient Population. The Burn Center serves patients ranging from those with serious acute burn injuries to those seeking to manage and/or improve functioning from burns sustained many years prior. This population commonly has complicating behavioral health issues that impact the healing process. Presenting psychiatric problems in this population with which the intern would provide interventions include crisis management, depression, PTSD (both related and unrelated to the burn

injury), generalized anxiety, sleep difficulties, pain management, nicotine cessation, and substance use disorders. Although the unit serves both adults and children, the Integrated Health Care Track intern provides services only for adults.

Core Training Opportunities. During this 12-month required rotation, interns provide psychological consultation services on both the inpatient unit and in the outpatient clinic. As part of the Burn Center team, interns provide interventions for adult patients along with their family members. Clinical services include brief assessment of mental health symptoms, psychoeducation about behavioral health issues and treatment, crisis and risk assessment, and brief cognitive-behavioral interventions. Referrals to local therapy providers in the patients' communities will be made for ongoing psychological services as indicated. The intern consults daily with other clinicians on the Burn Center team to provide consultation and feedback regarding patient care needs and recommendations for behavioral health care. Common interventions provided include motivational enhancement, brief sleep interventions, behavioral strategies for pain management, and trauma assessment with connection to evidence-based treatment. Interns spend all day on Thursdays at the Burn Center.

Optional Training Opportunities. Interns can participate in development and provision of training for the Burn Center team related to mental health topics that help the team to better utilize psychological services as well as to assess and treat burn patients. Interns shadow the various disciplines at the beginning of the rotation and can observe wound care, PT/OT interventions, and nurse practitioner procedures in the outpatient clinic. Interns are invited to participate in the annual Burn Retreat where survivors gather to share stories and interact with professionals.

Supervision. Interns work closely with the supervisor while providing services in the Burn Center. The supervisor and interns see burn patients in tandem initially, allowing for live supervision, and then independently as the intern and supervisor are comfortable. Brief supervision occurs immediately after each patient is seen throughout the clinical day. Dr. Bull is the primary supervisor for this rotation.

Trauma and Emergency General Surgery Service

Overview of Setting. The UAMS Medical Center is an American College of Surgeons verified Level I Trauma Center that serves as a tertiary referral center for critically injured adult patients, admitting more than 2,800 patients with traumatic injuries each year. The Trauma Center is staffed by the faculty of the UAMS Department of Surgery, Division of Trauma and Acute Care Surgery. Trauma patients are typically admitted to UAMS Medical Surgical Unit or the Surgical Intensive Care Unit. This rotation is focused on providing inpatient and outpatient care to injured trauma survivors receiving surgical intervention after injury or emergency procedures for critical illness at UAMS. Experience with consultation-liaison psychology is desired, but not required.

Patient Population. As the only Level I Trauma Center, injured patients come from all over the state of Arkansas and at times surrounding states to receive care. The most common patient populations served include those with internal and external orthopedic injuries, penetrating trauma (e.g., gunshot wound), traumatic brain injuries, spinal cord injuries, limb amputations, polytrauma, and various other conditions and injuries, in addition to patients with emergent non-injury related

medical conditions. The trauma population is often an underserved and psychosocially complex population with disproportionate exposure to prior traumatic experiences, mental health and/or substance use disorders, poverty, community violence, and oppression. Interns will be encouraged to expand their awareness of the systemic issues that contribute to increased risk for injury and victimization in this population and how it relates to an elevated risk to develop PTSD, depression or other negative health outcomes.

Core Training Opportunities. During this 6- or 12-month rotation, interns attend the surgical multidisciplinary daily meeting and provide consultation services on both the inpatient units and outpatient clinic. As part of the trauma team, interns provide interventions for adult patients along with their family members. Clinical services include brief assessment of mental health symptoms, psychoeducation, crisis intervention, health and behavioral intervention, pain management, inpatient psychotherapy (e.g., adjustment to illness), and trauma-focused assessment and treatment for those at elevated risk to develop post-injury PTSD. The intern will serve as a member of a dynamic multidisciplinary team which includes surgeons, advanced practice providers, pharmacists, social workers, pastoral care team, as well as physical and occupational therapists. Interns will collaborate with the members of the trauma and EGS teams by attending clinical care rounds, consult with staff regarding patients' psychological functioning, and facilitate effective communication between patients and the treatment team. The amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

Optional/Intermittent Training Opportunities.

Training. Interns may have the opportunity to be involved in clinical training opportunities both in inpatient and outpatient settings. Examples include trauma-informed care training for residents, fellows, or nursing staff and education on brief behavioral interventions for social workers, care managers, and the pastoral care team.

Quality Improvement and Administration. Interns may be included in ongoing quality improvement and program development opportunities within the trauma center. Interns may have the opportunity to support development of intervention materials and resources for trauma patients and the trauma team.

Supervision. Supervision is conducted in a progressive manner in which the supervisor and interns see trauma patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Brief supervision or consultation occurs throughout the clinical day. Laura Rohm, Psy.D. is the supervisor for this rotation.

Outpatient Rotations

Primary Care and Population Health Service Line

Overview of Setting. UAMS is home to 19 primary care clinics across the state of Arkansas. UAMS has a mission to develop the next generation of integrated primary care teams through training and clinical experiences within a fully integrated primary care setting. The UAMS Primary

Care and Population Health Service Line (PCPHSL) is dedicated to strengthening the integration of behavioral health into all primary care settings across UAMS and the state. Psychologists work within the PCPHSL to implement and evaluate integrated behavioral health and to spearhead a culture-change within primary care to fully integrate behavioral health as a pillar of primary care.

Patient Population. The UAMS primary care clinics serve a range of socioeconomic, racial and ethnically diverse patients, as well as provide services for many of the seriously mentally ill and unhoused people within the community.

Core Training Opportunities. During the 6- or 12-month rotation, interns will work in interdisciplinary primary care clinics providing integrated behavioral healthcare as a behavior health consultant. They will receive warm-handoffs from primary care providers, conduct functional assessments to determine treatment needs, and provide short-term, evidence-based interventions within primary care. Interns will have the opportunity to train in and receive supervision in evidence-based treatments for common conditions in primary care. This includes CBT for Insomnia (CBT-i), Written Exposure Therapy (WET), CBT for Chronic Pain (CBT-c), and brief interventions for depression and anxiety in primary care. Core training will include hands-on experience working in multidisciplinary care teams that include physicians, nurse practitioners, nurses, nutritionists, tobacco cessation counselors, and specialty care teams. Interns will have the opportunity to work with varied patient populations and the rotation can be tailored to address specific patient population interests. This is a core outpatient rotation. However, the amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

Optional Training Opportunities. The PCPHSL and behavioral health integration team are committed to continued quality improvement and the use of implementation science to bring evidence-based practices into the community. Interns have the opportunity to learn about implementation science and have experience with planning and executing quality improvement projects within integrated primary care.

Supervision. Interns will receive cutting-edge training in integrated primary care behavioral health and will have the opportunity to observe, train, and practice in fully integrated primary care settings with supervision. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Dr. Deen is the primary supervisor for this rotation.

Transplant Psychology

Overview of Setting. UAMS is the home of Arkansas' only adult kidney and liver transplant center. UAMS performed the state's first kidney transplant in 1964 and the state's first liver transplant in 2005. The UAMS organ transplant team has performed over 2,000 kidney transplants and over 400 liver transplants, and continues to grow. This rotation focuses on providing pre-transplant psychological evaluations and psychotherapy to pre- and post-transplant patients to optimize outcomes. Interns are part of multidisciplinary teams consisting of transplant surgeons, nephrologists/hepatologists, nurse practitioners, nurse coordinators, pharmacists, dietitians, financial coordinators, social workers, psychiatrists, and psychologists.

Patient Population. As the only adult kidney and liver transplant center in Arkansas, patients come from all over the state of Arkansas and at times from surrounding states to receive care. Common behavioral health issues addressed within this population include depression, anxiety, substance use disorders, treatment adherence, pain management, and weight management.

Core Training Opportunities. During the six- or 12-month rotation, interns primarily conduct outpatient pre-transplant psychological evaluations. There may also be opportunity to conduct pre-surgical psychological evaluations for living kidney donors. Interns who are on this rotation on Mondays may also provide group therapy focusing on coping skills and relapse prevention to post-transplant patients. Interested interns may also provide individual psychotherapy to post-transplant patients; interventions primarily utilize CBT, ACT and other evidence-based interventions to address depression, anxiety, substance use, pain management and adherence issues. Interns will attend multidisciplinary weekly kidney and/or liver transplant listing meetings.

Optional Training Opportunities. Interns may have the opportunity to shadow transplant psychiatry for inpatient emergent pre-liver transplant evaluations and consultations. Interns may have the opportunity to assist with staff trainings in their area of expertise and participate in ongoing program development and evaluation initiatives.

Supervision. Interns work closely with the supervisor while conducting pre-transplant and living donor psychological evaluations. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Brief supervision occurs immediately before and after each evaluation. Interns who provide psychotherapy to patients within this rotation will also have weekly individual supervision focused on therapy cases. Ming Hwei Yek, Psy.D. is the primary supervisor for this rotation.

<u>Cognitive Rehabilitation</u>

Overview of Setting. In 2019, a multi-tiered Cognitive Rehabilitation Program was initiated within the Walker Family Clinic to provide individual and group therapy services to rehabilitate cognitive functioning and improve brain health for adults with neurologic conditions. As of 2022, this program has expanded to include opportunities to provide inpatient cognitive rehabilitation, adjustment to injury intervention, behavioral management, and supportive psychoeducation to patients and their families receiving care within the Level I Trauma Center at UAMS.

Patient Population. The Cognitive Rehabilitation Program provides services to individuals with any sort of neurologic illness or injury. Frequent presenting problems include acquired brain injury, multiple sclerosis, epilepsy, brain tumor, and dementia. Treatment populations continue to expand with program growth

Core Training Opportunities. In this 6- or 12-month rotation, interns can provide outpatient individual cognitive rehabilitation services using empirically supported manualized interventions. Adjustment to injury work and psychoeducation are routinely incorporated. For interns interested in epilepsy, opportunities to become certified in HOBSCOTCH may be available. In group

settings, interns can co-facilitate a virtual psychoeducation and cognitive rehabilitation group for patients with multiple sclerosis. Interns may also be able to provide in-person Cognitive Stimulation Therapy, an evidence-based group treatment for mild to moderate dementia. Additionally, a couple of opportunities are available through a partnership with Baptist Health Rehabilitation Institute. One involves co-facilitating a grant-based multidisciplinary rehabilitation group for survivors of moderate to severe TBI. Another consists of co-facilitating a workshop for caregivers addressing challenges associated with TBI, such as impulsivity, agitation, and apathy. The amount of time spent on this rotation is flexible based on the intern's interest in other rotations

Optional Training Opportunities. Motivated interns may be able to gain experience with program development, facilitating the creation of new programs for populations of interest whose needs are not currently being met. For interns who are simultaneously participating in the Inpatient Trauma Neuropsychology Consult Service rotation, opportunities are available for brief bedside cognitive rehabilitation for inpatients with acquired brain injuries who are receiving Level I trauma care.

Supervision. Interns have weekly individual supervision focused on their cases within this rotation. Hilary Clark, Ph.D. is the primary supervisor for this rotation.

Overview of Setting. The Walker Family Clinic has been offering mental health services to young adults, adults and geriatric populations since 2008. This outpatient mental health clinic serves the referral needs for UAMS' inpatient services and outpatient clinical programs. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Little Rock metropolitan area. This rotation focuses on providing diagnostic assessment (intake) and behavioral health intervention to patients with a wide range of health conditions. Staff include psychologists, doctoral psychology interns, psychiatrists, psychiatry residents and fellows, psychiatric nurses, licensed clinical social workers, social work interns and counselors.

Patient Population. The Walker Family Clinic serves adults with a wide range of clinical diagnoses, including trauma and stress-related disorders, depression, bipolar disorder, anxiety disorders, somatization and conversion disorders, psychotic disorders, personality disorders, and substance use concerns. Because patients are referred from within the UAMS Health system, many of those seen at the Walker Family Clinic have co-occurring chronic health issues such as pain, diabetes, hypertension, gastrointestinal issues, sleep problems, and neurologic disorders.

Core Training Opportunities. During this six or 12-month rotation, interns will have an opportunity to emphasize client populations and treatment modalities of interest. This rotation primarily emphasizes interns solidifying skills in providing individual psychotherapy. However, based on interest and experience, interns may also can lead or co-lead existing psychoeducational groups (e.g., Dialectical Behavior Therapy, Cognitive Processing Therapy, Safety Aid Reduction Treatment (STAIR) or implement new groups, including justice health-related topics (based on experience). Interns will also have the opportunity to provide clinical consultation to masters-level clinicians and tiered supervision to doctoral practicum students providing services at the clinic. Interns will also have opportunities to build competency and skill in the provision of trauma-informed and trauma-focused individual and group psychotherapies including Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Prolonged Exposure,

Written Exposure Therapy, and STAIR Narrative Therapy. Interns may also choose to contribute to trainings for masters-level clinicians, medical students and residents, and other service providers team related to traumatic stress.

Supervision: Interns have weekly individual supervision focused on their cases within this rotation. Depending upon scheduling, they may also attend multidisciplinary staffing meetings and/or clinic trainings. Laura Rohm, Psy.D. is the supervision for this rotation.

Optional Research Rotation

Interns may elect to complete an optional 6-month research rotation where they participate in on-going research under the supervision of a psychologist within the department. Generally, this is 4 hours of protected time each week to work towards a tangible research product (e.g., presentation, publication). Many opportunities are available depending on interests, the availability of faculty mentors, and funded projects. Alternatively, the intern may elect to bring data from their home lab and use this time to continue their previous line of research through the development of manuscripts, presentations, posters, or grant applications under the guidance of a research mentor assigned for the year. Whether interns work on projects from UAMS or from their home institution, it is expected that a research product will be submitted before the internship year is complete. Of note, the research rotation cannot be used to complete the intern's dissertation.

Didactic Educational Opportunities

Training methods include a didactic component that consists of a formal seminar series and other educational opportunities. Weekly seminars designed to meet the training needs of the interns in the program feature presentations by training faculty and other professionals from UAMS and the local community. Didactics are scheduled from 8:00am to 9:30am weekly on Tuesday morning and are divided into several series of training topics and activities.

Profession-Wide Competency Series

This series of presentations cover competencies put forth by APA to help doctoral interns prepare for the practice of health service psychology. Competencies include research and evaluation, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. In addition, presentations related to our program-specific competencies also are periodically provided (e.g., advocacy; reflective action, self-assessment, and self-care; teaching).

Cultural Humility Curriculum

The overall goal of this curriculum is to help each psychology intern make progress toward being a psychologist who exhibits cultural humility in clinical practice, teaching and mentoring, and/or research. The baseline knowledge, attitudes, and skills for each intern will vary, and thus, the growth and end-of-internship progress will be different for each intern. This course provides a variety of teaching modalities to enhance cross-cutting knowledge, attitudes, and skills related to cultural humility. The format involves in-person lectures, process-oriented group discussions, journaling activities, assigned readings, and experiential activities. Although the overall goal of the course is not explicitly to enhance social justice—that is, the social advocacy of a psychologist to create equity in our society—it is possible that certain interns, instructors, or experiences may gravitate toward social justice. This is welcomed and encouraged.

Upon successful completion of this course, interns will complete the following objectives aligned with guidelines from the American Psychological Association's (2017) Multicultural Guidelines (in parentheses).

1. Gain an understanding of how individual difference (e.g., gender identity, age, sexual orientation, race, religion), intersectionality (e.g., gender x race), and societal and institutional oppression (e.g., white supremacy, gerrymandering, poverty), influence knowledge, attitudes, and behaviors of patients, mentees, supervisors, and research participants. (Guidelines: 1, 2, 4, 5, 7, 8, 9)

2. Develop a command of technical vocabulary related to multicultural topics. (Guidelines: 3)

3. Build or enhance skills (e.g., critical thinking, interpersonal communication) in understanding and articulating thoughtful responses to topics or controversies

involving multicultural issues in clinical practice (e.g., culturally adapting interventions), teaching and mentoring, and research. (Guidelines: 3, 6, 9, 10)

Recent topic-oriented seminars have covered various aspects of multiculturalism, such as racial and ethnic health disparities, immigration, sexual minority and mental health therapy, and religion and spirituality. During process-oriented groups, interns and faculty leaders discuss and reflect upon the role of cultural humility in reducing health disparities, power and privilege, structural violence, microaggressions, race and racism, institutional and systematic oppression, and prejudice and stereotypes.

Supervision Curriculum

The goal of the supervision curriculum is to create a foundational knowledge base and skills to develop a trainee's identity as an entry-level clinical supervisor. It is understood that trainees enter internship with varying degrees of experience related to training and practice of supervision. This curriculum is intended to support trainees' exposure to various models of supervision and practice with using various modes of teaching including lecture, video review, role-play and discussion. By the end of the course, it is anticipated that interns will meet the following benchmarks for readiness for entry to practice for supervision as identified in the APA Competency Benchmarks in Professional Psychology:

1. Expectations and Roles – Understands the ethical, legal and contextual issues of the supervisor role.

2. Processed and Procedures – Demonstrates knowledge of supervision models and practices; demonstrated knowledge of and effectively addresses limits of competency to supervise.

3. Skills Development – Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.

Specialty Seminar Series

A number of other topics are covered in the specialty seminar series. Interns also participate in discussions related to professional topics, such as careers in clinical psychology (e.g., research, clinical, administration), applying to postdoctoral fellowships, EPPP, and working alongside other clinical or medical specialties in the hospital (e.g., psychiatry, neurology, social work). Finally, interns each conduct a clinical case presentation.

Grand Rounds and Conferences

Interns also have the opportunity to attend the bimonthly Department of Psychiatry Grand Rounds and Case Conferences to stay current on clinical practices and research outcomes to increase and improve their knowledge, competence, performance, and patient outcomes. Interns also have access to the many grand rounds, symposia, and seminars that are offered within other UAMS departments (Pediatrics, Neurology) and colleges (College of Public Health). Additionally, interns

can attend the Arkansas Psychological Association annual 2-day fall conference paid for by the internship program.

Training Faculty

The psychology training committee is composed of psychology faculty and professionals from other behavioral health specialties within the Department of Psychiatry. Orientations encompass behavioral, cognitive, cognitive behavioral, systems, interpersonal, and mindfulness. Interests of the faculty are far-ranging as well, both in terms of preferred activity (diagnosis, assessment, intervention, consultation, etc.), patient demographics, disorders, and intervention models.

Matt Boone, LCSW
Pronouns: He/him/his
Position: Instructor
Graduate School: Boston University (Social Work) – 2000
Clinic/Rotation: UAMS Student Wellness Program
Clinical Interests: Acceptance and Commitment Therapy (ACT), exposure therapy, Dialectical Behavior Therapy, anxiety disorders, OCD, trauma, eating disorders
Professional Interests: Training professionals in ACT and other evidence-based methods; increasing access and improving care for people typically marginalized by the mental health system

Chelsey Bull, PhD
Pronouns: She/her/hers
Position: Assistant Professor
Graduate School: University of Central Arkansas – 2022
Clinic/Rotation: Walker Family Clinic; Hawkins Unit; Arkansas Burn Center for Adults
Clinical Interests: Working with justice-involved populations; Evidence-based practices for trauma
Research interests: Implementation and effectiveness of trauma treatments with justice-involved populations
Professional Interests: Increasing access to mental health treatment for underserved populations; Training individuals working within the justice-system on mental health and trauma-informed practices

Maegan Calvert, PhD
Pronouns: She/her/hers
Position: Assistant Professor
Graduate Program: University of Arkansas, Fayetteville – 2019
Clinic/Rotation: Research
Clinical Interests: Assessing and treating early childhood dysregulation, trauma-related disorders and intergenerational consequences of trauma
Research Interests: Utilizing behavioral data and functional neuroimaging (fMRI, fNIRS) to understand the mechanisms by which early childhood adversity is longitudinally expressed through neural activation patterns, affect, and behavior. Understanding the ways in which caregiver-child interactions shape brain development and confer risk or resilience to child outcomes. Increasing the effectiveness of interventions.

Professional Interests: Increasing reproducibility of psychological science research through open science practices; providing training experiences for individuals from underrepresented groups in psychological and biomedical science

Hilary Clark, PhD
Pronouns: She/her/hers
Position: Assistant Professor
Graduate School: Wichita State University - 2022
Clinic/Rotation: Walker Family Clinic Neuropsychology Service, Cognitive Rehabilitation Program
Clinical Interests: Neurodegenerative diseases/dementia, complex medical and psychiatric presentations, cognitive rehabilitation
Research Interests: In general, topics with the potential to inform clinical practice; some specific interests include aging/dementia, interventions to reduce or prevent cognitive decline in individuals with neurologic illness or injury, and strategies to improve day-to-day functioning

Ashley Conrad, LCSW
Pronouns: She/her/hers
Position: Clinical Therapist Supervisor
Graduate School: University of Arkansas
Clinic/Rotation: UAMS PRI Health and Legal Systems (HEALS) Lab
Clinical Interests: Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), Eye Movement and Desensitization Reprocessing (EMDR), Acceptance and Commitment Therapy (ACT)
Professional Interests: Supporting and providing clinical supervision as well as providing evidenced-based psychotherapy to my own clients focusing on trauma and anxiety disorders

Michael Cucciare, PhD
Pronouns: He/him/his
Position: Professor; Director, Center for Health Services Research
Graduate School: University of Nevada, Reno – 2006
Clinic/Rotation: Women's Mental Health Program
Clinical Interests: Substance use disorders
Research Interests: Addiction health services research; health care transitions; technology in mental health service delivery

Tisha Deen PhD
Pronouns: She/her/hers
Position: Associate Professor
Graduate School: University of Arkansas, Fayetteville – 2010
Clinic/Rotation: Primary Care and Population Health Service Line
Clinical Interests: Primary care behavioral health, health psychology; dialectical behavior therapy; cognitive behavioral therapy; brief evidence-based psychotherapies (e.g., CBT-i, written exposure therapy, prolonged exposure for primary care, problem solving therapy)

Research Interests: Use of facilitation to implement evidence-based treatments; access to behavioral health care in rural settings; use of telemedicine to improve access to care; brief interventions in primary care
Professional Interests: Leadership and advocacy in state and national professional organizations; advocacy for the practice of psychology and access to care for underserved and marginalized populations

Alexander (Sascha) Eisenstein, Ph.D.
Pronouns: He/him/his
Position: Assistant Professor
Graduate School: Saint Louis University – 2024
Clinic/Rotation: Walker Family Clinic Neuropsychology Service
Clinical Interests: Geriatric neuropsychology, dementia, movement disorders, neuro-oncology and cancer related cognitive impairment.
Research Interests: Cognitive and neuropsychiatric phenotypes in dementia, especially dementia with Lewy bodies
Professional Interests: Clinical supervision, didactic curriculum planning, interdisciplinary clinical collaboration, trauma-informed neuropsychology

Jennifer Gess, PhD, ABPP/CN
Pronouns: She/her/hers
Position: Professor; Director of Psychology Training
Graduate Program: Georgia State University – 2001
Clinic/Rotation: Walker Family Clinic Neuropsychology Service
Clinical Interests: Epilepsy; brain injury; movement disorders; brain neoplasm; dementia
Research Interests: Post-surgical cognitive outcome; the development of fMRI as a clinical tool
Professional Interests: National education initiatives in psychology and neuropsychology; biomedical ethics as it applies to training and clinical work

Lee Isaac, PsyD
Pronouns: He/him/his
Position: Assistant Professor
Graduate Program: La Salle University – 2020
Clinic/Rotation: Walker Family Clinic Neuropsychology Service
Clinical Interests: Geriatric neuropsychology; dementia; movement disorders; stroke; brain injury
Research Interests: Updated assessments for specificity in dementia diagnosis; integration of technology into assessment procedures

Katherine Kelton Ph.D., MSPH
Pronouns: She/her/ella
Position: Assistant Professor
Graduate School: Saint Louis University – 2021
Clinic/Rotation: Walker Family Clinic Outpatient Behavioral Health Therapy
Clinical Interests: Trauma/PTSD; substance use/harm reduction; cultural adaptation of evidence-based treatments

Research Interests: Examining how sociocultural and systemic inequities such as incarceration and homelessness impact individual mental health, especially PTSD/SUD; understanding how cultural and social contexts influence behavior (e.g., service utilization) and mental health (e.g., symptom presentation); community based participatory research; complementary and integrative treatment approaches
Professional Interests: Expanding access to care among marginalized/underserved populations, particularly people who are involved in the criminal legal system; leveraging the role of psychologists to extend power to communities/peoples who have been silenced and unheard; cultural humility in clinical practice and the research process; program evaluation and development

Jennifer Kleiner, PhD, ABPP/CN
Pronouns: She/her/hers
Position: Professor; Chief Psychologist; Vice Chair for Faculty Development
Graduate Program: University of Buffalo – 2004
Clinic/Rotation: Walker Family Clinic Neuropsychology Service
Clinical Interests: Movement disorders, deep brain stimulation
Research Interests: Pre-surgical evaluation for deep brain stimulation; normal variance in fMRI and neuropsychology
Professional Interests: Institutional leadership and faculty development

Glenn Mesman, PhD
Pronouns: He/him/his
Position: Professor; Assistant Director of Psychology Training
Graduate School: Southern Illinois University, Carbondale – 2010
Clinic/Rotation: Child and Adolescent Behavioral Health Center Psychological Evaluation and Parent-Child Interaction Therapy
Clinical Interests: Parent-Child Interaction Therapy, psychological evaluations
Research Interests: Dissemination of evidence-based practices; behavioral difficulties in early childhood
Professional Interests: Training and dissemination of PCIT for mental health professionals

Joy Pemberton, PhD
Pronouns: She/her/hers
Position: Associate Professor
Graduate School: Texas Tech University – 2010
Clinic/Rotation: Child and Adolescent Behavioral Health Center Parent-Child Interaction Therapy; Child Diagnostic Unit
Clinical Interests: Disruptive behavior disorders; child and adolescent trauma; Parent-Child Interaction Therapy; psychological evaluations
Research Interests: Dissemination of evidence-based practices; increasing availability and accessibility of empirically-based practices
Professional Interests: Encouraging awareness of and responsiveness to diversity, equity, and inclusion-related topics across levels of the healthcare setting and interactions

Carly Pytel, PhD
Pronouns: She/her/hers
Position: Assistant Professor
Graduate School: Oklahoma State University – 2025
Clinic/Rotation: UAMS OB-GYN Department Women's Clinic, Arkansas Center for Women and Infants' Health
Clinical Interests: Traumatic birthing experiences, screening and early intervention for perinatal and postpartum mental health, treatment for chronic pain from reproductive health conditions, traumatic grief following stillbirth/neonatal loss.
Research Interests: Women's experiences with suppressed self-advocacy in medical environments, posttraumatic growth and identity development after medical trauma, paternal education to support maternal mental health, medical trauma in marginalized populations, mental health support in ER/Urgent care following perinatal loss/miscarriage, maternal mortality.
Professional Interests: Program development, advocacy for women's reproductive and maternal health, access to care for underserved populations, trauma-informed training and education

Laura Rohm, PsyD
Pronouns: She/her/hers
Position: Assistant Professor
Graduate School: The Chicago School of Professional Psychology at XULA - 2024
Clinic/Rotation: UAMS Trauma Surgery Inpatient Psychology Consult Service, Walker Family Clinic Outpatient Behavioral Health Therapy
Clinical Interests: Acute stress, PTSD, adjustment to injury, traumatic brain injury, traumatic grief, motivational interviewing for homicidal ideation, substance use/harm reduction
Research Interests: Acute stress reactions and mechanism of injury, hospital-based interventions for violence prevention, brief screening and intervention for trauma survivors, motivational interviewing for homicidal ideation, trauma and natural disasters
Professional Interests: Program development, access to care for survivors of violence, trauma-informed care training and education, support for health care providers, advocacy

Allison Smith, Ph.D.
Pronouns: She/her/hers
Position: Assistant Professor
Graduate School: University of Arkansas, Fayetteville – 2022
Clinic/Rotation: Child and Adolescent Behavioral Health Center Child-Parent Psychotherapy
Clinical Interests: Child and adolescent trauma treatment; early childhood intervention; Child-Parent Psychotherapy; Parent-Child Interaction Therapy for Toddlers
Research Interests: Dissemination and implementation of interventions for child and family trauma; qualitative analysis
Professional Interests: Development of community partnerships to promote trauma recovery and resilience; utilizing implementation science to support local dissemination and implementation; supporting child welfare professionals and child welfare-involved families

Lindsey Thomas, PhD
Pronouns: She/her/hers
Position: Assistant Professor

Graduate School: Bowling Green State University – 2020
Clinic/Rotation: Child and Adolescent Behavioral Health Center Trauma-Focused Cognitive Behavioral Therapy and Dialectical Behavior Therapy; Child Diagnostic Unit
Clinical Interests: Trauma recovery; psychological evaluations; early childhood; adolescence
Research Interests: Program evaluation; qualitative research; adolescents; positive youth development

Elissa Wilburn, PhD
Pronouns: She/her/hers
Position: Assistant Professor
Graduate School: Texas Tech University – 2020
Clinic/Rotation: Child and Adolescent Behavioral Health Center Trauma-Focused Cognitive Behavioral Therapy and Dialectical Behavior Therapy
Clinical Interests: Parent-Child Interaction Therapy; Trauma-Focused Cognitive Behavior Therapy; Dialectical Behavior Therapy for adolescents and families, psychological evaluations
Research Interests: Risk factors associated with child and parent characteristics that independently and together contribute to both the exacerbation and undermining of child psychopathology following traumatic life experiences; dissemination and implementation of trauma-informed school programs
Professional Interests: enhancing trauma-informed care practices across child-serving systems (e.g., outpatient clinic, child welfare, education), including strengthening policies, procedures, and practices related to issues of diversity, equity, and inclusion

Ming Hwei Yek, PsyD
Pronouns: She/her/hers
Position: Associate Professor
Graduate Program: Baylor University – 2019
Clinic/Rotation: Transplant Psychology Service
Clinical Interests: Transplant psychology; psycho-oncology; enhancing meaning for patients with chronic medical conditions
Research Interests: Alcohol relapse prevention for post-liver transplant patients; addressing health literacy to improve transplant outcomes
Professional Interests: Improving mental health awareness and access in specialty care settings; reducing bias in healthcare settings

Melissa Zielinski, PhD
Pronouns: She/her/hers
Position: Associate Professor
Graduate Program: University of Arkansas, Fayetteville – 2016
Clinic/Rotation: Pulaski County Regional Detention Facility; Research
Clinical Interests: PTSD; Interpersonal violence recovery; Dialectical Behavior Therapy; Cognitive Processing Therapy; women's health
Research Interests: Trauma/PTSD, substance use, women's health, and applications of both implementation science and community engaged research methods. Most ongoing projects focus on these topics among adults who are incarcerated and/or otherwise justice-involved.

Professional Interests: Access to care among marginalized/underserved populations, particularly people who are incarcerated. Building research capacity and contributing to research training, including via UAMS' NIDA-funded T32 "Translational Training in Addiction" Program

2026-2027 Psychology Internship Weekly Training Schedule
Child and Adolescent Track – Nasreen Moursi
Primary Supervisors – Allison Smith, PhD

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	CSC Therapy	CSC Therapy	CDU	Document	CDU
8:30am	CSC Therapy	CSC Therapy	CDU	CSC Psych Test	CDU
9:00am	CSC Therapy	CSC Therapy	CDU	CSC Psych Test	CDU
9:30am	CSC Therapy	CSC Therapy	CDU	CSC Psych Test	CDU
10:00am	CSC Therapy	Psych Test Sup	CDU	CSC Psych Test	CDU
10:30am	CSC Therapy	Psych Test Sup	CDU	CSC Psych Test	CDU
11:00am	CSC Therapy	TF-CBT Sup	CDU	CSC Psych Test	CDU
11:30am	CSC Therapy	TF-CBT Sup	CDU	CSC Psych Test	CDU
12:00pm	Lunch	Lunch	Didactics	Lunch	Lunch
12:30pm	Lunch	Lunch	Didactics	Lunch	Lunch
1:00pm	PCIT Sup	CSC Intake	Didactics	CSC Psych Test	Res/Flex
1:30pm	PCIT Sup	CSC Intake	Travel	CSC Psych Test	Res/Flex
2:00pm	DBT Sup	CSC Intake	CPP Sup	CSC Psych Test	Res/Flex
2:30pm	DBT Sup	CSC Intake	CPP Sup	CSC Psych Test	Res/Flex
3:00pm	Document	CSC Therapy	CSC Therapy	CSC Therapy	Res/Flex
3:30pm	DBT Group	CSC Therapy	CSC Therapy	CSC Therapy	Res/Flex
4:00pm	DBT Group	CSC Therapy	CSC Therapy	CSC Therapy	Res/Flex
4:30pm	DBT Group	CSC Therapy	CSC Therapy	CSC Therapy	Res/Flex

2026-2027 Psychology Internship Weekly Training Schedule
Child and Adolescent Track – Jasmine Merlette
Primary Supervisors – Elissa Wilburn, PhD

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	Document	CSC Therapy	CDU	Document	CDU
8:30am	PCS	CSC Therapy	CDU	CSC Psych Test	CDU
9:00am	PCS	CSC Therapy	CDU	CSC Psych Test	CDU
9:30am	PCS	CSC Therapy	CDU	CSC Psych Test	CDU
10:00am	PCS Sup	Psych Test Sup	CDU	CSC Psych Test	CDU
10:30am	Document	Psych Test Sup	CDU	CSC Psych Test	CDU
11:00am	CSC Therapy	TF-CBT Sup	CDU	CSC Psych Test	CDU
11:30am	CSC Therapy	TF-CBT Sup	CDU	CSC Psych Test	CDU
12:00pm	Lunch	Lunch	Didactics	Lunch	Lunch
12:30pm	Lunch	Lunch	Didactics	Lunch	Lunch
1:00pm	PCIT Sup	CSC Intake	Didactics	CSC Psych Test	Flex
1:30pm	PCIT Sup	CSC Intake	Travel	CSC Psych Test	Flex
2:00pm	CSC Therapy	CSC Intake	CPP Sup	CSC Psych Test	Flex
2:30pm	CSC Therapy	CSC Intake	CPP Sup	CSC Psych Test	Flex
3:00pm	CSC Therapy	CSC Therapy	CSC Therapy	CSC Therapy	Flex
3:30pm	CSC Therapy	CSC Therapy	CSC Therapy	CSC Therapy	Flex
4:00pm	CSC Therapy	CSC Therapy	CSC Therapy	CSC Therapy	Flex
4:30pm	CSC Therapy	CSC Therapy	CSC Therapy	CSC Therapy	Flex

Note: PCS = Virtual PTSD Coping Skills Group at the East Central Arkansas Community Corrections

2026-2027 Psychology Internship Weekly Training Schedule
Trauma, Recovery, and Justice Track – Kathryn Armstrong
Primary Supervisor – Chelsey Bull, PhD

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	East Central Arkansas Community Corrections Center	Women's Mental Health Program OR Walker Family Clinic	East Central Arkansas Community Corrections Center	Pulaski County Regional Detention Facility	HEALS Clinical – 1st 6 months HEALS Research – 2nd 6 months
8:30am					
9:00am					
9:30am					
10:00am					
10:30am					
11:00am					
11:30am					
12:00pm	Lunch	Lunch	Didactics	Lunch	Lunch
12:30pm	Lunch	Lunch	Didactics	Lunch	Lunch
1:00pm	Student Wellness	Women's Mental Health Program OR Walker Family Clinic	Didactics	Pulaski County Regional Detention Facility	Dept. of Corrections Women's Health Unit
1:30pm			Admin/Flex/ Dept. of Corrections Women's Health Unit		
2:00pm					
2:30pm					
3:00pm					
3:30pm					
4:00pm					
4:30pm					

2026-2027 Psychology Internship Weekly Training Schedule
Neuropsychology Track – Whitman Kent
Primary Supervisor – Hilary Clark, PhD

Monday	Tuesday	Wednesday	Thursday	Friday
	7am- Neuro-oncology Conference			8:00 Behavioral Neurology Clinic (2nd and 4th Fridays)
Admin- Neuropsych (1st 6 mo)/ Outpatient Neuropsych (2nd 6 mo)	Inpatient Trauma	Inpatient Trauma	Outpatient Neuropsych	8:30am-9:00am Neuroanatomy (1st and 3rd Fridays)
Student Wellness (1st 6 mo)/ Outpatient Neuropsych (2nd 6 mo) HD Clinic (3rd Monday)	Cog Rehab	12:00pm – 1:30pm Didactics	Outpatient Neuropsych 4pm- Epilepsy Surgical Conference (2nd and 4th Thursdays of the month)	1:00pm - Neuropsych Didactics 2:30pm - Referrals
4pm- Neuro Supervision	4pm- DBS Surgical Conference (3rd Tuesday of the month)			

2026-2027 Psychology Internship Weekly Training Schedule
Integrated Health Care Track – Emily Allen
Primary Supervisor – Laura Rohm, PsyD

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	Transplant 1st 6 months Trauma Surgery/ Outpatient 2nd 6 months	Primary Care	Trauma Surgery/ Outpatient	ACH Burn Center	Trauma Surgery/ Outpatient
8:30am					
9:00am					
9:30am					
10:00am					
10:30am					
11:00am					
11:30am					
12:00pm	Lunch	Lunch	Didactics	Lunch	Lunch
12:30pm	Lunch	Lunch	Didactics	Lunch	Lunch
1:00pm	Transplant 1st 6 months Trauma Surgery/ Outpatient 2nd 6 months	Primary Care	Didactics	ACH Burn Center	Transplant 1st 6 months Trauma Surgery/ Outpatient 2nd 6 months
1:30pm			Flex Time		
2:00pm					
2:30pm					
3:00pm					
3:30pm					
4:00pm					
4:30pm					

A BRIEF HISTORY OF THE UAMS CLINICAL PSYCHOLOGY INTERNSHIP

1. Program initially developed by Sidney Fields, PhD, Chief Psychologist and William Reese, MD, Chairman, Department of Psychiatry, UAMS, in 1961.

2. First doctoral intern started in program in September, 1962.

3. Full accreditation from the American Psychological Association (APA) given in 1967. Accreditation renewed continually since that time.

4. Sidney Fields, PhD continued as Training Program Director from 1962 to 1972.

5. Sam D. Clements, PhD, assumed the role of Training Program Director in 1972 and continued to July 1, 1991.

6. Intern Training Program changed emphasis from a general program to a child-adolescent-family oriented training program following the APA site visit in 1979.

7. The Division of Child and Adolescent Psychiatry relocated from the campus of UAMS to Arkansas Children's Hospital in September 1988.

8. Patricia L. Youngdahl, PhD assumed the role of Training Program Director on July 1, 1991 and continued until September 1, 2003.

9. From 2003 until late 2007 J. Glen White, PhD served as Training Program Director.

10. In November 2007 Jennifer L. Gess, PhD, ABPP assumed the role of Training Program Director and continues to present.

11. In July 2009 an adult track was reintroduced to the internship.

12. In January 2012, Glenn Mesman, PhD became the Assistant Training Director for the internship program, taking the place of Terri Miller, PhD.

13. In July 2017, an adult neuropsychology track was added to the internship.

14. An adult integrated healthcare track was added to the internship in July 2022. The adult track also shifted focus to emphasize trauma, recovery, and justice as part of the training experiences.

MISSIONS OF SUPPORTING BODIES

The primary sponsor of the Doctoral Internship Training Program in Clinical Psychology is the University of Arkansas for Medical Sciences Department of Psychiatry. The Division of Child and Adolescent Psychiatry is housed on the 2nd floor of the Clark Center for Safe and Healthy Children on the campus of Arkansas Children's Hospital. The mission statements of these institutions are as follows:

ACH Mission Statement

In order to enhance, sustain, and restore health and development of children, Arkansas Children's Hospital provides excellent clinical services, teaching, and research. ACH is committed to working with others to achieve high quality, cost-effective, fully accessible services for Arkansas' most precious resource - our children, without regard to race, religion or inability to pay.

UAMS Psychiatric Research Institute Mission Statement

The mission of PRI is to improve mental health for individuals and families in Arkansas and beyond through the integration of outstanding education, research, clinical care and service.

Division of Pediatric Psychiatry Mission Statement

To complement the Mission of ACH, and to assume the role of responsible partner in providing for children's mental health care needs, the Division of Pediatric Psychiatry is committed to providing accessible, high quality, comprehensive, and cost-effective services to children without regard to race, religion, or inability to pay.

University of Arkansas for Medical Sciences

The mission of the University of Arkansas for Medical Sciences is to provide excellent educational opportunities for students of the health care professions in a stimulating environment of basic and clinical research, integrated with the delivery of superb, comprehensive health care services.

The University of Arkansas for Medical Sciences (UAMS) is Arkansas's only institution of professional and graduate education devoted solely to the health and biological sciences. First founded as a School of Medicine in 1879, UAMS became a medical sciences campus in the 1950's. Today, UAMS is one of five major campuses of the University of Arkansas. It has grown into an academic health sciences center that encompasses broad aspects of education, research, and service. The institution offers programs that improve the physical, economic, and intellectual well-being of the citizens of Arkansas.

The service mission of UAMS is fulfilled by providing comprehensive health care services to meet both the educational needs of students and the special health care needs of the state. Because it is the only academic medical center in Arkansas, the unique role of UAMS is to provide services requiring highly specialized personnel and technology. These services are delivered in an interdisciplinary environment to all Arkansans regardless of their ability to pay.

The service mission is enhanced by affiliations with Arkansas Children's Hospital (ACH), the Little Rock Veterans Affairs Medical Center (VAMC), the Arkansas Rehabilitation Institute, the Central Arkansas Radiation Therapy Institute (CARTI), and the Arkansas State Hospital. Additional cooperative programs are offered with other hospitals (e.g., Baptist Medical Center (BMC) and St. Vincent Infirmary Medical Center (SVI) and practitioners affiliated with the AHEC Programs.

There are three primary teaching facilities: UAMS Medical Center, John L. McClellan Memorial Veterans Hospital (VA) and Arkansas Children's Hospital (ACH). These facilities, with a total of approximately 1,700 in-patient beds, accommodate 40,000 patient admissions and 725,000 outpatient visits annually.

There are approximately 500 house staff (interns, residents, fellows) in 36 training programs at UAMS. Many house staff rotate through the three primary teaching facilities during their course of training. The house staff orientation at the end of June each year serves as a general orientation for incoming interns and fellows and as the orientation to UAMS Medical Center. House staff have a separate orientation the first time they rotate through ACH, VAMC or the other participating institutions.

Documentation of Clinical Hours

Service	Service Description	*Hours
Individual Behavioral Health Counseling	Face-to-face treatment provided to a beneficiary in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM.	1:1
Group Behavioral Health Counseling	Face-to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse.	1:1.5
Marital/Family Behavioral Health Counseling with Beneficiary Present	Face-to-face treatment provided to one or more family members in the presence of a beneficiary. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support, and develop alternative strategies to address familial issues, problems, and needs.	1:1
Marital/Family Behavioral Health Counseling without Beneficiary Present	Face-to-face treatment provided to one or more family members outside the presence of a beneficiary. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support, and develop alternative strategies to address familial issues, problems, and needs.	1:1
Psychoeducation	Face-to-face service that provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem solving, communication, and coping skills to support recovery. Psychoeducation can be implemented in two formats: multi-family group and single-family group.	1:1 or 1:1.5
Multi-Family Behavioral Health Counseling	Group therapeutic intervention using face-to-face verbal interaction between two (2) to a maximum of nine (9) beneficiaries and their family members or significant others.	1:1.5
Mental Health Diagnosis	Face-to-face clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or	1:1

	related disorder as described in the current allowable DSM.	
Interpretation of Diagnosis	Face-to-face service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/her family.	1:1
Psychological/Neuropsychological Evaluation	This service reflects the face-to-face assessment of cognitive abilities, aptitudes, interests, attitudes, motivation, and emotional and personality characteristics of the beneficiary, including psychological test administration and interactive feedback to the patient, family member(s), or caregiver(s). This does ***not*** include scoring of tests and measures, integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, or report development.	1:1
Consultation	Face-to-face service for patients that may include brief assessment of mental health symptoms, psychoeducation about behavioral health issues and treatment, crisis and risk assessment, brief psychotherapeutic interventions, recommendations for future care, and referrals to therapy providers as indicated.	1:1

* Group Behavioral Health Counseling, Multi-Family Behavioral Health Counseling, and Psychoeducation (multi-family group) – 1 hour of service = 1.5 clinical hours. Remainder of services – 1 hour of service = 1 clinical hour.

UAMS
Psychiatric
Research Institute

Psychology Doctoral Internship Seminar Evaluation Form

Topic:
Speaker:
Date:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1. The goals/objectives of the presentation were clearly stated.	☐	☐	☐	☐	☐
2. The goals/objectives of the presentation were met.	☐	☐	☐	☐	☐
3. The information presented was relevant to my training interests and needs.	☐	☐	☐	☐	☐
4. The information presented will be helpful to me in my work.	☐	☐	☐	☐	☐
5. The presentation included an appropriate amount of information.	☐	☐	☐	☐	☐
6. The information was presented in a way that I could understand.	☐	☐	☐	☐	☐
7. The speaker was knowledgeable about the topic.	☐	☐	☐	☐	☐
8. The speaker held my interest.	☐	☐	☐	☐	☐
9. The speaker encouraged audience participation.	☐	☐	☐	☐	☐
10. The speaker was responsive to questions.	☐	☐	☐	☐	☐
11. The speaker made effective use of audiovisual technology, handouts, or other supplementary materials in presenting the information.	☐	☐	☐	☐	☐

12. The speaker addressed issues of cultural diversity relevant to the topic.	☐	☐	☐	☐	☐
13. The presentation was what I expected.	☐	☐	☐	☐	☐
14. The presentation was worth my time.	☐	☐	☐	☐	☐

Please provide details related to your ratings and/or other comments to help us plan for future presentations:

UAMS
Psychiatric Research Institute

Psychology Doctoral Internship Cultural Humility Curriculum
Processes Group Evaluation Form

Speaker:
Date:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
15. The instructor(s) created a safe space.	☐	☐	☐	☐	☐
16. The instructor(s) offered a balance of supportive and growth-oriented feedback.	☐	☐	☐	☐	☐
17. The instructor(s) created an atmosphere that promotes reflection.	☐	☐	☐	☐	☐
18. The instructor(s) facilitated group participation.	☐	☐	☐	☐	☐
19. The instructor(s) helped the group generalize what they learned to their own work.	☐	☐	☐	☐	☐
20. This session was worth my time.	☐	☐	☐	☐	☐

Please provide details related to your ratings and/or other comments to help us plan for future multicultural competency process sessions:

UAMS
Psychiatric Research Institute

Psychology Internship Supervision Series Evaluation Form

Speaker(s):
Date:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
21. The facilitator(s) created a space conducive to the exploration of new ideas and perspectives.	☐	☐	☐	☐	☐
22. The facilitator(s) offered a balance of didactic content and supportive or growth-oriented feedback.	☐	☐	☐	☐	☐
23. The facilitator(s) created an atmosphere that promotes reflection.	☐	☐	☐	☐	☐
24. The facilitator(s) facilitated group participation and discussion.	☐	☐	☐	☐	☐
25. Content introduced and discussion enhanced my knowledge of supervision practices.	☐	☐	☐	☐	☐
26. The vignette and role-play helped solidify concepts discussed.	☐	☐	☐	☐	☐
27. Concepts and material discussed helped contribute to the development of the supervision vision statement.	☐	☐	☐	☐	☐
28. The facilitator(s) helped the group generalize what they learned to their future work related to supervision.	☐	☐	☐	☐	☐
29. This session was worth my time.	☐	☐	☐	☐	☐

Please provide details related to your ratings and/or other comments to help us plan for future supervision didactic sessions:

Intern and Program Evaluation

Intern Performance Evaluation

At the beginning of the internship year, graduate training directors are asked to complete an evaluation form providing quantitative and qualitative assessments of entering interns on all general competencies, and interns are asked to complete a similar form assessing themselves on all general and specific competencies. These assessments serve as a baseline against which to measure intern progress toward training goals and objectives. Progress for each intern is assessed on a quarterly basis by means of similar evaluation forms completed by each rotation supervisor. These evaluations are discussed on a quarterly basis at the monthly training committee meetings. Informal feedback is provided to each intern on an ongoing basis in individual and group supervision. Formal feedback in the form of review and discussion of quantitative and qualitative performance evaluation data with the intern is provided at the midpoint and end of each rotation. Supervisors provide feedback in a timely and ongoing manner to guide the learning process and to give the intern ample opportunity to address any areas of concern prior to the formal midpoint and final rotation evaluations.

Program Performance Evaluation

Interns meet with training committee members at the midpoint and end of the training year to review and provide informal qualitative feedback about the internship program. During these reviews, interns are encouraged to discuss their impressions of their training experiences, and to provide corrective feedback and suggestions for improving the internship program as well as positive feedback. These reviews routinely provide the basis for ongoing adjustment of training experiences for each year's interns. At the completion of internship training, each intern is asked to complete an evaluation form providing quantitative and qualitative assessments of the program. Interns assess the program on quality of training, supervision, and resources in all general and specific competencies. They may use the Internship Program Evaluation form as a framework for providing feedback during the midyear and final reviews. They are encouraged to provide feedback to training faculty in a timely and ongoing manner to give the faculty ample opportunity to address any areas of concern prior to the formal final program evaluation.

Supervisor Performance Evaluation

At the completion of internship training, each intern is asked to complete an evaluation form providing quantitative and qualitative assessments of each primary and rotation supervisor. Interns assess supervisors on quality of supervision in all general and specific competencies. They are encouraged to provide informal feedback to supervisors in a timely and ongoing manner to give supervisors ample opportunity to address any areas of concern prior to the formal final supervisor evaluation.

Other Outcome Measures

One of the most important outcomes for the effectiveness and quality of our internship training program is perhaps the most ecologically valid one: what our interns do professionally after their

training at our site. We attempt to maintain contact with all our former trainees and their present professional status. Their placement in quality postdoctoral positions and/or employment in a variety of settings appropriate for our training goals of producing professionals who skillfully employ the knowledge base and techniques of the science of psychology is our most important outcome measure (see our most recent self-study for table of professional employment status by former interns or obtain more recent data from training director). We conduct a formal survey of former interns as part of the APA reaccreditation process. Dr. Gess can offer feedback about data analysis and general feedback gathered from past self-studies, but responses indicate very positive satisfaction with the training received through our program.

University of Arkansas for Medical Sciences
Clinical Psychology Doctoral Internship Program

Initial Intern Self-Assessment

Intern: **Date:**

Please rate your skills for each competency relative to that expected of a doctoral intern at the beginning of internship. For each domain, please provide specific comments regarding your strengths and areas of needed growth or remediation, particularly if you gave yourself a rating below 5.

Competency Domain 1: Research and Evaluation. Conducting research that contributes to the professional knowledge base and/or evaluation that assesses the effectiveness of professional activities.

Specific Competency	Expected Performance Level
A. Scientific Approach to Knowledge Generation	Demonstrates knowledge of and facility with research methods, engages in systematic efforts to contribute to the professional knowledge base through research-related activities.
B. Scientific Approach to Practice	Demonstrates understanding of evaluation as distinct from research, engages in systematic efforts to assess the effectiveness of clinical, teaching, or other professional activities.

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 2: Standards and Policies. Understanding, applying, and adhering to ethical, legal, professional, and organizational standards, guidelines, regulations, and policies regarding professional activities.

Specific Competency	Expected Performance Level
A. Knowledge of Standards and Policies	Identifies relevant ethical, legal, professional, and organizational compliance issues and conflicts in both general and specific contexts; analyzes and discusses issues and conflicts with reference to relevant standards, guidelines, regulations, and policies (e.g., APA Ethical Principles and Code of Conduct, HIPAA, mandated reporting, JCAHO standards).
B. Ethical Decision Making	Articulates personal and professional ethical principles, morals, and values influencing own and others' professional behavior;

	recognizes limits of own knowledge and understanding of standards, guidelines, regulations, and policies; develops strategies to seek consultation as warranted.
C. Compliance with Standards and Policies	Addresses ethical, legal, and compliance issues and conflicts in all professional activities (e.g., clinical practice, consultation, research and evaluation, supervision, teaching, management and administration) proactively and appropriately; seeks consultation as warranted.

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 3: Individual and Cultural Diversity. Working effectively with diverse individuals, groups, organizations, and communities representing various cultural backgrounds, including but not limited to those based on age, sex, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

Specific Competency	Expected Performance Level
A. Cultural Identity – Self	Articulates awareness and knowledge of one's own cultural identities; acknowledges and monitors role of culture and context in shaping one's own cognitions, emotions, and behavior; demonstrates awareness of biases that may negatively impact interpersonal relationships and actively works to eliminate them
B. Cultural Identity – Other	Acknowledges and monitors role of culture and context in shaping others' cognitions, emotions, and behavior; seeks to understand others' cultural identities in a culturally sensitive manner
C. Cultural Diversity in Interpersonal Interactions	Acknowledges and monitors role of culture and context in shaping interactions between self and others; engages in behaviors with others that respects their beliefs, customs, and values
D. Cultural Humility	Engages in an on-going process of self-exploration and self-critique with a willingness to learn from others; acknowledges and works to eliminate the power imbalances that exist in relationships and society

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 4: Professionalism. Behaving in a manner consistent with professional values, ethics, and norms.

Specific Competency	Expected Performance Level
A. Integrity and Responsibility	Demonstrates honesty, takes responsibility for own behavior, articulates and adheres to professional values, acts to resolve situations that challenge professional values and integrity.
B. Professional Behavior	Demonstrates appropriate personal hygiene and attire; exhibits appropriate language, demeanor, and physical conduct; demonstrates awareness of impact of own behavior on clients, colleagues, the public, and the profession.
C. Accountability	Is available and accessible when "on duty," exhibits organizational and time management skills, manages workload effectively, completes tasks promptly and accurately, accepts responsibility for meeting deadlines, acknowledges and corrects errors, maintains level of clinical productivity commensurate with training status*, monitors own performance and implements strategies to address deficiencies. *at least 25% direct service time
D. Concern for Welfare of Others	Demonstrates compassion and initiative to help others; exhibits sensitivity to and respect for the needs, beliefs, and values of others; acts to benefit the welfare of others.
E. Professional Identity	Demonstrates knowledge of critical issues in the field; exhibits motivation for professional development (e.g., maintains membership in professional organizations, attends professional conferences, consults literature relevant to professional activities).

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 5: Relationships. Interacting effectively, collaboratively, and productively with individuals, groups, organizations, and communities.

Specific Competency	Expected Performance Level
A. Interpersonal Relationships	Establishes good rapport with clients, families, peers, colleagues, supervisors, subordinates, and others; maintains effective working alliances; demonstrates respect for varying perspectives; demonstrates active, collaborative problem solving and conflict resolution skills; accepts and provides constructive feedback.
B. Affective Skills	Demonstrates awareness of own emotions and manages them appropriately; demonstrates adaptive tolerance for ambiguity and uncertainty, strong affect, and interpersonal conflict; makes appropriate disclosures about problematic personal circumstances and interpersonal interactions; acknowledges and accepts responsibility for own role in difficult situations and interactions.
C. Expressive Skills	Communicates clearly and effectively by verbal and nonverbal means in oral and written modalities; demonstrates facility with professional language; demonstrates flexibility in communication style.

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 6: Assessment. Conducting psychological assessment, diagnosis, case conceptualization, and communicating findings and recommendations.

Specific Competency	Expected Performance Level
A. Evaluation and Selection of Assessment Methods	Selects appropriate assessment methods in light of referral questions, presenting concerns, client characteristics, and issues of reliability, validity, and test construction.
B. Implementation of Assessment Methods	Administers, scores, and interprets assessment tools consistently, accurately, and efficiently; demonstrates facility with measures of cognitive, emotional, behavioral, social, and personality functioning; adapts assessment approach based on client response.
C. Formulation of Diagnoses and Case Conceptualizations	Demonstrates knowledge of the range of normal and abnormal behavior; synthesizes data from varying assessment methods; identifies problem areas, develops hypotheses about etiology and/or functional role of clinical symptoms, and applies concepts of differential diagnosis; develops biopsychosocial formulations grounded in theoretical, scientific, and experiential knowledge as well as clinical information; demonstrates working knowledge of DSM and ICD diagnostic systems.

D. Formulation of Recommendations for Intervention	Articulates specific, useful, and realistic recommendations for intervention that are responsive to referral concerns and are grounded in assessment findings.
E. Communication of Assessment Findings	Prepares comprehensive evaluation reports that document history, assessment methods, results, interpretations, formulations and recommendations accurately and communicate them effectively; provides concise oral or written summaries to clients, families, referral sources, other providers, and other interested third parties.

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 7: Intervention. Selecting, planning, implementing, and evaluating interventions to improve psychosocial functioning of individuals, groups, and/or organizations.

Specific Competency	Expected Performance Level
A. Knowledge of Interventions	Demonstrates knowledge of theoretical, empirical, and experiential bases for intervention strategies and techniques.
B. Intervention Planning	Selects appropriate interventions in light of identified problems, case formulation, client characteristics and preferences, and contextual factors; incorporates evidence-based practices into intervention plan; formulates appropriate intervention goals and objectives in collaboration with clients; modifies intervention plan as needed based on client progress.
C. Nonspecific Therapeutic Skills	Establishes rapport with clients, demonstrates empathic listening skills, conveys genuineness, frames problems appropriately, communicates framework for intervention and expectations regarding processes and outcomes effectively.
D. Implementation of Interventions	Demonstrates facility with a range of intervention modalities (e.g., individual psychotherapy, family therapy, group therapy, crisis intervention) and techniques (e.g., cognitive, behavioral, interpersonal, psychodynamic).
E. Evaluation of Processes and Outcomes	Systematically monitors client progress toward and achievement of intervention goals and objectives by means of quantitative and qualitative methods.
F. Documentation of Interventions	Documents interventions and client response to interventions accurately, clearly, and concisely.

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 8: Supervision. Receiving supervision of professional activities and applying supervision knowledge in direct or simulated practice with psychology trainees or other health professionals (e.g., role-played supervision with others and peer supervision with other trainees).

Specific Competency	Expected Performance Level
A. Supervisory Roles and Responsibilities	Demonstrates knowledge of roles and responsibilities of supervisors and supervisees, including ethical, legal, organizational, and contextual issues.
B. Supervision Processes and Procedures	Demonstrates knowledge of models and techniques of supervision, identifies supervision goals and objectives, participates in development of supervision contract.
C. Reception to Provided Supervision	Demonstrates capacity for accurate self-assessment, receptiveness to feedback from supervisors, and ability to incorporate feedback into self-assessment; demonstrates appropriate self-criticism and self-assertion; exhibits motivation for personal and professional growth; demonstrates good judgment in seeking out supervision, consultation, and support as needed.
D. Provision of Supervision	Demonstrates ability to provide constructive feedback to fellow interns or other health professionals through either direct or simulated practice (e.g., role-played supervision, peer supervision).

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 9: Consultation and Interdisciplinary Systems. Working effectively, collaboratively, and systematically toward shared goals with professionals from other disciplines.

Specific Competency	Expected Performance Level
A. Role of Consultant	Demonstrates understanding of consultant role as distinct from other professional roles, demonstrates ability to shift and maintain roles as appropriate.
B. Multidisciplinary Knowledge	Demonstrates knowledge of and respect for similarities and differences in training, roles, values, and standards among professional disciplines.
C. Multidisciplinary and Interdisciplinary Functioning	Works collaboratively and effectively with professionals from other disciplines to incorporate psychological information into intervention planning and implementation, provides meaningful contributions to interdisciplinary team activities, integrates perspectives from multiple disciplines in own professional practice.

NA	Well Below		Somewhat Below		Average		Somewhat Above		Well Above	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

University of Arkansas for Medical Sciences
Clinical Psychology Doctoral Internship Program

Intern Performance Evaluation

Rotation:

Intern: **Supervisor:**

Dates of Evaluation: **Initial:** **Midpoint:** **Final:**

Methods Used to Assess Competencies

☐ Self-assessment
☐ Direct observation
☐ Review of recorded performance
☐ Case presentation
☐ Review of clinical record
☐ Review of other work products
☐ Discussion of clinical interaction
☐ Feedback from other clinical staff
☐ Feedback from administrative/support staff
☐ Feedback from clients and/or their families
☐ Other:
☐ Other:

CORE (PROFESSION-WIDE) COMPETENCIES

Competency Domain 1: Research and Evaluation. Conducting research that contributes to the professional knowledge base and/or evaluation that assesses the effectiveness of professional activities.

Specific Competency	Expected Performance Level
A. Scientific Approach to Knowledge Generation	Demonstrates knowledge of and facility with research methods, engages in systematic efforts to contribute to the professional knowledge base through research-related activities.
B. Scientific Approach to Practice	Demonstrates understanding of evaluation as distinct from research, engages in systematic efforts to assess the effectiveness of clinical, teaching, or other professional activities.

Competency Levels			Description of Level
NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Has significant difficulty locating, reviewing, interpreting, and/or applying scientific literature; writes literature review

			that, when done, are critically incomplete and/or mismatched to the research or practice question at hand; exhibits an understanding of research methods and statistical analyses that interferes with ability to interpret research critically and in light of relevant strengths and limitations; fails to complete and/or resists regular evaluation of clinical practice outcomes. If completing the research rotation, interns are unable to incrementally and independently contribute to research dissemination via work on publications or presentations.
3-5	=	**Skills Emerging**	Is generally able to locate, review, critically interpret, and apply scientific literature; writes literature reviews that, when done, are relevant to the research or practice question at hand, though the scope of such reviews may be somewhat limited but not critically so; displays an understanding of research methods and statistics that is of sufficient depth for considering relevant strengths and limitations and what conclusions can/cannot be drawn.; regularly and spontaneously seeks to evaluate one's own clinical practice outcomes. If completing the research rotation, interns are able to incrementally contribute to research execution and/or dissemination via work on publications or presentations.
6-8	=	**Skills Solidified**	Is able to locate, review, critically interpret, and apply scientific literature; writes literature reviews that, when done, are relevant, nuanced, and thorough with regard to the scope and content of the research or practice question at hand; demonstrates solid understanding of common research methods and statistics, including relevant strengths and limitations; when faced with advanced methodology or statistics, is able to effectively seek understanding from outside sources and/or targeted consultation; regularly and spontaneously evaluates one's own clinical practice outcomes using established tools or methods. If completing the research rotation, interns are able to make largely independent contributions to research execution and/or dissemination via work on publications or presentations. Contributions may include products as first author or co-author, but are generally based on areas of inquiry driven by the research mentor.
9-10	=	**Skills Superior/Expert**	Meets all of the criteria in the "Skills Solid" category. Takes on advanced roles in research and/or practice evaluations including but not limited to serving in a leadership role on a research or program evaluation project with a large degree of independence.

			If completing the research rotation, interns rated at this level may be submitting one or more first author publications or presentations reflecting the outcomes of their own novel scientific inquiries. Faculty feedback on products for interns at this level is likely to be largely stylistic.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 2: Standards and Policies. Understanding, applying, and adhering to ethical, legal, professional, and organizational standards, guidelines, regulations, and policies regarding professional activities.

Specific Competency	Expected Performance Level
A. Knowledge of Standards and Policies	Identifies relevant ethical, legal, professional, and organizational compliance issues and conflicts in both general and specific contexts; analyzes and discusses issues and conflicts with reference to relevant standards, guidelines, regulations, and policies (e.g., APA Ethical Principles and Code of Conduct, HIPAA, mandated reporting, JCAHO standards).
B. Ethical Decision Making	Articulates personal and professional ethical principles, morals, and values influencing own and others' professional behavior; recognizes limits of own knowledge and understanding of standards, guidelines, regulations, and policies; develops strategies to seek consultation as warranted.
C. Compliance with Standards and Policies	Addresses ethical, legal, and compliance issues and conflicts in all professional activities (e.g., clinical practice, consultation, research and evaluation, supervision, teaching, management and administration) proactively and appropriately; seeks consultation as warranted.

Competency Levels			Description of Level
NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Consistently lacks awareness of ethical dilemmas that develop or may occur in clinical care of own patients or patients of colleagues; demonstrates little knowledge of or appreciation for basic ethical principles and laws and regulations applicable to clinical practice (e.g., child and adult maltreatment reporting, informed consent, confidentiality, dual relationships); fails to immediately consult with a supervisor when ethical and legal issues occur (e.g., suspected child or elder maltreatment; patient safety issues); is unfamiliar with relevant polices and standards impacting clinical care and the organization in which clinical practice occurs; does not seek out information on relevant policies and standards necessary to inform compliant practice.
3-5	=	**Skills Emerging**	Identifies ethical dilemmas effectively in clinical cases; recognizes and discusses limits of own ethical and legal knowledge; demonstrates adherence to ethical and legal standards in professional activities; actively consults a supervisor when ethical and legal issues develop in patient care; demonstrates awareness of relevant polices and standards that impact clinical practice and the organization in which clinical

			practice occurs (e.g., is able to identify a policy issue and seek out that policy to inform decision making).
6-8	=	**Skills Solidified**	Identifies ethical and legal issues and applies relevant knowledge, literature, legal precedents, and experiences to inform decision making in consultation with supervisor; displays a working knowledge of standards and organizational polices impacting clinical care (e.g., is able to identify critical elements of organizational policy on procedures for dealing with risky behaviors); identifies potential conflicts between personal values and beliefs with APA Ethics Code and legal issues in practice.
9-10	=	**Skills Superior/Expert**	Acts in an ethical and legal manner despite conflicts between personal and professional/legal values and laws; takes responsibility for continuing professional development pertaining to ethical, legal, professional, and organizational standards and policies; exhibits capacity to effectively work through complex ethical dilemmas, integrating knowledge of ethical standards, legal statutes, national standards, and organizational policies; assists colleagues and supervisees in examining a complex ethical dilemma; utilizes appropriate steps when colleagues behave in an unethical or illegal manner.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent	Skills Emerging	Skills Solidified	Skills Superior/Expert

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 3: Individual and Cultural Diversity. Working effectively with diverse individuals, groups, organizations, and communities representing various cultural backgrounds, including but not limited to those based on age, sex, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

Specific Competency	Expected Performance Level
A. Cultural Identity – Self	Articulates awareness and knowledge of one's own cultural identities; acknowledges and monitors role of culture and context in shaping one's own cognitions, emotions, and behavior; demonstrates awareness of biases that may negatively impact interpersonal relationships and actively works to eliminate them
B. Cultural Identity – Other	Acknowledges and monitors role of culture and context in shaping others' cognitions, emotions, and behavior; seeks to understand others' cultural identities in a culturally sensitive manner
C. Cultural Diversity in Interpersonal Interactions	Acknowledges and monitors role of culture and context in shaping interactions between self and others; engages in behaviors with others that respects their beliefs, customs, and values
D. Cultural Humility	Engages in an on-going process of self-exploration and self-critique with a willingness to learn from others; acknowledges and works to eliminate the power imbalances that exist in relationships and society

Competency Levels	Description of Level

NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Has difficulty articulating dimensions of diversity and lacks understanding of their importance in clinical practice; consistently has difficulty working effectively with diverse populations in professional activities; engages in disrespectful interactions with individuals from diverse backgrounds; uses pejorative, disparaging, or derogatory language when talking to or about diverse individuals.
3-5	=	**Skills Emerging**	Uses knowledge of self to monitor effectiveness as a professional; initiates supervision about diversity issues; demonstrates understanding that others may have multiple cultural identities; understands the role that diversity may play in interactions with others; demonstrates knowledge of professional guidelines for practice with diverse individuals, groups, and communities; works effectively with diverse populations in professional activities.
6-8	=	**Skills Solidified**	Uses knowledge of self and others to monitor and improve effectiveness as a professional; seeks consultation and supervision when uncertain about diversity issues in self, others, and interactions with others; adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others; articulates alternative and culturally appropriate skills, techniques, and behaviors.
9-10	=	**Skills Superior/Expert**	Uses alternative and culturally appropriate repertoire of skills and techniques and behaviors; uses the most recent culturally relevant best practices; maintains understanding of advances in the field relating to culturally diversity; consistently exhibits an attitude of cultural humility.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Strengths:
Areas of Improvement:

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 4: Professionalism. Behaving in a manner consistent with professional values, ethics, and norms.

Specific Competency	Expected Performance Level
A. Integrity and Responsibility	Demonstrates honesty, takes responsibility for own behavior, articulates and adheres to professional values, acts to resolve situations that challenge professional values and integrity.
B. Professional Behavior	Demonstrates appropriate personal hygiene and attire; exhibits appropriate language, demeanor, and physical conduct; demonstrates awareness of impact of own behavior on clients, colleagues, the public, and the profession.
C. Accountability	Is available and accessible when "on duty," exhibits organizational and time management skills, manages workload effectively, completes tasks promptly and accurately, accepts responsibility for meeting deadlines, acknowledges and corrects errors, maintains level of clinical productivity commensurate with training status*, monitors own performance and implements strategies to address deficiencies. *at least 25% direct service time

D. Concern for Welfare of Others	Demonstrates compassion and initiative to help others; exhibits sensitivity to and respect for the needs, beliefs, and values of others; acts to benefit the welfare of others.
E. Professional Identity	Demonstrates knowledge of critical issues in the field; exhibits motivation for professional development (e.g., maintains membership in professional organizations, attends professional conferences, consults literature relevant to professional activities).

Competency Levels			Description of Level
NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Is dishonest or misleading in challenging interactions with others; has difficulty taking responsibility for own actions; repeatedly demonstrates inappropriate personal hygiene or attire for a professional setting; consistently mismanages workload by severely over-booking or under-booking time; does not reply to emails timely; has difficulty completing case documentation within 24 hours or consistently submits poorly proofed documentation; exhibits a lack of compassion and respect for clients and/or colleagues; exhibits little or no motivation for professional development and/or investment in issues critical to the field of psychology.
3-5	=	**Skills Emerging**	Exhibits honesty and ownership, if appropriate, in challenging interactions with others; is able to identify and engage in reflective conversations about situations that challenge one's own professional values; takes responsibility for own actions; uses effective communication that is matched to clinical and professional context; is generally able to manage workload effectively, not routinely over-booking or under-booking time; replies to emails consistently and within stated expectations; generally completes well-proofed case documentation within time frame stipulated by rotation supervisor; demonstrates compassion and respect for patients and/or colleagues.
6-8	=	**Skills Solid**	Exhibits honesty and ownership, if appropriate, in challenging interactions with others; consults and proposes action to correct situations that are in conflict with professional values; takes responsibility for own actions; uses effective communication that is matched to clinical and professional context; is consistently able to manage workload effectively, not routinely over-booking or under-booking time; replies to emails consistently and within stated expectations; consistently completes well-proofed case documentation within time frame stipulated by rotation supervisor; demonstrates compassion and respect for all patients and colleagues.

9-10	=	**Skills Superior/Expert**	Meets all of the criteria in the "Skills Solid" category; demonstrates compassion for all patients and colleagues, including those who express negative affect towards trainees (e.g., hostility) and/or seek care for dangerous or unlawful behavior (e.g., child maltreatment, violence); takes on advanced professional roles (e.g., active mentor of other trainees such as practicum students, interns, and/or residents; active involvement in professional committee).

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										

Areas of Improvement:

Competency Domain 5: Relationships. Interacting effectively, collaboratively, and productively with individuals, groups, organizations, and communities.

Specific Competency	Expected Performance Level
A. Interpersonal Relationships	Establishes good rapport with clients, families, peers, colleagues, supervisors, subordinates, and others; maintains effective working alliances; demonstrates respect for varying perspectives; demonstrates active, collaborative problem solving and conflict resolution skills; accepts and provides constructive feedback.
B. Affective Skills	Demonstrates awareness of own emotions and manages them appropriately; demonstrates adaptive tolerance for ambiguity and uncertainty, strong affect, and interpersonal conflict; makes appropriate disclosures about problematic personal circumstances and interpersonal interactions; acknowledges and accepts responsibility for own role in difficult situations and interactions.
C. Expressive Skills	Communicates clearly and effectively by verbal and nonverbal means in oral and written modalities; demonstrates facility with professional language; demonstrates flexibility in communication style.

Competency Levels			Description of Level
NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Has difficulty working cooperatively and collaboratively with others; exhibits a lack of empathy during interpersonal interactions; consistently exhibits defensive responding to corrective feedback; displays affect that consistently interferes with professional functioning (e.g., due to limited ability to recognize and manage own emotions, tolerate uncertainty, or appropriately disclose personal circumstances and interactions); exhibits rigid and inflexible behavior in situations that are unpredictable or unplanned; communicates ineffectively in writing and with verbal interactions (e.g., unclear, overly aggressive or overly passive, etc.).
3-5	=	**Skills Emerging**	Works cooperatively and collaboratively with patients, colleagues, and supervisors; exhibits empathy during interpersonal interactions; is generally non-defensive when responding to corrective feedback; exhibits active problem solving strategies; acknowledges and accepts responsibility for own role in difficult situations and interactions; displays affect generally that does not interfere with professional functioning;

			adequately communicates in writing and with verbal interactions (e.g., generally clear, not overly aggressive or overly passive, etc.).
6-8	=	**Skills Solid**	Works cooperatively and collaboratively with patients, colleagues, and supervisors who may have different perspectives; exhibits empathy during interpersonal interactions; tolerates the patient's feelings, attitudes, and wishes, particularly as they are expressed toward the therapist, so as to maintain and/or promote therapeutic dialogue; is consistently non-defensive when responding to corrective feedback; displays affect that does not interfere with professional functioning; effectively communicates in writing and with verbal interactions on a consistent basis
9-10	=	**Skills Superior/Expert**	Meets all of the criteria in the "Skills Solid" category. Demonstrates the ability easily establish rapport/positive interpersonal relationships; effectively negotiates conflictual, difficult, and complex relationships; works flexibly with patients' intense affect which could destabilize the therapeutic relationship; communications are consistently informative, articulate, succinct, sophisticated, and well-integrated.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 6: Assessment. Conducting psychological assessment, diagnosis, case conceptualization, and communicating findings and recommendations.

Specific Competency	Expected Performance Level
F. Evaluation and Selection of Assessment Methods	Selects appropriate assessment methods in light of referral questions, presenting concerns, client characteristics, and issues of reliability, validity, and test construction.
G. Implementation of Assessment Methods	Administers, scores, and interprets assessment tools consistently, accurately, and efficiently; demonstrates facility with measures of cognitive, emotional, behavioral, social, and personality functioning; adapts assessment approach based on client response.
H. Formulation of Diagnoses and Case Conceptualizations	Demonstrates knowledge of the range of normal and abnormal behavior; synthesizes data from varying assessment methods; identifies problem areas, develops hypotheses about etiology and/or functional role of clinical symptoms, and applies concepts of differential diagnosis; develops biopsychosocial formulations grounded in theoretical, scientific, and experiential knowledge as well as clinical information; demonstrates working knowledge of DSM and ICD diagnostic systems.
I. Formulation of Recommendations for Intervention	Articulates specific, useful, and realistic recommendations for intervention that are responsive to referral concerns and are grounded in assessment findings.
J. Communication of Assessment Findings	Prepares comprehensive evaluation reports that document history, assessment methods, results, interpretations, formulations and recommendations accurately and communicate them effectively; provides concise oral or written summaries to clients, families, referral sources, other providers, and other interested third parties.

Competency Levels			Description of Level
NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Consistently demonstrates an inability to select appropriate assessment methods or measures to address referral; errors in administration, scoring, and/or interpreting assessment tools occur despite corrective feedback from supervisor; conceptualization often does not incorporate all relevant data; demonstrates only a basic level of knowledge of the DSM diagnostic system or an inadequate understanding of the basic neurodiagnostic categories (for interns on the neuropsychology track); consistently fails to suggest pertinent recommendations or makes recommendations not supported by the assessment data; writes evaluation reports that lack sufficient depth or content or have an excessive number of typos; communicates evaluation results verbally that lacks appropriate depth, is overly technical, and/or contains interpretation errors.
3-5	=	**Skills Emerging**	Selects appropriate assessments methods and measures for the referral with some guidance from supervisor; administers, scores, and interprets assessment tools accurately and efficiently with few errors; synthesizes data from varying assessment methods; formulates diagnostic impressions based on assessment data and consistent with DSM and ICD diagnostic systems; suggests recommendations grounded in assessment findings that are specific, useful, and realistic; writes comprehensive evaluation reports that contain all relevant data obtained during the evaluation and contain few typos; effectively communicates evaluation results verbally to all necessary parties.
6-8	=	**Skills Solidified**	Accurately selects appropriate assessment methods and measures to address the referral with no corrective guidance from supervisor needed; administers, scores, and interprets assessment tools efficiently with no errors; develops a sophisticated conceptualization incorporating patient data; formulates accurate diagnostic impressions based on assessment data and consistent with DSM and ICD diagnostic systems with clinically complex cases; writes comprehensive evaluation reports that contain all relevant data obtained during the evaluation with few, if any, typos and require minor edits; provides meaningful, understandable (i.e., free of jargon and overly technical language), and useful oral feedback that is responsive to patient need and with minimal need of additional input from the supervisor.
9-10	=	**Skills Superior/Expert**	Accurately selects appropriate assessment methods and measures to address complex referral questions with no

			corrective guidance from supervisor needed; administers, scores, and interprets assessment tools with complicated and challenging cases efficiently and without errors; develops a sophisticated conceptualization incorporating patient data, contextual factors, and theory; writes comprehensive evaluation reports that contain all relevant data obtained during the evaluation without typos and requiring at most minimal minor edits from the supervisor; communicates evaluation results verbally in a highly effective manner to all necessary parties that is meaningful, understandable (i.e., free of jargon and overly technical language), useful, and responsive to patient need with no need for supervisor input; provides sophisticated, yet patient-friendly responses to patient's questions and inquiries during oral feedback.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 7: Intervention. Selecting, planning, implementing, and evaluating interventions to improve psychosocial functioning of individuals, groups, and/or organizations.

Specific Competency	Expected Performance Level
A. Knowledge of Interventions	Demonstrates knowledge of theoretical, empirical, and experiential bases for intervention strategies and techniques.
B. Intervention Planning	Selects appropriate interventions in light of identified problems, case formulation, client characteristics and preferences, and contextual factors; incorporates evidence-based practices into intervention plan; formulates appropriate intervention goals and objectives in collaboration with clients; modifies intervention plan as needed based on client progress.
C. Nonspecific Therapeutic Skills	Establishes rapport with clients, demonstrates empathic listening skills, conveys genuineness, frames problems appropriately, communicates framework for intervention and expectations regarding processes and outcomes effectively.
D. Implementation of Interventions	Demonstrates facility with a range of intervention modalities (e.g., individual psychotherapy, family therapy, group therapy, crisis intervention) and techniques (e.g., cognitive, behavioral, interpersonal, psychodynamic).
E. Evaluation of Processes and Outcomes	Systematically monitors client progress toward and achievement of intervention goals and objectives by means of quantitative and qualitative methods.
F. Documentation of Interventions	Documents interventions and client response to interventions accurately, clearly, and concisely.

Competency Levels			Description of Level
NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Articulates only a basic understanding of evidence-based treatment practices; has difficulty identifying and/or selecting appropriate interventions for the patient based on presenting problems, patient characteristics, and contextual factors despite corrective feedback; fails to collaborate with patients when identifying the problem(s) to be addressed and developing

			treatment goals and objectives; exercises poor judgment about and management of unexpected patient issues (e.g., suicidal ideation, cultural differences, maltreatment); exhibits interpersonal skills that negatively impact rapport and relationships with patients/families without recognition/acknowledgement of or attempts to correct them despite corrective feedback; requires significant supervisor guidance and feedback regarding the development of basic therapeutic techniques; has significant difficulty implementing evidence-based treatment models with fidelity; makes no to minimal efforts to monitor patient outcomes using quantitative methods; composes documentation of intervention and patient responses to intervention that frequently require ongoing corrective feedback from supervisor and/or is consistently more than 24 hours past time of service.
3-5	=	**Skills Emerging**	Is able to articulate an understanding of evidence-based treatment practices, as well as discuss their implementation in both general and case specific ways; identifies and selects appropriate interventions for the presenting problems, patient characteristics, and contextual factors with some supervisor support; identifies the problem(s) to be addressed and formulates appropriate treatment goals and objectives in collaboration with patients; displays good judgement about and management of unexpected patient issues (e.g., suicidal ideation, cultural differences, maltreatment) with scaffolding from supervisor; incorporates evidence-based practices into treatment and implements them with fidelity with minimal supervisor support; develops rapport and relationships with patients; systematically monitors patient treatment progress through quantitative and qualitative methods; documents interventions and patient response to interventions accurately, clearly, and concisely with minor corrective feedback from supervisors; consistently completes documentation within 24 hours past the time of service.
6-8	=	**Skills Solidified**	Selects appropriate intervention(s) for complex presenting problems, specialized patient characteristics, and diverse contextual factors and articulates differential decision making process with minimal supervisor support; consistently engages client/family in treatment planning process as a tool for engagement and intervention; utilizes specialized evidence-based treatment models with fidelity; efficiently and effectively develops rapport and maintains strong relationships with a wide range of patients; utilizes patient treatment progress data to make treatment-informed decisions; communicates treatment progress data to patient/family effectively and engages them in collaborative treatment planning decisions; displays good

			judgement about and management of unexpected patient issues (e.g., suicidal ideation, cultural differences, maltreatment) with little scaffolding needed from supervisor; documents interventions and patient response to interventions accurately, clearly, and concisely with little to no corrective feedback from supervisors; consistently completes documentation within 24 hours past time of service.
9-10	=	**Skills Superior/Expert**	Independently selects and articulates differential decision making process for appropriate interventions for complex presenting problems, specialized patient characteristics, and diverse contextual factors; utilizes specialized evidence-based treatment models with fidelity for a range of challenging and/or unique presenting concerns or situations; demonstrates flexibility and creativity in the implementation of intervention while maintaining fidelity to the treatment model with minimal input needed from supervisor; clearly articulates if, when, and why a deviation from model fidelity may be warranted and theoretical justification for doing so; independently initiates collaboration with patient/family as a part of routine practice to identify problem(s) to be addressed, development of treatment plans, completion and discussion of patient treatment progress data to inform treatment decisions, and management of unexpected patient issues; critically evaluates own performance in the treatment role and independently makes appropriate changes accordingly; needs minimal to no corrective feedback regarding documentation and/or managing deadlines.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 8: Supervision. Receiving supervision of professional activities and applying supervision knowledge in direct or simulated practice with psychology trainees or other health professionals (e.g., role-played supervision with others and peer supervision with other trainees).

Specific Competency	Expected Performance Level
A. Supervisory Roles and Responsibilities	Demonstrates knowledge of roles and responsibilities of supervisors and supervisees, including ethical, legal, organizational, and contextual issues.
B. Supervision Processes and Procedures	Demonstrates knowledge of models and techniques of supervision, identifies supervision goals and objectives, participates in development of supervision contract.
C. Reception to Provided Supervision	Demonstrates capacity for accurate self-assessment, receptiveness to feedback from supervisors, and ability to incorporate feedback into self-assessment; demonstrates appropriate self-criticism and self-assertion; exhibits motivation for personal and professional growth; demonstrates good judgment in seeking out supervision, consultation, and support as needed.
D. Provision of Supervision	Demonstrates ability to provide constructive feedback to fellow interns or other health professionals through either direct or simulated practice (e.g., role-played supervision, peer supervision).

Competency Levels			Description of Level
NA	**=**	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	**=**	**Skills Limited/Absent**	Fails to respect the roles and responsibilities of supervisor and supervisee; is unaware of and/or unable to communicate to supervisor areas for strength or growth; consistently exhibits defensive responding to corrective feedback; fails to incorporate feedback and guidance from supervisor into practice on a regular basis; often is disengaged in group supervision; rarely offers constructive feedback to fellow interns; makes minimal contributions to supervision; fails to attend scheduled supervision sessions without notifying supervisor on multiple occasions or consistently arrives late for supervision; does not seek out supervision other than during scheduled times; demonstrates little or no effort to prepare for supervision; is unable to recall important aspects of cases; does not read/complete assignments from previous supervision meetings.
3-5	**=**	**Skills Emerging**	Demonstrates an understanding of roles and responsibilities of supervisor and supervisee; accurately assesses areas of strength and growth and verbalizes to supervisor; is receptive to feedback and attempts to incorporate feedback into practice; makes effort to prepare for supervision in advance; arrives on time for and actively participates in supervision; seeks out supervision often; is able to interact appropriately with colleagues related to case consultation.
6-8	**=**	**Skills Solidified**	Actively capitalizes on strengths and effectively makes changes in practice to address areas for growth; engages in a reflective approach of the patient, self, and therapeutic process; actively solicits and incorporates feedback from supervisor; works collaboratively with supervisor to enhance patient outcomes; enhances quality of group supervision through constructive comments to fellow interns; appropriately seeks out ways to consult and support other clinicians in training.
9-10	**=**	**Skills Superior/Expert**	Has engaged in critical thinking on cases prior to supervision and collaborates actively with supervisor; identifies very specific challenges and presents them in supervision with clear questions and requests; demonstrates the ability to present alternative views in supervision while maintaining respect for roles in a supervisory relationship; often takes on leadership role in group supervision and other settings where case consultation occurs; demonstrates knowledge of scholarly literature on supervision and utilizes it when in a supervisory role; when in a supervisory role, elicits evaluation from supervisee about

			supervisory relationship and uses feedback to improve quality of supervision.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

Competency Domain 9: Consultation and Interdisciplinary Systems. Working effectively, collaboratively, and systematically toward shared goals with professionals from other disciplines.

Specific Competency	Expected Performance Level
A. Role of Consultant	Demonstrates understanding of consultant role as distinct from other professional roles, demonstrates ability to shift and maintain roles as appropriate.
B. Multidisciplinary Knowledge	Demonstrates knowledge of and respect for similarities and differences in training, roles, values, and standards among professional disciplines.
C. Multidisciplinary and Interdisciplinary Functioning	Works collaboratively and effectively with professionals from other disciplines to incorporate psychological information into intervention planning and implementation, provides meaningful contributions to interdisciplinary team activities, integrates perspectives from multiple disciplines in own professional practice.

Competency Levels			Description of Level
NA	=	**Not Applicable**	Domain does not apply or was not assessed. A rating of NA may involve a lack of opportunity or lack of sufficient data to rate performance.
1-2	=	**Skills Limited/Absent**	Tends to verbally communicate with jargon or in a pedantic manner; has difficulty cooperating with others on joint tasks; lacks appreciation for the value of and contributions from related professions; engages in disrespectful interactions with other members of a multidisciplinary team.
3-5	=	**Skills Emerging**	Articulates the roles of other professionals in patient care (e.g., psychiatrist, speech and language pathologist, registered nurse); demonstrates respect for and value of contributions from related professions; exhibits basic familiarity with diagnoses given by different disciplines; recognizes indicators when a referral to another discipline is warranted; supports and utilizes the perspective of other team members; exhibits adequate skills in working with other professionals to incorporate psychological information into overall team planning and implementation in interdisciplinary clinical settings.
6-8	=	**Skills Solidified**	Reports observations of commonalities and differences among professional roles, values, and standards; articulates basic knowledge of assessments and interventions of other disciplines; demonstrates knowledge of how to make a referral to different discipline; is highly skilled in working with other professionals to incorporate psychological information into overall team planning and implementation in interdisciplinary clinical settings; initiates interdisciplinary collaboration with other health care professionals directed toward shared goals.

9-10	**=**	**Skills Superior/Expert**	Maintains own position when appropriate while acknowledging the value of others' positions and initiates mutually accepting resolutions; independently resolves disagreements about diagnosis or treatment goals; exhibits an advanced knowledge of the assessments, diagnostic criteria, and interventions of other disciplines; verbal, nonverbal, and written communications to other members of an interdisciplinary team are informative, articulate, succinct, sophisticated, and well-integrated.

September Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

December Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

March Evaluation

NA	Skills Limited/Absent		Skills Emerging			Skills Solidified			Skills Superior/Expert	
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

June Evaluation

NA	Skills Limited/Absent	Skills Emerging	Skills Solidified	Skills Superior/Expert

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Strengths:										
Areas of Improvement:										

MINIMUM LEVELS OF ACHIEVEMENT (MLA) FOR REQUIRED CORE PROFESSION-WIDE COMPETENCIES

Interns will have met expectations for MLA for required profession-wide competencies and successful program completion when they have achieved the following during the June evaluation period:

- Average ratings of 6 or higher for each competency domain across supervisors and clinical training activities
- No specific competency elements rated by any supervisor less than 3

Interns will be considered at risk for a formal remediation plan for any of the following:

- September: A specific competency element rated by any supervisor less than 3 OR an average rating of 3 or less on a specific competency element across supervisors
- December: Average rating of 4 or less on a specific competency element across supervisors
- March: Average rating of less than 6 on a specific competency element across supervisors

Interns will require a formal remediation plan for any of the following:

- December: A specific competency element rated by any supervisor less than 3 OR an average rating of less than 3 on a specific competency element across supervisors
- March: A specific competency element rated by any supervisor less than 3 OR an average rating of less than 3 on a specific competency element across supervisors

University of Arkansas for Medical Sciences
Clinical Psychology Doctoral Internship Program

Internship Program Year-End Evaluation

Intern: **Date:**

Please rate the internship program with respect to the quality of training, experiences, and resources offered for the
core (profession-wide) competencies.

For each domain, please provide specific comments regarding the program's strengths and areas of needed growth or remediation, particularly if you gave a rating of 1-2.

Competency Domain 1: Research and Evaluation. Conducting research that contributes to the professional knowledge base and/or evaluation that assesses the effectiveness of professional activities.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 2: Standards and Policies. Understanding, applying, and adhering to ethical, legal, professional, and organizational standards, guidelines, regulations, and policies regarding professional activities.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 3: Individual and Cultural Diversity. Working effectively with diverse individuals, groups, organizations, and communities representing various cultural backgrounds, including but not limited to those based on age, sex, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 4: Professionalism. Behaving in a manner consistent with professional values, ethics, and norms.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 5: Relationships. Interacting effectively, collaboratively, and productively with individuals, groups, organizations, and communities.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 6: Assessment. Conducting psychological assessment, diagnosis, case conceptualization, and communicating findings and recommendations.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 7: Intervention. Selecting, planning, implementing, and evaluating interventions to improve psychosocial functioning of individuals, groups, and/or organizations.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 8: Supervision. Receiving supervision of professional activities and applying supervision knowledge in direct or simulated practice with psychology trainees or other health professionals (e.g., role-played supervision with others and peer supervision with other trainees).

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
☐	☐	☐	☐	☐
Comments:				

Competency Domain 9: Consultation and Interdisciplinary Systems. Working effectively, collaboratively, and systematically toward shared goals with professionals from other disciplines.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

☐	☐	☐	☐	☐
Comments:				

General Training Objective Rating Scale

Please rate the internship program with respect to the general quality of training, experiences, and resources.

1 = Poor.

2 = Fair.

3 = Good.

4 = Very Good.

5 = Exceptional.

For each domain, please provide specific comments regarding the program's strengths and areas of needed growth or remediation, particularly if you gave a rating of 1 or 2.

Domain	Rating	Comments
1. Breadth of training experiences.		
2. Depth of training experiences.		
3. Amount of client contact.		
4. Variety of patients.		
5. Availability and accessibility of supervisors.		
6. Amount of time spent in supervision.		
7. Quality of supervision received.		
8. Usefulness of supervision.		
9. Supervision geared to needs of trainees.		
10. Amount of time spent in didactic presentations.		

Domain	Rating	Comments
11. Variety of didactic presentations.		
12. Quality of didactic presentations.		
13. Usefulness of didactic presentations.		
14. Didactic presentations relevant to needs of trainees.		
15. Opportunity to pursue own research projects.		
16. Opportunity to collaborate in ongoing research projects.		
17. Availability of technical assistance for research.		
18. Availability of needed materials and supplies.		
19. Collaborative work with psychiatry.		
20. Collaborative work with psychology.		
21. Collaborative work with social work.		
22. Collaborative work with other mental health-related disciplines.		
23. Providing a nurturing, supportive training environment.		
24. Encouraging professional growth.		
25. Providing positive professional role models.		

Domain	Rating	Comments
26. Providing individualized training.		
27. Respecting individual and cultural diversity.		
28. Providing a collaborative training environment.		
29. Setting fair and realistic workload expectations.		
30. Preparing interns to function as independent practitioners.		
31. Preparing interns to serve diverse populations.		
32. Preparing interns to practice in diverse settings.		
33. Preparing interns to work as members of multidisciplinary teams.		
34. Preparing interns to function effectively within the current health care environment (e.g., managed care restrictions on reimbursement, demand for evidence-based treatments).		

Other comments on the strengths of the internship program:
Other comments on the weaknesses of the internship program and suggestions for improvement:
Any other comments that you think might be relevant or helpful:

University of Arkansas for Medical Sciences
Clinical Psychology Doctoral Internship Program

Supervisor Evaluation

Intern: **Date:**
Supervisor:

Please rate the supervisor with respect to the quality of supervision you received in each of the core (profession-wide) competencies.

For each domain, please provide specific comments regarding the supervisor's strengths and areas of needed growth or remediation, particularly if you gave a rating of 1-2.

Competency Domain 1: Research and Evaluation. Conducting research that contributes to the professional knowledge base and/or evaluation that assesses the effectiveness of professional activities.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 2: Standards and Policies. Understanding, applying, and adhering to ethical, legal, professional, and organizational standards, guidelines, regulations, and policies regarding professional activities.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 3: Individual and Cultural Diversity. Working effectively with diverse individuals, groups, organizations, and communities representing various cultural backgrounds, including but not limited to those based on age, sex, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 4: Professionalism. Behaving in a manner consistent with professional values, ethics, and norms.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 5: Relationships. Interacting effectively, collaboratively, and productively with individuals, groups, organizations, and communities.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 6: Assessment. Conducting psychological assessment, diagnosis, case conceptualization, and communicating findings and recommendations.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 7: Intervention. Selecting, planning, implementing, and evaluating interventions to improve psychosocial functioning of individuals, groups, and/or organizations.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 8: Supervision. Receiving supervision of professional activities and applying supervision knowledge in direct or simulated practice with psychology trainees or other health professionals (e.g., role-played supervision with others and peer supervision with other trainees).

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5
☐	☐	☐	☐	☐	☐
Comments:					

Competency Domain 9: Consultation and Interdisciplinary Systems. Working effectively, collaboratively, and systematically toward shared goals with professionals from other disciplines.

NA	Poor	Fair	Good	Very Good	Excellent
0	1	2	3	4	5

☐	☐	☐	☐	☐	☐
Comments:					

General Supervision Objective Rating Scale

Please rate the supervisor with respect to the general quality of supervision.

1 = Poor.
2 = Fair.
3 = Good.
4 = Very Good.
5 = Exceptional.

For each domain, please provide specific comments regarding the supervisor's strengths and areas of needed growth or remediation, particularly if you gave a rating of 1 or 2.

Domain	Rating	Comments
1. Fund of relevant professional knowledge.		
2. Availability and accessibility for supervision.		
3. Accommodation of individual training needs and interests.		
4. Support for appropriate professional autonomy and responsibility.		
5. Encouragement of professional growth.		
6. Suitability as a professional role model.		

Any other comments that you think might be relevant or helpful:

POLICIES & PROCEDURES
INTERN and FELLOW RIGHTS
SUPPORT SERVICES AND RESOURCES

INSTITUTIONAL POLICIES

- Policies
- Leave
- Sexual Harassment
- UAMS Discrimination Policy
- Drug Testing
- Code of Professional Conduct
- AI Generative Tool Use

DUE PROCESS PROCEDURES

SUPPORT SERVICES AND RESOURCES

Benefits and Resources

Health Services and Hospitalization (See Summary of Employee Benefits)

Liability Insurance

Vacations and Holidays

Employee Assistance Program

DIVISION POLICY

POLICY AND PROCEDURE MANUAL - UAMS DEPT. OF PSYCHIATRY, DIVISION OF PEDIATRIC PSYCHIATRY.

SUBJECT: Compliance with department of Psychiatry policies and procedures

EFFECTIVE DATE: June 1998

REVISION/REVIEW HISTORY:

ATTACHMENT:

ROUTE POLICY TO:

1. Program Directors and Administrative Supervisors for distribution to staff

APPROVAL:

1. Child Study Center Director
2. Pediatric Psychiatry Chief

POLICY: The division of Pediatric Psychiatry and its programs and staff comply with all relevant policies and procedures of the Department of Psychiatry.

PROCEDURE:

1. All division staff will review department policies and procedures and document their having read and understood them. Documentation will be placed into the employee's personnel file.

2. It is a condition of employment that employees are to abide by the policies and procedures of the department, as well as division- and program-specific policies and procedures relevant to that employee.

3. As new policies and procedures are implemented, employees will receive copies to review and for their records.

POLICY AND PROCEDURE MANUAL:
RIGHTS, RESPONSIBILITIES AND ETHICS

SUBJECT: CLINICAL TRAINEES

EFFECTIVE DATE: February 1998 **ATTACHMENTS:**

ROUTE POLICY TO:

1. Chairman/Steering Committee
2. Department Administrator
3. Programs Directors and Administrative Supervisors for distribution to staff

APPROVAL:

1. Improving Organization Performance Committee

POLICY: All patients will be informed of clinical trainees involved in their treatment and will be given the right to refuse to participate in educational activities involving their treatment.

PROCEDURE:

1. Clinical internships and training programs will comply with UAMS Department of Psychiatry Policies and Procedures, University Policies, and Professional Ethical Standards.
2. Patients will be informed of when and how the clinical trainee will be involved in their treatment and this will be documented in the patient record. The patients will have the right to refuse to participate at any time during the treatment process.
3. Treatment provided by the clinical trainee will be supervised by an appropriate licensed professional designated by the Department.
4. All documentation completed by the clinical trainee will be reviewed and cosigned by the designated professional supervisor and included in the medical records of the patient.

VACATIONS, HOLIDAYS AND LEAVE

1. Psychology interns and fellows are granted 18 days total leave time during the training year for vacation, sick, or personal leave. A member of the House Staff can be placed on sick leave in excess of one consecutive week only by the approval of the Program Training Director.
2. Time spent attending professional meetings or taking sanctioned special examinations will not be counted as leave time, if approved.
3. Coverage of professional responsibilities must be arranged in advance by each psychology intern/fellow, and arrangements for leave and coverage must be communicated in advance to the intern/fellow's rotation supervisors and primary supervisor. Leave forms are to be given to the training director following approval by rotation supervisors.
4. As a state institution, the University of Arkansas for Medical Services grants 8 paid holidays per year. These are:

New Year's Day	January 1 – If falls on weekend, closest weekday
Memorial Day	Last Monday in May
Independence Day	July 4 – If falls on a weekend, closest weekday
Labor Day	1st Monday in September
Thanksgiving Day	4th Thursday in November
And usually Friday after if proclaimed by Governor	
Christmas Eve	Dec 24th – If falls on weekend, closest weekday
Christmas Day	Dec 25th – If falls on weekend, closest weekday

5. As a state institution, the University of Arkansas for Medical Services grants 3 "floating" holidays per year (i.e., you can take the day as a holiday or bank it to be used on a different date.) These are:

Martin Luther King's Birthday	3rd Monday in January
President's Day	3rd Monday in February
Veteran's Day	Nov 11th – If falls on weekend, closest weekday

ADMINISTRATIVE LEAVE FOR ATTENDANCE AT PROFESSIONAL MEETINGS

Three factors govern the circumstances under which a trip to attend a professional meeting will be approved or disapproved:

1. Whether adequate coverage is maintained for patient care responsibilities;
2. Whether the intern/fellow is presenting during the meeting or holds a leadership position in the organization hosting the meeting;
3. The training value of the meeting the intern/fellow proposes to attend.

Updated

6/13/2024

Intern and Fellow Leave Request Form

UAMS Clinical Psychology Training Programs

******This form should be submitted at least 4 weeks prior to requested leave******

NAME: _____

(PLEASE PRINT)

Rotations affected by requested leave: _____UAMS _____ACH

Leave Request:

I am requesting _____dates of leave: vacation/sick/interviews/dissertation/conference.

I will be absent from _____ until_____ all days inclusive.

Total hours of leave requested_____ (e.g., 8 hours, 12, hours, etc.)

****

Education/Research Conference Travel:

Meeting: _____ Location: _____

Meeting Dates: _____ to _____

Please attach a copy of the meeting brochure for Conference Travel.

_____		_____	
Trainee	Date	Rotation Supervisor	Date
_____		_____	
Rotation Supervisor	Date	Rotation Supervisor	Date
_____		_____	
Rotation Supervisor	Date	Rotation Supervisor	Date
_____		_____	
Rotation Supervisor	Date	Training Director	Date

****

WORKFLOW

- Trainee submits request of leave form to rotation supervisors at least 4 weeks prior to requested leave.
- Training director authorizes leave after confirming that leave is a non-issue.
- Trainee is notified via email once leave is approved.

NOTE: Submitting this form is considered a **request** of leave. Leave is **not** approved until the training director has authorized the leave.

NUMBER: 3.1.05
DATE: 11/01/93
REVISION: 9-20-06

SECTION: **ADMINISTRATION**
AREA: **GENERAL ADMINISTRATION**
SUBJECT: **TITLE IX, SEXDISCRIMINATION, SEXUAL HARASSMENT, SEXUAL ASSAULT, SEXUAL MISCONDUCT, SEXUAL VIOLENCE, STALKING, GENDER-BASED HARASSMENT AND RETALIATION**

PURPOSE

To establish the policy and procedure for reporting, investigating, and responding to complaints of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment, and retaliation.

SCOPE

All UAMS employees, faculty members, staff members, students, non-employees (such as contractors, vendors, delivery persons, and volunteers) and guests and visitors of the UAMS campus.

DEFINITIONS

Complainant: Any party who makes a complaint/grievance against another student, employee, faculty member, staff member, non-employee, guest or campus visitor.

Respondent: The person(s) against whom a complaint has been made.

Definition of Status: A full-time employee will be considered as an employee, regardless of student status. A student who is a part-time employee will be considered a student unless the incident under consideration occurred in connection with employment.

Sexual Harassment: Sexual harassment generally includes any unwanted or unsolicited sexual gesture, physical contact, or statement which, when viewed from the perspective of a reasonable person similarly situated, is offensive, threatening, humiliating, or interferes with a person's ability to perform his or her job, educational pursuit, or participation in campus life. Sexual harassment may include: (1) submission to or rejection of the conduct is made either explicitly or implicitly a term or condition of employment or status in a UAMS-sponsored course, program, or activity; (2) submission to or rejection of the conduct is used as a basis for employment or academic decisions affecting that individual; or (3) such conduct unreasonably interferes with an individual's work or academic performance, or creates an intimidating, hostile, or offensive environment for work or learning.

Hostile Environment: A hostile environment exists when harassment: (1) is sufficiently serious (i.e., severe, pervasive, or persistent) and from both the alleged victim's and reasonable person's 2

viewpoint offensive so as to deny or limit a person's ability to participate in or benefit from the UAMS's programs, services, opportunities, or activities; or (2) when such conduct has the purpose or effect of unreasonably interfering with an individual's employment opportunities.

Sexual Misconduct: includes sexual assault, inducing incapacitation for sexual purposes, sexual exploitation, and relationship violence.

- **Sexual Assault:** means an actual or attempted sexual contact with another person without that person's consent.

- **Inducing incapacitation for sexual purposes:** includes using drugs, alcohol, or other means with the intent to affect or having an actual effect on the ability of an individual to consent or refuse to consent (as "consent" is defined in this policy) to sexual contact.

- **Sexual Exploitation:** Occurs when a person takes non-consensual or abusive sexual advantage of another for his/her own advantage or benefit, or to benefit or advantage anyone other than the one being exploited, and that behavior does not otherwise constitute one of the other sexual misconduct offenses.

- **Relationship Violence:** Abuse or violence between partners or former partners involving one or more of the following elements: (1) battering that causes bodily injury (2) purposely or knowingly causing reasonable apprehension of bodily injury; (3) emotional abuse creating apprehension of bodily injury or property damage; or (4) repeated telephonic, electronic, or other forms of communication - anonymously or directly - made with the intent to intimidate, terrify, harass, or threaten.

Stalking: includes repeatedly following, harassing, threatening, or intimidating another by telephone, mail, electronic communication, social media, or any other action, device or method that purposely or knowingly causes substantial emotional distress or reasonable fear of bodily injury or death.

Consent: is informed, freely given, and mutual. Consent must be knowing, willing, and voluntary.

Non-Consensual Sexual Contact: Non-consensual sexual contact is any intentional sexual touching, however slight, with any object by a person upon another person that is without consent and/or by force.

Non-Consensual Sexual Intercourse: Non-consensual sexual intercourse is any sexual intercourse however slight, with any object by a person upon another person that is without consent and/or by force.

Gender-based Harassment: Non-sexual harassment of a person because of the person's sex and/or gender, including, but not limited to harassment based on the person's nonconformity with gender stereotypes.

Retaliation: action taken by an accused individual or an action taken by a third party against any person because that person has opposed any practices forbidden under this policy or because that person has filed a complaint, testified, assisted, or participated in any manner in an investigation or proceeding under this policy. This includes action taken against a bystander who intervened to stop or attempt to stop discrimination, harassment, sexual assault, sexual violence, or sexual misconduct.

Retaliation includes intimidating, threatening, coercing, or in any way discriminating against an individual because of the individual's complaint or participation. Action is generally deemed retaliatory if it would deter a reasonable person in the same circumstances from opposing practices prohibited by this policy.

POLICY

UAMS is committed to providing an environment that emphasizes the dignity and worth of every member of its community. Members of the UAMS community have the right to an environment free of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment and retaliation, and this behavior will not be tolerated. This right is protected by Title VII of the 1964 Civil Rights Act, Title IX of the Educational Amendment of 1972 Act, the Clery Act, the SaVE Act, and the Violence Against Women Act.

No person at UAMS will be subjected to sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation under any employment, academic, educational, extracurricular, or other program of UAMS, whether these programs take place in UAMS facilities, in transportation, at a class, training program, or event sponsored by UAMS at another location or elsewhere. All complaints or any concerns about conduct that may violate this policy and retaliation must be filed with the Campus Title IX Coordinator or a Deputy Title IX Coordinator.

A. Consensual Relationships

Consenting romantic relationships between faculty and students, supervisors and subordinates or fellow employees are **strongly discouraged**. Faculty members exercise power over students as do supervisors over subordinates, whether in promotions, raises, evaluations, recommendations, study, job duties, grades, assignments, or other benefits. This difference in power increases the opportunity for abuse of power, thus endangering the professional environment. Employees and students involved in a consenting relationship in the actual or equivalent context of educational/employment supervision and evaluation should be and are deemed to be aware of the possible costs of even an apparently consenting relationship, including the possible difficulty in defending a future charge of violating this policy on the grounds of mutual consent. The element of power implicit in sexual relationships occurring in the supervisory context has the potential to diminish a subordinate's freedom of choice. It is incumbent upon those with authority not to abuse, or appear to abuse, the power with which they have been entrusted.

B. Disciplinary Actions

Disciplinary actions for violations of this policy may include, but are not limited to, the following: oral or written warning, reassignment, counseling, demotion, termination, suspension, or expulsion, or any combination thereof. Sanctions will depend upon the circumstances in each case. The severity of sanctions or corrective action will depend on the circumstances in each case, taking into consideration the frequency and severity of the offense and any history of past misconduct. In instances of non-employee or guest/visitor violations of the policy, the appropriate action will be taken. In addition to disciplinary action, those who engage in violations of this policy may be subject to legal consequences, including civil and criminal penalties and monetary damages.

C. Confidentiality

Subject to the other provisions of this policy and the requirements of law, every possible effort will be made to ensure that any information received as part of UAMS's resolution and complaint procedures is treated discreetly. All parties to the complaint will be asked to assist in maintaining the privacy of the parties involved. Because of UAMS's obligation to investigate allegations of misconduct, it is not possible to guarantee that complaints will be handled confidentially.
Except as compelled by law, in the interest of fairness and problem resolution, disclosure of complaints and their substance and the results of investigations and complaint procedures will be limited to the immediate parties, witnesses and other appropriate administrative officials. Disclosure may also be necessary to conduct a full and impartial investigation.

D. Malicious Allegations/Complaints; False Information

UAMS is committed to protecting the due process rights it provides to the respondent as well as the complainant. Allegations of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation that are malicious, intentionally false, or without foundation are very serious with potential for great harm to all persons involved and are prohibited by this policy. Such actions constitute grounds for disciplinary action as described above. Further, repeated filing of frivolous complaints is considered a malicious action and may be grounds for disciplinary action.
The failure to substantiate a sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation complaint does not automatically constitute a malicious or frivolous complaint. In the event that allegations are not substantiated, every reasonable effort will be made and all reasonable steps taken to restore the reputation of the accused if it was damaged by the proceedings.

E. Training

The Campus Title IX Coordinator, Title IX Deputy Coordinators, and all organizational units and colleges must make reasonable efforts to provide training for their employees and students each year. **All new employees and students should receive a copy of this policy and training within the first six months of becoming an employee or student at UAMS.** Employees should receive refresher training from the Office of Human Resources every **three** years.

PROCEDURE

A. Reporting Violations of this Policy

1. MANDATORY EMPLOYEE DUTY TO REPORT**:** To enable UAMS to respond effectively and to stop conduct that violates this policy, all UAMS employees **must**, within 24 hours of witnessing or receiving information about a violation of this policy, report it to a Title IX Coordinator regardless of whether an informal or formal complaint has been filed. Employees who are statutorily prohibited from reporting such information are exempt from these reporting requirements, including licensed health-care professionals. Any student, non-employee, or campus visitor/guest who has witnessed or received information about conduct that violates this policy is **strongly encouraged** to report it to a Title IX Coordinator.

2. COMPLAINANTS: A complainant who wishes to make an informal or formal complaint about an incident involving an employee must report the incident to either the Title Deputy Coordinator for Employees or his/her immediate supervisor or department head, who must report it to the Title IX Deputy Coordinator. If the respondent is the employee's supervisor, the employee may contact someone outside his or her chain-of- command, who then must also report the incident to the Title IX Deputy Coordinator for Employees.

A complainant who wishes to make an informal or formal complaint about an incident involving a student must report the incident to the respective college's Title IX Deputy Coordinator. Complainants who need to report violations of this policy after regular business hours should report the incident to the UAMS Police Department if the Title IX Deputy Coordinator is not available. The UAMS Police Department will take appropriate action and will notify the Title IX Deputy Coordinator for Employees and the Campus Title IX Coordinator at the beginning of the next business day.

3. ANONYMOUS COMPLAINTS: All members of the UAMS community may contact the Campus Title IX Coordinator, Title IX Deputy Coordinators, or the Office of Human Resources at any time to ask questions about sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation or complaint procedures without disclosing their names and without filing a complaint. However, because of the inherent difficulty in investigating and resolving allegations from unknown persons, individuals are discouraged from making anonymous complaints. Although anonymous complaints are discouraged, UAMS will respond reasonably to all allegations. In order to determine the appropriate response to an anonymous allegation, UAMS will weigh the following factors:

- The source and nature of the information;
- The seriousness of the alleged incident;
- The specificity of the information;
- The objectivity and credibility of the source of the report;
- Whether any individuals can be identified who were subjected to the alleged incident; and
- Whether those individuals want to pursue the matter.

If, based on these factors, it is reasonable for UAMS to investigate the matter; the Office of Human Resources will conduct an investigation and recommend appropriate action to address substantiated allegations. However, a reasonable response would not include disciplinary action against a respondent if a complainant insists that his or her name not be revealed, if there is insufficient corroborating evidence, and if the respondent could not respond to the charges without knowing the name of the complainant.

4. TITLE IX COORDINATORS: Upon receiving a report of an alleged violation of this policy, the Title IX Deputy Coordinators must notify the Campus Title IX Coordinator.

The Title Deputy Coordinators, in coordination with the Campus Title IX Coordinator, will evaluate the information received and determine what further actions should be taken. The Title IX Deputy Coordinators will follow the procedures described in this policy. The Title IX Deputy Coordinators will take steps, either directly with the complainant or through a reporting individual, to provide information about this policy and its procedures, as well as available health and advocacy resources and options for criminal and civil reporting. A statement of the rights of the complainant and the respondent will be provided to the parties upon an allegation of a violation of this policy.

B. Informal Complaint Process

Before pursuing the formal complaint process, every reasonable effort should be made to constructively resolve issues with students, faculty members, staff members , or administrators. Whenever possible and safe, the complainant should discuss the problem or complaint with the respondent. If satisfactory resolution is not reached after discussion with the respondent, the complainant should contact the respondent's direct supervisor or college to resolve the complaint. If these efforts are unsuccessful, the formal complaint process may be initiated. UAMS does not require a complainant to contact the respondent or the respondent's supervisor or college if doing so is impracticable, or if the complainant believes that the conduct cannot be effectively addressed through informal means.

1. In the event that an individual believes that a violation of this policy has been or is occurring, he or she is encouraged, but not required, to maintain careful written records the violation and to continue to maintain current records throughout the process.

2. The complainant should consider meeting with their designated Title IX Deputy Coordinator to discuss the allegation. If the complainant cannot decide whether to initiate a formal complaint or is reluctant to discuss the matter with the respondent, he or she may seek the advice of their designated Title IX Deputy Coordinator who, along with the HR Director of Employee Relations or a designee, and with the complainant's permission, may seek to resolve the issue informally through discussions with the complainant, the respondent, and the respondent's supervisor or college. The Title IX Deputy Coordinator shall provide a written summary of the agreed upon informal resolution to the Campus Title IX Coordinator.

If the complainant does not wish to prepare a signed, written complaint, written documentation shall be prepared by the designated Title IX Deputy Coordinator with the assistance of the Director of Employee Relations, or a designee. Such written documentation shall include the nature of the complaint, the date(s) on which the alleged incident(s) occurred, and any witness(es) to the incident(s). The complainant shall be asked to read and sign the written documentation to acknowledge its accuracy; a written acknowledgment will be prepared and may be made in a separate document.

If the complainant refuses to sign the written documentation, the designated Title IX Deputy Coordinator shall note such on the documentation. The designated Title IX Deputy Coordinator, along with the Director of Employee Relations and the Campus Title IX Coordinator, will make a determination of whether the complaint will be investigated despite the complaint's refusal to acknowledge the written documentation. Written documentation shall be prepared before any informal discussions are held with the respondent and the respondent's supervisor or college. The respondent shall be given an opportunity to read the written documentation that may be edited to protect the anonymity of the complainant and any other collateral witnesses to the process.

3. If the parties are unable to reach a mutually satisfactory agreement after an informal discussion, the option of filing a formal complaint is available.

4. The Informal Complaint Process may also include referral of either or both parties to confidential counseling through UAMS' Employee Assistance Program (EAP). This referral may be made by the designated Title IX Deputy Coordinator, the Director of Employee Relations, or the Campus Title IX Coordinator.

5. The complainant or the designated Title IX Deputy Coordinator may elect to refer the complaint to the Formal Complaint Process at any time as deemed necessary to resolve the complaint in an appropriate and timely manner.

C. Formal Complaint Process

1. When the Informal Complaint Process fails to resolve the complaint, or in instances where the designated Title IX Deputy Coordinator and the Office of Human Resources determines the nature of the allegations requires formal investigation, the Formal Complaint Process will be used. A preponderance of the evidence standard will be used to decide complaints (i.e., it is more likely than not that the allegation occurred). The designated Title IX Deputy Coordinator or a designee in the Office of Human Resources may assist the complainant in preparing his or her complaint, in writing, as necessary.

2. If the complainant wishes to file a formal complaint, he or she must submit a signed, written statement alleging violation of this policy to his or her designated Title IX Deputy Coordinator. The designated Title IX Deputy Coordinator will forward a copy of the statement to the HR Director of Employee Relations and to the Campus Title IX Coordinator. The written statement should include the name of the complainant, the name of the respondent, the nature of the complaint, date(s), witness(es), and any other information relevant to the complaint. If some of this information is not available, the reason(s) of unavailability, if known, should be documented. Upon receipt of the written complaint, the HR Director of Employee Relations will initiate an investigation of the complaint and appoint the investigators. The investigators will meet with the respondent and allow him or her to view the complaint and present a copy of this policy. The respondent will be given an opportunity to respond to the complaint orally and in writing, and may provide evidence and witnesses. The investigators will also explain that there is to be no contact with or retaliation against the complainant. If necessary, interim steps to protect the complainant prior to the final outcome of the investigation may also be taken. The investigators will gather relevant evidence by interviewing the complainant, the victim (if different from the complainant), the respondent, and any witnesses or other individuals deemed appropriate to conduct a thorough investigation. Every effort will be made to ensure an impartial, fair, thorough and timely investigation of the complaint. All parties will be provided a written status update of the investigation after 30 days. Unless the complexity of the investigation and the severity and extent of the offense requires otherwise, or the allegation involves multiple incidents or multiple complainants, the investigation should be completed sixty (60) calendar days following receipt of the complaint.

3. Following completion of the investigation, the investigators will present their written findings to the Assistant Vice Chancellor of Human Resources and to the Campus Title IX Coordinator. The Assistant Vice Chancellor of Human Resources will prepare a written report, containing a recommended course of action for the complainant's Division Head or Dean (as applicable) and may provide further consultation when necessary. A copy of the report shall be given to the Campus Title IX Coordinator. It is the responsibility of the Division Head or Dean to take action consistent with the written findings. Once a final determination is made by the appropriate Division Head or Dean, both the complainant and the respondent will be notified in writing of the outcome of the complaint, including whether the campus determined that sexual harassment or violence occurred, and in accordance, with federal and state privacy laws, the sanction imposed against a student, employee or third party.

4. The complainant or respondent may appeal a finding, pursuant to the timeframe in the applicable grievance procedure, of whether or not a violation of this policy has occurred. The respondent may also appeal sanctions imposed as a result of a policy violation. All appeals shall be made through the campus grievance procedures (See Grievance Procedure for Alleged Discrimination, Academic Affairs Policy Number 2.400 and Employee Grievance Procedure, Administrative Guide Policy Number 4.4.16). Both parties will be notified concurrently in writing of the outcome of any appeal.

5. Pursuant to FERPA (Family and Educational Rights to Privacy Act), the Clery Act, and VAWA (Violence Against Women Act), student disciplinary records will remain confidential unless the accused consents to release of information, or the sanction impacts the complainant, or there is an allegation of a sex offense, including sexual violence.

RECORD KEEPING

Each complaint should be documented and kept in a confidential file separate from the personnel or student files normally maintained by the Office of Human Resources or college's Associate Dean. Documentation should include the name of the complainant, the name of the accused, the nature of the complaint, date(s), witnesses, the name(s) of the person(s) who received the complaint, the name(s) of the person(s) who prepared the written documentation and the date of the written documentation, and any other information relevant to the case. If some of this information is not available, the reason(s) for unavailability, if known, should be documented. Such file will be maintained as provided by law.

Questions regarding this policy may be directed to the Title Campus IX Coordinator or Office of Human Resources at (501) 686-5650.

REFERENCES

Title IX of the Education Amendments of 1972, as amended
Title VII of the Civil Rights Act, as amended
Clery Act, as amended
Campus SaVE Act, as amended
Violence Against Women Act (VAWA), as amended
Family and Educational Rights to Privacy Act, as amended
Academic Affairs Policy 2.400, Grievance Procedure for Alleged Discrimination
Administrative Guide Policy 4.4.16, Employee Grievance Procedure

UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS ADMINISTRATIVE GUIDE

NUMBER: 3.1.10
DATE: 08/20/01
REVISION: 4/16/14

SECTION: GENERAL ADMINISTRATION
AREA: ADMINISTRATION
SUBJECT: ANTI-DISCRIMINATION: RACE, COLOR, GENDER, AGE, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN OR DISABILITY

PURPOSE

The University of Arkansas for Medical Sciences (UAMS) is committed to the principle and practice of nondiscrimination and equal opportunity in all areas of employment and other services that affect employees, students and the general public. The ability of UAMS to meet its mission will increasingly depend on and be strengthened by incorporating constructive diversity and inclusion in its faculty, students and staff. Racism, bigotry and discrimination subvert the mission of UAMS which is to provide a wholesome environment where comprehensive educational, research and employment opportunities are offered to employees and students. In both obvious and subtle ways racism, bigotry and discrimination adversely affect an individual's ability to function at optimal level. They also have a harmful effect on one's ability to study, work and engage in leisure activities within the University community.

SCOPE

All UAMS employees, faculty members, staff members, students, non-employees (such as contractors, vendors, delivery persons, and volunteers) and guests and visitors of the UAMS campus.

POLICY

The University of Arkansas for Medical Sciences abhors and condemns all forms of bigotry and racism. Such behavior is a violation of an individual's human rights and is also unlawful. UAMS will comply with and enforce Titles VI and VII of the Civil Rights Act of 1964 (as amended), Executive Order 11246 (as amended), Title IX of the Educational Amendments of 1972 (as amended), the Rehabilitation Act of 1973 (Sections 503 and 504) (as amended), the Vietnam Era Veterans' Readjustment Assistance Act of 1974, (as amended), the Age Discrimination in Employment Act (as amended), the Americans With Disabilities Act of 1991, the ADA Amendments Act of 2008 (as amended), Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, U.S. Federal Court Decree in the Adams Cases of 1973 and Acts 99 and 962 of the Arkansas General Assembly. UAMS shall recruit, retain, promote and graduate students without regard to race, color, religion, national origin, creed, service in the uniformed

services (as defined in state and federal law), status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation. Specifically, UAMS will not discriminate on the basis of race, color, religion, national origin, creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation as a criterion in deciding against any individual in matters of admission, placement, transfer, hiring, dismissal, compensation, fringe benefits, training, tuition assistance and other personnel or educationally-related actions.

Therefore, the policy of UAMS is that members of the University community neither commit nor condone acts of bigotry, racism or discrimination. Actions on the part of any employee or official of the University contrary to this policy will be addressed promptly and appropriately, according to current UAMS disciplinary procedures. To ensure compliance with this adopted policy of nondiscriminatory behavior, UAMS will operate under the following procedures.

PROCEDURE (TRAINING & EDUCATION)

1. UAMS shall institute an on-going program designed to familiarize UAMS personnel with the fundamental principles of racial tolerance, cultural diversity and inclusion. Priority will be given in the training of:

a. Faculty
b. Supervisory and management personnel
c. Personnel involved with customer contact
d. Students
e. Other personnel

2. Deans and division heads will be responsible for leading in the development and implementation of educational programs in their respective areas. The Office of Human Resources will be available, as a primary resource, for consultation in all areas of program development. The Office of Human Resources will also be a leader in the development and presentation of educational programs.

3. All promotional programs designed to solicit funds, provide customer information or create community goodwill, shall reflect the diversity and inclusion of the University community and the general public. The appropriate dean/division head, or designee shall review such material prior to publication to ensure that the above standard is met.

4. Production of all faculty handbooks, student handbooks, employee handbooks, as well as any other communication designed to publicize policy and procedure, or any other information, must be written in a manner to promote nondiscriminatory and tolerant behavior. The appropriate administrative personnel shall review such material prior to publication to ensure the above standard is met.

PROCEDURE (RACIAL SLURS, JOKES AND DEROGATORY REMARKS)

5. All complaints or allegations of slurs, inscriptions, jokes or other offensive behavior based on race, color, religion, national origin, creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation which occur in the workplace or are related to the workplace are to be reported to the appropriate department head.

Any employee, faculty member, or student may contact the Office of Human Resources, Employee Relations, should the complainant feel uncomfortable in reporting the incident to the department head. Students may also report complaints to the Associate Dean of their respective college.

6. Progressive discipline will be implemented in proven cases of behavior referenced in Procedure #5 above in accordance with the Employee Disciplinary Policy, Administrative Guide Policy number 4.4.02.

Sensitivity training may also be made available for those employees guilty of the behavior described in Procedure #5.

PROCEDURE (MONITORING)

7. During the month of June of each year, the Center for Diversity Affairs will review and report to the Chancellor the University's progress in the above areas of operation. This will be accomplished by review of such documents as the University's Affirmative Action plans, reports of accomplishments submitted by division heads, reports submitted to the Chancellor, and any other documented activities designed to accomplish the goals set out in this policy.

REFERENCES

Administrative Guide Policy 4.4.02 – Employee Discipline
Academic Affairs Policy 2.400, Grievance Procedure for Alleged Discrimination

UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS ADMINISTRATIVE GUIDE

NUMBER: 3.1.14
DATE: 12/01/98
REVISION: 11/16/05; 10/05/2011; 7/16/2014

SECTION: GENERAL ADMINISTRATION
AREA: ADMINISTRATION
SUBJECT: DRUG and ALCOHOL TESTING

PURPOSE

To promote the health, safety and productivity of our employees, it is the policy of UAMS to provide a drug-free workplace. To support our goal of a drug-free environment, the UAMS drug testing program will consist of (1) pre-employment drug testing, (2) for cause drug testing, and (3) random drug testing. All procedures outlined herein should be deemed consistent with policies 4.4.05 (Drug Free Workplace), 4.4.06 (Substance Abuse Policy), and 4.5.18 (Post Employment Medical Screening) in the UAMS Administrative Guide.

SCOPE

This policy covers all UAMS employees, faculty and physicians who work in positions that have been designated for drug testing. Designated positions include those that are involved with direct patient care, safety sensitive duties and other special needs positions. Testable designations are made on the basis of specific duties assigned to a position. This policy covers regular fulltime, part-time, temporary, and extra-help employment.

DEFINITIONS

Pre-employment Drug Testing - Once an applicant in a testable position has been selected for employment, he/she will be required to submit to a drug test. Employment will be finalized only upon completion of a negative drug test. Refusal to submit to the drug test will be interpreted as a withdrawal of the application. If an applicant has a positive test result, they must wait six (6) months before reapplying to UAMS for employment.

For Cause Drug Testing - All employees whose behavior is consistent with substance abuse may be required by their immediate supervisor to submit to a drug screen. Behavior indicating substance abuse may include:

A. Observed impairment of job performance.
B. Abnormal conduct or erratic behavior.
C. A serious workplace accident or number of minor workplace accidents.
D. Evidence of drug tampering in the employee's workplace.
E. Arrest or conviction on an alcohol- or drug-related offense.

Self-disclosure (employee comes forward without prompting), notifying their department that they have a problem with drugs.

Suspicious behavior should be documented on the form appended to this policy (Attachment I). This form is to be retained in the departmental personnel file. Employees meeting any of the above criteria, or other reasonable criteria utilized by the supervisor, may be required to submit to a drug test. Refusal or failure to submit to a timely drug test is sufficient cause for termination of employment.

Random Drug Screening - At a specified interval, employees in testable positions will be selected for drug screening using a random sampling methodology. Employees will receive 2-hour notification of their selection and will be required to submit a sample at the specified location and time.

Testable Positions - A position at UAMS that has been designated for drug testing. Testable positions include all direct patient care positions, all safety-sensitive positions and other special needs positions. An illustrative list of Testable positions is identified on the UAMS website http://uams.edu/ohr/ under Manager's Information.

Medical Review Officers - The medical review officer (MRO) is a physician responsible for receiving and reviewing drug test results.

POLICY

It is the policy of UAMS to perform drug tests (both pre-employment and random) on employees who are employed in positions that have been designated as drug testable. For cause drug tests are also performed on employees, who are suspected of reporting for duty under the influence of drugs.

PROCEDURES

1. PRE-EMPLOYMENT DRUG TESTING PROTOCOL

A. Drug testing shall be completed prior to starting work. Managers who allow employees to begin work prior to receiving at least verbal confirmation from Human Resources of a negative drug test will be subject to disciplinary action.

B. At the time an offer of employment is extended, the potential employee will be given instructions on submitting a urine sample for drug testing. The sample will be tested qualitatively for at least the following substances: Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP), Barbiturates, or derivatives thereof. The sample may be tested for other drugs as necessary. All samples collected from faculty testable titles will undergo a more extensive qualitative test.

C. Within 24 hours of the submission of a urine sample, negative results are generally communicated to Human Resources. Within 24 hours of receiving results (excluding weekends), Human Resources will notify the department of negative results by phone and will follow with

written notification by mail. If an initial screen produces a positive result, a confirmatory test on the same sample will be conducted. If the confirmatory test is also positive, the result will be turned over to the MRO.

D. The Medical Review Officer will schedule an appointment with the applicant to discuss the results. The test results will be interpreted by the Medical Review Officer and reported to Human Resources. Upon notification by Human Resources of the Medical Review Officer's findings, the department will notify the applicant that the offer of employment is being withdrawn and will encourage the applicant to seek treatment.

2. FOR CAUSE DRUG TESTING PROTOCOL

A. If an employee's behavior causes reasonable suspicion of alcohol or drug abuse, a supervisor will request to a department head that a drug screen be performed. The department head or acting department head has authority to direct a for cause drug test. Should the Supervisor or department head have questions whether to direct a for cause drug test, a call may be made to the Employee Assistance Program (EAP) at 686-2588. A staff member will be made available for consultation and assistance in making a decision to test for cause.

B. The employee to be screened shall be relieved of his/her duties and will be given a specific time and date (less than two hours) that he/she is to report to the testing facility. Failure to report at the specified time, without pre-approval of the supervisor, is sufficient cause for immediate termination. In the event that the employee is obviously impaired, the consulting staff member will make arrangements with UAMS Police to provide transportation to the testing facility.

C. The submitted sample (blood, urine, hair, or other as appropriate) will be screened for the following substances: Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP), Barbiturates, or derivatives thereof and other drugs deemed necessary. If an initial screen returns a positive result, a confirmatory test on the same sample will be conducted. If the confirmatory test is also positive, the result will be turned over to the MRO. All sample collections for drug tests conducted for cause will be performed under observation.

D. The Medical Review Officer will schedule an appointment with the employee to discuss with him/her the results and inform the employee's department head.

E. The department head will determine the action necessary when an employee tests positive for a drug of abuse. Options available to the department head will be up to and including immediate termination. The department head will consider corrective actions that may be initiated by the employee, including consultation and corrective treatment protocols in cooperation with outside professional expertise and/or with the Employee Assistance Program (EAP). The decision of the department head is final.

F. Any employee terminated for cause will be ineligible for rehire for at least six months.

3. RANDOM DRUG TESTING

A. Random screening will include all testable positions.

B. The Office of Human Resources will forward a list monthly via email of employees who have been randomly selected for drug tests to the Division Head or Designee. The Division Head or Designee will forward the list to the employee's supervisor. The employee's supervisor will inform the employee verbally that he or she has been selected for a random drug screen. Employees will receive 2-hour prior notification from their supervisor of the drug test. They will be required to report to a specified location within that 2-hour timeframe for testing.

C. Employees located at the Regional Programs Regional Centers (formerly called AHECs) will follow procedures implemented by the Director of the Regional Programs' Central Office. All UAMS employees, working in designated Testable titles located on the Arkansas Children's Hospital (ACH) campus will be subject to ACH testing procedures. Employees working throughout the state of Arkansas for the Institute on Aging will follow procedures implemented by the Director of the Institute on Aging.

D. Failure to submit the sample as directed is sufficient cause for termination.

E. The Medical Review Officer will schedule an appointment with the employee to discuss with him/her the results and inform the employee's department head.

F. The department head will determine the action necessary when an employee tests positive for a drug of abuse. Options available to the department head will be up to and including immediate termination. The department head will consider corrective actions that may be initiated by the employee, including consultation and corrective treatment protocols in cooperation with outside professional expertise and/or with the Employee Assistance Program (EAP). The decision of the department head is final.

G. Any employee terminated for cause will be ineligible for rehire for at least six months.

H. Employees hired into a drug testable position, in the last 30 days, do not have to go for random drug tests, if contacted for a random test, by the Office of Human Resources (OHR).

4. TESTING PROCEDURES

A. Employees identified for testing will receive no more than 2-hours prior notification.

B. Office of Human Resources will notify the Division Head or Designee of employees selected. Employees selected will be notified by their supervisor and will be required to report to a specified location within 2 hours for testing. Employees must bring their photo identification (ID), e.g., driver's license, ID badge, etc. Employees must report immediately. EXCEPTIONS: All Arkansas Children's Hospital (ACH) based UAMS faculty and staff will have tests performed under procedures administered by ACH. See Attachment 2, ACH based employees "Consent to Release of Drug Test Results" form. Employees located at the Regional Programs' Regional Centers Area Health Education Centers (AHEC) will follow procedures implemented by the Director of the Regional Programs Central Office. Employees working throughout the state of Arkansas for the Institute on Aging will follow procedures implemented by the Director of the Institute on Aging.

C. Refusal to undergo required drug testing will result in disciplinary or adverse action up to and including termination. Attempts to alter or substitute a specimen will be treated as a refusal to take a drug test.

D. Individuals being tested may provide to the Medical Review Officer information on any prescription medication they are taking which could affect the test results. Such information will be kept confidential.

E. Urine Collection Procedures:

1. Specimen will be provided in a secure collecting facility.
2. Donor leaves unnecessary outer garments in secure holding area. Personal items (such as briefcases, handbags and packages) must be left in holding area.
3. Collector provides donor a wrapped/sealed collection container and specimen bottle.
4. Donor provides specimen in secured area.
5. Collector receives specimen and places cap securely on container.
6. Collector places seal over bottle and dates the seal.
7. Donor initials security seal after attached to bottle.
8. Collector initials and dates the seal area of the security bag and the shipping container (if used).

F. All positive results will be reported to the Medical Review Officer.

5. OTHER CONSIDERATIONS

A. Test results will be granted confidentiality in accordance with all federal and state laws and UAMS policy. Tests will be performed off-site and will be paid for by UAMS (unless the tests are performed in accordance with an employee contract that states otherwise). Notification of any other agency or licensing board will be accomplished by the department in accordance with state and federal law.

B. Applicants may be asked to provide information as necessary to interpret drug screen results. Such information will be considered confidential.

C. Attempts to alter or substitute a specimen will be cause for withdrawal of the application for employment or immediate termination; even if the attempt is discovered after the period of employment begins.

D. This policy shall not be construed to address aspects of substance abuse policy and procedure other than pre-employment, for cause, and random drug testing. See UAMS policy 4.4.05 for policies that govern the use, possession, manufacture, purchase, or distribution of controlled substances on campus.

E. Drug test results are only good for 30 days from the time OHR receives the results.

TESTABLE POSITIONS – SUBJECT TO CHANGE

Testable positions include all direct patient care positions, all safety-sensitive positions and other special needs positions. An illustrative list of Testable positions is identified on the UAMS website at http://uams.edu/ohr/ under Manager's Information.

Departments wishing to add positions to this list should present a written request, containing justification to the Associate Vice Chancellor for Human Resources, Chief Human Resources Officer.

REFERENCES
4.4.05 Drug Free Workplace
4.4.06 Substance Abuse Policy
4.5.18 Post Employment Medical Screening

UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS ADMINISTRATIVE GUIDE
NUMBER: 4.4.01 **DATE: 09/08/2006**
REVISION: 09/08/06; 12/03/2014

SECTION: HUMAN RESOURCES

AREA: EMPLOYEE RELATIONS

SUBJECT: BASIC CODE OF CONDUCT

PURPOSE
This policy outlines the general guidelines of UAMS' expectations for governing employee conduct. Appropriate disciplinary measures should be taken in cases where there have been violations of this Code of Conduct. Supervisors with questions about appropriate disciplinary steps should contact the Office of Human Resources.

SCOPE
This policy applies to all UAMS employees.

POLICY
This code communicates general guidelines for appropriate conduct for all UAMS Employees.

Interpersonal Relations:
1. Employees must refrain from using abusive, provocative or profane language, and should avoid creating or being party to a disturbance or physical violence.

2. Employees should observe the principle of mutual respect in their contacts with patients, visitors and students, and in their working relationships with faculty and other employees.

3. Employees should not engage in horseplay, scuffling, running, throwing objects, or immoral or indecent behavior on the University premises.

4. Employees should not have other employees or guests visit them in their work areas for non-work related purposes.

Workplace Bullying:
UAMS does not tolerate workplace bullying behavior, whether intentional or unintentional. Workplace bullying is behavior that creates an abusive work environment for an employee or employees. Bullying behavior is behavior in the workplace that a reasonable person would find

hostile, offensive, and not related to an employer's legitimate business interests. Workplace bullying can include group bullying, peer to peer bullying, supervisor to subordinate bullying, and situations when a subordinate employee subjects a supervisory-level employee to bullying.2 These acts may occur as a single, severe incident or repeated incidents, and may include, but are not necessarily limited to the following:
1. Physical bullying includes pushing, shoving, kicking, poking, and/or tripping another, assault or threat of a physical assault and damage to a person's work area, work product, or property.

2. Verbal bullying includes: (i) slandering, ridiculing, insulting or maligning a person or his or her family; (ii) persistent name calling that is hurtful, insulting, or humiliating; (iii) using a person as the butt of jokes; or (iv) abusive and offensive remarks.

3. Nonverbal bullying includes directing threatening gestures toward a person or invading personal space after being asked to move or step away.

4. Cyberbullying includes bullying an individual using any electronic format, including but not limited to, the Internet, interactive and digital technologies, or mobile phones.

5. Exclusion includes socially or physically isolating, excluding, or disregarding a person in work-related activities.

Social Media:
1. Employees should refrain from using social media while on work time and using UAMS equipment, unless it is work-related as authorized by your manager. Do not use UAMS email addresses to register on social networks, blogs or other online tools utilized for personal use. Examples include but are not limited to Facebook, Twitter, YouTube, Instagram, Pinterest, LinkedIn, Flickr, Foursquare, Vimeo, Blogs, and Snapchat.

2. Employees are expected to protect patient privacy at all times when using personal or professional social media platforms.

3. Employees are expected to adhere to HIPAA regulations, federal regulations and UAMS policies to ensure the privacy and security of protected health information (PHI) as well as the hospital's proprietary business.

4. UAMS expects employees to use good judgment when posting on social media sites. An employee's social media activity that violates this Basic Code of Conduct or other UAMS policies may subject the employee to disciplinary action in accordance with UAMS Policy 4.4.02 up to and including termination.

Physical Appearance and Presentation:
1. Employees, in certain positions, must wear prescribed uniforms while on duty. Department directors are responsible for informing employees of specific requirements.

2. Employees are expected to come to work clean, neat and also wearing attire appropriate for the work environment. Employees should be mindful and not wear excessive fragrances and extreme hair color/styles.

3. Employees are expected to wear their identification badges while on duty. Badges are to be clearly visible and worn above the waist. Employees must remove their identification badges when not in an official work capacity.

4. Employees must not report to work or be on the University premises if smelling of alcohol or under the influence of intoxicating liquor or controlled substances not prescribed by a physician.

5. Employees, when purporting to represent the University, must accurately and honestly represent themselves and their positions to patients, visitors, students, other employees and the general public, and must not use another employee's identification badge.

6. Employees who are not on duty should not be on the University premises, except for valid reasons.

Job Duties and Functions:
1. Employees must follow, within the definitions of the job description, all oral (other duties as assigned) and posted work assignments.

2. Employees must discuss patient and employee information in private and only with authorized personnel.

Attendance:
1. Employees must maintain regular and punctual attendance. Departments should follow the established Attendance Policy in their department for reporting absenteeism from work.

2. Employees **must** obtain permission from their supervisors when it becomes necessary to leave their work areas during working hours.

3. Employees are expected, whenever possible, to respond to work assignments outside of regularly scheduled hours as it may be necessary to provide essential staffing or support services.

Maintaining Records:
1. Employees must accurately record their working time, and employees may not record work time of other employees. If done inappropriately, this can be grounds for immediate dismissal.

2. Employees must not enter inaccurate or false information on any University or hospital records, including patient records, time records, employment applications or other personnel records. This can be grounds for immediate dismissal.

Health and Safety:
1. Employees are not allowed to smoke on UAMS property. UAMS is a Smoke-Free Campus.

2. Employees are **strictly forbidden** from sleeping on the job, except for when in an on-call status.

3. Employees are expected to know and observe established fire and emergency procedures.

4. Employees should use only authorized University entrances and exits.

5. Employees must observe safe work practices and follow all published safety rules.

Property Access and Use Privileges:
1. Employees are expected to use the internet for business purposes only. Disciplinary action will be taken for any inappropriate use.
2. UAMS telephones, fax machines and other telecommunication devices are intended for official business transactions and should not be used for personal reasons, except in cases of an urgent nature. The use of personal cellular telephones and other electronic devices should be limited to where there is no interference with completion of job duties and responsibilities.

3. Employees must always use or operate University property and equipment in a safe and proper manner. Making equipment inoperative or failing to use safety devices can result in injuries to employees or others.

4. Employees should use UAMS property for authorized purposes only.

5. Employees should assist in keeping University equipment, buildings and grounds clean, orderly and in good condition, and should avoid creating or contributing to unsanitary or unsightly conditions.

Solicitations:
1. Employees may engage in solicitation and/or distribution of printed or written material or posting and/or removal of notices or signs only when permitted or authorized in advance to do so.

2. Employees should refer to **Policy 4.4.09, Ethical Conduct/Gift Policy**, regarding gratuities, gifts or personal favors from vendors, patients or visitors.

Campus Police and Security Measures:
1. Employees finding property on the University premises must deliver such property to the Campus Police Department ((501) 686-7777) where a lost and found service is provided.

2. Employees must make all packages, handbags, purses, tote bags, briefcases, shopping bags or other containers being brought into or taken from the University buildings available for inspection upon request by supervisors or the Campus Police Department.

3. Employees **must not**, under any circumstances, bring unauthorized firearms or weapons of any kind onto the University premises.

4. Employees must not commit any criminal act on the University premises, or against patients, visitors, students or fellow employees.

5. Employees are strictly forbidden from stealing, misappropriating or removing from University premises any property belonging to patients, visitors, students, contractors, or other employees of the University. This includes the removal of any University property that has been discarded and sample products.

REFERENCE
UAMS Policy 3.1.03
UAMS Policy 11.4.01
UAMS Policy 11.4.15
UAMS Policy 3.1.01
UAMS Policy 4.4.02
UAMS Policy 4.4.09; UAMS Policy 11.3.07

Policy: University of Arkansas for Medical Sciences, Division of Academic Affairs Subject: UAMS Artificial Intelligence Generative Tool Use Policy
Number: 2.1.6

Date Approved (Council of Deans, Provost): February 9, 2024 Date Effective: February 9, 2024
Last Review/Revision: November 7, 2025
Next Review/Revision: May 7, 2026

PURPOSE

This policy aids in clarifying the use and misuse of artificial intelligence generative tools at UAMS. This policy applies across all UAMS departments and colleges, including education, clinical care, research, and administration.

SCOPE

This policy applies to any work-related content created through an affiliation with UAMS or on behalf of UAMS, by any paid or unpaid employees, faculty, academic visitors, and trainees (including students, residents, postdoctoral fellows, etc.). Work-related content (herein referred to as "work") is defined as writing, images, or other creative products presented for peer review, grading as an assignment, academic credit, patents and other intellectual property, presentations, publications, and/or the media. The policy includes guidance on if, how, and when artificial intelligence generative tools can be utilized and any attribution or other information that is required when it is used. Protected Health Information (PHI) may only be inputted and processed by an AI service if fully approved by UAMS and a fully executed Business Associate Agreement (BAA). Refer to UAMS Policy 2.1.23 Safeguarding Protected Health Information. This policy applies across all UAMS departments and missions, including education, clinical care, and research.

DEFINITIONS

Artificial intelligence (AI) is the ability of computer algorithms to perform tasks that typically require human intelligence. Some types of AI perform mechanical skills (punctuation, grammar, formatting, language translation, visual scanning, voice recognition software, etc.). Other types of AI are generative.

Generative AI (GAi) is a subset of AI that leverages computers to mimic the problem-solving and decision-making capabilities of the human mind. Some GAI tools synthesize data and make recommendations (e.g., Clinical Decision Tools). Some GAI tools generate entire written, audio, synthetic data, or visual works from a prompt. These GAI tools can make it

quite easy for an individual to enter a prompt (a question, a string of words, a description, an instruction) and for the tool to generate a largely clear and coherent work (essay, short story, poem, annotated bibliography, code, image, etc.) based on all of the data accessible to the GAI software.

Work is defined as DAMS-related content such as writing, images, or other creative work presented for peer review, grading as an assignment, or for public and/or scholarly dissemination through publications, presentations, and the media.

POLICY

I. Contextual Information Regarding GAi Tools

a. GAI is a rapidly evolving field that has many benefits, applications, and implications for various disciplines. There are rapid advances in technology that might be used by faculty, employees, trainees, and academic visitors, among others. The use of GAI tools, including large language models (LLMs), to help write clinical notes, manuscripts, student essays, presentations, and research articles are noteworthy examples.
b. Using AI and GAi tools is becoming an important skill for diverse health professions.
c. UAMS considers the presentation of AI-generated work as one's own work without appropriate attribution/citation to be plagiarism and is a violation of the UAMS Basic Code of Conduct policy, the UAMS Responsible Conduct of Research policy, the UAMS Student Code of Conduct, UAMS Core Values (integrity) and each College's Policies for trainees on Academic Misconduct or Academic Integrity. Students should refer to each College's policies related to Academic Misconduct or Academic Integrity for the appropriate grievance policy and process.
d. Like any tool, GAI tools can be appropriately or inappropriately used in the work context and this policy is designed to clarify the use of these tools at UAMS.
e. Planned incorporation of AI tools in UAMS environments of education, clinical care, and research should be submitted to the appropriate review process to ensure compliance with Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and other compliance standards and safe use within UAMS Information Technology (IT) systems infrastructure (details below). AI or GAI tools that are unsafe or inappropriate will be blocked on UAMS computers and networks. A list of approved AI detection tools and GAI tools approved for faculty, student, and/or staff use in clinical, research, and/or educational contexts (and any limitations to their use) can be obtained from the UAMS AI Governance Committee.

II. Legal and Ethical Considerations Across Contexts

a. GAI may produce inappropriately discriminatory output. GAI can inadvertently (or intentionally) perpetuate existing biases present in the data it is trained on. There are several reasons why GAI systems can perpetuate inappropriate discrimination:
    1. **Quality of prompts:** The quality of GAI output directly correlates with the quality of input. To obtain high-quality output, master "prompt engineering" by refining prompts, and make sure prompts do not unintentionally introduce bias into the outcome.
    11. **Bias in the training data:** GAI models have built-in biases (i.e., they are trained on limited underlying sources; they reproduce, rather than challenge, errors in the sources). If the training data contains biases, the GAI system may learn and replicate those biases in its decision-making.
    m. **Lack of diversity in the training data:** If the training data does not include a diverse range of examples, the GAI system may not perform well on diverse inputs, which may lead to discrimination.
    1v. **Lack of critical thinking:** GAI tools lack critical thinking to evaluate and reflect on criteria; they lack abductive reasoning to make judgments with incomplete information at hand.
    v. Lack of transparency: Some GAI systems can be difficult to understand and interpret, making it challenging to detect and correct for biases.
    v1. **Lack of accountability:** Without proper oversight and accountability, it can be difficult to identify and address inappropriate discrimination in GAI systems.
b. It is important to keep in mind that these biases can be unconscious, unintended, and hard to detect, but they can have serious consequences if they are not identified and addressed.
c. Use good judgement to determine if/where/when to use these tools. They do not always make products easier and/or better.
d. Be aware that the texts and images produced by GAI prompts are currently not protected by
U.S. copyright law. This means that products created from the use of GAI are publicly available to anyone. Use of AI-based tools must not violate any copyright or intellectual
property laws (please refer to DAMS Distribution of Royalties from Inventions policy; U of A Board Patent and Copyright Policy; and U of A Board Copyright and Distance Leaming Policy).
e. Users are responsible for ensuring GAI outputs do not infringe third-party rights; indemnification risk lies with the requester absent a vendor contractual defense.

III. Citation of Work Utilizing GAi

Faculty, employees, trainees, and academic visitors must fully disclose how and where they used GAI technology in their work. For example, in academic writing include a statement in the methods or acknowledgements section. For educational materials, note in slide footers or syllabi if AI assisted in generating content or images.

a. Individuals must explain what GAI program was used, what queries or instructions were given, how potential harms were avoided, how the reliability of the GAI program was evaluated, and how individuals performed quality checks to ensure that the information was correct.
b. UAMS considers the presentation of GAI writing or other creative work as the original work of the presenter without appropriate attribution to be plagiarism and is considered a violation of the UAMS Basic Code of Conduct, UAMS Student Code of Conduct, UAMS Responsible Conduct of Research policy, UAMS Core Values (integrity), and each College's Policies on Academic Misconduct or Academic Integrity.

    1. Consult the formatting style guide for specific instructions when citing or acknowledging the use of a GAI tool in any work or assignment. (e.g., American Medical Association style guide, American Psychological Association style handbook, etc.).
    11. Depending on the journal or other dissemination outlet, it may be appropriate to include a paragraph in the Methods or at the end of any work or assignment where a GAI tool was used that explains what the GAI was used for, how the reliability of the results generated were evaluated, and what prompts were given. Consult the specific author

    guidelines or other instructions for the journal or other dissemination outlet.

ct. Faculty, employees, trainees, and academic visitors do not have to disclose the use of GAI with UAMS Chancellor's AI Governance Committee-approved tools, dictation software, language translation, spelling/grammar/punctuation, formatting, alphabetizing items, and formatting of citations (e.g., converting an APA citation to an AMA citation).
e. Failure to cite GAI and appropriately describe its use in work or assignments is in violation of the UAMS Student Code of Conduct and the College's Academic Misconduct or Academic Integrity policies because the infonnation derived from these tools is not the product of an individual's unaided mind.
f. GAI work must be checked for accuracy and bias if it is to be utilized in a written document, presented to an audience, used in an assignment, or in any other work. The written document or other scholarly work must be authored by a human, although GAI information may be incorporated and cited. As such, that document is considered be cognitive work of the

faculty, employee, student, or academic visitor.

IV. The Use of AI and GAi in Research

a. No GAI tool is a substitute for human judgement. Researchers and students involved in research must evaluate the accuracy and appropriateness of recommendations made by GAI tools and make the final determination.
b. Investigators must clearly disclose in consent forms any use of generative AI tools when the outputs could potentially re-identify research participants.
c. Any use of external generative AI tools involving study data requires prior Institutional Review Board (IRB) review and approval, when applicable.
d. AI tools must be assessed by Investigators for potential bias, especially in datasets involving human subjects. Investigators must maintain a record of AI tool versions, prompts, outputs, and decision rationales in the research file. The UAMS Institutional Review Board should establish procedures for periodic review of AI use in active studies to ensure compliance with evolving standards and regulations.
e. Inputting identifiable participant data into public or non-secure AI tools is prohibited. Any use of AI tools must be reviewed and approved by the Chancellor's AI Governance Committee.

V. The Use of AI and GAi in the Education/Teaching Contexts

a. Use of GAi by sh1dents to satisfy course requirements must be authorized by the course faculty, trainer, or education supervisor. Use of such applications of GAi must be specifically allowed by the instructor/mentor for the given course or activity. Faculty should make a clear, conscious effort to describe the expectations for a given course/activity with respect to whether GAi is prohibited (i.e., not allowed in any capacity), restricted (i.e., allowed for specific projects/activities with appropriate citation), or unrestricted (i.e., allowed in any course activity with appropriate citation).
b. No GAI tool is a substitute for human judgement. Teachers and/or students must evaluate the accuracy and appropriateness of recommendations made by GAI tools and make the final determination.
c. GAi tools can be useful assistive devices for learning. Trainees should use GAi tools wisely and intelligently, aiming to deepen understanding of subject matter and to support learning. Unless otherwise directed or specified by an instructor or mentor, helpful ways to use GAi include analysis, rephrasing, essentializing, synthesizing, and/or gathering information about the typical understanding of a topic to assist with learning. However, it must be the trainee who guides, verifies, and crafts the final answers on class assignments.
d. Violating this policy or the instructor's directions about the use of GAi in their course or on an assignment might be considered a violation of the College's Academic Misconduct Policy and/or Academic Integrity Policy and could include disciplinary action up to and including dismissal.
e. Instructors may have additional requirements regarding citation or

acknowledgement of the use of GAi in assignments.

f. In accordance with the Family Educational Rights and Privacy Act (FERPA), instructors may not input any student-identifiable information or student work into GAi, plagiarism checking tools, or AI-detection software without explicit written permission from the student unless approved for use by UAMS. This includes assignments, written responses, grades, or any material submitted for evaluation or feedback. It is important to note that AI detection software currently available is inaccurate and unreliable. Tools approved for use by UAMS with rules for their use can be obtained from the AI Governance committee. Instructors are prohibited from asking Students for permission to input their work into GAI without express permission from the AI Governance Committee. Approval from the AI Governance Committee is also required for centralized tracking of licensure and any potential integration into other systems like Blackboard. Further, any use of GAI by instructors to assist or review grading or evaluating student class assignments or work requires prior approval by the AI Governance Committee. Any use of GAI to analyze student grades or other records also requires prior approval by the appropriate Dean and the UAMS Chancellor's AI Governance Committee.

VI. The Use of AI and GAi in Clinical Contexts

a. AI has enhanced computerized clinical decision support (CDS) tools. AI-CDS tools were created to alleviate the burden of data overload, enhance clinicians' decision-making capabilities, and standardize care delivery processes. These tools can offer diagnostic, treatment, and/or prognostic recommendations.

   AI-CDS tools cannot be used to automatically interpret clinical results, integrate findings, or conceptualize cases. No GAI tool is a substitute for clinical judgement of healthcare providers and most AI-CDS tools make recommendations to clinicians for their consideration. All clinicians must evaluate the accuracy and appropriateness of recommendations made by AI-CDS tools and make the final determination.

b. A few AI-CDS tools have been automated for use without clinical judgement (i.e., visual scanning detection software, chart summarization tools). This should only occur when the literature regarding the use of that AI-CDS tool suggests that it is safe to do so with approval from the Director of the Institute on Digital Health and Innovation and the Chancellor's AI Governance Committee. There are also GAI tools that serve more mechanical functions that can be utilized (i.e., dictation software, language translation, spelling/grammar/punctuation, formatting, alphabetizing items, formatting of citations, electronic health record tools, etc.). Seek information the Director of the Institute on Digital Health and Innovation or the Chancellor's AI Governance Committee if there are any questions about the use of a specific AI-CDS tool. Refer to UAMS policy 2.1.23

Safeguarding Protected Health Information for additional guidance on approval for GAI tool use in a clinical context. Approval for tool use must also be required by the Chancellor's AI Governance Committee.

c. When writing and entering queries into any GAI model outside of an electronic health record, PHI may only be inputted and processed by an AI or GAI tool if fully approved by UAMS AI Governance Committee and only when a fully executed BAA exists, compliant with UAMS Policy 2.1.23 Safeguarding Protected Health Information. Clinicians must disclose whether patient consent was obtained before the use AI or GAI technology (if applicable).
d. Any pilot projects involving a GAI tool must be approved by the Director of the Institute on Digital Health and Innovation and the Chancellor's AI Governance Committee.

VII. Compliance and Incident-Response Integration

a. AI-related disclosures or violations of this Policy must be reported within 24 hours to the UAMS Chancellor's AI Governance Committee and one or more of the following, as appropriate: the HIPAA Office, the Office of Research Misconduct, Teaching and Leaming Support Committee, and/or FERPA officer.

III. Due to ethical, legal, HIPAA, FERPA, and research compliance implications, all faculty, staff, and students will be required to take annual AI and GAI training.

Future Policymaking

GAI is a rapidly evolving field. This policy will be updated as needed, but at minimum semi-annually.

REFERENCES

UAMS Policy 2.1.23 Safeguarding Protected Health Information

UAMS Administrative Policy 4.4.01 Basic Code of Conduct

UAMS Administrative Policy 2.2.14 Student Code of Conduct

UAMS Core Values. Retrieved: https://web.uams.edu/about/vision-mission-core-values/

UAMS Administrative Policy 16.1.04 Responsible Conduct of Research

Academic Misconduct and/or Academic Integrity Policies for each college

UAMS Administrative Policy 16.1.05 Distribution of Royalties from Inventions

University of Arkansas Board Policy 210.1 - Patent and Copyright Policy

University of Arkansas Board Policy 210.2 - Copyright and Distance Learning Policy

DUE PROCESS PROCEDURES

TRAINING PROGRAM IN CLINICAL PSYCHOLOGY

Department of Psychiatry
University of Arkansas for Medical Science

This document describes the due processes policy that applies to the interns and postdoctoral fellows in clinical psychology in the Department of Psychiatry of the University of Arkansas for Medical Sciences.

When an intern or fellow is identified as performing at a level of competency judged to be "unsatisfactory" (with regard to the Standards established by the American Psychological Association as well as the Division standards), the Psychology Training Committee (comprised of the psychology faculty involved in the Internship Training Program) may select from several courses of action.

Behavior of Concern

Behaviors that might warrant action include, but are not limited to:

1. Violation of the ethical standards for Psychologists as established by the American Psychological Association, in either the provision of clinical services or research activities;
2. Incompetence in the performing of typical psychological services in this setting and/or inability to attain competence during the course of the Internship/Fellowship;
3. Failure to meet the minimum standards for patient contact, administrative requirements or didactic training;

Behavior(s) judged to be currently unsuitable and which hamper the intern's or fellow's professional performance.

Intern Grievances

Our guiding philosophy is that most problems are best resolved through direct interaction between the intern/fellow and supervisor or other staff member as part of the ongoing working relationship. Interns/Fellows are encouraged to first discuss any problems or concerns with the supervisor or staff member involved. In turn, supervisors and staff members are expected to be receptive to complaints, attempt to develop a solution with the intern, and to seek appropriate consultation. If these discussions do not produce a satisfactory resolution of the concern, the following measures are available to the intern/fellow:

Informal mediation: Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the supervisor or staff member. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the training environment.

Formal grievance: In the event that informal measures are not successful, or in the event of a serious grievance, the intern/fellow may initiate a formal grievance process by sending a written request for intervention to the Training Director.

- The Training Director will notify the Chief Psychologist of the grievance and call a meeting of the Training Committee to review the complaint. The intern/fellow and supervisor or staff member will be notified of the date that such a review will occur, and will be given an opportunity to provide the Committee with any relevant information regarding the grievance.

- Based upon a review of the grievance and any relevant information, the Training Committee will determine the course of action that best promotes the intern/fellow's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, change in rotation placement, or other training modification.

- The intern/fellow will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the intern/fellow accepts the decision, the recommendations will be implemented. If the intern/fellow disagrees with the decision, they may appeal to the PRI Administrator. The PRI Administrator will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee.

In the event that a formal grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself or herself from participating in review of the grievance due to conflict of interest. A grievance regarding the Training Director may be submitted directly to the PRI Administrator for review and resolution.

Any findings resulting from a review of an intern/fellow grievance that involve unethical, inappropriate, or unlawful faculty or staff behavior will be submitted to the Chief Psychologist for appropriate personnel action.

These procedures are not intended to prevent an intern/fellow from pursuing a grievance under any other mechanisms available to UAMS employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns/fellows are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the State of Arkansas by contacting the Arkansas Psychology Board.

Intern/Fellow Performance Problems

Performance problems may arise because of educational or academic deficiencies, psychological adjustment problems and/or inappropriate emotional responses, inappropriate management of personal stress, inadequate level of self-directed professional development, inappropriate use of and/or response to supervision, etc. Behaviors typically become identified as performance problems when they include one or more of the following characteristics:

- The behavior is not merely a reflection of a knowledge or skill deficit that can be rectified

by academic or didactic training or supervision.

- The quality of services delivered by the intern/fellow is sufficiently negatively affected.
- The behavior has potential for ethical or legal ramifications if not addressed.
- The behavior shows a persistent insensitivity to diversity considerations related to race, ethnicity, gender, sexual orientation, age, disability status, SES, etc.
- The intern/fellow's emotional difficulties interfere with his or her capacity to perform competently.
- The intern/fellow's interpersonal style interferes with his or her intra-professional and interdisciplinary relationships with peers, coworkers, supervisors, and/or subordinates.
- The intern/fellow does not acknowledge, understand, or address the concern when it is identified.
- The intern/fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.
- A disproportionate amount of attention by training personnel is required.
- The intern/fellow's behavior negatively impacts the public view of the training program or institution.

Guiding Principles to Ensure Due Process. The following principles serve to ensure that decisions made by the training program about interns/fellows are not arbitrary or personally based. These principles ensure that the intern/fellow is provided ongoing and meaningful feedback, opportunities for remediation, and information about appeals procedures:

- Presenting interns/fellows with written documentation of the program's expectations related to professional and personal functioning.
- Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- Articulating the various procedures and actions involved in making decisions regarding problem behaviors.
- Communicating with interns/fellows early and often about how to address problem behaviors.
- Instituting a remediation plan for identified inadequacies, including the competency domain(s) in which performance is not adequate, target behaviors, expectations for acceptable performance, steps for remediation, supervisors' responsibilities, time frame for

expected remediation, and consequences of not rectifying the inadequacies.

- Providing a written procedure to the intern/fellow that describes how the intern/fellow may appeal the program's action.

- Ensuring that interns/fellows have sufficient time to respond to any action taken by the program.

- Using input from multiple professional sources when making decisions or recommendations regarding the intern/fellow's performance.

- Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

Supervisory Actions. If performance problems are noted by an intern/fellow's supervisor(s), the following procedures will be initiated:

- The intern/fellow's supervisor(s) will meet with the Training Director to discuss the problem and determine what action needs to be taken.

- The Training Director will schedule a formal review of the intern/fellow's progress and all performance problems with the Training Committee.

- The intern/fellow will be notified, in writing, that such a review is occurring and will have the opportunity to provide an oral or written statement.

- The Training Committee will meet and review all of the intern/fellow's work to date, including the identified problems.

- In discussing the problem and the intern/fellow's response, the Training Director and Committee may adopt one or more of the following methods, or may take any other appropriate action:

  - Take no further action and inform all parties of this decision.

  - Issue a ***Verbal Warning*** to the intern/fellow. A Verbal Warning emphasizes the need to engage in recommended amelioration strategies in order to address the performance problem. No record of this action is kept.

  - Issue a ***Performance Notice*** (1st written warning). A Performance Notice formally indicates that the training faculty is aware of and concerned with the intern/fellow's performance and that the problem has been brought to the attention of the intern/fellow. It also indicates that the faculty will work with the intern/fellow to specify the steps necessary to rectify the performance problems, and that the behaviors are not significant enough to warrant serious action. Remediation strategies as described below should be implemented following issuance of a Performance Notice. A signed copy of

the Remediation Plan will be kept in the intern/fellow's file, as will a copy of the Performance Notice.

- Issue a ***Probation Notice*** (1st written warning). A Probation Notice indicates that the training faculty will actively and systematically monitor for a specific length of time the degree to which the intern/fellow addresses, changes, and/or otherwise improves the problem behavior. The intern/fellow must be provided with a written statement that includes a description of the actual problem behaviors, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be ameliorated, and the procedures designed to ascertain whether the problem has been appropriately rectified. Additional remediation strategies must be implemented at this time. A copy of the Probation Notice and the revised Remediation Plan will be kept in the intern/fellow's file.

- The Training Director and Training Committee will then meet with the intern/fellow to review the action taken. If placed on probation, the intern/fellow may choose to accept the conditions or may challenge the decision. The procedures for challenging the decision are presented below (see below Procedures for Appeal by an Intern/Fellow).

- Once the Performance Notice or Probation Notice is issued by the Training Director, it is expected that the intern/fellow's performance will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty, the intern/fellow and other appropriate individuals will be informed and no further action will be taken.

- If it is determined that the conditions for revoking the probation status have not been met, the Training Director may take any of the following actions:

  - Continue the probation for a specific time period, with written notice to the intern/fellow of ongoing steps that must be taken to ameliorate the problem in the specified time frame.

  - Issue a written ***Suspension Notice*** (2nd written warning). This indicates that the intern/fellow is not allowed to continue engaging in specified professional activities until there is evidence that the behavior in question has improved.

  - Issue a written ***Warning Notice*** (2nd written warning). This indicates that if the problem behavior does not change, the intern/fellow will not meet criteria for internship completion.

  - Issue a written ***Termination Notice***. This indicates that the intern/fellow will be terminated from the internship program as of the date specified in the notice.

When the aforementioned interventions do not, after a reasonable time period, rectify the problem, or when the intern/fellow seems unable or unwilling to alter his or her behavior, the Training Director and Committee may take more formal action, including such actions as:

- Giving the intern/fellow a limited endorsement, including the specification of competency domains and practice settings in which he or she is competent to practice. This information will be conveyed to all relevant state psychology licensing boards.

- Communicating to the intern/fellow that he or she has not successfully completed the training program, with the possibility of continuing for an additional specified period of time beyond the training year.

- Terminating the intern/fellow from the training program. This includes issuing of a Termination Notice. This information will be communicated to the intern's graduate school faculty, and will also be conveyed to all relevant state psychology licensing boards.

Remediation Strategies. When performance problems have been identified and documented as discussed above, the training faculty, in conjunction with the intern/fellow, will formulate and implement strategies for remediation of such problems. These strategies will be appropriately documented and implemented in ways that are consistent with due process procedures. Such strategies may include, but will not be limited to, the following:

- Increasing supervision time, either with the same or other supervisors.

- Changing the format, emphasis, and/or focus of supervision.

- Strongly recommending personal therapy. Referrals will be provided.

- Reducing the intern/fellow's clinical or other workload or modifying his or her schedule in other ways.

- Requiring specific academic coursework, didactics, or independent study.

- Recommending, when appropriate, a leave of absence and/or a second internship/fellowship.

- Recommending and assisting in implementing a career change for the intern/fellow.

Procedures for Appeal by an Intern/Fellow. Interns or fellows who wish to contest supervisory actions and decisions must submit a written challenge to the Training Director within 10 days of receipt of the faculty decision. Failure to submit a written challenge within 10 days will be taken as assent to the supervisory actions and decisions. Once a written challenge is received, the following steps will occur:

- The PRI Administrator will convene a Review Panel consisting of the Training Director, two faculty members selected by the Chief Psychologist, and two faculty members selected

by the intern/fellow.

- A review hearing will be conducted, chaired by the PRI Administrator, in which evidence is heard from the supervisor(s), who have the right to be present at the hearing. The intern/fellow will retain the right to be present at the hearing, to hear all facts, and to dispute or explain his or her behavior.

- Within 15 days of the completion of the review hearing, the Review Panel will file a written report, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote of the five panel members. The intern/fellow will be informed of the recommendations by the PRI Administrator and through receipt of a copy of the panel report.

- If the Review Panel finds in favor of the intern/fellow, no further action against the intern will be taken. The PRI Administrator will consult with the faculty supervisor(s) concerning the decision.

- If the Review Panel finds in favor of the supervisor(s), the original supervisory action will be implemented.

- The Review Panel may, at its discretion, find neither in favor of the supervisor nor the intern/fellow. It may instead modify the original supervisory action or issue and implement its own action. In this instance, the PRI Administrator will consult with both the supervisor(s) and the trainee concerning the decision.

INFORMAL RESOLUTION OF CONCERNS

If an intern or fellow has any type of concern during their training year, expectations are that the intern or fellow will first attempt to address the situation directly with the affected individual or individuals. For instance, an intern may have concerns about the way they are treated, how supervision is being conducted, ethical or safety concerns or other issues. If speaking directly with the individual is for some reason difficult or inappropriate, the intern or fellow should first consult with the rotation supervisor within which the issue occurs. If that is also not deemed a viable option, the intern/fellow should then speak with their primary supervisor for guidance and support. If none of these options is seen as feasible for some reason, the next step is to contact the training director. Our training faculty strive to provide a supportive and open atmosphere that allows resolution of any issues within this normal sequence. However, we recognize that the inherently unequal power in the supervisor/supervisee relationship may conceivably lead an intern or fellow to be reluctant to discuss some concerns with training faculty. Therefore, at any time during the training year, any intern/fellow who wishes to may consult with someone outside of the program in an informal and confidential avenue for discussion and problem-solving.

We have made arrangements with two individuals within the department of Psychiatry but outside of our training program to serve in this role as consultants for the interns should this need ever arise during the course of the training year. Trainees who wish to utilize this opportunity may contact Samara Duckworth, MS, LPC, BC-TMH or Michael Lowery, LCSW both of whom are part of the Employee Assistance Program. Each has agreed to serve as an informal source of advice, ventilation, problem solving, or to otherwise aid the intern/fellow who may wish to process areas of concern without involving any member of the training committee. Communications with Samara or Michael will be held as confidential at the trainee's request to the extent possible. However, some possible exceptions to this confidentiality could include information that legally or ethically requires intervention or that poses a risk of legal liability.

Contact information:

Samara Duckworth- sduckworth@uams.edu

Michael Lowry- mlowery@uams.edu

GREIVANCE PROCEDURE

A grievance is defined as an expression of dissatisfaction regarding:

a) duties assigned to the Intern/Fellow;
b) application of hospital, College of Medicine or University policies;
c) questions regarding reprimand, probation or termination

The grievance procedure shall not be used to question a rule, procedure or policy established by an authorized faculty or administrative body. Rather, it shall be used as a due process by those who believe that a rule, procedure or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person or persons.

An attempt should be made to resolve the difficulties by an informal hearing of the Intern or Fellow with his supervisor or with the Training Director. If unsuccessful at this point, the next level of resolution would be with the PRI Administrator and, subsequently, the Chairman of the Department. The final process would be a formal hearing on the grievance issue convened by the College of Medicine Appeals Board and transmitted to the Dean of the College of Medicine for the final decision.

BENEFITS FOR HOUSESTAFF:

January 2023: The University of Arkansas for Medical Sciences offers a variety of benefits to eligible Housestaff (Physician Residents/Psychology Interns and Fellows) and their families. The following information is intended to be a brief summary of these benefits and is not a guarantee of benefits. All Housestaff members should seek information from the Housestaff Office of the College of Medicine regarding eligibility costs and benefit plan options. Please refer to the Summary Plan Description (SPD) for a full description of each Insurance or Group Benefit Plan. SPDs are found on the UA System website (link provided on HR website); printed copies are available by request from Human Resources. Insurance rates and other benefit details are found on our website. Please call 501-686-5650, or visit www.hr.uams.edu (Click on "Benefits).

*********All UAMS Clinical Psychology Interns and Fellows are members of Housestaff.*

Rules about enrollment deadlines and effective dates:

1. All new Interns/Fellows are required to complete benefit enrollment via Workday during their onboarding. This form outlines benefits eligibility criteria, insurance enrollment deadlines and retirement participation information.

2. Medical Insurance takes effect the first day of the training program, provided the Intern/Fellow completes the required online enrollment forms in within their first 31 days of initial appointment to the training program.

3. All other benefits are generally effective the first of the month following the date the Intern/Fellow completes the required enrollment forms. In order to be eligible for benefits to take effect the earliest possible date, the Intern/Fellow must complete and remit the required forms **before** the first day of beginning the training program.

4. There are no late enrollments for Medical Insurance or Dental Insurance, other than during an open enrollment period as announced by the University of Arkansas System Office. Unless an Intern/Fellow elects to make a change on account of and consistent with a "qualified event" (e.g. marriage, birth, divorce), the first 31 days of their benefits-eligible training may be their only opportunity to enroll.

Information about responsibilities for the cost of coverage:

1. **Medical, Dental, and Basic Life Insurance**: Coverage includes the following, provided the Intern/Fellow enrolls within 31 days of the initial appointment to the training program.

- **Medical Insurance for the Intern/Fellow**: UAMS will pay the premiums for the Intern's/Fellow's Classic Plan or Health Savings Plan coverage only, provided the Intern/Fellow makes positive election for coverage. UAMS will pay a portion of the premium should the Intern/Fellow elect the Premier Plan.

- **Medical Insurance for Family Members**: UAMS will pay a portion of the premium in accordance with the University of Arkansas benefit plan document, provided the Intern/Fellow makes positive election for coverage.
- **Dental Insurance:** UAMS will pay a portion of the premium for the Intern/Fellow and his/her family members in accordance with the University of Arkansas benefit plan document, provided the Intern/Fellow makes positive election for coverage.
- **Basic Life Insurance for the Intern/Fellow**: UAMS will pay the premiums for the Intern's/Fellow's coverage.

2. **Basic Life and Long Term Disability for the Interns/Fellows:** UAMS will pay the premiums for the Intern's/Fellow's coverage. Coverage is automatic, no enrollment required.

3. **Other insurance plans, including Vision, Optional Life, Dependent Life, Accidental Death & Dismemberment, and Critical Illness**: the Intern/Fellow is responsible for the cost of coverage, upon making positive election through Human Resources. For information about the following descriptions, contact the UAMS Office of Human Resources by phone at (501) 686-5650, by email at AskHR@uams.edu, or visit our web site under voluntary benefits at: Benefits | UAMS Human Resources

UAMS Medical Plan:

You have three medical plans to choose from: **Classic**, **Premier**, and **Health Savings**. All plans cover a wide range of traditional expenses such as doctor visits, surgical services, pregnancy, emergency room services, hospital stays, and diagnostic testing. Towards the goal of assisting you in being healthy, most in-network preventive care is covered in full, at no cost to you. **All plans are administered by UMR but are self-insured by the University of Arkansas.**

Classic is the primary plan. It is similar to an HMO as care can only be provided through in-network providers (exception for emergencies that arise while traveling). However, the network is national under United Healthcare.

Premier is the "gold" plan with the highest premiums; however, you'll pay the least out-of-pocket of the three medical options when you receive care from in-network providers. Benefits are also available out-of-network, although at a lower rate.

The Health Savings Plan has the lowest premiums. But until you meet the deductible, you pay for all expenses yourself. Once you meet the deductible, you share the cost of covered medical and prescription drug expenses with the Plan through coinsurance. This plan includes a Health Savings Account (HSA) – a tax-advantaged account used to pay eligible medical, dental, vision and prescription expenses. Money in your HSA stays with you year after year, no "use it or lose it" rule. The HSA belongs to you, which means you can take it with you if you leave the University. Your HSA grows through contributions made by the University and you. You cannot enroll in this plan if you have other health coverage. This plan is a qualified high deductible plan per IRS regulations.

Rates, summary plan descriptions and a side-by-side "medical plans at a glance" comparison of the plan options are posted on the web site: https://hr.uams.edu/benefits/. Do not just look at the premium costs; carefully review the benefits to see which works best for you and your family.

*** Please click on the link below to see new rates for UAMS Housestaff beginning July 1, 2024.

July 2024 Medical Insurance Rates: https://hr.uams.edu/benefits/wp-content/uploads/sites/5/2024/01/REsident_Housestaff_New-rate-sheets-Jan2024.pdf

SmartCare: Enjoy cost savings by choosing to come to UAMS for your care. The UAMS SmartCare benefit option is available under all three plans. You'll enjoy lower copays, deductibles and coinsurance costs, as well as a dedicated employee concierge to help you make appointments. To select a UAMS physician, visit www.uamshealth.com.

Free disease management counseling for chronic conditions such as diabetes, asthma, hypertension, high cholesterol, obesity, and tobacco use is available through UMR. Visit our web site for additional programs such as the Maternity Management program where you can save $300 on hospital delivery costs, and the Real Appeal weight loss program. Those who participate in the annual wellness program and complete the required steps are eligible to receive enhanced medical benefits the following year, including avoidance of a ***tobacco surcharge.***

You may enroll in Medical Insurance at these times: 1) within your first 31 days of employment (coverage takes effect the first day of your training program); or 2) within 31 days of a qualified event such as marriage, birth of a child, divorce, death or spouse's loss of coverage. Coverage takes effect the first day of the month following the date your written election and dependent documentation is received by Human Resources; however, newborns are covered retroactive to date of birth.

Wellness Plan: As mentioned above, Wellness remains an important objective and the University will continue to reward employees who complete specific wellness steps. In 2023 and 2024, part of the Wellness reward is to take the *Tobacco Pledge and Notice* and choose one of the following options:

- If you do not use tobacco/nicotine products, you must complete the Tobacco Pledge and Notice during Open Enrollment and agree to continue being tobacco-free.
- If you DO use tobacco/nicotine products, you must complete the *Tobacco Pledge and Notice* during Open Enrollment, including committing to enrolling in and completing a recognized tobacco cessation program in 2024. https://benefits.uasys.edu/health-wellness/wellness/

***Only the employee/primary subscribe must complete the Pledge- your spouse and covered dependents do not need to complete the Pledge for you to earn wellness program incentives.

***If you do not complete the Tobacco Pledge and Notice and choose to continue to use tobacco/nicotine and do not commit to enrolling in and completing a recognized tobacco cessation program, you will be assessed a $50 monthly tobacco surcharge.

Dental Plan: The dental plan is designed to assist you in maintaining good oral health. The plan helps you pay for basic dental exams, restorative care, cleaning services and preventive services. It also covers more intensive and specialty dental needs including extractions, oral surgery, crowns, bridges, spacers and implants. The dental plan is administered by Arkansas Blue Cross and Blue Shield, but is self-insured by the University of Arkansas. Dental benefit details can be found on the UA System website: https://benefits.uasys.edu/health-wellness/dental/

You may enroll in Dental Insurance at these times: 1) within your first 31 days of employment; or 2) within 31 days of a qualified event such as marriage, birth of a child, divorce, death or spouse's loss of coverage. Coverage takes effect the first day of the month following the date your written election and dependent documentation is received by Human Resources. Also see in Fringe Benefits.

Vision Plan: The vision plan benefits those who have vision impairments and wear corrective eye wear. The plan helps to lower your out-of-pocket costs when you get an eye exam and purchase frames, lenses or contacts.

You may enroll in the vision plan within your first 31 days of employment. Newly eligible family members (e.g. new spouse) may also be added within 31 days, with documentation. Open enrollment periods will be offered at the discretion of the carrier and are not guaranteed to be held annually. Visit the UA System website for a detailed description of the two visions plans, Basic and Enhanced: https://benefits.uasys.edu/health-wellness/vision/

Life Insurance:

Life insurance provides a payment to family or other beneficiaries in the event of your death. UAMS provides Basic Life Insurance to you at no cost. Coverage is equal to one times your salary, up to a maximum of $50,000.

You may purchase an additional one, two, three, or four times your salary (up to a maximum of $500,000) by enrolling in Optional Life Insurance. Again, the benefit is payable to your beneficiary in the event of your death.

You may purchase life insurance on your spouse and eligible children by enrolling in Dependent Life Insurance. The benefit is payable to you in the event of their death. You may choose $10,000, $15,000, or $20,000 coverage for your spouse. Children are automatically covered at one-half of the elected spouse's coverage.

These plans are described in detail in the SPD's found on the UA System website. You may enroll in the Optional and/or Dependent Life Insurances within your first 31 days of employment. After this period you can apply for coverage through Evidence of Insurability, but the carrier reserves the right to deny coverage based on health condition.

Accidental Death and Dismemberment:

You may purchase AD&D insurance to provide coverage for yourself, your spouse and your eligible children in the event of accidental death (full benefit) or dismemberment (partial benefit). Coverage amounts are available in $25,000 increments up to a maximum of $300,000. If you elect family coverage, you would first elect your coverage amount; then your spouse is covered at 60% of that amount and children are covered at 20% of that amount up to $25,000.

You may enroll in AD&D insurance at any time. Changes take effect the first of the following month. Details can be found on the UA System website: https://benefits.uasys.edu/financial-protection/accidental-death-dismemberment-insurance/

Disability:

Disability coverage assists in replacing earnings in the event of a long-term injury or illness which prevents you from working. UAMS provides **Long Term Disability** coverage to eligible Housestaff at no cost through The Standard Insurance Company. The monthly benefit amount is 60% salary replacement based on earnings as of last day of work prior to disability.

Critical Illness:

The Critical Illness plan pays money directly to you in a lump-sum should you or a covered family member be diagnosed with invasive cancer, heart attack, stroke or other critical illness. You may use this payment as you see fit, such as paying for copays and deductibles, travel to treatment centers, child care, rent, etc. A $50 annual wellness credit is also paid for completing a health screening test such as a mammogram or colonoscopy. $10,000 and $20,000 coverage is available. These plans are through United Health Care. Visit the UA System Website for more details: https://benefits.uasys.edu/financial-protection/uhc-insurance-plans/

You may enroll in Critical Illness Insurance within your first 31 days of employment. Changes may also be made within 31 days of a qualified event such as marriage or birth of a child. Coverage takes effect the first day of the month following the date of your written election.

Section 125 Flexible Benefit Plan:

Section 125 of the United States Tax Code allows for your medical, dental and vision premiums to be deducted on a pre-tax basis, thereby reducing your taxable income. All employees enrolled in any of these plans will automatically have their premiums deducted on a pre-tax basis.

While our insurance plans do cover many health care expenses, there are co-payments, deductibles and services which may not be covered. With our Health Care Flexible Spending Account, you may set aside up to $2,750 annually through payroll deductions to be used for such out-of-pocket medical expenses, and thereby pay for these expenses with pre-taxed dollars. This increases your take-home pay by reducing your taxes. Many employees choose to establish an account to pay their medical insurance co-pays and deductible, plus out of pocket costs for orthodontia and prescription eyewear.

With a Dependent Care Flexible Spending Account, you may set aside up to $5,000 annually through pre-tax payroll deductions to be used for dependent care expenses ($2,500 if you are married and file separately). The account may be used to help pay for daycare or care of other immediate family members while you work. If you elect to participate, you may not take the childcare credit for the same expenses when you file your income tax returns.

You may elect to participate in any a Flexible Spending Account within your first 31 days. The next opportunity to renew or change your election will be the open enrollment period, to be effective January 1 of the following year. You may also make changes within 31 days of a qualified event (as defined by the IRS; includes marriage, birth of a child, divorce and death).

***Note that Health Savings Medical Plan participants are not eligible to enroll in a Health Care Flexible Spending Account.** For more information, visit the UA System website: https://benefits.uasys.edu/health-wellness/flexible-spending-accounts/

Retirement Plan

You are eligible to make personal, tax-deferred contributions to Tax Deferred Annuities, or TDAs. After-tax Roth contributions are also available. You may choose either of the two available fund sponsors: Teachers Insurance and Annuity Association **(TIAA)** or **Fidelity Investments**. You may elect to make contributions at any time during your employment at UAMS. Forms are available in Human Resources. For more information, visit the UA System website: https://benefits.uasys.edu/retirement-plan/retirement-savings-plan/

Voluntary Benefits

The University of Arkansas offers the advantage of group discounted rates for the following benefit plans. You would contact the carrier to apply for coverage. Visit our web site for contact information. https://hr.uams.edu/benefits/

Group Auto/Home Insurance is provided through **Farmers.** You can apply for coverage at any time

Identity Theft Protection: is provided through **ID Watchdog.** You may enroll at any time.

Prepaid Legal is provided by **LegalShield.** You may enroll at any time.

UAMS FRINGE BENEFITS & RESOURCES

Bio-Medical Library

The library is housed in the Education II Building at the University of Arkansas for Medical Sciences campus and occupies space on three levels with the Audio-Visual Library being part of the fifth floor. The library contains 38,000 books; 125 journals regularly received (psychiatry, behavioral sciences and related titles); 2,300 medical journals, and 98 neurological journals are regularly received. Medline, Medlar, and Index Medicus are available. There is a branch of the

UAMS library in the Sturgis Building at the Arkansas Children's Hospital that is available 24 hours a day to interns and residents.

Tuition Discounts for UAMS House Officers and their Immediate Families

Eligible Housestaff and their families receive a tuition discount at all of the University of Arkansas campuses:

Employees may take up to 132 undergraduate semester credit hours at 50% of the cost of tuition. Spouses and unmarried dependent children may take up to 132 undergraduate semester credit hours and receive a 50% tuition discount at the employee's campus or 40% tuition discount at other University of Arkansas campuses. The discount is applicable to web based or distance education courses offered through any campus or through eVersity. Visit our web site to apply online for a tuition discount. Please click the link below for specific information and updates. https://hr.uams.edu/benefits/tuition-discount/

Daycare for Housestaff

UAMS: UAMS just opened the Child Development Center. Please click the link below for more information: Little Rock, AR Daycare & Preschool | UAMS Child Development Center (brighthorizons.com)

ACH: Daycare for dependent children ages 6 weeks to 5 years is available at the **Child Enrichment Center located in the Professional Building 1on the campus of Arkansas Children's Hospital.** Children must have an up-to-date immunization record. For more information, call 364-3566.

Interns/Fellows located at Arkansas Children's Hospital may use the Child Enrichment Center. ***Hours may have changed since the COVID-19 Pandemic, so please verify status.

Ambulatory Care Center (ACC) Pharmacy

Employees and their immediate family can receive a discount on prescriptions filled at the ACC Pharmacy. The discount does not apply to your UMR co-payment. The Pharmacy offers limited delivery service of filled prescriptions the next day to employees who work on the main campus. For more information, call 686-5530.

Bus Passes – Central Arkansas Transit

Monthly bus passes for Central Arkansas Transit busses (CAT) are sold at a discount through the Treasurer's Office located on the first floor of the Hospital. Passes are valid for all routes throughout the entire month. You can purchase your monthly pass by cash, check, or money order.

Cafeteria Discount

As a UAMS employee, you are eligible to receive a discount in the cafeteria and the Lobby Cafe when you show your UAMS ID Badge.

Campus Assembly

The Campus Assembly is the vehicle that faculty, students and staff use to voice their opinions about campus policy. The Campus Assembly is made up of two representative bodies: The House of Delegates and the Academic Senate.

UARK Federal Credit Union – On Campus

The UARK Federal Credit Union is available to provide you with an easy way to save money through payroll deduction. The Credit Union also offers loans at competitive rates, which can be conveniently paid back through payroll deduction. For more information regarding services call 686-6419 or visit https://www.uarkfcu.com/

Dental Care

UAMS has two clinics available for your dental care: https://uamshealth.com/expertise/dental-care/

1. **The UAMS Dental Hygiene Clinic**: located on the 5th Floor of the Freeway Medical Tower Building near UAMS. The clinic provides preventative dental services including preventative dental care, x-rays, and fluoride treatments for you and your family at reduced rates. For an appointment, call 686-5733.

2. **Delta Dental of Arkansas Foundation Oral Health Clinic**: located in the Shorey Building adjacent to the main hospital. For an appointment, call 501-526-7619.

   Services offered are:
   - Crowns
   - Denture/partials
   - Fillings
   - Endodontic (root canal) therapy
   - Extractions
   - Implants
   - Hygiene services (Cleanings & Exams)
   - Dental Sealants
   - Whitening/Cosmetic Services
   - Other comprehensive dental services

The Delta Dental of Arkansas Foundation Oral Health Clinic is in network for Arkansas Medicaid, Delta Dental (PPO Provider), Arkansas Blue Cross/Blue Shield, and Guardian.

For patients that subscribe to other dental insurance carriers, our staff will gladly file a claim with your insurance provider as a courtesy. The UAMS Delta Dental of Arkansas Foundation

Oral Health Clinic is a self-referral clinic. Although we do not require a referral for this clinic, some insurance providers require pre-authorization for some dental services. Please check with your insurance provider prior to requesting an appointment. Our knowledgeable staff will be glad to answer questions or assist you with questions regarding insurance and services provided.

Employee Assistance Program (EAP)

The Employee Assistance program provides confidential consultation and referral services on work and personal issues. EAP also offers a variety of workshops and resource materials on topics including: stress management, parenting, wellness, financial and legal issues, and alcohol and substance abuse. For personal assistance call 686-2588, outside of Little Rock, call 1-800-542-6021.

Health and Fitness Centers

UAMS Fitness Center: Located on the 8th floor of the Rahn Building. Membership for Housestaff is by payroll deduction: Bi-weekly: $6.92 or Monthly: $15.00.

For more information click on the following links: https://inside.uams.edu/fitness-center/wp-content/uploads/sites/23/2021/06/2021-Brochure.pdf

https://inside.uams.edu/fitness-center/membership/

Library Privileges

Employee I.D. Badges double as library cards for access to the UAMS Medical Library.

Merchant Discounts

A variety of merchant discounts are available to UAMS employees through Access Perks with over 700,000 participating merchant locations Please click on the following link for information: Employee Discounts | University of Arkansas System Benefits Faculty and Staff Benefits || University of Arkansas for Medical Sciences (uasys.edu)

Pre-Tax Premiums

Another easy way to save money is to pay your premiums for health and dental coverage with before tax dollars. If you are interested in knowing more about pre-tax premiums, call the Office of Human Resources at 686-5650. Annual open enrollment for this benefit is held each Fall.

UAMS and WRPCI Gift Shops

Enjoy the convenience of shopping at the UAMS Gift Shop or the WRPCI Gift Shop for seasonal items, baby and other special gifts, candy, balloons, magazines and cards. All your purchases are tax exempt, and all sales go toward support for our clinical programs. Free gift wrapping is available.

UAMS Optical Shop located in the Jones Eye Institute

UAMS employees receive a discount on most contact lenses and eye glasses through the UAMS Optical Shop. Call 686-8114 for more information or click on the link: https://eye.uams.edu/specialties/vision-and-optical-services/optical-shop/

The University of Arkansas for Medical Sciences does not discriminate in employment or in any of its services on the basis of race, color, religion, national origin, creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation.

Malpractice Insurance

Medical malpractice (medical professional liability coverage) insurance is provided to all faculty members and house staff members involved in the clinical care of patients. The coverage afforded the faculty and house staff at UAMS is written on a claims-made basis. With the standard claims-made policy, coverage begins on the date the individual physician is initially insured under the policy and coverage ends the day the policy is canceled. In other words, the policy will respond in the event a claim or suit is made only if the policy is in force. If the policy (or coverage) is terminated, and a claim or suit is made after the termination date, the policy will not respond even though the event occurred while the policy was in force. It should be noted, however, that the insured has the option of purchasing what is known as "indefinite reporting period coverage" or "tail" at the time the policy or coverage is canceled. By purchasing "tail", the physician has the right to report claims or suits that are brought after the policy was canceled but that stemmed from events occurring while the policy was in force.

The policy under which the physicians at UAMS are covered acts a little differently than the standard claims-made policy. Under our policy, if an individual physician (faculty or house staff) leaves UAMS, the "tail" is provided at no cost to the individual physician. The individual physician still has the right to report claims or suits that may be brought due to events that occurred while employed by UAMS.

The coverage afforded to faculty and house staff is for UAMS approved activities only. The policy is not intended to and will not respond for "moonlighting" activities. If there is a question about whether or not a particular activity is UAMS approved, the question should be directed to the department chairperson.

Claims brought under the policy may be settled out of court prior to the initiation of suit, or suits may be settled prior to trial but only with the written consent of the insured or, upon rare occasions, as directed by the UAMS Professional Liability Insurance and Claims Committee.

Reporting Procedures

The FGP Risk Management and Prevention Department encourages any physician to freely communicate any concerns regarding the care and treatment of a patient including unexpected outcomes, errors, or any medical/legal event. If you have reason to believe a malpractice claim might occur due to some event, **REPORT IT**. The phone number for the Department of Risk Management & Prevention is **614-2077** or **614-2082**. Information you should have available includes the name of the patient, the medical record number, physicians involved, and the nature of the event causing concern.

In the event you receive a letter threatening suit or suit papers, you should contact the Department of Risk Management *immediately.* In the event you are served with suit papers, you will have only twenty (20) days in which to have an Answer filed with the court hence, time is of the essence.

Subpoenas, Claims, and Suits

Physicians find themselves involved in the legal arena for a variety of reasons not all of which are medical malpractice. Contact could be made in a variety of ways. The physician might be contacted by an attorney who simply wants to "discuss" the care and treatment rendered. Do not enter into conversations with attorneys regarding patient care matters without first checking with the Department of Risk Management & Prevention. Revealing sensitive patient information to unknown individuals, regardless of whom they say they are, can constitute a breach of patient confidentiality. In addition, answering an attorney's questions out of context can work against your interest.

If you receive a subpoena demanding your presence for a deposition or trial testimony, you should notify the Department of Risk Management & Prevention immediately. Most depositions can be conducted at a time and place convenient to you and we can help guide you through the process. n addition, if there is need to retain an attorney for you, the Department of Risk Management & Prevention can make those arrangements.

If you receive suit papers, it is imperative that you contact the Department of Risk Management & Prevention immediately so that an attorney can be retained and an Answer filed within the twenty (20) day period as described in Arkansas law. Failure to file an answer timely subjects the defendant to a default verdict.

For any questions or when in doubt, contact the Department of Risk Management & Prevention.

PHYSICIAN ISSUES: Kemal Kutait, FGP Risk Management, 614-2082 or 614-2077, (faculty or resident) pager: 688-6458

HOSPITAL ISSUES: Rebecca Tutton, RN, JD, University Hospital Administration, 603-1150, pager: 405-4727

Arkansas Employee Assistance Program

The Arkansas Employee Assistance Program is a team of individuals dedicated to providing behavioral health services to employees, which help resolve or prevent problems that may impact the workplace. Our aim is to help employees create a productive climate where their contributions promote the organization's mission.

Our Clients:
Our first obligation is to provide our clients the highest quality problem resolution services, assisting them in their efforts to grow both personally and professionally.

Our Organization:
We are committed to the long-term investment of every project we do. The program, and every project we develop, is an investment in an organization's most valuable asset - human beings.

Our People:
We are committed to recruiting the highest caliber professional in our industry to work in partnership. We provide opportunities for growth and development, foster a team spirit where communication flows freely, and encourage the sharing of ideas and the expression of creativity. We expect Arkansas EAP people will be known for their commitment and competence.

Our Industry:
We are committed to leading the employee assistance field through our client satisfaction, creative approaches to problem solving, and to sharing and contributing to the body of employee assistance knowledge.

Office hours are as follows:

Monday 9:00am to 3:00pm – UAMS campus RAHN/COPH 6th floor

Wed 1:00pm to 7:00pm – Freeway Medical Tower, 5800 West 10th Street, Suite 601

Thursday 9:00am to 3:00pm – Freeway Medical Tower, 5800 West 10th Street, Suite 601

RISK MANAGEMENT AND PREVENTION

The **FGP Risk Management Department** was established to administer the UAMS physician's liability program. The primary responsibility of the Risk Management Department is to reduce the risk of claims and lawsuits involving UAMS faculty and staff. In reality, there is no way to totally eliminate the possibility of a suit but there are many things you can do which will substantially improve the chance of successful defense in the event you are sued. Your cooperation and support is essential for a successful risk management program.

It is impossible to provide a complete discussion on any given topic contained in this manual but this guide will provide you with a handy reference to many issues associated with our program and your practice of medicine. The FGP Risk Management staff is available for consultation on any of the issues contained in this guide. In addition, the Risk Management staff is available to give presentations on any risk management issue that may be of interest to you or your department.

Our office hours are 8:00 am to 5:00 pm Monday through Friday. The phone number is 614-2077 and there is voicemail service in the event we are out of the office or you call after normal office hours. In addition, we can be reached by pager in the event the situation demands immediate attention at times other than during normal office hours and the pager number is included in the voicemail prompt.

Risk Management

Risk management is an effort designed to reduce the potential of malpractice claims while maintaining the provision of high quality patient care. Risk management differs from defensive medicine in that it is not just a set of strategies for preventing claims; it works in the best interest of the patient and the provider. Risk management stresses good rapport and communication between the provider and the patient, good documentation of the communication, obtaining informed consent, and reporting problems to the Risk Management Department.

You have the responsibility of reviewing and following your own department's policies, procedures, and protocols as well as those of the University Hospital. Unfamiliarity with these policies can create liability situations and is not an excuse for failure to comply with the approved policies of the department or institution.

Risk identification and analysis is performed through patient complaints, sentinel events, medical record and request reviews, and reports from clinical departments. Loss prevention involves continuous educational and orientation programs for medical staff, residents, students and nursing; policy review and development; compliance with local, state and federal regulatory risk management requirements and JCAHO risk management related standards; support to Corporate Compliance Officer; participation in committees; development of mechanisms to assist patient and families following an adverse event; response to patient/family complaints and support to the medical staff and high risk areas.

COMMUNICATION

An open line of communication between the patient and health care provider is a key factor in reducing lawsuits. Studies have shown that patients who have good rapport with their physicians file fewer lawsuits. The basic premise is that people generally do not sue friends or those who they trust and respect. The health care provider who communicates effectively with his/her patient is less likely to produce the kind of surprise that sparks most lawsuits. A patient is inclined to forgive mistakes made by someone who clearly demonstrates an earnest concern for their well-being.

In addition to effective verbal communication with the patient, the physician must also document effectively. What the physician communicates into the medical records will stand as testimony if his/her actions are later contested.

Medical *treatment* is what the physician does for a disease. Medical *care* is what the physician does for the patient. A major step toward the prevention of malpractice suits begins with the realization that a patient expects care, not just treatment…and care requires communication.

CONFIDENTIALITY

The information disclosed to a physician during the course of the relationship between the patient and the physician should be held confidential to the greatest extent possible. The physician should never reveal confidential communications or records without the express consent of the patient. Confidentiality is a term we usually use to express protection of information or records but it means so much more.

Examinations must be humane, discreet, reasonable, and decent, exposing only the body parts under examination. Access to a patient's body or medical information must be limited to the primary health care team involved in the care and treatment of the patient. This information or access may be granted to others, such as consultants, medical students, and chaplains, with the patient's express consent.

Practices such as examining patients in the presence of unidentified students and others and/or discussing the care and treatment of a patient with parties not directly involved in the care and treatment of the patient should not be permitted unless the patient has been informed and consent obtained.

There are situations in which medical information and records are released to non-health care providers without the necessity of obtaining the patient's authorization. This includes release to government agencies, the health department, and insurance companies who pay for services rendered. If there is any doubt about whether or not to release information or medical records you should contact the Risk Management Department or the Medical Records Department prior to releasing the information in question.

One final note on confidentiality focuses on a situation somewhat unique to teaching facilities. In most hospitals, a patient has one primary treating physicians, the various nurses, and perhaps a consultant or two. In our facility, the patient not only has the primary treating physician and the nurses but also has a host of residents and medical students involved to some extent. It is part of

the training process for physicians, residents, and students to discuss the patient's condition and treatment options however, many times these discussions take place in hospital corridors, elevators, and other public places. Every health care provider must remain alert to their surroundings and avoid breaching confidentiality inadvertently in public places. Hallways, elevators and cafeterias are not the best place to discuss a patient's condition, course of treatment, prognosis, test results, etc.

DOCUMENTATION

The patient's medical record always becomes a focal point anytime there is a question regarding the care and treatment rendered. It is important that the medical record be kept accurately and timely.

The medical record serves three primary purposes: 1) to insure quality patient care; 2) to provide documentary evidence of the patient's course of illness and treatment; and 3) to facilitate review.

One often thinks of the medical record as a means of protecting the hospital or providing a defense in a medical malpractice action. However, the purpose of the medical record is not to protect or to provide a defense. The purpose of the medical record, as it pertains to risk management, is to *preserve the truth.* In reality, a complete and accurate medical record will protect the legal interests of the patient, the hospital, and the responsible practitioner. The medical record will provide a justifiable defense if one exists or will indict the responsible party if there is no justifiable defense.

What Should be Documented in the Medical Record?

There are no clearly defined guidelines as to what should or should not be documented in the medical record. There are, however, certain minimum requirements on what generic information should be documented. These include:

1. identification data
2. medical history
3. physical examinations
4. diagnostic and therapeutic orders
5. appropriate consent
6. clinical observations
7. reports of procedures
8. results of tests
9. conclusions at the termination of care

It is recommended that in addition to these minimum requirements, other significant items should become part of the medical record. Keep in mind the old adage "If it hasn't been documented, it hasn't been done." With this in mind, anything related to the care and treatment of a patient or the patient's conditions that the physician considers or does during the course of treatment should be documented. It should be pointed out that the obligation to document the treatment rendered and the patient's response to the treatment is a positive one rather than a negative one. In other words, only acts of commission should be documented, not acts of omission.

For example, if a given unit is understaffed on a given day and appropriate care could not be rendered to all patients, it would be inappropriate to record "All primary care was not rendered due to 1:12 nurse ratio." The absence of documented care would establish what was and was not done and there is no need to highlight what was not done by making an entry to that effect.

Often, a patient's degree of mobility, appetite, orientation, mental attitude, and degree of independence will influence the scope of care being rendered. For this reason, it is important that the physician record what he or she *sees, hears, smells, and feels.*
Examples:

1. Sees- bleeding, pallor, deformities, drainage, urine color, etc.
2. Hears- patient complaints, moaning, breath sounds, etc.
3. Smells- alcohol on patient's breath, malodorous drainage, fecal odor, vomitus, acetone breath, etc.
4. Feels- motion at fracture site, firm, hot, area of induration, crepitus of subcutaneous emphysema, etc.

Documenting Complications or Mishaps
Medication errors, conflicts with doctors' orders, unexpected outcomes, and complications occur from time to time even with efforts to provide the best of care. It is important that these events be documented and addressed in the medical record.

Entries in the medical record that address these types of events should be made in a factual manner without being judgmental or placing blame. Keep the entry objective and describe the event, the evaluation of the patient following the event, and whether or not the event resulted in any injury to the patient. If there was some injury to the patient, the documentation should describe the injury and what course of treatment will be followed to address the injury. The complication or injury should be addressed in subsequent notes until it is resolved. If the event did not result in an injury to the patient, this should also be included in the note. Again, the physician should be careful not to contribute their own judgmental comments, witticisms, or other prejudicial remarks.

Late Entries or Addendum
The patient's medical history, clinical record, order sheet, and discharge summary are usually accomplished in a sequential manner. These notes should contain relevant observations and information regarding the patient's condition and course of treatment.

The contemporaneous entry of information in the medical record is important. In some situations, such as the emergency room, time data may be entered after the fact and could vary several minutes from the actual time of the occurrence. This is perhaps unavoidable in the ER but for most physicians, there is opportunity to document contemporaneously. The greater the delay between the procedure itself and the dictation of the report or entry of the note, the greater the risk that the lapse of time will adversely effect the credibility of the report. Every effort should be made to avoid "late" entries of this nature.

Upon occasion, however, the physician may feel that he or she does not have adequate time, while on the job, to write a thorough and detailed note as to all that took place in reference to the care and treatment of a patient during a specific visit. This may be particularly true when there has been an incident that may give rise to legal exposure. When an event occurs that the physician feels may give rise to some legal exposure, he or she is inclined to maintain his or her own personal notes which elaborate upon the medical record. Since malpractice cases are often initiated and pursued after many months or years have passed since the care and treatment was rendered, personal notes are invaluable to refresh memories but it should also be recognized that the need for personal notes belie the completeness of the medical record. It should also be noted that personal notes are not protected from discovery and may have to be turned over to the plaintiff attorney upon request.

If time does not permit complete documentation contemporaneous with the event or treatment, the physician should write a supplement to the medical record as soon as possible and attach it to the original record rather than maintaining personal notes. As pointed out earlier, documentation in the medical record should be objective and not contain personal judgments or prejudicial remarks. With this in mind, if there is an event which the physician feels may give rise to some legal action, personal notes regarding impressions, personal observations, or opinions about the patient may need to be recorded outside of the medical record in order to refresh memories about items not necessarily related to the condition of the patient and the care provided. Again, keep the note factual and objective. Do not impose your personal judgment or lay blame. Simply write enough to refresh your memory in the event you are asked to recall details.

Errors in the Medical Record

Errors inevitably occur in any medical record. They may be minor errors in transcription, inadvertently omitted test results, physicians' orders, other information omitted, or deliberate falsifications.

First, deliberate falsifications must be avoided at all costs. This will most likely lead to allegations of a cover up which will, at best, create a prima facie case of negligence.

Effort should be made to avoid other types of errors. However, in the event an error occurs, they can be corrected legally by following the following procedure:

1. The person who made the incorrect entry should change it and initial the correction.
2. The person making the change should cross out the incorrect entry with a single line, enter the correct information, and enter the date and time of the correction.
3. if the correction requires more than the available space, a supplement should be prepared and a reference to the supplement should be made in the available space by the erroneous entry.
4. *The original entry should not be obliterated or erased.*

As you document, keep in mind that the only thing that belongs in the medical record is information about the condition and the care and treatment of the patient. Any letter to or from attorneys, variance reports, communications with quality assurance or risk management have

nothing to do with the care and treatment of the patient and do not, therefore, need to become a part of the patient's chart.

INFORMED CONSENT

Consent is permission, agreement, and acceptance as to opinion or course of action. It is an act of reason, accompanied with deliberation, the mind weighing as in a balance the good or evil on each side. It is an act unclouded by fraud, duress, or sometimes even a mistake.
There are several different kinds of consent. There is implied consent, consent in an emergency, express consent, etc. We will focus on express consent since this is usually the type of consent we refer to when we discuss *informed* consent.

Who Can Consent

Competent Adults: A competent adult may give, withhold, or revoke consent for himself. *Any patient may refuse to give consent to treatment for himself.* A spouse may <u>not</u> give, withhold, or revoke consent for the competent patient unless legally authorized to act on behalf of the patient.

<u>Incompetent Adults:</u> An incompetent adult may not give consent for himself. There are exceptions to this general rule but the exceptions are so rare that they will not be discussed in this manual. Risk Management should be consulted prior to proceeding with care and treatment on a patient of unsound mind when substituted consent is unable to be obtained.
<u>Minors:</u> In Arkansas, a minor is a person under the age of eighteen (18) years. A minor may not give, withhold, or revoke consent for himself *except under certain circumstances.* As a general rule, a minor must obtain consent of a parent or guardian before a physician may proceed with non-emergency treatment.

There are, however, certain circumstances under which a minor may consent to treatment without parental consent. A minor may consent to treatment for himself/herself if:

1. The minor is married (this does <u>not</u> include divorced or widowed minors if they are living with
2. The minor is emancipated (for purposes of consent, an emancipated minor is one who does not live with or receive financial support from their parents); or
3. The minor is seeking treatment for a venereal disease; or
4. The minor is seeking treatment in connection with pregnancy or childbirth (this does not include the unnatural interruption of the pregnancy); or
5. The minor is incarcerated in the Department of Correction or the Department of Community Punishment; or
6. The minor is unemancipated but is deemed by the physician to be of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedure.

Substituted Consent

In the event the patient is unable to consent to treatment for himself or herself, whether due to their age, physical, or mental state, consent for treatment may be obtained from another who is legally authorized or empowered to give such consent. For purposes of this section, substituted consent is used in those cases where the patient is "of unsound mind". *Of unsound mind*, for

purposes of this section, means and includes the inability to perceive all relevant facts related to one's condition and proposed treatment so as to make an intelligent decision based thereon, regardless of whether the inability is only temporary or has existed for an extended period of time or is due to natural state, age, shock or anxiety, illness, injury, drugs or sedation, intoxication, or other cause of whatever nature. It is important to understand that "of unsound mind" as used in this section does not require an adjudication of incompetence.
Substituted consent may be obtained from any one (1) of the following:

1. Any parent, whether an adult or minor, for his minor child or for his adult child of unsound mind whether the child is of the parent's blood, is an adopted child, is a step child, or is a foster child; provided, however, the father of an illegitimate child cannot consent for the child solely on the basis of parenthood;
2. Any married person, for a spouse of unsound mind;
3. Any person standing in *loco parentis* may consent for the child;
4. Any adult, for his minor sibling or adult sibling of unsound mind;
5. In the absence of a parent, any maternal grandparent and, if the father is so authorized and empowered, any paternal grandparent for his minor grandchild or his adult grandchild of unsound mind;
6. Any adult child, for his mother or father of unsound mind.

Consent in an Emergency
An emergency, for purposes of this section, is defined as a situation wherein, in competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain consent would reasonably be expected to jeopardize the life, health, or safety of the person affected or would reasonably be expected to result in disfigurement or impaired faculties.

In the event of an emergency as defined above and the patient is unable to give, withhold or revoke consent, and there is no one immediately available authorized to give consent, medical or surgical care can be instituted without consent.

The use of this type of consent requires a judgment call by the physician. For example, a minor child presents to the emergency room after sustaining a fall. The child is diagnosed with a fractured femur that will require surgical intervention. The parents are not available nor is anyone authorized and empowered to give consent. At the time of the initial presentation, there is not immediate threat to life or limb so an "emergency" does not currently exist. Treatment is delayed in an effort to obtain consent. Time may well become a factor. The physician must remain aware of the time and, if consent cannot be obtained in a timely manner, the situation may develop into an "emergency" requiring surgical intervention before consent can be obtained.

Elements of Informed Consent
The courts are eminently clear that the responsibility to obtain informed consent from a patient clearly remains with the physician and this responsibility cannot be delegated. The task of obtaining informed consent from the patient can be delegated but the responsibility cannot. Within our institution, it is strongly recommended that the physician who is going to perform the procedure obtain informed consent.

The physician obtaining consent from the patient should explain the nature of the procedure, treatment, or disease. The patient should be informed about the expectations of the recommended treatment and the likelihood of success. This is not to imply any guarantee of success be given to the patient but some indication of the likelihood of the expected outcome. The patient should be informed about the particular *known inherent risks* and possible complications that are *material* to the informed decision. Finally, the patient should be informed about reasonable alternatives that are available and what the probable outcome would be with one of the alternatives or in the absence of treatment.

The mere signing of the consent form constitutes only some evidence of a valid consent. The best evidence that informed consent was obtained is by a properly completed and signed consent form *and* an accurate narrative by the attending physician in the patient's chart.
The corollary to the doctrine of informed consent is "informed refusal". When a patient (or the surrogate) rejects proposed treatment, he should be advised in a discreet, professional manner of the consequences of the refusal. Keep in mind, however, that it is the patient's right to refuse treatment even if the physician believes the decision is irrational. Consent obtained by fraud or under duress is not valid consent. In the event the patient rejects treatment, the physician must honor the refusal of consent. Again, appropriate documentation is essential in this situation.

Court Ordered Consent
Consent may be given by the court where an emergency exists, there has been a protest or refusal of consent by a person authorized and empowered to do so, and there is no other person immediately available who is authorized, empowered, and capable of consent.
The court may grant consent provided the patient is:

1. A pregnant female in the last trimester of pregnancy;
2. A person of insufficient age or mental capacity to understand and appreciate the nature of the proposed treatment and the probable consequences of refusal;
3. A parent of a minor child, provided the court finds that the life and health of the parent is essential to the child's financial support or physical or emotional well-being.

In the event there has been refusal of consent and the physician feels action should be taken, the physician should contact the hospital administrator on duty who will determine whether or not a court order should be sought.

Police Orders
Upon occasion, a physician may be in a situation where the police bring in a person and request tests or procedures be performed. There is no case law on this subject in Arkansas at this time. However, the physician should be advised that many procedures or tests require consent from "one authorized and empowered to do so" and the police were not in the list of those authorized to give substituted consent. The decision to allow tests or procedures remains with the patient or, if the patient is unable for whatever reason, the decision remains with one authorized and empowered to give consent on behalf of the patient. In other words, the police have no authority to consent on behalf of a patient and the policy on obtaining consent must be followed.

Areas Not Discussed

The area of informed consent and refusal to consent is much too broad to be discussed in its entirety here. There are special consent issues surrounding some religious groups (i.e. Jehovah's Witness), there are special situations in which the patient may have prepared a living will or advanced directive which could take precedence over next-of-kin consent if the patient is unable to consent or refuse to consent for himself; there are situations in which the patient may have refused to consent but the medical situation has changed significantly since the refusal. If time allows, assistance is available through the Risk Management Department, hospital administration, or the General Counsel's Office.

PROCEDURE UPDATES AND RESOURCES

In addition to the procedures found in this handbook, interns are subject to all policies of the department of Psychiatry and those of the clinical programs where interns and fellows provide services, as well as UAMS policies. During orientation, you will be given an overview of these policies and where to find them. For any new or changed procedures specific to the internship, they will be communicated to trainees during supervision or meetings. You may also refer to UAMS policies online as indicated during orientation and in this handbook. In addition, you may refer to the Psychology Internship folder on the G drive, found within the "Psychology Training Folder.

In addition to procedures and general information, the folder also contains various resources and information that may be of help to you during your internship year. For other help or access to resources, see your supervisor or the training director.

EMERGENCY ASSESSMENT AND CRISIS INTERVENTION

Emergency assessment appointments usually scheduled by the consultation/liaison psychiatrist or fellow are considered "urgent" appointments. They are primarily for the purpose of handling cases that have urgent need for further assessment but may or may not be in clear, immediate risk of harm. Those that clearly pose immediate risk are immediately referred to inpatient facilities or to the Emergency Department. Therefore, a primary goal for the clinician conducting an emergency assessment should be assessing risk of harm and acuity of psychiatric dysfunction, for the purpose of determining possible need for a higher level of care than provided via the outpatient level of care. The clinician should find out immediately what brings the patient in for an emergency assessment, followed quickly by an assessment of risk of suicide or homicide or other basis for concern about immediate risk of danger to self or others (e.g., grave disability/possible abuse risk).

If you are able to ascertain that there is no immediate or high risk and that outpatient care appears appropriate, you then proceed to complete a more routine initial clinical assessment. In most cases, it is expected that you will bill the appropriate source (insurance, Medicaid, self-pay) for this assessment service. However, if you assess the presence of significant possible imminent risk, **do not** let the payment or billing issue dictate what you do. In any emergency situation, the primary responsibility is to maintain the safety of the patient and/or others, and to arrange for any additional services that may be required, whether a quick return appointment or referral to an inpatient facility for evaluation for possible admission. Once you begin the assessment, you retain responsibility (under your supervisor), ethically and legally, for the patient until they have been turned over to another professional, so it is wise to help facilitate any subsequent evaluations. For instance, if you believe the patient is in need of inpatient evaluation, discuss local options with the family and help them make arrangements, even calling their choice of facility and arranging for an immediate appointment for an evaluation. Although inpatient treatment can be costly, these facilities routinely offer free initial evaluation for the suitability of admission. While you have the patient in your office, it is helpful to talk with the representative at the inpatient facility and then to have the responsible parent to talk on the phone with the representative and obtain directions and make the necessary arrangements to transport the patient to the appointment.

For situations where there does not appear to be a high risk or acuity, helping the patient sort out their options for ongoing care, such as making return appointments at our clinic or finding local options or other more appropriate or acceptable options for them also is helpful. For intermediate levels of acuity or potential risk, where hospitalization is not seemingly indicated, remember that you can always, and in such situations might be well-advised to seek a second opinion. For instance, you could consult with your supervisor or a colleague, or you could recommend they seek an evaluation at one of the local inpatient facilities as a second opinion. (Note to all trainees: you should always consult with your supervisor before deciding to refer someone to an inpatient facility or in any other situation where potential risks of harm or high acuity appear to be present.) You also should seek to obtain the person's assurance or promise (possibly through a no self-harm contact) that they will not take any action to harm self or others without first contacting someone (you should explicitly lay out several such appropriate contacts, up to and including 911, the emergency room of ACH or their local hospital, us or another agency during

the day, their parent/spouse/caregiver, a trusted adult friend, etc.). In addition, discuss and have the family implement upon leaving the appointment some sort of safety plan, which should include such prudent measures as removal or otherwise making unavailable to the patient any potential means for harm such as guns, knives, medications and the like; and/or constant supervision by a family member or other trusted, responsible adult. Consider temporarily increasing the frequency of treatment sessions or scheduling telephone check-ins with the patient between sessions. Be aware that no actions can guarantee success at avoiding harm, any more than any of the below potential signs of risk can guarantee identification and prediction of risk of harm. Nevertheless, the responsible clinician takes prudent steps that will help improve the chances for successful outcome.

Suicide is a low probability behavior so prediction is difficult and there are no critical signs that make prediction easy. A person who has made the decision to take his or her own life will probably not give you an honest answer if you ask if they have suicidal intent, because you will be perceived as an adversary who will attempt to thwart the patient's goal to take his or her own life. To adequately assess risk, look for such commonly reported indications of increased acute risk as:

- Expression of unambiguous desire to harm or kill self or others
- Indication of imminent (likelihood taking action within hours or a very few days)
- A well-articulated plan for taking the harmful action that is feasible, especially if rescue or interruption of the plan appears unlikely.
- Access to the means to carry out the plan
- A previous history of serious attempts or harm to others
- Social withdrawal
- Rage, talk of seeking revenge.
- Giving away valued possessions, making comments suggesting they won't be around much longer, recently having written a will.
- Presence of accompanying risk factors such as substance abuse, significant depression, recent stressors or losses, impulsivity, etc.
- Engaging in dangerous or risky activities
- Uninterest in or resistance to intervention
- Feelings of hopelessness or feeling trapped- as if there is no way out.
- Feeling as if they have no reason for living
- Strong mood swings, including intense anger or agitation
- Anxiety, agitation, unable to sleep or sleeping all the time
- Believing he or she is a burden to others.

Local Inpatient Facilities for Children and/or Adolescents:

Methodist Behavioral Hospital 501-803-3388
Acute (ages 3-17) and residential units (5-17)

Bridgeway 501-771-1500
Acute (4-17), residential (12-17)

Pinnacle Point 501-225-3322
Acute unit (5-17), residential (5-17)

Rivendell 501-316-1255
Acute (4-17), residential (12-17)

Arkansas State Hospital 501-686-9000
Acute unit ages 13-17
Sexual offenders residential unit (13-17)

Youth Home 501-821-5500
Residential (13-18)

Centers for Youth and Family 501-666-9424
Residential (age 11 and younger; also adolescent, 12-17)

Treatment Homes Inc. 501-372-5039
Therapeutic foster care

Living Hope Institute 501-663-4673

Timber Ridge Ranch 501-594-5211

Child Abuse Hotline: For making a child abuse report: 1-800-482-5964

Always consult with your supervisor before making any report; abuse laws vary by state.

Patricia L. Youngdahl, PhD Award for Outstanding Psychology Intern - Procedure

Upon her retirement in 2006, the family of long-time Psychiatry faculty psychologist and former UAMS Clinical Psychology Internship Director of Training, Patricia L. Youngdahl, Ph.D., announced the awarding of funding to the UAMS Department of Psychiatry to recognize outstanding psychology interns within the training program in the UAMS Clinical Psychology Training Program. Each June, at the annual Education Banquet, if an intern is selected that year, the award will be presented to the intern. Award recipients will receive $100 and a plaque to recognize their achievement. The award is based upon nominations and ratings completed by faculty and staff within the Psychiatry department programs involved in primary training of psychology interns.

Criteria for eligibility of the award:

The Patricia L. Youngdahl, Ph.D. Award will be given periodically—not necessarily annually—to a doctoral psychology intern who demonstrates excellence in these areas:

- ✧ Professionalism – consistent use of professional standards characteristic of the profession of Psychology and related health professions
- ✧ Leadership - the ability to guide, direct, or influence people in order to achieve goals consistent with the needs of patients, programs and the organization
- ✧ Collaborative and team-oriented – consistent ability to work cooperatively with others in order to achieve common goals
- ✧ Competence - the ability to practice Psychology at a high level, consistent with ethical and training standards expected within the profession
- ✧ Character – consistent, stable set of high moral, ethical and professional standards that are recognized by others within the workplace as exemplary and positive
- ✧ Going the extra mile – frequently willing to do more than is expected, required or asked of them, and does so cheerfully without expectation of reward.
- ✧ Interpersonal equanimity – a calm and even temperament, composed and level-headed even under stress

In late April of each year, the UAMS Psychology Internship Training Director will initiate the process for obtaining nominations and ratings of interns for the training year. Primary and adjunct training faculty, clinical staff, and administration who have had significant contact with interns will be given the opportunity to nominate interns from the current year's class for the award. Each nominated intern will be rated on the eligibility criteria attributes. The completed nominations and ratings will be compiled and analyzed by the internship training committee to determine who – if anyone – receives the award that year. The nomination, rating and determination process will be completed no later than June 1 so that the monetary award and plaque can be arranged in time for the education banquet.