Virginia Treatment Center for Children
Pre-doctoral Internship
in
Clinical Psychology

2017/18 Training Year

(updated 12/2017)

Director of Training: Julie A. Linker, Ph.D.
804-628-0088
Julie.linker@vcuhealth.org

This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

This internship program is accredited by the American Psychological Association. Questions regarding accreditation may be directed to:

Commission on Accreditation
American Psychological Association
750 First St., NE
Washington, D.C. 20002-4242
202-336-5979
Background and Introduction

The internship program at the Virginia Treatment Center for Children, accredited by the American Psychological Association since 1975, is designed to provide training in the full continuum of care required to treat children and adolescents with serious emotional disturbances. Four funded positions are available each year in a training program that begins July 1 and ends June 30. Our stipend for the current training year is $26,000.

The Virginia Treatment Center for Children is part of Virginia Commonwealth University Medical Center (VCUMC), one of Virginia’s premier academic medical centers. A vital component of Virginia’s community-based mental health system, VTCC continually works to improve the mental health of all of Virginia’s children, youth, and families through clinical services, research, training and professional development.

VTCC is well-known within the field for its ability to successfully treat complex emotional and behavioral disorders. A diverse professional staff of psychiatrists, psychologists, social workers, educators, and occupational, recreational, and art therapists at VTCC provides acute inpatient treatment and outpatient therapy, pediatric consultation, and medication management services for children, adolescents, and their families.

The population served at VTCC includes children and adolescents and their families from all regions of the state of Virginia. The children represent a diversity of cultural backgrounds, ethnicities, ages, diagnostic categories and severity of presenting problems. At VTCC, we are committed to giving each child the best treatment possible and extending to each family respect and compassion. We are committed to including parents and guardians actively in their child’s care — from the initial evaluation to treatment to aftercare planning.

VTCC makes available to families a breadth and depth of clinical experience that is unique among Virginia’s community of mental health care providers. The clinical services offered at VTCC are widely known for their excellence. As part of a university-based medical center, VTCC provides advanced training and professional development for mental health clinicians.

During December of 2017, a new VTCC facility will be opening, featuring state-of-the-art technology and architectural features designed to provide an accessible, family-friendly pediatric psychiatry environment. Interns will benefit from enhanced learning facilities, as well as design elements to enhance multidisciplinary collaboration.

Training Model and Philosophy

The Psychology Internship Program at VTCC is guided by the principle that professional growth and learning occur as a result of participation in a wide range of clinical and didactic experiences within a supportive environment, with the opportunity to receive feedback and observe professional role models. The program is structured to provide a breadth and depth of child clinical and pediatric training experiences with a diverse
population of youth and families. Our goal is to provide interns with the opportunities necessary to develop the competencies in knowledge, skills, and professional identity to move from student to entry level professional.

The training program is based on the model of the Local Clinical Scientist (Stricker & Trierweiler, 1995) to prepare psychologists to meet the mental health needs of children, adolescents, and families. The “Local” Clinical Scientist applies general psychological science as appropriate to the unique circumstances and needs of a specific case. Our application of this model emphasizes the thoughtful application of psychological science to address clinical problems, including the implementation of empirically supported interventions. In addition, we emphasize the use of scientific thinking in the clinical setting to “provide an attitude and an orientation to the problem at hand that will lead to an informed solution” (Stricker & Trierweiler, 1995; p. 999).

Through exposure to a wide range of presenting problems in a diverse client population, the training program provides each intern with the opportunity to develop professional skills and awareness of cultural and familial influences on children’s development. In addition, interns gain a working knowledge of the varied service systems designed to address the needs of children and adolescents and their families and develop the skills to influence those systems on the child’s behalf. Toward this goal, training occurs in multiple formats and multidisciplinary environments, with significant emphasis placed on effective functioning as a team member, and adapting one’s approach to the clinical setting.

The year-long training program is comprised of three month rotations, emphasizing either child and adolescent acute psychiatry or pediatric consultation/liaison. In addition, interns participate in year-long rotations focusing on outpatient psychology services and psychological assessment. There is also a strong emphasis on didactics and supervision, to prepare interns for and help them learn from the clinical experiences.

For more information on our training model, please see:
Internship Description

Each year the psychology faculty tracks intern time to learn how many hours they are putting into their internship experiences. Interns generally report an average workweek of about 45 hours. A minimum of 1800 hours are required for completion of the program. Time is proportioned approximately as follows: delivering clinical services (55 percent), attending treatment related meetings (15 percent) and seminars (10 percent), receiving clinical supervision (10 percent), and case management (10 percent).

Internship Clinical Rotations

Acute Inpatient Program (2 3-month rotations)
Interns participate in multidisciplinary teams, and serve as primary therapists for their assigned child and adolescent patients admitted to the acute treatment program. The primary therapist is the leader of a mini-team of mental health professionals, providing intensive individual and family therapy, consulting with psychiatrists regarding medication, and developing and implementing an effective treatment program and discharge plan. The primary therapist also is responsible for behavior management consultation, community liaison work, case management and case advocacy. Interns also provide group therapy on the units three to four times a week, in collaboration with other disciplines.

The interdisciplinary team at VTCC provides rapid diagnostic and psychopharmacologic assessment and seeks to quickly stabilize acutely affected patients. Upon the child’s admission to the hospital, the team joins with the family to evaluate the child and develop an individualized treatment plan. The treatment team works with the family to stabilize the child and provide a smooth transition back to the family, school and community environments. Active case management is a priority, and the program’s emphasis is on stabilization and linking the child and family to community services. Acute hospitalization generally lasts for five to seven days but length of stay can vary widely.

Weekend Therapist Duties
All therapists, including psychology interns, rotate through a weekend schedule to be available to provide individual and group therapy for the inpatient unit, as well as to conduct weekend admission assessments. Interns serve as the weekend therapist for approximately five weekends per year and provide back-up on-call service an additional four weekends.

Group Therapy (2 3-month rotations)
Interns provide group psychotherapy for acute unit patients, 3-4 times per week. Groups are co-led with education staff, and follow a structured, skill development oriented curriculum.

Pediatric Consultation and Liaison Service (2 3-month rotations)
While on the Pediatric Consultation and Liaison Service (C&L), interns provide clinical evaluation and intervention services to pediatric medical patients hospitalized at VCU
Medical Center who have psychosocial difficulties that interfere with medical treatment. Trainees from both psychiatry and psychology participate in this service. Medical teams refer patients who demonstrate emotional, behavioral or psychiatric problems. The trainee’s role is to assess the youth’s needs and to provide immediate, short-term intervention. Psychology interns also participate in family & provider meetings on a regular basis. A multidisciplinary C&L team meeting is held each week. At this meeting, trainees receive clinical supervision and participate in discussion about C&L issues. Supervisors also do floor rounds with the interns, allowing for direct observation, consultation, and feedback.

As part of the Pediatric Rotation, interns also serve as mental health consultants to the pediatric Craniofacial Care Clinic. This service has a preventative focus and involves substantial interdisciplinary team experience.

In addition, interns participate in the PICU psycho-social rounds, and follow direct referrals from the PICU and Pain/Palliative care units. Referrals usually involve providing parent support or psychotherapy to patients. Interns also participate in debriefing sessions for the treatment teams on the PICU.

**Child Development Clinic (1 3-month rotation)**
This rotation provides interns with exposure to children with neurodevelopmental disabilities, autism spectrum disorder, developmental and diagnostic assessments in children and adolescents, and interdisciplinary teamwork within an outpatient medical setting. During this ½ day rotation, interns have the opportunity to observe and participate in the administration of standardized cognitive and developmental assessment measures, write comprehensive diagnostic interdisciplinary reports, provide diagnostic feedback and treatment recommendations to families, and participate in brief parent consults and parent education sessions. Interns will also have opportunities to observe medical consults/developmental evaluations with the clinic’s developmental pediatricians and pediatric nurse practitioners, educational evaluations with the team’s educational consultants, and social work consultations with the team’s LCSW to provide interdisciplinary context for psychological evaluations. Unique to this rotation, interns will have the opportunity to become familiar with and participate in the administration of standardized assessment measures such as the ADOS-2, ADI-R, SCQ, and SRS-2 with children and adolescents on the autism spectrum and their families.

**VTCC Outpatient Clinic (all year)**
VTCC operates a large outpatient clinic serving children, adolescents, and families from the Richmond metropolitan area. The Outpatient Services Program offers a wide range of assessment and treatment services for children and adolescents and their families. Outpatient care reflects a family-focused philosophy emphasizing collaboration between the family and clinical staff. Program goals include providing the clinical support and treatment needed for the child and the family while they remain within their communities, and providing support and follow-up for children and adolescents who have been discharged from more intensive treatment programs.
Interns are expected to conduct approximately four outpatient sessions per week, providing individual and family therapy and case management services. Participation in the outpatient rotation provides opportunity for longer-term treatment experience and exposure to a broader range of psychopathology.

**Psychological Assessment Service (all year)**
Referrals for psychological evaluations are managed by the Psychology Assessment Service and assigned to interns on a rotating basis. Referrals come primarily from the VTCC outpatient clinic. Interns receive weekly supervision in intellectual and personality assessment and conduct an average of one evaluation per month. Interns participate in the Assessment Service throughout the year, with the goal of completing 10 comprehensive evaluations by the end of the internship experience, which usually include cognitive testing, the use of projective or other personality measures, as well as various symptom and behavioral checklists. There is an emphasis in developing skills in conceptualization and integrated report writing.

**Supervision**
When interns enter the training program, they are assigned a preceptor who serves as a primary support to the intern. Each intern’s preceptor provides supervision and mentoring throughout the year and coordinates clinical activities and evaluation feedback for the intern.

Interns receive at least four hours of supervision weekly, including at least two hours of individual supervision with a licensed clinical psychologist. Therapy rooms are equipped with one-way mirrors and video equipment to allow video-recording of sessions and live supervision, and faculty members emphasize observation and review of video for training purposes.

The psychology training faculty shares a general family systems perspective on the patients seen at the treatment center; however, they utilize a variety of psychotherapeutic approaches to facilitate changes in the system. These approaches include family, attachment-based, cognitive behavioral, and play therapies, as well as integrationist approaches. The intern will be provided with the opportunity to use all of these approaches, as appropriate to the needs of their patients.

**VTCC Internship Supervisors**

**RUSSELL BARKLEY, PhD, LCP, ABPP, Clinical Professor**  
**Internship Roles:** Provides monthly seminars and provides case consultation  
**Specialties:** ADHD, behavioral disorders in children and adolescents, autism spectrum disorders

**DEBORAH BLACKBURN, PhD, LCP, Assistant Professor**  
**Internship Roles:** Serves as preceptor, assessment supervisor, and teaches assessment seminars
Specialties: psychological assessment, play therapy, Circle of Security<sup>TM</sup> intervention for children and families with a history of attachment difficulties, clinical supervision

JAEE BODAS, PhD, LCP, Assistant Professor
Internship Roles: Preceptor, CL supervisor
Specialties: CBT, family therapy, and anxiety disorders

LESLIE KIMBALL FRANCK, PhD, LCP, Assistant Professor
Internship Roles: Preceptor, Acute and outpatient supervisor
Specialties: PTSD, dissociative disorders, cognitive behavioral therapy, dialectical behavior therapy

JENNIFER HINESLEY, Psy.D., LCP, Assistant Professor
Internship Roles: Preceptor, Acute and outpatient supervisor
Specialties: attachment, child-parent interactions, early childhood, trauma

TYLER LANEY, PhD, LCP, Assistant Professor
Internship Roles: Acute unit supervisor, instructor
Specialties: Program development, group therapy, behavioral therapies

JULIE LINKER, PhD, LCP, Assistant Professor
Internship Roles: Psychology Training Director, outpatient and assessment supervisor
Specialties: cognitive behavioral therapy, mood disorders

JENNINE MORITZ, PhD, LCP, Adjunct Professor
Internship Roles: Family Clinic supervisor
Specialties: child and family therapy, attachment

NEERAJA RAVINDRAN, PhD, LCP
Internship Roles: Child Development Clinic supervisor
Specialties: Child Clinical Psychology, Autism Spectrum Disorders, CBT for Childhood Anxiety Disorders, Developmental Disabilities, Parent consultation and training, TEACCH-certified practitioner
Seminars and Clinics

A variety of didactic and experiential seminars are offered to interns at VTCC. These include:

**Family Therapy Clinic/Supervision:** This weekly supervision clinic utilizes a multisystemic model of family therapy and reviews structural, strategic, Bowenian, and other therapeutic approaches. Other topics in family therapy are offered, depending on the interests and training needs of the interns, and includes guest speakers on various evidence-based family treatment models. Co-led by Jennine Moritz, Ph.D., and a Psychology Post-Doctoral Fellow.

**Assessment Seminar:** This seminar includes a didactic portion that covers topics such as administration, scoring, and interpretation of the Rorschach, empirically validated assessment of specific disorders including trauma, anxiety, nonverbal learning disabilities, autistic spectrum disorders, etc., as well as a peer supervision portion in which interns take turns presenting protocols from assessments they are actively working on. Seminar meets twice per month, with more intensive time in the summer spent on Rorschach training. Led by Debbie Blackburn, Ph.D. and a Psychology Post-Doctoral Fellow.

**Multidisciplinary Child Mental Health Series:** This seminar series meets weekly. Through most of the year, it is attended by psychology interns, psychiatry fellows, and social work interns, and provides an opportunity for cross-disciplinary training. Occasionally, specific seminars are provided to psychology interns only. Topics are taught by Psychology, Psychiatry, and Social Work faculty. In addition to the following seminars, special topics in Child Mental Health are presented, including sessions on topics such as Motivational Interviewing, Psychopharmacology with Children and Adolescents, and evidence-based treatments for various disorders.

**Ethics Seminars:** These seminars provide an overview of training in professional standards and ethics that are likely to be encountered in a child-serving mental health facility, and includes discussions of ethical and legal standards from the perspectives of multiple disciplines. It also includes a session provided only to psychology interns for review of “Ethical Principles of Psychologists and Code of Conduct,” followed by application of the Principles and Codes to difficult cases examples.

**Cultural Competency Seminar:** Through this monthly seminar, interns have the opportunity to increase their level of comfort and sensitivity in working with diverse populations. The cultural diversity seminar is based on the premise that we become more adept at meeting the challenges of working with individual and cultural differences if we have opportunities to contemplate and practice talking with one another about how differences influence interactions and communication with team members and clients. We also develop our skills by exploring our own cultural heritage and the ways we are influenced by our unique histories. Through this process, we sometimes become aware of long-held biases and stereotypes that we might wish to question. This seminar is
experiential and discussion-oriented, and begins early in the training year to form a basis for discussion of diversity issues in other seminars and in clinical supervision throughout the year. Co-led by Jaee Bodas, Ph.D., and Cheryl Al-Mateen, M.D.

Treatment of Trauma: This monthly seminar focuses on principles of treating traumatized children and adolescents, and presents empirically-based treatments for trauma-related symptoms. This seminar also provides opportunities for discussing the experience of treating trauma and the impact of this on the therapist as a person. Topics covered include stages of trauma treatment, dissociation, Dialectical Behavior Therapy, Trauma-Focused Cognitive Behavior Therapy, vicarious trauma and therapist self-care, seeking safety, the biology of trauma, complex trauma, non-interpersonal trauma, and resilience and posttraumatic growth. This seminar is primarily didactic in nature, but allows for discussion of the practical application of these principles to interns’ current therapy interventions. Led by Leslie Kimball Franck, Ph.D.

Cognitive Behavioral Therapy: This seminar emphasizes the application of CBT conceptualizations and techniques to the complex and challenging cases that are frequently encountered at VTCC. Depending on the knowledge and background of the seminar participants, it may include review of specific manuals for treatment of mood, anxiety, or behavioral disorders. Participants will learn principles and strategies for identifying when and how to adapt CBT interventions according to cultural, developmental, or other factors that a child and/or family is presenting. Led by Julie Linker, PhD.

Attachment Seminar: This seminar emphasizes principles related to attachment, child development, and parenting. This seminar is primarily process oriented in nature, such that participants engage in active, focused discussion based on assigned scientific readings and reflections. Trainees are expected to come to each meeting with three questions or talking points from the assigned readings. After completing the assigned reading, participants are responsible for writing a brief (1-2 page) reflection paper focused on thoughts and reactions related to the article. Led by Jennifer Hinesley, Psy.D.

Psychopathology Seminar: This weekly series uses Problem Based Learning (PBL) strategies, in which psychology, psychiatry, and social work trainees utilize cases to raise questions and solve problems with an active learning mentality. This works by reviewing introductory material to a case, defining questions that need to be resolved about the case, and the trainees researching the answer to the question and teaching the answer to the group at the subsequent session. A faculty/expert is present to facilitate the learning. This seminar will be organized into 3 session modules. PBL cases will be presented, through which aspects of differential diagnosis, DSM-V criteria, epidemiology, testing and assessment, formulation and treatment planning will be explored. All major diagnostic categories will be covered over the course of the year, and each module will also focus on separate co-morbid or concomitant issues (for example, a Depression case may also focus on violence and suicide prevention, while
an Anxiety case might focus on co-morbid medical conditions such as diabetes.) The seminar is led by rotating psychology and psychiatry faculty.

**Intensive Training Seminars**

*Family of Origin Seminar:* The Family of Origin Seminar provides an opportunity for psychology interns to explore the family issues they bring to the therapy process. The first day of this training is designed to offer trainees the opportunity to share information about their own families; the second half-day focuses on the clinical relevance of family of origin issues. In this confidential seminar, interns are encouraged but not required to explore and share their own family of origin issues with the lens of the family therapist and as they relate to their clinical work. Led by Jennine Moritz, Ph.D.,

*Play Therapy Seminar:* This daylong seminar is a fun training day with a focus on play therapy with children. The day involves a combination of lectures, viewing videotapes and discussion. Interns are introduced to theories about the curative factors of play therapy, the stages of traditional nondirective play therapy, as well as several structured play therapy interventions. Led by Debbie Blackburn, Ph.D.

**Internship Resources**

Each intern is provided with an individual or shared office equipped with a desktop computer and printer. All interns are provided with clerical support from the Medical Records department for dictation and preparation of documents and other medical records management. Outpatient office staff is available for scheduling intern outpatient appointments. Therapy rooms are available for individual, family, and play therapy sessions. Most therapy rooms are equipped with recording equipment to facilitate videotaping of sessions for review with supervisors.

Interns are provided with a stipend of $26,000, which is paid out twice a month over the course of the year. Benefits include health insurance, and 8.3 hours per pay period of leave. This leave accumulates to approximately 27 days, which can be used flexibly for annual/holiday/education/sick leave.

**Internship Application and Selection Policies**

The VTCC Pre-Doctoral Psychology Internship program uses APPI Online to post internship details and application requirements. APPI is also used to receive applications. Deadlines are posted on APPI Online, and only complete applications received by that date are accepted.

Once applications are received, they are carefully reviewed. Applicants who are selected by interview are notified by phone or email by the deadline set by APPIC. In-person interviews are encouraged, but phone interviews are accepted. Applicants are
given a choice of three to four dates on which to interview during the first weeks of January.

Applicants selected for interview are provided with a one-hour group overview of the VTCC program by the training director and other available faculty. After the overview, each applicant is interviewed by two different faculty members for 30 minutes each, using standardized interview questions. They also go on an hour-long tour of the facility conducted by current interns and post-doctoral fellows. Throughout the half-day visit, applicants are encouraged to ask questions of both faculty and trainees, and they are provided with contact information if they have follow-up questions. Adherence to the APPIC requirements for the selection process is emphasized, and VTCC does not follow up with applicants to enquire about their interest in the program, or for other reasons other than to respond to applicant inquiries. After all interviews are completed, the faculty meet together to review and rank each applicant. Selection procedures follow VCU and VCUHS hiring guidelines.

Because the VTCC internship training has an emphasis in child clinical and pediatric psychology, applicants who show promise of a career focus in these areas will be given priority. Evidence of prior experience in and commitment to child clinical or pediatric psychology will be weighed heavily in evaluating applicant credentials. Experience in child/adolescent psychological assessment is preferred. Because of the emphasis on including families in treatment at VTCC, experience in family therapy is also considered.

**Internship Training Goals and Competencies and Completion Requirements**

The development of the following competencies form the basis of the internship training curriculum. For successful completion of the internship program, by the end of the training year interns are expected to complete the following:

1) Demonstrate the program competencies, usually without assistance or corrective supervision.

2) Meet minimal program requirements including a minimum number of psychological assessment reports, outpatient session hours and didactics attendance.

3) Attend an average of four hours a week of supervision, including two hours of individual supervision with a licensed clinical psychologist.

**EXPECTED COMPETENCIES:**

**Domain: Psychological Assessment**

- Demonstrates effective clinical interviewing skills with children and families.
- Demonstrates ability to appropriately select tests and measures to be used in assessment.
- Demonstrates ability to effectively administer, score, and interpret cognitive and developmental tests.
- Demonstrates ability to effectively administer, score, and interpret projective tests.
• Demonstrates ability to effectively administer, score, and interpret behavior rating scales and objective self-report measures.
• Demonstrates knowledge of DSM-5 and utilizes historical, interview, and psychometric data to diagnose accurately.
• Demonstrates skill in assessment of children and adolescents of diverse backgrounds.
• Demonstrates ability to effectively collect data from multiple sources and effectively combine information to conceptualize key clinical issues.
• Writes reports in an accurate, organized, and clear manner.
• Completes assessments in a timely manner.
• Provides recommendations that are specific and individualized.
• Effectively communicates finding to patients and/or families, and interdisciplinary team members.

Domain: Clinical Intervention
• Formulates a useful case conceptualization.
• Collaborates with patient and/or family to develop appropriate treatment goals.
• Demonstrates ability to formulate and implement a treatment plan that is effective and consistent with the case conceptualization.
• Demonstrates ability to effectively develop, maintain, and use the therapeutic relationship. Manages and uses own emotional reactions to the patient productively.
• Utilizes data to evaluate effectiveness of interventions, and modify intervention efforts as needed.
• Effectively communicates and collaborates with other disciplines and community providers in intervention efforts.
• Demonstrates understanding of family systems concepts and ability to conceptualize patient problems from a family systems perspective.
• Demonstrates ability to structure a family therapy session, and can develop family goals and themes in order to help resolve the presenting problem.
• Conducts therapy groups skillfully, attends to member participation, completion of therapeutic assignments, group communication and safety. Readies materials for group as needed, and understands each session’s goals and tasks.
• Demonstrates skills in intervention with children and families from diverse backgrounds.
• Demonstrates ability to complete key patient care tasks (e.g., phone calls, letters, and case management) in a timely and effective manner.
• Completes documentation according to agency requirements. Records include appropriate and crucial information. Written communication is concise and respectful.
• Demonstrates ability to effectively respond to clinical emergencies and to manage clinical crises. Consults and communicates with supervisors about critical clinical issues.
Domain: Consultation and interprofessional/interdisciplinary skills

- Demonstrates ability to determine and clarify consultation referral questions/issue.
- Effectively selects and collects appropriate information to address the consultation question.
- Understands and works within the scope of the consultation role.
- Effectively communicates with other professionals regarding consultation and recommendations.
- Demonstrates skill in identifying referrals and helping families access services.

Domain: Supervision

- Demonstrates knowledge of supervision theories and techniques.
- Applies supervision theories and techniques with other trainees in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisees.

Domain: Research

- Independently seeks current scientific knowledge to inform clinical practice and utilizes research findings or best practices as available and as appropriate for individual cases.
- Demonstrates ability to critically evaluate and disseminate research as applied to clinical cases in a case conference and/or other appropriate venues.

Domain: Ethical and Legal Standards.

- Demonstrates well developed understanding of ethical and applicable state law and consistently applies these, seeking consultation as needed.
- Conducts self in an ethical manner in all professional activities.

Domain: Professional Values, Attitudes and Behaviors

- Seeks consultation/supervision and uses it productively.
- Effectively manages stress and competing demands to maintain professional functioning and quality patient care.
- Demonstrates skills in efficiency and time management.

Domain: Communication and Interpersonal Skills.

- Demonstrates professional interpersonal behavior with treatment teams, peers, and supervisors.
- Demonstrates professional demeanor in interactions with patients (including nonverbal presentation and attire.)
- Demonstrates effective teaching and case presentation skills.

Domain: Individual and Cultural Diversity

- Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.
• Aware of own background and its impact on patients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.
INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 8/2017

Internship Program Admissions:

The Psychology Internship Program at VTCC is guided by the principle that professional growth and learning occur as a result of participation in a wide range of clinical and didactic experiences within a supportive environment, with the opportunity to receive feedback and observe professional role models. The program is structured to provide a breadth and depth of child clinical and pediatric training experiences with a diverse population of youth and families. Our goal is to provide interns with the opportunities necessary to develop the competencies in knowledge, skills, and professional identity to move from student to entry level professional. Training is presented through a strong didactic series, supervision from faculty holding a variety of theoretical orientations, and diverse clinical experiences. Interns are expected to develop sensitivity to and competence with individual and cultural differences, ethical issues, interdisciplinary teams, and systems issues. The VTCC internship provides broad experience in child clinical psychology that can be applied in a variety of settings, including hospitals, clinics, universities, or community agencies.

The program is designed for students in a doctoral training program that have practicum level experience in diagnosis, assessment, and interventions, with specific training with children/adolescents and families. Preference is given to students from APA-accredited doctoral programs in clinical psychology, but applications from other related programs will be considered. To be considered, applicants must have obtained a Masters degree in psychology or a related field, and proposed their dissertation before the application deadline.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If yes, indicate how many:

- Total Direct Contact Intervention Hours: No Amount: NA
- Total Direct Contact Assessment Hours: No Amount: NA

Describe any other required minimum criteria used to screen applicants:

Applicants are preferred to have a minimum of 4 completed integrated reports with children/adolescents, and experience administering and scoring cognitive testing.

Intervention experience with a range of ages, with an emphasis on children and adolescents, and some family therapy experience, along with family therapy coursework is preferred. Experience in a hospital, or other setting that would provide regular interactions with an interdisciplinary team is preferred.
Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns: $26,000
Annual Stipend/Salary for Half-time Interns: NA

Program provides access to medical insurance for interns? Yes
If access to medical insurance is provided
  Trainee contribution to cost required? Yes
  Coverage of family member(s) available? Yes
  Coverage of legally married partner available? Yes
  Coverage of domestic partner available? No

Hours of Annual Paid Personal Time Off (PTO and/or vacation) 224
Hours of Annual Paid Sick Leave *all leave time is combined under 224 hours PTO

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

Other benefits

Initial Post-Internship Positions

Total # of interns who were in the 3 cohorts: 12
Total # of interns who did not seek employment because they returned to their doctoral programs/are completing doctoral degrees: 0

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Not currently employed
Changed to another field
Other
Unknown

Note: PD= Post-doctoral residency position; EP= Employment position. Each individual represented should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
VTCC Psychology Training Program

Policies and Procedures Manual

Updated 12/2017
VTCC Internship Policy: Intern Selection

The VTCC Pre-Doctoral Psychology Internship program uses APPI Online to post internship details, a link to our brochure, application requirements, and contact information. APPIC is also used to receive applications.

Once applications are received, they are initially reviewed by program supervisors, using a standardized form. Very strong or very weak applications are given directly to the Training Director for review and decision-making regarding interviews. Other applications are screened by a second reviewer. Once all applications are reviewed, the highest ranked applicants are selected for interview. Applicants that are selected for interviews are notified by the deadline set by APPIC, and those who are not selected are also notified. In-person interviews are encouraged, but phone interviews are accepted. Applicants are given a choice of three to four dates on which to interview.

Applicants selected for interview are provided with a one-hour group overview of the VTCC program by the training director and other available faculty. After the overview, each applicant is interviewed by two different faculty members for 30 minutes each, using standardized interview questions. They also go on an hour-long tour of the facility conducted by current interns and post-doctoral fellows. Throughout the half-day visit, applicants are encouraged to ask questions of both faculty and trainees, and they are provided with contact information if they have follow-up questions. Adherence to the APPIC requirements for the selection process are emphasized, and VTCC does not follow up with applicants to enquire about their interest in the program, or for other reasons other than to respond to applicant inquiries.

After all interviews are completed, the faculty meet together to review each applicant, including their qualifications, recommendations, writing samples, and interviews. Applicants are then ranked by the faculty as a whole. Those who cannot attend in person provide input prior to the meeting. Selection procedures follow VCU and VCUHS hiring guidelines. Once applicants are ranked, rank order lists are then submitted in accordance with APPIC guidelines.
VTCC Internship Policy: Training Experiences

The VTCC Internship Program is committed to providing interns with a range of clinical experiences that will allow them to develop and demonstrate the core competencies outlined in the program curriculum. In light of the evolving nature of the child mental health service system, the specifics of the clinical rotations are infrequently updated in response to changing opportunities. In all cases, the internship ensures that trainees are offered clinical experiences that address the core competencies and provide a comprehensive, well-rounded training program. Interns are made aware of any changes as soon as possible, and given the opportunity to express concerns or to make requests regarding their internship experiences.
VTCC Internship Policy: THE ASSESSMENT OF PERFORMANCE OF INTERNS

The VTCC Psychology Internship follows the guidelines developed by the VCUHS Graduate Medical Education Committees as outlined below.

I. Background

The standard for evaluating interns’ performance is established in the Goals and Competencies that constitute the training curriculum for the internship.

The responsibility for judging the competence and professionalism of interns rests principally with the training director and interns’ supervisors. These educators are guided in their judgment of intern performance by certifying and licensing Boards, by ethical standards for psychologists, and by applicable policies of Virginia Commonwealth University and the Medical College of Virginia Hospitals. Interns are psychology graduate students and their relationship with the Institution is an education and training relationship. Interns are compensated as employees of the Medical College of Virginia Hospitals, the teaching hospital of Virginia Commonwealth University, but the intern’s employment relationship with the Medical College of Virginia Hospital is derivative of and dependent upon continued enrollment as a VTCC Psychology Intern.

The following policies and procedures for the Assessment, Promotion, Discipline and Dismissal of Interns (hereinafter Assessment Policy) apply to all interns enrolled in the VTCC Psychology Internships. The Assessment Policy governs the qualification of interns to remain in training as well as their completion of internship certification requirements, and its provisions apply in all instances in which such qualification and/or certification is at issue.

II. Internship Program Assessment Structure and Plan

The VTCC Director of Psychology Training (hereafter Training Director) has primary responsibility for monitoring the competence and professionalism of program interns, for recommending certification, and for initial counseling, probation or other remedial or adverse action. Interns will be evaluated on program competencies and compliance with University and Hospital policies. The Chair of the Division of Clinical Psychology and the VTCC psychology training faculty may assist the Training Director in these functions. The chair of the Department of Psychiatry may exercise the option to serve as the final departmental decision-maker in response to the Training Director’s recommendations. The internship program’s assessment structure and plan are listed in detail in a separate document.

III. Performance Reviews

Each department within the VCU Health System must provide written summary performance reviews to trainees at regular intervals, preferably in person. For interns, these will be done semi-annually by the intern’s supervisors, compiled into a single evaluation document by the intern’s preceptor, and reviewed by the Training Director. Performance reviews are discussed in person with individual interns with their supervisors and the Training Director in attendance. The intern will be asked to sign the evaluation document, and the Preceptor will sign as well.

IV. Completion of the Internship

Those interns judged by the program to have satisfactorily completed the requirements of the internship and achieved an acceptable level of performance for the program’s core competencies will receive a certificate documenting their successful completion of the program.

It is the expectation that individuals entering the internship will complete the program successfully. However, the program has the right to decline to offer a certificate based on failure to achieve the core competencies.
In instances where the mid-year evaluation indicates that an intern may not achieve the required core competencies, the program will inform the intern of that concern no later than five months prior to the end of the internship year. However, if the primary reason(s) for the failure to complete the program successfully occurs within the five months prior to the end of the training year, the program will provide the intern(s) with as much written notice of the likely failure to complete as the circumstances will reasonably allow.

Intern(s) are allowed to implement the institution’s appeals process (described below) if they receive written notice of probably failure to complete the program successfully.

V. **Discipline/Dismissal for Academic Reasons**

A. **Grounds**

As students, interns are required to maintain satisfactory academic performance. Academic performance that is below satisfactory is grounds for discipline and/or dismissal. Below satisfactory academic performance is defined as marginal or unsatisfactory performance, as evidenced by faculty evaluations, in the areas of clinical diagnosis and judgment, psychological knowledge, technical abilities, interpretation of data, patient management, communication skills, interactions with patients and other healthcare professionals, professional appearance and demeanor, and/or motivation and initiative.

B. **Procedures**

Before dismissing an intern for academic reasons, the program must give the intern:

1. Notice of performance deficiencies;
2. An opportunity to remedy the deficiencies; and
3. Notice of the possibility of dismissal or non-renewal if the deficiencies are not corrected.

Interns disciplined and/or dismissed for academic reasons may appeal the action via the Appeals process described below.

VI. **Discipline/Dismissal for Non-Academic Reasons**

A. **Grounds**

Grounds for discipline and/or dismissal of an intern for non-academic reasons include, but are not limited to, the following:

1. Failure to comply with the bylaws, policies, rules, or regulations of the University and the Health System, affiliated hospitals, medical staff, department, or with the terms and conditions of this document.
2. Commission by the intern of an offense under federal, state, or local laws or ordinances which impacts upon the abilities of the intern to appropriately perform his/her normal duties in the internship program.
3. Conduct, which violates professional and/or ethical standards; disrupts the operations of the University, its departments, or affiliated hospitals; or disregards the rights or welfare of patients, visitors, or hospital/clinical staff.

B. **Procedures**

Prior to the imposition of any discipline for non-academic reasons, the intern shall be afforded:
1. Clear and actual notice by the appropriate University or hospital representative of charges that may result in discipline, including where appropriate, the identification of persons who have made allegations against the intern and the specific nature of the allegations; and,

2. An opportunity for the intern to appear in person to respond to the allegations.

It is preferable that this notification be in writing. On occasion, it may be done verbally. Verbal notification must be followed by written notification within three business days.

Interns disciplined and/or dismissed for non-academic reasons may appeal the action via the Appeals process described below.

VII. Probation

A. Initial Probation: The Training Director must document counseling of an intern who is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the responsibilities of the program in which he/she is enrolled. If the intern does not demonstrate sufficient improvement following counseling, the resident may be placed on probation. The Training Director may place the intern on probation without prior counseling if the lack of competence or behavior is sufficiently severe.

The purpose of probation is to give the intern specific notice of performance deficiencies and an opportunity to correct those deficiencies. Depending on the intern’s performance during probation, the possible outcomes of the probationary period are: removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies cited; or dismissal.

The intern must be informed in person of probation decisions and must be provided with a probation document that includes the following

1. A statement of the grounds for probation, including identified deficiencies or problem behaviors;

2. The duration of probation which, ordinarily, will be at least three months;

3. A plan for remediation and criteria by which successful remediation will be judged;

4. Notice that failure to meet the conditions of probation could result in extended probation, additional training time, and/or suspension or dismissal from the program during or at the conclusion of the probationary period, and

5. Written acknowledgment by the intern of the receipt of the probation document

B. Extended Probation: The status of an intern on probation shall be evaluated every three months. If, at the end of the initial period of probation, the intern’s performance remains unsatisfactory, probation either may be extended in accordance with the above guidelines (VII.A.1-5) or the intern may be suspended or dismissed from the program. Probationary actions must be reported to the VTCC Medical Director’s Office, and probation documents must be forwarded to the Medical Director for review before they are issued.
VIII. Suspension and Dismissal

A. Suspension and Dismissal: An intern may be suspended from clinical activities by the internship Training Director or by the VTCC Medical Director. This action may be taken in any situation in which continuation of clinical activities by the intern is deemed potentially detrimental or threatening to patient safety or the quality of patient care. Unless otherwise directed, an intern suspended from clinical activities may participate in other program activities. A decision involving suspension of clinical activities of an intern must be reviewed within three working days by the VTCC Medical Director (or his or her designee) to determine if the intern may return to clinical activities, and/or whether further actions is warranted (including, but not limited to, counseling, probation, fitness for duty evaluation, or summary dismissal).

B. Program Suspension: An intern may be suspended from all program activities and duties by the Training Director, Division chair, or the VTCC Medical Director. Program suspension may be imposed for conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, or threatening to the well-being of patients, staff, or the intern. A decision involving program suspension of an intern must be reviewed within three working days by the department chair (or his or her designee) to determine if the intern may return to some or all program activities and duties and/or whether further action is warranted (including, but not limited to, counseling, probation, fitness for duty evaluation, or summary dismissal).

C. Dismissal During or at the Conclusion of Probation: Probationary status in this internship program constitutes notification to the intern that dismissal from the program can occur at anytime (i.e., during or at the conclusion of probation). Dismissal prior to the conclusion of a probationary period may occur if conduct, which gave rise to probation, is repeated or if grounds for Program Suspension or Summary Dismissal exist. Dismissal at the end of a probationary period may occur if the intern’s performance remains unsatisfactory or for any of the foregoing reasons.

D. Summary Dismissal: For serious acts of incompetence, impairment, or unprofessional behavior, the Training Director or the VTCC Medical Director may immediately suspend an intern from all program activities and duties for a minimum of three days and, concurrently, issue a notice of dismissal effective at the end of the suspension period. The intern does not need to be on probation, nor at the end of a probationary period, for this action to be taken. The intern must be notified in writing of the reason for suspension and dismissal, have an opportunity to respond to the action before the dismissal is effective and be given a copy of the Appeals Process.

IX. Appeals Process

In the event an intern is dismissed from a program, or is the subject of any adverse action, the intern may appeal such dismissal, or adverse action as follows:

A. Departmental Appeal: An intern may initiate a departmental appeal by submitting a written notice of appeal to the Training Director within ten (10) working days of the date of the appealable action (hereinafter ‘adverse action’). A faculty committee will hear the department review, which ordinarily will be the same faculty committee, which initiated the adverse action. If a faculty committee did not initiate the adverse action, the chair will appoint a departmental review committee. A departmental review hearing will be held within thirty (30) days following receipt of the notice of appeal. The intern may select a faculty advocate to appear and participate on the intern’s behalf at the hearing. It is the responsibility of the intern to secure the participation of the faculty advisor. Prior to the hearing, the intern must notify the Training Director of the number of witnesses (if any) the intern expects to call and whether the intern will be accompanied by a faculty advocate and/or legal counsel. At the departmental review hearing, the Training Director (or his or her designee) will present a statement in support of the adverse action and may present any relevant records, witnesses, or other evidence. The intern will have the right to present evidence, call and questions witnesses, and make statements in defense of his or her own position. Legal counsel may be present on behalf of the intern and the department but counsel will not be permitted to participate in the proceeding. A record of the hearing will be kept by a court stenographer. After presentation of evidence and arguments by both sides, the departmental reviews committee will meet in closed session to consider the adverse action. The committee may uphold or reject the adverse action or may impose alternative action that may be more or less severe than the initial action. The committee’s decision must be submitted to the intern within ten (10) working dates of the close of the hearing.
B. **Appeal to the Dean:** Either the intern or the department chair may, within ten (10) working days of the decision by the faculty committee, appeal the decision of the faculty committee to the Dean of the Medical School (or their respective designee) by written notice. The Dean (or designee) who will appoint an Appeals Committee composed of faculty members from other departments. The Appeals Committee will review the record submitted to it by the GME Office and may consider any other written material or oral testimony it deems relevant. The Appeals Committee will submit a written recommendation regarding the matter to the Dean within fifteen (15) working days of the closure of the Committee’s review. The Dean will review the recommendation of the Appeals Committee and accept or reject it within ten (10) working days. The Dean’s decision is final within Virginia Commonwealth University.

X. **Other Considerations**

External rules, regulations or law governs mandatory reporting of problematic behavior or performance to licensing agencies or professional boards. The fact that such a report is made is not a matter which may give rise to the appeal process, only the adverse action as specified by the “Probation” section of this document is appealable. Where mandatory reporting of problematic behavior or performance occurs, external agencies will be notified of the status of any internal appeal regarding the matter reported and its outcome. Interns should be aware that participation in the Appeals Process does not preclude investigation or action on the part of external entities.

The stipend of the intern shall be continued until the termination date of the intern’s contract or the expiration of the appeals process that results in the dismissal of the intern, whichever occurs first.

Approved by GME Policy & Advisory Committee, January 22, 1997
Approved by General Counsel, February 7, 1997
Approved by Executive Committee, MCV Hospitals, March 12, 1997
Review, Program Directors Council, February 4, 1999
Review, Graduate Medical Education Committee, February 9, 1999
Approved by Graduate Medical Education Committee, December 14, 1999
Approved by Program Directors’ Council, December 12, 2000
Reviewed and approved Program Directors’ Council, December 5, 2001
Reviewed and approved GMEC December 11, 2001
Reviewed, updated and approved GMEC September 12, 2006
Revised for General Psychiatry Residency, October 9, 2006
Revised for VTCC Psychology Internship, June 18, 2009
VTCC Internship Policy: Evaluation and Advisement

Evaluation in the VTCC Internship is an ongoing process throughout the year. In the context of regular supervision, interns are provided with feedback related to their performance and progress toward demonstrating the competencies of a professional psychologist.

Interns are formally evaluated twice during the course of the year. The first evaluation occurs at the mid-point of the training year and the second is prior to the end of the year. Interns are informed during Psychology Orientation of the schedule for performance evaluation and are provided with a copy of the instrument that is used to evaluate their performance. The evaluation consists of ratings by supervising psychologists and the areas to be rated are directly linked to our program goals.

Each intern is assigned a preceptor for the training year who is responsible for advising the intern. At the end of the first quarter, preceptors review the evaluation document with their interns and provide informal feedback. At mid-year and at the end of the year, the evaluation instrument is completed by supervisors for each intern; the evaluation data and comments are integrated into a single document by the preceptor. Interns meet with all of their supervisors to review the integrated document and provide additional verbal feedback. The evaluation document is signed by the intern and preceptor, with an opportunity for the intern to provide a written response, and a copy is sent to the intern’s graduate school program.

The ongoing feedback and two formal evaluations are intended to allow for correction (if needed) of any limitations or deficits. The evaluations are reviewed with the interns and signed by both parties. Our goal is to provide interns with feedback which can be utilized to improve knowledge, skill, development and autonomy as future professional health psychologists. Evaluations are then entered into the interns’ records. In order to complete the internship successfully, at the end of the year interns must meet or exceed expectations on all items on the Overall Performance Checklist portion of the intern evaluation instrument.
Predoctoral Internship in Clinical Psychology  
Virginia Treatment Center for Children (VTCC)

VTCC Internship Policy: Statement of Nondiscrimination

The VTCC Internship program follows policies of the VCU Health System regarding equal opportunity, non-discrimination, and prohibition against harassment, as described in the following (Policy No. HR.SC.002)

Equal Opportunity, Non-Discrimination, and Prohibition Against Harassment

File Identifier: HR.SC.002
Owner: Vice President, Human Resources
Author: Director, Employee Relations & Policy Development
Revision #: v1.1
Date Last Updated: 01/27/2015
Status: Approved and Released

General Description

Purpose:
The purpose of this policy is to convey the Virginia Commonwealth University Health System’s policy of promoting equal opportunity and access in employment, provision of services or access to programs to all persons without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability, genetic information, military status, or any other characteristic protected by applicable federal or state law.

Responsibility:
Team Members

PLEASE BE AWARE
Any team member in a supervisor role who becomes aware of actions that could represent discrimination, retaliation or harassment is responsible for reporting the concern to the appropriate VCU Health System Department for review.

Team members are expected to cooperate during an official investigation or review of a concern or complaint by providing accurate and complete testimony and not withholding information.

All information discussed during an interview associated with an investigation or review is considered confidential.

Policy
A. VCU Health System provides equal opportunity, services and access to all persons, including but not limited to team members, patients, visitors, vendors, etc. without regard to race, sex, color, national origin, citizenship status, religion, sexual orientation, gender identity, age, veteran status, political affiliation, genetics, or disability in accordance with the state and federal laws.

A.1 Access is based on the principles of equal opportunity and non-discrimination expressed in this policy, the Affirmative Action Plan, and other health system diversity initiatives.
A.2 Acts of either verbal or physical harassment may result in action up to and including termination of employment, non-continuation of affiliation or service agreements, or removal from health system premises.

B. Assistance is provided as needed or requested to interested persons, including persons with limited English proficiency (LEP), sensory disabilities, cognitive impairment or communication impairment, that will help them obtain information about the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons.

**Procedures**

1. Methods used to promote equal opportunity and access include but are not limited to the following:
   1.1 Publicizing information regarding employment, services, and programs using diverse resources.
   1.2 Soliciting performance feedback from team members, patients, and other customers.
   1.3 Monitoring organizational policies, procedures, and practices for equal opportunity, non-discrimination and fairness.
   1.4 Training team members on the organizational policies related to equal opportunity and respect for diversity.
   1.5 Investigating allegations of discrimination or harassment in a timely manner and taking appropriate action.
   1.6 Developing goals for affirmative action and analyzing success toward those goals.

2. This Policy Governs and Applies to the Following:
   2.1 Health system premises, including all facilities owned, controlled, leased or otherwise used by or on behalf of VCU Health System.
   2.2 Health system team members whether employed by VCU Health System or providing services on behalf of VCU Health System.
   2.3 Conduct occurring on or off VCU Health System premises while team members are involved in programs or activities offered, sponsored, or supported by the health system.

3. Filing a Complaint
   3.1 Concerns related to possible violation of this policy including acts of discrimination or harassment should be reported promptly.
   3.2 Complaints related to employment may be reported to any of the following based on the team member’s comfort level:
      3.2.1 Team member’s supervisory chain-of-command
      3.2.2 Human Resources
      3.2.3 Compliance Services
   3.3 Complaints of discrimination regarding services received or programs offered are reported to the departments of Patient Relations, Regulatory Affairs and Risk Management, Corporate Compliance, and/ or the manager of the Department providing services to team member or customer.

4. Addressing Complaints
   4.1 Recipients of information related to a complaint regarding possible acts of discrimination or harassment must promptly report it to the appropriate health system authority for investigation whether the information is shared verbally or in writing.
      4.1.1 Patient/visitor complaints are directed to Patient Relations, also see' Management of Patient Complaints and Grievances, LD.RM.003’ .
      4.1.2 Team member complaints are directed to Human Resources
   4.2 Employment related complaints must be filed in writing as soon as possible but no later than 180 days after the event giving cause to the complaint. The complaint should include:
      4.2.1 Name and address of complainant
4.2.2 Details of concern

4.2.3 Remedy or relief sought

4.3 Patient care related complaints are reported and addressed according to the provisions of Policy 4103, Management of Patient Complaints and Grievances.

4.4 Employment related complaints are reviewed by Human Resources and an investigation initiated as appropriate to the issue.

4.4.1 Complaints are addressed promptly

4.4.2 Evidence and witness statements are reviewed

4.4.3 Complainants are notified of findings, in writing, at the conclusion of the review/investigation.

4.4.4 Complainants may appeal to the Chief Human Resources Officer presenting further clarification or additional information for consideration; appeals must be filed in writing within fifteen calendar days of receipt of the decision if dissatisfied with the outcome of the investigation.

5. Retaliation Provision

5.1 Retaliation in the form of harassment, intimidation, discrimination, or any act of reprisal, interference, restraint, or penalty (overt or covert) against any individual who is a party to a complaint under this policy is prohibited.

5.1.1 Claims of retaliation are submitted in writing to Human Resources for investigation.

5.1.2 Disciplinary action up to and possibly including termination of employment or association with VCU Health System will incur if the claim of retaliation is determined to be founded.

6. Frivolous or False Charges

6.1 Filing a frivolous or false charge against a member of the VCU Health System community with the intended purpose of harassing or maliciously defaming a team member, or with the purpose of intentionally overburdening the complaint system, will result in disciplinary action or denial of further redress of complaints.

7. Records and Release of Information

7.1 A complete set of all records and documents are maintained in accordance with state and federal requirements.

8. Confidentiality

8.1 Information related to the investigation is confidential and released only on a business need-to-know basis or as required by law.

Definitions

Discrimination:
The act of treating an individual unfairly based on race, color, religion, sex, gender identity, sexual orientation, age, national origin, citizenship status, disability, genetic information, military status, political affiliation, or any other characteristic protected by applicable federal or state law.

Equal Opportunity:
Equal opportunity is promoted through the enforcement of Title VII of the Civil Rights Act of 1964 that prohibits many types of workplace and service discrimination issues.

Harassment:
Unwelcome verbal or physical conduct based on race, color, religion, sex, gender identity, sexual orientation, age, national origin, citizenship status, disability, genetic information, military status, political affiliation, or retaliation that is sufficiently severe or pervasive to create a hostile work environment; or which results in a tangible change in an employee’s employment status or benefits.

Retaliation:
Any adverse employment action taken against a team member for exercising a legal or policy-protected right, performing a legal or policy-protected duty, or participating in an official investigation or review of a complaint or concern.

Team Member:
Any person, whether compensated or not, who performs some function for, on behalf of, and under the supervision of the VCU Health System, and who has access to health system premises, information and/or electronic information systems including, but not limited to: Salaried or hourly employees, Faculty, Researchers, Students, Volunteers, Contractors, Consultants and Temporary employees.

Additional Resources
Standards of Behavior and Performance Policy
Prohibition Against Workplace, Including Sexual Harassment Policy
Reasonable Accommodation Policy
Equal Employment Opportunity (EEO) Forms and Documents

Supporting Information
The Equal Pay Act, 29 U.S.C. §206(d)
Executive Order No. 11246, as amended
The Rehabilitation Act, 29 U.S.C. §§701et seq.
The Americans with Disabilities Act ("ADA") 42 U.S.C. §§12101et seq.
Board of Rights for Virginians with Disabilities (Va Code 51.5-40)
Virginia Fair Employment Contracting Act of 1975 (Va Code 2.1–374 to 376)
The Immigration Reform and Control Act 8 U.S.C.§1324a (b)(3)
Executive Order 13672
Governor of Virginia Order Number One (2014)
VTCC Internship Policy: Dispute Resolution Process

File Identifier: HR.SC.012
Owner: Vice President, Human Resources
Author: Director, Employee Relations & Policy Development
Status: Approved and Released

Background:
The Health System strives to provide a work environment in which team member’s workplace concerns may be heard and addressed in a consistent and equitable manner, fostering open and free discussion between team members, their immediate supervisors, and upper management levels.

Purpose:
To provide eligible team members with a prompt, fair, and non-discriminatory process for resolving and/or appealing workplace problems and complaints without reprisal through open discussion with management. However, to the extent that such concerns cannot be resolved, alternatives are provided including a formal process for dispute resolution.

Responsibility:
Team Members
Health System Management
Human Resources
Hearing Officers

Policy:
A. Management retains the exclusive right to manage the affairs and operations of the Health System.

B. Team members are encouraged to attempt to resolve workplace issues and concerns prior to initiating the Dispute Resolution Process. The following options are available as an alternative or supplement to the Dispute Resolution Process.

B.1. An open and candid discussion with the Human Resources (HR) Department or the team member’s chain-of-command.

B.2. Voluntary participation in mediation by parties in dispute (A request for mediation is made to the Human Resources office).

a. The Dispute Resolution Process applies to eligible employee team members as identified by this policy. Where there is a question regarding eligibility to participate in the Dispute Resolution Process, the determination of Human Resources is final.

Procedures
1. Eligibility to Participate in the Dispute Resolution Process
1.1. Employee team members who have satisfactorily completed the initial probationary period in a benefits eligible position with VCU Health System are eligible to participate in the Dispute Resolution Process except as noted below. (Exceptions may not be all inclusive.)

1.1.1. Team members at the Director or Administrator level and above resolve workplace issues through their chain of command and do not have access to the Dispute Resolution Process.

1.1.2. Team members who have not completed their initial probationary period in a benefits eligible position, including any period of probationary extension.

1.1.2.1. Team members who receive disciplinary action during a probationary period related to a change in position (transfer, demotion, or promotion) may use the Dispute Resolution Process.

1.1.3. Team members whose tenure of employment is based on fulfilling the terms of a contract (i.e., physicians, associate/assistant professors, academic instructors).

1.1.4. Team members who are employed solely on the basis of fulfilling academic program requirements (i.e., residents, fellows, interns, post-doc fellows, etc.) do not have access to the Dispute Resolution Process to address concerns related to their academic program or advancement.

1.1.4.1. Team members working to fulfill academic program requirements address concerns related to those programs using applicable academic program processes.

1.1.4.2. If the issue is unrelated to the academic process but is instead related to employment, the Dispute Resolution Process may apply.

1.1.4.2.1. The decision regarding the appropriateness of using the Dispute Resolution Process is made by VCUHS Human Resources in consultation with appropriate academic program resources and is final.

1.1.5. Team members who are hired on a temporary basis for a specific project or time frame, whose positions are contingent upon continued grant funding or who work on an “as needed” or per diem basis in a PRN status.

1.1.6. Team members who have voluntarily resigned prior to or following initiation of the Dispute Resolution Process.

1.1.6.1. The Process is closed without further review as of the date the resignation is submitted.

1.1.7. Employees of VCU Health System affiliates (i.e., VA Premier, University Health Services, and others as may become affiliated) who are not subject to the Health Systems progressive disciplinary process do not have access to the Dispute Resolution Process for VCU Health System.

1.1.8. Employees of Virginia Commonwealth University and/or contracted employees of other companies and/or agencies who may provide services to Health System customers but who are not subject to the Health Systems progressive disciplinary process do not have access to the Dispute Resolution Process for VCU Health System.

1.1.9. Volunteers, students, patients, or visitors.

2. Eligible team members may use the Dispute Resolution Process to address complaints or disputes concerning the team member’s own employment at VCU Health System.

2.1. Disputes that may be addressed using the Dispute Resolution Process include the following:

2.1.1. Formal disciplinary action issued on a VCU Health System Disciplinary Action Form.

2.1.1.1. Counseling memorandums, written warnings, corrective action notices, and other documents whose purpose is to correct performance and/or behavior concerns serve as the initial step in the progressive disciplinary process but disputes regarding the content or issuing of these documents are not addressed using
the Dispute Resolution Process. Rather concerns related to these documents are addressed through the team member’s chain of command.

2.1.2 Arbitrary or capricious annual performance evaluations including failure to follow the provisions of the Performance Evaluation Process.

2.1.3. Retaliation (see definition).

2.1.4. Arbitrary, capricious or misapplication of policies, procedures, rules, and accepted workplace practices.

2.2. Issues that cannot be addressed using the Dispute Resolution Process, but may be addressed through the team member’s chain of command or other Health System processes, include the following:

2.2.1. Termination of employment related to any of the following: falsification of documents or records; criminal behavior occurring on or off the job including but not limited to theft or acts of aggression; patient abuse; intended violations of patient, team member or organizational private or protected confidential information; refusal to consent to substance abuse screening pursuant to the Reasonable Suspicion Alcohol and Drug Testing policy; termination pursuant to the Performance Evaluation Process; violation of the Corporate Compliance Program.

2.2.2. Complaints of unlawful harassment or employment discrimination (may be addressed through the Human Resources office).

2.2.3. Supervisory instruction which does not constitute formal discipline as defined in the Standards of Conduct and Performance policy such as written counseling, oral reprimands/counseling, the manner of providing supervisory directions, or a corrective action plan.

2.2.4. Issues brought on behalf of someone else.

2.2.5. Eligible issues previously addressed through the Dispute Resolution Process.

2.2.6. Establishment or revision of wages, salaries, position classifications or employee benefits.

2.2.7. Work activity accepted by the team member as a condition of employment or work activity which may reasonably be expected to be a part of the team member's job content including the methods, means and personnel by which work activities are to be carried out.

2.2.8. The contents of ordinances, statutes or established Human Resources policies, procedures, rules and regulations.

2.2.9. Termination, layoff, demotion or suspension from duties because of lack of work, reduction in work force or position abolition.

2.2.10. The hiring, promotion, transfer, assignment and retention of team members.

2.2.11. The relief from duties or reassignment of team members during the implementation of internal or external Emergency Operations Plans.

2.2.12. Performance evaluations (annual, probationary, interim) unless determined to be arbitrary or capricious or in violation of policy.

2.2.13. Disputes that are to be addressed through another process or policy.

2.3. Restrictions In the Use

2.3.1. Additional issues cannot be added to the Dispute Resolution Process once the process has been initiated.

2.3.2. The Dispute Resolution Process cannot be used to harass or otherwise interfere with the efficient operations of the Health System.
2.3.3. At the discretion of the Human Resources office, multiple issues raised concurrently by the same team member may be consolidated at the request of either party to the Dispute Resolution Process or the Human Resources office.

3. Timeliness

3.1. The Dispute Resolution Process shall be initiated within the specified time requirements unless an extension request is submitted and granted upon the showing of good cause. Failure to take action or initiate an extension request within the specified time frame results in the issue being closed without recourse.

3.2. Requests to extend timeframes must be submitted in writing to the Human Resources office within the original time frames established by this policy and are granted only upon the showing of good cause.

3.3. Only the Human Resources office may grant or deny requests to extend time frames.

4. Steps of the Dispute Resolution Process

4.1. Step 1: Submission of the Dispute to the Dispute Resolution Process and Eligibility Determination by the Human Resources office.

4.1.1. Within three (3) business days of the date the team member knew or should have known of the management action or omission giving rise to the dispute, a Dispute Resolution Process form is submitted to the Human Resources office stating the nature of the dispute, the specific facts that support the claim and the relief requested. Supporting documents are attached to the form.

4.1.2. The Human Resources office reviews the information provided on the Dispute Resolution Process form and notifies the team member in writing of its eligibility determination. This determination is final and non-appealable.

4.1.2.1. For issues related to arbitrary and capricious evaluations, misapplication of policy, or retaliation, Human Resources has ten (10) business days to review the Dispute Resolution Record, interview the Dispute Resolution Parties, and, as deemed appropriate by Human Resources, to conduct an independent investigation, and to render a determination. The investigation may include, but it is not limited to, interviewing additional third parties and reviewing additional related information.

4.1.2.1.1. Parties and any third parties have the option not to participate in the interview with Human Resources. However, if the offer of an interview is rejected, Human Resources makes the determination based on the Dispute Resolution Record and any information known at that time.

4.1.2.1.2. The Human Resources’ response includes the reason for the determination and recommendations for corrective action.

4.1.2.1.3. Human Resources’ determination is recorded on the Dispute Resolution Process form. A copy of the Dispute Resolution Record is forwarded to the team member initiating the Process, his/her supervisor and the Department Director or Administrator.

4.1.2.1.4. For these matters, the Process is closed at Step 1 with recommendations for correction being forward to the Department Director/Administrator for implementation.

4.1.2.1.5. Human Resources monitors follow up related to the implementation of corrective action recommended. Failure to implement corrective action could result in disciplinary action unless changes to the recommended actions are approved by Human Resources.

4.2. Step 2: Review by the Department Director/Administrator
4.2.1. Disputes related to termination of employment are not subject to Step 2 but instead are advanced directly to Step 3 by Human Resources.

4.2.2. In cases in which the Human Resources office has determined that the issues presented are eligible to proceed, the Dispute Resolution Record is forwarded to the team member’s Department Director/Administrator (Step 2 Reviewer) within three (3) business days of its determination.

4.2.2.1. In the event that the Department Director/Administrator was a party in the action taken that is under dispute, Human Resources determines the appropriate reviewer for this step.

4.2.3. The Department Director/Administrator has ten (10) business days to review the Dispute Resolution Record, interview the Dispute Resolution Parties, and, as deemed appropriate by the Step 2 Reviewer, to conduct an independent investigation, and to render a determination. The Reviewer’s investigation may include, but it is not limited to, interviewing additional third parties and reviewing additional related information.

4.2.3.1. Parties and any third parties have the option not to participate in the interview with the Department Director/Administrator. However, if the offer of an interview is rejected, the Department Director/Administrator makes his/her decision based on the Dispute Resolution Record and any information known at that time.

4.2.4. The Step 2 Reviewer’s determination is recorded on the Dispute Resolution Process form. The Dispute Resolution Record is forwarded to both the team member initiating the Process and the Human Resources office.

4.2.5. The team member has three (3) business days to indicate on the Dispute Resolution Process form the team member’s intention to advance the issue to the next step of the Dispute Resolution Process and to forward the Record to Human Resources. Failure to timely submit the Record to the Human Resources office results in the conclusion of the Process.

4.3. Step 3: Review by the Vice President (VP).

4.3.1. The Human Resources office submits the Dispute Resolution Record to the Vice President responsible for the area in which the dispute has arisen (Step 3 Reviewer) within three (3) business days of the team member’s submission of the request to advance the Dispute Resolution Process.

4.3.1.1. If multiple levels of the office of Vice President for the work area exist, the level next in the chain-of-command for the Step 2 Reviewer serves as the Step 3 Reviewer.

4.3.1.2. In the event that the Vice President responsible for the area was a party in the action taken that is under dispute, Human Resources determines the appropriate reviewer for this step.

4.3.2. The Vice President has ten (10) business days to review the Dispute Resolution Record, interview the Dispute Resolution Parties, and, as deemed appropriate by the Step 3 Reviewer, to conduct an independent investigation, and to render a decision. The Reviewer’s investigation may include interviewing additional witnesses and reviewing additional related information.

4.3.2.1. Parties and any third party have the option not to participate in the interview with the Vice President. However, if the offer of an interview is rejected, the Vice President makes his/her decision based on the Dispute Resolution Record and any information known at that time.

4.3.3. The Vice President’s determination is recorded on the Dispute Resolution Process form and the Dispute Resolution Record is forwarded to both the team member initiating the complaint and the Human Resources office.

4.3.4. Except in proceedings related to the termination of a team member’s employment, the determination of the Vice President is final and binding, provided it is consistent with Health System policy and applicable laws as determined by Human Resources.
4.3.4.1. If the Dispute Resolution involves the termination of the team member’s employment, the team member has three (3) business days from receipt of the determination to indicate on the Dispute Resolution Process form the team member’s intention to forward the issue for review by a Hearing Officer.

4.3.4.2. Failure to timely submit to the Human Resources office this indication to advance the dispute results in the conclusion of the Process.

4.4. Step 4 (termination of employment only): Review by the Hearing Officer (HO) (see attachment A: Hearing Officer Authority)

4.4.1. The Human Resources office submits the Dispute Resolution Record to the Hearing Officer to schedule and conduct a hearing (see attachment B: Rules for the Dispute Resolution Hearing).

4.4.2. The hearing is scheduled and a decision rendered as expeditiously as possible.

4.4.2.1. The Hearing Officer’s decision is submitted to the Human Resources office for distribution to applicable parties and implementation.

4.4.3. A request for reconsideration of the decision of the Hearing Officer (HO) may be submitted in writing to the Hearing Officer, with a copy to the other party and the Human Resources office, within five (5) business days of receipt of the decision.

4.4.3.1. The written request must state the basis for making the request (i.e., newly discovered and material evidence that was unknown to the Team Member or that could not have been produced prior to or during the hearing, material mistakes of fact; incorrect legal conclusions).

4.4.3.2. Whether to reopen or reconsider the Hearing Officer’s decision is at the sole discretion of the Hearing Officer and is rendered within fourteen (14) calendar days.

**Applicable Steps Based on Nature of Dispute**

<table>
<thead>
<tr>
<th>Dispute</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disciplinary Action, excluding termination of employment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Termination of employment by Disciplinary Action</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arbitrary or capricious performance evaluations</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Retaliation as defined</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arbitrary, capricious or misapplication of policies, procedures, rules, and accepted workplace practices</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Procedural Issues

5.1. The official Dispute Resolution Record is maintained by the Human Resources office. The Dispute Resolution Record is considered part of the team member’s employment record and as such, may be accessed for business related reasons with the permission of the Human Resources office.

5.1.1. Documents pertaining to non-parties that are relevant to the Dispute Resolution Process shall be produced in a manner as to preserve the privacy of the individuals not personally involved with the proceeding. Documents containing protected health information shall be redacted.

5.1.2. A party shall not be required to create a document that does not exist. The party requesting the documents may be charged a reasonable amount not to exceed the actual cost to retrieve and duplicate the documents.
5.1.3. Documents obtained under the Dispute Resolution Procedure are to be used for dispute resolution purposes only. Improper use of documents by a party could result in disciplinary action under the *Standards of Conduct*.

5.2. Written warnings, counseling memorandums, corrective action plans, and other similar decisions issued at any time during the team member’s employment may be considered by the decision maker.

5.3. Individuals with pertinent and firsthand information directly related to the dispute may appear as witnesses in the hearing before a Hearing Officer except that, absent what the Human Resources office determines to be extenuating circumstances, patients, patients’ family members and visitors are not to be called as witnesses. The Hearing Officer may limit the number of witnesses to appear in his/her sole discretion.

5.3.1. In the event that the matter in dispute involves a patient, patients’ family members or visitors, the testimony introduced at the hearing may be in the form of documentation obtained at the time of the event or during investigation thereafter.

5.4. Except in disputes initiated by a team member that works in the Human Resources Office, the Human Resources office does not represent either party during the Dispute Resolution Process. It is available to assist team members and managers with policy interpretation and procedural clarifications.

5.4.1. The Vice President of Human Resources or his/her designee provides official interpretation, and assists with the implementation of the Dispute Resolution Process.

5.4.2. Human Resources team members who were consulted or who otherwise participated in the events under dispute apart from the Dispute Resolution Process may serve as fact witnesses.

5.5 Either party may have a representative assist him/her in preparation for each step of the Dispute Resolution Process; however, since this is not a judicial hearing attorneys are not permitted to participate at any step except the External Hearing and must have the permission of the Step decision maker to be present.

5.5.1. Presentation at each step, except the External Hearing, is the responsibility of the individual party.

5.5.1.1. With the exception of the Step 4 hearing before the Hearing Officer, the role of the selected representative is essentially one of supporter and counselor.

5.5.1.1.1. The selected representative is not entitled to be an active participant in the step meetings.

5.5.1.2. The representative may not directly ask questions of the witnesses, make opening or closing statements, answer questions on behalf of the team member or in any way directly participate in the meeting.

5.5.1.3. The representative is allowed to interact with the party during the step meeting, providing the interaction is not unduly disruptive or disrespectful of others present. Examples of appropriate interaction include conferring quietly or exchanging notes.

5.5.1.4. Parties may choose to represent themselves.

5.5.1.2. Where a documented disability prevents a team member from presenting evidence, upon request, Human Resources attempts to provide a reasonable accommodation.

5.5.1.3. Each party is responsible for any costs they incur in the course of presenting their position.

5.5.1.4 A Hearing Officer or Step decision maker can ask a representative to be removed at his/her sole discretion.

5.6. Dispute Resolution Hearings are recorded or videotaped by the Hearing Officer in their entirety and are part of the Dispute Resolution Record.

5.6.1. If either party requests a copy of the recording or video, or a written transcription of the proceeding before the Hearing Officer, the party making the request must pay for it.
5.6.2. Human Resources determines the method of preserving the Dispute Resolution Records. Videotaping is reserved for use as a reasonable accommodation for appropriate situations such as when one of the parties is hearing impaired.

5.6.3. There shall be only one recording of the Dispute Resolution proceedings which will be the recording made by, or at the direction of, the Hearing Officer.

6. Dispute Resolution Decisions

6.1 All decisions rendered during any step of the Dispute Resolution Process must include a written response to the issues presented and the relief requested and must be supported by Health System policy.

6.1.1. The decision by the Hearing Officer must include findings of facts as to the material issues that have been raised in the matter and the basis for those findings.

6.1.1.1. In granting relief, the Hearing Officer should not substitute his or her judgment for that of the Health System and should give appropriate deference to Management's right to manage the affairs and operations of the Health System.

6.1.1.2. The Hearing Officer should not direct the Health System to rescind the termination of employment unless there has been a finding that the Health System’s actions were arbitrary or capricious.

6.1.1.3. Where there has been a finding that the termination of employment was arbitrary or capricious, appropriate relief can include reduction or rescission of the disciplinary action, including reinstatement, but should not obligate the Health System to reinstate the team member to his or her former position or shift. If the Hearing Officer/Reviewer finds that (i) the Team member engaged in the behavior described in the Disciplinary Action Form; (ii) the behavior constituted misconduct; and (iii) the discipline was consistent with law and policy, the Health System’s discipline must be upheld and may not be mitigated, unless under the record evidence, the Health System’s discipline was arbitrary or capricious.

6.1.1.4. The Hearing Officer may only reinstate to the team member’s former position and does not have the authority to order injunctive relief in the form of an order requiring the Health System to reinstate with a demotion or transfer to a different position.

6.1.1.4.1. Upon reinstatement, the team member will not suffer a reduction in salary (excluding shift differentials, on-call pay or overtime) or benefits.

6.1.1.4.2. Relief may include an award of no, partial, or full back pay; and the restoration of full benefits and seniority. Against an award of full or partial back pay, interim earnings and unemployment compensation benefits are to be deducted.

6.1.1.5. In cases in which the Health System conducted a reasonable investigation of the events leading to the decision to terminate a team member’s employment, the Hearing Officer is to review the facts as known to the Health System as a result of such reasonable investigation.

6.2 Upon a determination that the Health System failed to correctly apply a VCUHS policy or that its discipline determination is otherwise arbitrary or capricious, the Dispute Resolution Process Respondent may uphold, reduce, modify, or rescind the original action but cannot increase the severity of the original action taken.

6.2.2. Appropriate relief may include a directive to create an environment free from discrimination or retaliation or to take corrective actions necessary to cure the violation and/or minimize its recurrence.

6.2.2.1. If the application of the policy is determined to have been arbitrary or capricious, the offending party can be directed to redo the action from the point at which it became tainted.

6.3. Decisions are guided, but not bound, by the relief requested in the Dispute Resolution Process form.
6.4. Decisions are sent to a personal email address unless a party does not have access to the internet.

6.4.1. Days to advance the Process begin counting on the next business day after the decision is sent by email. Example: Decision is emailed on Friday, January 3. The count begins on Monday, January 6. If the Dispute Resolution Record is not received by the next step in the Process by 8:00 a.m. on January 9, the Process is closed.

6.4.1.1. A copy of the email showing the date sent/received serves as confirmation of applicable date.

6.4.2. If the party does not have access to the internet, the decision is sent either by regular mail or by courier.

6.4.2.1. If the decision is sent by regular mail, the party is given seven (7) calendar days from the postmark date to advance the Process.

6.4.2.1.1. Keep the envelope in which the decision is received to serve as the date confirmation.

6.4.2.2. If the decision is sent by courier, the days to advance is based on the date noted in the tracking information as the date delivered.

6.4.2.2.1. The Party has three (3) business days to advance based on the postmark date or delivery date whichever is later.

6.5. The Respondent’s decision is final and binding if consistent with Health System policy and applicable law.

6.4.1. For Step decisions, the team member has the option to accept the Respondent’s decision or to move it forward to the next step in the Process.

6.4.2. At the External Hearing step, the Hearing Officer’s decision is final and binding to all parties if consistent with Health System policy and applicable law.

6.4.2.1. The decision is effective from the date the decision becomes final and must be implemented within thirty calendar days of receipt of the award unless circumstances beyond the control of the Health System delay such implementation.

6.4.2.2. Implementation may be delayed if a timely challenge is made to the Hearing Officer’s decision.

6.5 Attorney fees and damages other than enumerated in section 6.1.et.seq. cannot be awarded to a team member.

6.6. The Dispute Resolution Process decision is not published or placed on a website.

7. Retaliation

7.1. Retaliation in the form of harassment, intimidation, discrimination, or any act of reprisal, interference, restraint, or penalty (overt or covert) against any individual who is a party to, or who participated in the Dispute Resolution Process, is prohibited.

7.1.1. Claims of retaliation are submitted in writing on a Dispute Resolution Process form to the Human Resources office for investigation.

8. Confidentiality

8.1. Testimony and documents provided during the Dispute Resolution Process are considered to be confidential and are only used by the Team Member for purposes of the Dispute Resolution Process or as allowed by law.
9. Withdrawal of Dispute Resolution Proceeding

9.1. When the team member withdraws the dispute prior to the issuance of a final determination, or when the parties agree to settlement of the dispute, the team member submits to the Human Resources office a dated signed communication clearly stating that he or she is withdrawing from the Dispute Resolution Process.

9.2. The withdrawal terminates the Dispute Resolution proceeding and the issue under dispute may not be reopened at a later time.

9.3. At Step 4 of the proceeding, the Hearing Officer shall issue an Order of Dismissal to document that the team member has withdrawn the dispute and the Dispute Resolution proceeding has terminated.

Definitions:

**Acts of Violence or Aggression** - Actions which include, but are not limited to the following:

- Physical assault or harm committed with or without weapons;
- Behavior that a reasonable person would interpret as being potentially violent (e.g., throwing things, pounding on a desk or door, or destroying property) or which is aggressive in nature;
- Specific threats to inflict harm (e.g., a threat to shoot a named individual); or
- Use of any object to attack or intimidate another person.

**Arbitrary or Capricious** – Unreasonable actions taken without adequate regard for the facts and circumstances presented or which constitute an abuse of discretion or which are otherwise not in accordance with Health System or public policy or applicable law.

**Business Days** – For purposes of the time-frames established to process the designated steps within the Dispute Resolution Process, business days will be Monday through Friday (excluding days when Health System administrative offices for the involved parties are closed) between the hours of 8:00 a.m. and 5:00 p.m. regardless of the team member’s typical work schedule.

**Confidential Information** – Protected health, personnel, financial or business information about a team member, patient or business practice that is maintained as confidential and which typically may only be shared on a need to know basis for the performance of job duties or as permitted legally.

**Dispute Resolution Process** – An official process by which eligible team members may address certain workplace issues/concerns.

**Dispute Resolution Record** – The Dispute Resolution Record consists of the Due Process Memorandum and the Disciplinary Action Form for matters related to disciplinary action; a copy of the evaluation, policy/procedure/rule, and evidence in support of a claim of arbitrary/capricious, misapplication of policy, or retaliation, as applicable; and the original Dispute Resolution Process form with attachments and any written documentation submitted by either party during the process. When the dispute is heard by the Hearing Officer, it also includes the exhibits entered into the hearing record as well as any recording or transcript of the hearing authorized by the Hearing Officer.

**Discrimination** – Unlawful and disparate treatment due to the team member’s race, color, sex, gender identity, sexual orientation, religion, national origin, age, genetic information, disability, military status, or other legally protected status or behavior.

**Falsification** – To give an untruthful account or make an untruthful alteration or addition to information.

**Injunctive Relief** – A request requiring the health system to do or omit doing a specific action to maintain the status quo or to discontinue an allegedly harmful action. Injunctive relief does not involve money.
**Mediation** - A voluntary and non-binding process in which a neutral party (mediator) assists team members in conflict to identify and discuss the workplace issues underlying the conflict in an open, honest and confidential forum, with the purpose of reaching agreement on alternatives that would best resolve their conflict.

**Parties** – In the Dispute Resolution Process, the parties are the eligible team member, who presents the dispute, and the management team of the work unit that is the subject of the Dispute Resolution Process.

**Patient Abuse** – Physical or mental maltreatment of a patient.

**Retaliation** – Adverse actions taken by management, condoned by management, or taken by another team member because that team member initiated in good faith, participated, or provided testimony in the Dispute Resolution Process; complied with any law/regulation or reported a violation of such law/regulation to a governmental or regulatory authority or Health System management; sought to change any law/regulation before Congress or the General Assembly; or reported a violation of a law, regulation, policy, procedure, or work practice to the Corporate Compliance Office/hotline or Human Resources.

**Theft** – The act of stealing or unauthorized removal of property, valuables, information, or resources committed by a team member to include but not be limited to diversion of medications, misappropriation of funds, or falsification of timekeeping records.

**Termination** – A team member’s involuntary separation from employment.

**Unlawful Harassment** - Situations in which employment actions are affected by submission to, or rejection of, unwelcome requests or conduct, based on a protected characteristic, such as sex or age. For example, it is harassment for a supervisor to coerce a team member into a sexual relationship and then reward the team member with a promotion. It is also harassment for a supervisor to take disciplinary action against, or deny a promotion to, a team member because he or she rejected sexual advances. Harassment also occurs when the working environment is hostile, intimidating, or offensive to a team member because of the actions of co-workers, supervisors, or even non-team members, such as contractors, patients or visitors. This could include such unwelcome workplace conduct as the use of derogatory language or racial slurs, non-verbal signals, displaying demeaning or sexually-oriented pictures, viewing inappropriate materials on the Internet, telling offensive jokes, making offensive remarks, engaging in unwanted teasing, subjecting others to pressure for dates, sexual advances, or unwelcome touching.

**VCU Health System (the Health System)** – For purposes of this policy, reference to the Health System or VCUHS includes employee team members who receive a W-2 for wages earned from either VCU Health System Authority (VCUHSA) or MCV Associated Physicians (MCVAP) and/or their affiliates that provide or support patient care services on behalf of VCUHSA or MCVAP.

**REFERENCES:**

**A. State/Federal Laws/Regulations**

Code of Virginia: § 23-50.16:1-35, Sec. 65.2-308

The Vietnam Era Veterans’ Readjustment Assistance Act 41 C.F.R. §§60-250.80(a), 60-300.80

The Rehabilitation Act 41 C.F.R. §60-741.80(a)

The Genetic Information Nondiscrimination Act 29 C.F.R. §1635.9(a)


The Americans with Disabilities Act 29 C.F.R. §1602.14, 42 U.S.C. § 12203(a)

29 C.F.R. Part 1640

The Immigration Reform and Control Act 8 U.S.C. §1324a (b) (3)
The Equal Pay Act 29 C.F.R. §1620.32(a), 29 U.S.C. § 206(d)
Executive Order 11246, as Amended
Occupational Safety and Health Act (OSH Act), 29 U.S.C. §660 Section 11(c)
Employee Retirement Income Security Act (ERISA) 29 U.S.C. § 1132(a), 1140
Family and Medical Leave Act, 29 U.S.C. § 2615
National Labor Relations Act 29 U.S.C. § 158(a) (4)
Virginia Fraud against Taxpayers Act Chapter 3 of Title 8.01 216.1-216.19

B. Additional Resources

Standards of Behavior and Performance Policy
Performance Evaluation Process Policy
Threat Management Policy
Prohibition against Workplace Harassment Policy
Equal Opportunity, Non-Discrimination, and Prohibition Against Harassment Policy
Prohibition against Sexual Harassment Policy
Probationary Period Policy
Reasonable Suspicion Drug or Alcohol Testing Policy
Dispute Resolution Documents
Abuse/Neglect Reporting for Children LG.RR.002
Abuse/Neglect/Exploitation Reporting for Adults LG.RR.003
Accessing Protected Health Information (PHI) MR.PH.001
Terms of Employment
VTCC Internship Policy: Maintenance of Psychology Intern Records

Purpose: To provide guidelines and procedures for maintaining psychology interns’ records.

Procedures:

1. Each psychology intern will have an individual record maintained by the Training Director. The record will include (but not limited to):
   a. Monthly tracking sheets logging and verifying training activities and supervision
   b. Intern Competency Evaluation (mid-year and end-year)
   c. Other miscellaneous training-related forms
   d. Correspondence with the intern and his/her home university
   e. Post-internship correspondence and/or forms (e.g., requests for verification of internship for licensure or employment)
   f. Copies of internship completion certificates

2. To maintain confidentiality, the interns’ records will be kept in a secure/locked location.

3. The entire record will be kept in total for a period of no less than 7 years after the completion of internship. Thereafter, a modified, electronic record will be kept indefinitely which will include at a minimum the name of the interns, start and end dates of the internship, and outcome. Copies of evaluations and certificate of completion will also be maintained.

4. Records can be requested by the intern, or by outside parties, with intern consent, for the purposes of credentialing, licensure, etc. Interns are advised to keep their own records to include but not limited to: completion certificates, supervision and clinical contact hours, rotation descriptions, and supervisor names.