

BARROW NEUROLOGICAL INSTITUTE at
PHOENIX CHILDREN'S HOSPITAL
PSYCHOLOGY DEPARTMENT
Psychology Training
INTRODUCTION TO BNI AT PCH

Phoenix Children's Hospital (PCH), the state's largest hospital exclusively for children, serves all of Arizona and surrounding states. Since it was founded in 1983, PCH established its own campus for children from birth to age 18 and emerging adults in continued care. PCH is one of the 10 largest hospitals of its kind in the United States.

PCH offers virtually every pediatric specialty, including cardiology, cystic fibrosis/pulmonary, dermatology, diabetes/endocrinology, gastroenterology, genetics, hepatology (liver disease), hematology/oncology, infectious diseases, neonatology, nephrology (kidney disorders), neurology, orthopedics and rheumatology. Most surgical specialties are available for infants, children, and adolescents.

The hospital-based physicians, psychologists, interns, and residents help to ensure that the finest medical services are always at hand. Health professionals at PCH keep pace with the latest medical advances, treatments and therapies through continuing education and in-house research.

PCH serves all children of Arizona regardless of race, creed, national origin, or religious preference. Our program embraces cultural and individual diversity and strives to recruit interns representative of diverse personal and demographic characteristics. Candidates likewise, should have experience and the desire to work with diverse groups of children, adolescents and families. The patient population at Phoenix Children's Hospital reflects the cultural and socioeconomic diversity of the Southwest. In 2017, 23% of Phoenix Children's Hospital patients were Latinx, 7% African American, 3% Native American, and 11% other. Three percent of Phoenix Children's Hospital patients were older than 18 years of age; 55% were (Medicaid/AHCCCS) patients. In addition to working with these underserved populations, interns have the opportunity to work with the Phoenix Children's Hospital Diversity and Inclusion Committee. To better enable our interns to care for these patients, we offer monthly diversity seminars covering such topics as social determinants of health disparities, cultural humility, working with the Latinx population, working with Native American patients and families, therapy with the Asian-American family, understanding the family's spirituality, and disability as diversity. The Language Services Department provides interpreters for Spanish and American Sign Language as well as access to telephonic interpretation for many other languages.

Facilities: In 2011, PCH opened a \$588 million expansion that is one of the 10 largest free-standing children's hospitals in the country, ultimately building out to 626 beds. The new Emergency Department opened in 2017. PCH's five-story East building, which opened in May of 2002, is a 265,000 square foot pediatric hospital. PCH has Specialty Care Centers around the valley and Phoenix Children's main Neonatal Intensive Care Unit (located at Banner Good Samaritan).. Most outpatient visits are scheduled in the PCH Ambulatory building. Some specialty offices, including the dialysis unit and outpatient surgery, are in the Rosenberg building, and several clinics have relocated to the new tower (e.g., cancer and blood disorders, CARE, cardiology, etc.)

Outpatient Care: The hospital's four-story Barrow Neurological Institute (Ambulatory Building), Rosenberg Building, and the second floor of the Main Building are full-service outpatient facilities. The outpatient clinics encompass a wide range of care, from well-baby visits to treatment of major childhood illnesses. Besides general pediatric care, the outpatient offices offer specialty clinics for everything from audiology assessments to treatment for cystic fibrosis so that children with chronic conditions can receive treatment from teams of specialization on a regular basis.

PSYCHOLOGY SERVICES

The primary goal of the Psychology Section of Barrow Neurological Institute at Phoenix Children's Hospital is to improve the quality of life for patients and their families. To this end, members of the department work closely with physicians, nurses, therapists, teachers, and other professionals to assist children and their families with those behavioral, emotional, social, and family issues that impair their physical/emotional health.

The the mental health staff consists of licensed psychologists, child psychiatrists, psychiatry fellows, nurses, mental health counselors, post-doctoral fellows/residents, doctoral interns, pre-doctoral psychology practicum students, and administrative staff.

Psychology is a recognized subspecialty of the Barrow Neurological Institute at PCH that deals with health-related issues such as adjustment to a medical diagnosis and its treatment, pain management, adherence to medical regimen, management of psychological factors affecting a medical condition, maintenance of good health and prevention of illness, and assessment of children and adolescents.

In addition to direct services, the Psychology Section is actively involved in the education and training of health care professionals regarding psychological and behavioral problems and the

special needs of hospitalized children and their families, as well as those with other mental health challenges. The department functions as an integral part of the hospital structure; staff psychologists serve on a variety of interdisciplinary committees that generate hospital policies and facilitate patient care.

1) INPATIENT SERVICES

1. Direct services include the following:

- Assessment of patients at danger to self and/or others due to psychological problems
- Developmental assessment and consultation
- Neuropsychological assessment and consultation
- Evaluation and treatment of such problems as:
 - Anxiety, Depression
 - Adjustment to medical diagnosis
 - Adherence with medical treatment
 - Pain management
 - Parent-child problems
 - Trauma, loss, end of life, and grief issues
 - Externalizing behaviors
 - Neurologically mediated cognitive and behavioral disorders
 - End of Life

2. Other services include:

- Participation in both medical and psychosocial rounds in the different hospital subspecialties.
- Consultation with physicians, nurses and other health care professionals regarding Psychology issues.
- Supportive interventions with hospital staff to alleviate the stress of patient care.
- Provision of educational seminars to hospital staff.
- Involvement in decisions related to discharge planning.
- Coping skills training on the inpatient psychiatry unit

2) OUTPATIENT SERVICES

1. Direct patient services:

- Individual and family therapy and group psychoeducational programs

Teen Cope (Depression prevention) with chronic pain group graduates

Parent Training for children with ADHD

Programs for families of patients with CF

LGBTQIA Support Group

ADHD/LD Assessment

Developmental Assessment

- Neuropsychological assessment
- Behavioral Assessment
- Services in outpatient medical clinics

2. Clinics:

- Dialysis Center
- Severe Atopic Dermatitis
- Chronic Pain
- Bone Marrow Transplant/Long-Term Survivors
- Type II Diabetes
- Epidermolysis Bullosa
- Palliative Care
- GI (including Feeding Clinic)
- Cystic Fibrosis

3. Other services:

- Consultation with physicians, schools, and human service agencies and other involved professionals regarding patient care issues.
- Education of staff or the public on the use of psychological services or particular modes of intervention
- Coordination of mental health services with community agencies.
- Referrals to community resources to address special patients' needs.
- Collaboration and consultation with schools to develop appropriate educational programs for children followed at PCH.

TRAINING PROGRAM

Our Mission is to provide excellent training in clinical psychology to graduate students, interns, and post-doctoral fellows/residents and to prepare trainees for the next step in their development.

Values:

Integrity – to exhibit high standards for ethical and professional behavior within the practice of psychology.

Dignity – to show dignity and respect through our interactions with our advanced psychology students, our patients, and all others, regardless of culture, race, religion, employment status, or individual differences.

Nurturance – to support our advanced psychology students in a manner that develops mastery and excellence.

The purpose of the Training Program within the PCH Psychology Department is to provide a competency-based experience to psychology trainees within an interdisciplinary hospital setting. We expect that by the end of your training you will have gained values, knowledge, and skills that will enhance your professional development and will allow you to move you closer to residency/fellowship and/or independent practice.

Trainees will learn to assess, diagnose, and treat psychological problems associated with acute and chronic illness in children and their families. In addition, they will provide clinical and consultative psychological services to the inpatient and outpatient programs at PCH, and develop as professionals with enhanced competence in working with an increasingly diverse population.

As a Department, we want to provide the best possible clinical psychology training. We continually strive to grow and improve in that arena. Your feedback will be very helpful to us in that process, and we appreciate it. Formal feedback from you will be obtained after 3, 6, and 12 months of training. You will be invited to attend training committee meetings in September, December, March, and June to give informal feedback and input into important training issues. Additional attendance can be arranged for specific issues.

Doctoral interns are recruited, screened, and selected in late fall and early winter according to APPIC procedures. Training for interns is one-year in length starting in the beginning of July.

The Training year ends in early July of the following year. Fellows/Residents start their 1 or 2-year training in August. Practicum students usually begin around July 1st, but start dates are variable.

Training at the intern level will conform to the Standards of Accreditation of the APA and the policies of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

The training model at Phoenix Children's Hospital is that of the scholar-practitioner. Consistent with this model and its emphasis on the mutuality of science and practice, the focus of our training program is on the practical application of scholarly knowledge in the provision of direct patient care, coupled with the evaluation of the efficacy of those interventions and continued planning to improve those services. Interns are trained to think critically in the delivery of services that take into account individual, cultural, and societal considerations. The majority of current staff members were trained in the scientist-practitioner model and see the inclusion of empirical work as a necessary component for the competent treatment of psychological problems. We strive to provide interns with a breadth and depth of training experiences in the context of utilizing innovative scientific information to guide their treatment planning, conceptualization, and delivery. All staff members remain actively involved in professional associations, continuing education, and reviewing the relevant literature, to constantly improve the quality of their work and supervision. Some staff members are also involved in ongoing clinical research.

Opportunities for Post-doctoral Training

The Pediatric Psychology Fellowship/Residency is affiliated with the Arizona Psychology Training Consortium, a member of APPIC. The Fellowship in Pediatric Neuropsychology (currently inactive) was accredited by ABCN. Training for both interns and post-doctoral fellows/residents will meet the standard for State licensure as established by the Arizona Board of Psychology. If you are planning to practice in another state, it is your responsibility to know those requirements and how our training program meets those needs.

Sample Didactics, Diversity Seminars, and Mini-Courses

- *Helping kids build resilience.* John L. Barton, Ph.D., ABPP
- *State and National Practice Issues in Psychology.* Chris Nicholls, Ph.D., ABPP
- *Where the Rubber Meets the Road – Applying Aspirational Principles of Psychology Professional Ethics in a Pediatric Hospital.* Ginger Carlson, Ph.D., ABPP
- *Let's Talk About Sex: Increasing Comfort and Addressing Bias in Conducting Ethical Sexual Health Histories.* Joshua Kellison, Ph.D.
- *The Research Process.* Kylie Van der Wyst, MPH
- *Self-Care in a Demanding Environment.* John L. Barton, Ph.D., ABPP
- *Children and Adolescents with Diabetes.* Synthia Puffenberger, Ph.D.

- *Caring for Bereaved Families. Amanda Sahli, MS, LAMFT*
- *Working with Native American patients and families. Elise Leonard, MD*
- *Ethics in assessment. John L Barton, PhD, ABPP and Brianne Butcher, PhD*
- *Cultural humility and social determinants of health. Cammy Bellis, MEd*
- *Understanding and treating trauma. Patrick Goodman, MC*
- *Conversion disorders. Blazen Draguljic, MD*
- *Autism Spectrum Disorders. Richard Frye, MD*
- *Long-term survivors of Bone Marrow Transplant. Kristen Beebe, NP*
- *Palliative Care. Emma Ross, Ph.D.*
- *The Practice of Consultation/Liaison Psychology and Working with Interdisciplinary Teams. Tava Arnold, Ph.D. and Stacey Halverson, Ph.D.*
- *Management of Chronic Pain. Mark Popenhagen, Psy.D. and Arie Zakaryan, Ph.D.*
- **Mini-Courses**
 - *Motivational Interviewing John L Barton, PhD, ABPP*
 - *Increasing Adherence John L Barton, PhD, ABPP*
 - *Problem-solving Therapy Arie Zakaryan, Ph.D.*
- **Neuropsychology Seminar**
 - *Fact-finding (4x year)*
 - *Concussions Michael Lavoie, Ph.D.*
 - *Stroke Brianne Butcher, Ph.D.*
 - *Pediatric Movement Disorder*
 - *Neuro-oncology Brianne Butcher, Ph.D.*
 - *Symptom Validity Assessment*
 - *Pediatric Epilepsy*
 - *Dancing with Medicinal Mary Jane*
 - *Neurocutaneous Conditions Brianne Butcher, Ph.D.*
 - *Higher order Cerebral Functions Michael Lavoie, Ph.D.*

Track Experiences

Pediatric Psychology Track

The Pediatric Psychology track emphasizes working with medically hospitalized patients, their families and treatment teams. Interns in the pediatric psychology track have a year-long experience with the consultation/liaison service. The service works with teams across the hospital. Patients that are frequently seen

on this service include those with acute or chronic pain or illness, severe problems in adjustment to a medical condition, and/or significant non-adherence. Other consults involve pre- and post-solid organ transplant, problems after serious accident or traumatic brain injury, and/or end-of-life concerns. Interventions with these patients often involve training in skills for coping with complex medical conditions, pain management strategies and the brief assessment and treatment of anxiety and/or depression. Interns attend care conferences in which psychosocial impressions are presented and treatment recommendations are made. Therefore, there is an emphasis in training within multidisciplinary teams. Interns in this track are also required to conduct outpatient therapy (with individuals, families, and groups; see below) and psychological evaluations (usually regarding possible ADHD and/or LDs).

Pediatric Neuropsychology Track

The Pediatric Neuropsychology track provides clinical training in the practice of clinical psychology, with emphasis in neuropsychology, through supervised evidence-based patient care within the hospital setting supplemented by a didactic curriculum. This track affords training in concert with the criteria set forth by the [Houston Conference on Specialty Education and Training in Clinical Neuropsychology](#). Clinical activities include a major rotation involving outpatient neuropsychological evaluation of pediatric patients ranging in age from 3-21 years old who present with acquired brain injuries and medical conditions that affect central nervous system functioning including pediatric cancers, brain tumors, traumatic brain injuries, stroke, genetic disorders, movement disorders, and congenital CNS disorders. The intern will also participate in a minor inpatient neuropsychology rotation involving inpatient neuropsychological assessment with referrals from the neurorehabilitation unit, pediatric epilepsy monitoring unit, biobehavioral unit, as well as hospital-wide neuropsychological consultation. Interns also have opportunities to work with staff neuropsychologists to provide supervision and training to pre-doctoral practicum students. Outstanding didactic training is available from the options listed below. Interns in this track are also required to participate in the consultation/liaison service for hospitalized patients and to conduct outpatient individual and group therapy programs with medically complex patients.

At present, there is no expectation for work in the Emergency Department or being “on-call”.

Specific Duties of Interns

Pediatric interns will carry a caseload of no less than 3 (pending census) and no more than 10 inpatients/week (10-30 sessions)

Pediatric interns will carry a caseload of no less than 3 and no more than 7 outpatients/week (7 sessions)

Pediatric interns will conduct at least 4 psychological evaluations (roughly ½ ADHD/psychological evaluations and ½ LD/combo/complex evaluations) per year

Neuropsychology interns will conduct no more than 3 outpatient neuropsychological evaluations/week during the first semester

Neuropsychology interns will carry a caseload of at least 2 and no more than 4 outpatients/week (4 sessions) during the first semester

Neuropsychology interns will carry a caseload of no more than 4 inpatient neuropsychological evaluations/month during the second semester

Neuropsychology interns will carry a caseload of no more than 3 inpatients/week (15 sessions) during the second semester

Neuropsychology interns will carry a caseload of at least 3 and no more than 6 outpatients/week (6 sessions) during the second semester

All interns:

- Participate in 2 (or more) outpatient clinics (that meet at least twice per month) per year according to their schedules and availability
- Supervise a junior student through one case
- Conduct 2 psychoeducational group programs
- Provide at least 2 formal case presentations, 1 formal didactic presentation, and 1 presentation to Neuroscience Grand Rounds over the course of the year

Participate in new intern application/interview/pre-orientation activities as needed

Sample Schedules:

Sample Neuropsychology Intern Schedule – Rotation 1

Monday:

- Neuroscience Grand Rounds – 1 hour
- Weekly supervision (Training Director) – 1 hour
- Outpatient therapy – 2 clients (1 hour each)
- Therapy note-writing and assessment report-writing

Tuesday & Thursday:

- Outpatient neuropsychological evaluations at Avondale location (one each day, includes clinical interview with parent)

Wednesday:

- Avondale:
 - o Feedback sessions from previous week's evaluations – 1-2 (1-1.5 hours each)
 - o Scoring, assessment report-writing
 - o Supervision (Neuropsych Supervisor) – 2 hours
- Main Campus:

- Outpatient therapy client – 1 (1 hour)
- Therapy Group – 1 hour
- Therapy note-writing

Friday:

- Therapy note-writing and assessment report-writing
- Didactics & mini-courses – 2 hours

Sample Neuropsychology Intern Schedule – Rotation 2

All days: Inpatient C&L follow-up PRN

Monday:

- Clinic(s)
- Weekly supervision (Training Director) – 1 hour
- Outpatient therapy – 3 clients (1 hour each)

Tuesday:

- Inpatient neuropsychological evaluation(s)
- Therapy Group – 1 hour

Wednesday:

- Inpatient C&L, neuropsychological evaluation(s)
- Outpatient therapy – 1 client (1 hour)
- Supervision (Inpatient supervisors) – 1-2 hours

Thursday:

- Clinic(s)
- Note- & report-writing
- Outpatient therapy – 1 client (1 hour)

Friday:

- Feedback sessions
- Didactics & mini-courses – 2 hours
- Note- & report-writing

Sample Pediatric Psychology Intern Schedule

Monday:

- 7:30 - 8:30 Neuroscience Grand Rounds
- 8:30 - 2:30 Inpatient C/L
- 2:30 - 6 pm
 - Outpatient therapy – 2 clients (1 hour each)
 - C/L and Therapy note-writing

Tuesday

- 7:30 – 8:30 Hospital Pediatric Grand Rounds
- 8:30 - 2:30 Inpatient C/L
- 2:30 – 6:00 pm
 - o Outpatient therapy – 2 clients (1 hour each)
 - o C/L and Therapy note-writing

Wednesday:

- 8:00 - 12:30 Inpatient C/L (Inpatient C/L all day on no clinic days OR testing)
- 12:30 - 4:30 Clinics: Type 2 Diabetes clinic (1x per month), Epidermolysis Bullosa Clinic (1x per month)
- 5:00- 6:00 pm Outpatient therapy case (1 hour)

Thursday:

- 8:15 – 9:00 am Supervision (Inpatient C/L supervisor)
- 9:00- 12:30 Inpatient C/L (Inpatient C/L all day on no clinic days)
- 1:00 - 4:30 Clinic: Hematology/Oncology Survivor Clinic (2x per month)
- Inpatient C/L or therapy notes

Friday:

- 8:00 - 12:00 Bone Marrow Transplant Long-term Follow-up Clinic (3x per month)
OR
- 8:00 – 12:00 Inpatient C/L OR testing (1x per month on no clinic days)
- 1:00 – 3:00 Didactics & mini-courses
- 3:00 – 4:00 Weekly supervision (Training Director)
- 4:00 – 5:00 Outpatient therapy case

Successful Completion of the Training Program

We expect that all trainees will successfully complete our training program. We have expectations and specific criteria for the successful completion of your training program, and we want to make sure you were aware of those. You will be given the form with which you will be evaluated during orientation. We encourage self-reflection and, therefore, you will have the opportunity to evaluate yourself in the profession-wide competencies upon entry into the program. These initial ratings will help you and your supervisors establish goals for the training year. Minimum levels of achievement for successful completion of the internship would be that your large majority of your behavior is “very characteristic” of each of the profession-wide competencies. That is, by the end of the training year, you will achieve a rating of 4 for at least 75% of the supervisor ratings of your behavior in each of the nine domains. This is consistent with the 70% criteria for the EPPP/MOC. In addition, interns may not complete the year with any individual elements or competencies rated below a 3 or “Mostly characteristic” (i.e., no ratings of 2= “Moderately” or less). Interns must not engage in any significant unprofessional or unethical behavior. Interns must complete a minimum of 500 total hours of direct patient care.

You are, therefore, required to track your hours during this training year. Most licensure boards will ask for an account of your internship hours. Interns must also complete at least three professional presentations (case presentation, didactic, and Neuroscience Grand Rounds).

Training in a hospital setting is a unique experience. Often, students come to our site without a large amount of hands-on training in the hospital setting. Therefore, there may be certain areas and skill sets where you will need to gain additional education or complete extra work. In the first two evaluation periods (three or six months), if we identify any of these needs, your supervisors will work with you to develop specific goals to gain these skills, knowledge, and attitudes. As a part of developing these goals, your supervisors will also talk with you about a timeline regarding receiving feedback about your progress.

We expect the internship year to focus more on integration of broad and general skills along with the development of your professional identity. We expect the post-doctoral fellowship/residency year(s) to focus more on the refinement of therapy and/or assessment and professional skills to the level of the independent practitioner.

For interns, we expect that initially, you will need more intensive supervision and guidance. Thus, it would be expected that some of your initial skills will be somewhat characteristic of the competency goal and intensive supervision is needed. Again, that's common as you are learning a new system and set of skills. By the end of the year, we expect that your skills will be mostly or very characteristic of the competency goal. At least 75% of the training competencies must be at this "very characteristic" level. Your skills are expected to be at least mostly characteristic of all training competencies. These are the minimum requirements to successfully complete the internship.

Evaluation of Trainees

For interns, individual evaluations are conducted three times a year; formal written staff evaluations are conducted at three months, at the end of six months, and at the end of the training year. These evaluations look at the students' competencies in a variety of areas including ability to integrate science and practice, diagnostic skills and assessment, interventions, ethics, professional values and attitudes, communication and interpersonal skills, ability in working with people from diverse backgrounds, and response to and provision of supervision, and consultation with other disciplines. Evaluation results are shared with the trainees so that goals can be refined and planned for and further development in trainee performance can occur. We will provide initial formal feedback about trainee performance by the middle of October. A copy of the evaluation forms will be handed out at orientation. This feedback is intended to be helpful in establishing training goals for the remainder of the year. Evaluations are shared with your home programs. Trainees are also asked to evaluate their supervisors and the Training Program at the end of six months and at the end of the year. Supervisor and Training Program evaluations are used to review and clarify the strengths and weaknesses of our clinical tracks, supervisor performance, and program efficacy.

In addition, to enhance reflective practice, we will ask you to evaluate yourself. At the beginning of the training year, we will ask you to rate yourself and complete the Competency Evaluation form. We would like you to really think about what you perceive to be your strengths and areas that you would like to target for further intensive work. You will review your initial evaluation at the end of the year and you may be surprised at your growth.

PSYCHOLOGY FACULTY & STAFF

Lindsay Anderson, Ph.D., Hematology/Oncology

Brenda Aranda, Ph.D., Cardiology/Transplant services

Tava Arnold, Ph.D., Consultation/Liaison Service; outpatient clinics

John Barton, Ph.D., ABPP, Training Director; Doctoral Internship, Post-Doctoral Residency (Fellowship)

Jan Blackham, Ph.D., Developmental/Rehabilitation Neuropsychology

Brianne Butcher, Ph.D., Neuropsychology (Avondale office), Primary supervisor for neuropsychology intern

Ginger Carlson, Ph.D., ABPP, Interim Director of Pediatric Psychology Services, GI; Outpatient therapy (Gilbert Office)

Kristin Crocfer, Psy.D., Neuropsychology

Stacey Halverson, Ph.D., Consultation/Liaison Service

Joel Hanania, Ph.D., Autism Spectrum Disorders Program

Michael Lavoie, Ph.D., Chief of Neuropsychology Dept.

Kimberly Painter, Psy.D., Neuropsychology, Rehabilitation Services

Mark Popenhagen, Psy.D., Pain Service; Director of Inpatient Services

Synthia Puffenberger, Ph.D., Endocrinology

Emma Ross, Ph.D., Consultation/Liaison Service, Palliative Care

Jeanette Smith, Ph.D., Outpatient therapy/Cystic Fibrosis Program; Director of Outpatient Services

Arie Zakaryan, Ph.D., Pain Service

Expectations You Should Have of Supervisors:

We believe that our training program should be of benefit to all trainees. A key way to ensure that the training program is of benefit is to ensure that we meet certain standards in our supervision.

To maximize the quality and effectiveness of the trainees' learning experiences, all interactions among trainees, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current APA Ethical Principles of Psychologists and Code of Conduct, including the General Principles and Sections 3 and 7.) In order to provide our trainees with the best supervision possible, PCH supervisors and personnel aspire to provide the following:

1. At least four hours of supervision each week, at least two of which are face-to-face individual supervision (two for fellows/residents; one hour for each 10 hours for practicum students). We will try to reschedule or make up for supervision if the supervisor is unavailable at the regularly scheduled appointment. Your supervisors will directly observe you (live or on video) at least once per evaluation cycle.
2. A consistent, safe, environment, focused on learning and the avoidance of non-constructive criticism.
3. Modeling, direct instruction, and processing as needed.
4. Direct supervision (observation and co-therapy) at the beginning of the year for consults, as well as on high-risk and complicated consults throughout the year.
5. A licensed clinician or supervisor available at all times to consult on difficult cases or emergency situations.
6. Sufficient training to address the needs of both the developing clinician and his or her patient.
7. Opportunity to listen to concerns and complaints of the trainees and attempt to solve problems, issues, or conflicts.
8. Careful observation of trainees in multiple situations (live, video recordings [when available], written work, and self-report) with feedback in a constructive fashion.
9. Regular feedback so that evaluations are not a surprise.
10. Encouragement for practicum students, interns, and fellows/residents to reach goals for improved techniques, clinical understanding, and professional development.
11. We will make every effort to minimize trainee's time spent on time-consuming activities that are not obviously educational in nature, although a certain amount of these activities are a part of any clinical practice.

12. Supervision time is designed to meet the professional and educational needs of the trainee. Supervisors will avoid using the trainee's time to meet the needs of the supervisor.

13. We recognize that supervision is, by its nature, imbalanced in power. Because of this, it is possible that you will be aware of this differential and feel uncomfortable disagreeing or asserting your position to your supervisor. Supervisors at PCH will work hard to make supervision a comfortable experience and to develop an environment where you feel comfortable sharing your concerns.

14. Supervisors will work within their areas of competence.