University of Massachusetts Medical School
Department of Family Medicine and Community Health
Primary Care Psychology Fellowship
2010 Resident Handbook
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Overview of Handbook

This handbook describes the policies and procedures specific to the Primary Care Psychology Fellowship. For policies and procedures not specifically outlined in this handbook residents should consult the most recent edition of the Program Policies for the University of Massachusetts Worcester Family Medicine Residency.
Fellowship Supervisors and Training Activities

Core Faculty:

Nicholas Apostoleris, PhD, is the Director of Behavioral Science in the Fitchburg residency and Mental Health Director in the Community Connections Health Center. He is the on-site clinical supervisor of the Fitchburg site. He has extensive experience in Primary Care Psychology and is an alumnus of the Fellowship.

Alexander Blount, EdD, is the Director of Behavioral Science for the Department of Family Medicine and Community Health and a primary clinical supervisor of the Fellowship. He was previously Director of the Family Center of the Berkshires at Berkshire Medical Center in Pittsfield, MA. He was also a faculty member at the Ackerman Institute for Family Therapy in New York City. He is the author of Integrated Primary Care: The Future of Medical and Mental Health Collaboration, published by Norton in 1998, and of several other articles in the field. He is immediate Past President of the Collaborative Family Healthcare Association (CFHA.net) and is incoming Editor of Families, Systems, & Health.

Christine N. Runyan, Ph.D. is the Director of the Fellowship and the Associate Director of Behavioral Science for the department. She is a clinical site supervisor at Hahnemann Family Health Center and one of the rotating primary supervisors for fellows with other health center placements. She has extensive experience educating and training psychologists to work in a primary care setting, including over 6 years with the US Air Force which has a robust and well developed integrated care program.

Daniel Mullin, PsyD, is the on-site clinical supervisor at the Barre Family Health Center as well as for the Family Medicine Inpatient Service rotation. He joined our faculty after a two year post-doctoral experience at Rochester Medical School. He is also currently involved with the Center for Primary Care Advancement.

Craig Wiener, EdD, is the on-site clinical supervisor at Family Health Center of Worcester. He has extensive experience in residency training and a special interest in child behavioral issues.

There are approximately thirty-five physician faculty members who are active in training residents and fellows at the different health centers.

The Program:

Fellows receive focused training in clinical health psychology as it is practiced in primary care. They provide behavioral health treatment in the health centers and in other Family Medicine practices in the U.Mass/Memorial system. They provide behavioral science precepting (one on one observation and teaching) for residents in Family Medicine and join them in collaborative patient care. They teach selected behavioral science subjects in the health centers. Finally, they participate in research on the processes of primary care, either by proposing their own research studies or by working in ongoing faculty research.
projects. Instead of doing their own research, some fellows opt to attend the LEND program, (described below) to work on health policy and research as it relates to populations with disabilities.

Fellows receive one hour per week of individual clinical supervision from the Director of the program or another senior faculty in the program as well as one hour from the on-site supervisor in their health center in both years of their program. In addition, they average one to two additional hours of supervision per week in live supervision and case discussions. During all their work, there is a medical faculty preceptor available on site for back up with decisions, adding a second layer of guidance and support.

YEAR ONE
The first year is spent refining skills that are necessary for the practice of clinical health psychology in primary care, becoming familiar with the routines, language, and issues of assessment and intervention in primary care. They learn how to develop a role as a caregiver in primary care medical practice. First year experiences include:

Clinical practice and consultation in primary care - Six half-days per week
The fellow spends the majority of his or her time as a member of primary care treatment team in one of the family practice residency clinics. This involves observing resident physicians in their practice, seeing patients jointly with physicians, and carrying a caseload referred by physicians in the practice. In the beginning of the year, the fellow’s time is fairly unstructured. They learn what the residents are doing by observing them as they see their patients. This leads quickly to dual interviews in which residents and fellows work together to treat patients. In their clinical work in this setting, fellows are most likely to see patients who are anxious, depressed, coping with illness, child behavior problems, having relationship or family problems, or are abusing substances. They also consult to physicians concerning and do triage with patients with serious mental illnesses.

Program for School Aged Children – One half-day
This is a family therapy oriented brief assessment and treatment clinic. Faculty members are Dr. Blount and Dr. Braden. It serves children aged 5-12 and their families. It is a training clinic for residents in Family Medicine and Pediatrics. Fellows do clinical work in front of the one-way mirror under the supervision or provide teaching for residents.

Behavioral Medicine practice – One half-day
At Hahnemann Family Health Center in Worcester, this half day is "open clinic" when patients can come to see a BH provider without appointments. When it is busy, everyone is working, or observing each other work. When it is quiet, it is a good time for conversation in detail about cases and issues.

Hospital Rounding – One half-day
Working with Dr. Mullin, fellows spend one half-day rounding in the hospital with teams of residents. The fellow is an integral part of the team, helping highlight psychosocial issues and offering a psychologist’s perspective on the patients each team sees. In addition, fellows are currently developing a Quality Improvement program on the Family
Medicine Inpatient Service by screening patients who have been admitted to rule out a heart attack for anxiety and depression.

**Team Precepting – One half-day**

“Team precepting” is a process in which a medical faculty member and a behavioral science faculty member work together with a resident who sees a regular half-day of patients in front of the one-way glass. Being with the team allows the fellows to observe primary care services and hear the feedback of faculty about what they are seeing. Fellows can observe or participate in the process as they gain confidence and experience.

**Seminar in Primary Care Behavioral Health**

Fellows take and often help teach the Certificate Program in Primary Care Behavioral Health. The program consists of six all day workshops given one Friday a month for six months which are designed to provide the skills and tools needed by mental health professionals who want to work successfully as a behavioral health clinicians in primary care. The course is given twice a year. The curriculum appears at the end of this document.

**In addition . . .**

In addition, fellows give occasional lectures on mental health topics of interest to residents at both Fitchburg and Hahnemann sites. They usually give one Grand Rounds presentation to the Department of Family Medicine and Community Health. The fellows also help deliver structured behavioral and educational programs for identified groups of patients.

**YEAR TWO**

The second year is spent developing skills in some of the special kinds of care offered by primary care psychologists, in formal precepting with residents, and in some sort of research in primary care. Whereas in the first year, the Fellows are functioning more as peers and collaborators with residents, in the second year they take on more faculty-like responsibilities. Second year experiences include:

**Clinical practice and consultation in primary care – Five or six half-days per week**

As in the first year, the fellow spends the majority of his or her time as a member of primary care treatment team in a family practice residency clinic. There is special emphasis on consultation to help residents care for patients that they would have referred before. There is also an experience of developing population-based clinical care. The fellow identifies a particular group of patients who need a behavioral aspect to their care and researches, develops, proposes and helps implement one “critical pathway” of care to be offered to every patient in the practice with the identified illness.

**Hospital Rounding – One half-day**

Teaching and consultation at a different Family Medicine practice – One day

During this day the fellow is flexibly available for patient care and consultation at a practice that is new to him or her. We are offering the experience of joining a practice and meeting the needs there when the practice is not used to having a fellow. It teaches
organizational transformation skills in addition to allowing the fellow to use their clinical and consultation skills in a new venue.

**Fellow’s research – One half-day**

Fellows pursue their own research project. The Department of Family Medicine and Community Health has developing and ongoing research in primary care in areas such as pain, homelessness, depression and substance abuse. The fellow is also invited to develop their own project.

Alternatively, fellows can opt to take one half-day from their health center practice and their research time to spend a day per week at the LEND program. LEND is a post graduate training experience that has been designed to enhance the knowledge and skills of future leaders and clinicians in interdisciplinary, family-centered and culturally competent care of children with neurodevelopmental disabilities and their families, or other populations with similar disabilities. Funding from the Maternal Child Health Bureau (MCHB) is used to develop a comprehensive program that ensures that attention is paid to identifying leadership potential in individuals, to creating learning opportunities that will enhance this potential, and to monitoring the progress of selected individuals in acquiring the skills and competencies they will need to be effective in the worlds of policy and advocacy. [http://www.umassmed.edu/shriver/education/lend/index.aspx](http://www.umassmed.edu/shriver/education/lend/index.aspx)
Due Process and Grievance Policy

Problem identification and resolution

Trainee grievances  We believe that most problems are best resolved through face-to-face interaction between fellow and supervisor (or other staff), as part of the ongoing working relationship. Fellows are encouraged to first discuss any problems or concerns with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the fellow, and to seek appropriate consultation. If fellow-faculty discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the fellow.

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

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

The Training Director will call a meeting of the Training Committee to review the complaint. The Training Committee shall consist of the faculty members who make promotion and dismissal decisions of residents in the health center where the fellow is based, including the Training Director, plus the Psychology faculty member in that health center. The fellow and faculty will be notified of the date of the review and given the opportunity to provide the Committee with any information regarding the grievance.

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

The fellow will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the fellow accepts the decision, the recommendations will be implemented. If the fellow disagrees with the decision, they may appeal to the Chair of the Department of Family Medicine and Community Health or his/her designee. The Chair will render the appeal decision, which will be communicated to all involved parties and to the Training Committee.

The fellow will be informed in writing of the Chair's decision, and asked to indicate whether they accept or dispute the decision. If the fellow accepts the decision, the recommendations will be implemented. If the fellow disagrees with the decision, they may appeal to the Chancellor of the Medical School or his/her designee. The Chancellor will render the appeal decision, which will be communicated to all involved parties.
In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself or herself from serving on the Training Committee due to a conflict of interest.

**Probation and termination procedures**

1. The problematic trainee: The fellowship program aims to develop advanced professional competence. Conceivably, a fellow could be seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the training program will help fellows identify these areas and provide remedial experiences or recommended resources in an effort to improve the fellow's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the fellow would not get credit for the fellowship unless that problem was remedied.

Should this ever be a concern, the problem must be brought to the attention of the Training Director at the earliest opportunity in order to allow the maximum time for remedial efforts. The Training Director will inform the fellow of staff concern, and call a meeting of the Training Committee. The fellow and involved fellowship faculty will be invited to attend and encouraged to provide any information relevant to the concern.

A fellow identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the fellow from fulfilling the exit criteria, and thereby, not receive credit for the fellowship.

The Training Committee may require the fellow to participate in particular learning experiences or may issue guidelines for the type of experiences the fellow should undertake in order to remedy such a deficit.

The fellow, the fellow’s supervisor(s), the Training Director, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the fellow to develop in order to remedy the identified problem.

The fellow and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (but not less than every two months) regarding the fellow's progress.

The fellow may request that a representative of their choosing be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the fellow and his/her status in the fellowship.

The fellow may be removed from probationary status by a majority vote of the Training Committee when the fellow's progress in resolving the problem(s) specified in the
contract is sufficient. Removal from probationary status indicates that the fellow's performance is at the appropriate level to receive credit for the fellowship.

If the fellow is not making progress, it is possible for the Training Committee to decide not to allow the fellow to participate in the second year of the fellowship. The Committee will so inform the fellow at the earliest opportunity.

The decision to put a fellow on probation or not to allow a fellow to continue for a second year is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the fellow's fulfillment of the learning contract.

A fellow may appeal the Training Committee's decision as described above in the grievance procedure.

These procedures are not intended to prevent a fellow from pursuing an appeal of the Training Committee decision under any other applicable mechanisms available to employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC.

2. Illegal or unethical behavior

Illegal or unethical conduct by a fellow should be brought to the attention of the Training Director in writing. Any person who observes such behavior, whether staff or fellow, has the responsibility to report the incident.

The Training Director, the supervisor, and the fellow may address infractions of a very minor nature. A written record of the complaint and action become a permanent part of the fellow's training file. Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the fellow of the complaint. Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties. All involved parties will be encouraged to submit any relevant information that bears on the issue, and invited to attend the Training Committee meeting(s).

In the case of illegal or unethical behavior in the performance of patient care duties, the Training Director may seek advisement from appropriate Medical Center resources, including Risk Management and/or District Counsel. Following a careful review of the case, the Training Committee may recommend no action, probation or dismissal of the fellow. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section on the problematic trainee. A violation of the probationary contract would necessitate the termination of the fellow's appointment at UMass Medical School.
Resident Selection Policy

Qualifications:
Admission requirements include completion of all professional doctoral degree requirements in clinical or counseling psychology from an APA/CPA-accredited accredited program and pre-doctoral internship meeting APPIC/CAPIC standards. We will give preference to candidates with demonstrated training and experience in family therapy and/or behavioral medicine. Successful candidates commonly have previous experience in primary care settings. Bilingual (English/Spanish) candidates are especially sought after. Candidates who show enthusiasm for working in a diverse workforce with a very diverse patient population are sought. Minority and candidates with disabilities are urged to apply.

To Apply:
A letter stating interest, a CV and three letters of recommendation constitute an application. We prefer to receive these by e-mail addressed to Christine Runyan, PhD and sent to the following email address: Amy.Green@umassmed.edu. Print applications can be mailed to Amy Green, Department of Family Medicine and Community Health, 55 Lake Ave, N., Worcester MA 01655 but please do not send duplicate applications.

Commitment to Diversity:
Resident applications are recruited through an open submission process including listing in APPIC website. Preference is given to candidates with demonstrated training and experience in family therapy and/or behavioral medicine. Bilingual (English/Spanish) candidates are especially sought after. Minority and disabled candidates are urged to apply. Applications are reviewed, and residents are selected, with attention to promoting diversity among the residents that reflects the diversity of communities they will serve. A review of the demographics of residents over the past 10 years reveals a group diverse in gender, country of origin, and race. Moving forward a similar approach to recruitment will be employed with a routine review of the effectiveness of that approach in terms of its ability to recruit and retain a diverse body of residents.
Administrative Assistance: Clerical and Technical Support

Office Space
Residents will be provided with adequate office space for administrative and clinical activities. This space will vary in size and availability depending on the resident’s primary clinical assignment.

Computer Access
Each resident will have access to computer terminals at all of their practice sites. This includes privileges to access electronic health records and online access to the resources of the libraries of the medical school. Technical assistance is available to all residents through the Medical School’s Information System’s Department.

Clinical and Administrative Clerical Support
Residents are providers with access to the clinical support staff at all of their practice locations. Residents have the same access to the clinical support staff as attending physicians and supervising psychologists. Likewise administrative support is available to residents. Residents may request support from the administrative assistant of the Director of Behavioral Sciences.
Financial Support for Stipends and Training Activities

The salary is $40,000 ($42,000 the second year). Fellows are employees of the University of Massachusetts Medical School and receive the same benefits package as medical residents. The human resources department is available to answer specific questions regarding payment and a summary of benefits is also posted. This includes three weeks vacation (does not include sick time allowance), low cost individual or family health plan, disability and life insurance.

Financial reimbursement is available for residents to attend one or two national conferences each year. Travel and subsequent reimbursement for conference attendance must receive prior approval by the Training Director.

The fellow will be invited to an orientation program developed for the incoming medical residents and first year post-doctoral fellow to orient them to University of Massachusetts, the training environment, expectations and policies and procedures. This occurs the last week of June. The Post-doctoral fellowship is APA-accredited.

Applications will be accepted until the position is filled or February 15, whichever comes first. Early submission improves a candidate’s chances. Start date is July 1, 2010, though this can be delayed if the candidate we select is not available until September.
Residency Evaluation Form

PRIMARY CARE PSYCHOLOGY PROGRAM
PERFORMANCE EVALUATION - Postdoctoral Fellows

TRAINEE NAME: ____________________________________________

SUPERVISOR NAME: ____________________________________________

DATES COVERED BY THIS EVALUATION: ____________________________________________

<table>
<thead>
<tr>
<th>Evaluation Instructions</th>
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</thead>
<tbody>
<tr>
<td>This form is designed to allow the supervisor to evaluate the trainee’s performance across a range of professional domains. Each of the relevant areas should be discussed and the trainee given suggestions for improving his/her performance. Using the performance of a typical trainee at this level of experience as a base, evaluate the relevant items using the following ratings:</td>
</tr>
<tr>
<td>5 Outstanding</td>
</tr>
<tr>
<td>4 Exceeds</td>
</tr>
<tr>
<td>3 Meets</td>
</tr>
<tr>
<td>2 Needs Improvement</td>
</tr>
<tr>
<td>1 Inadequate</td>
</tr>
<tr>
<td>N/A Not Applicable</td>
</tr>
</tbody>
</table>

**Competency 1: Assessment.**
the resident will be able to…

1.1 independently evaluate the question–problem and appropriate level of analysis, and in so doing, select and administer empirically supported biopsychosocial and cognitive assessment tools appropriate for the patient’s physical illness, injury, or disability for the purpose of developing treatment and rehabilitative services.

1.2 conduct a comprehensive biopsychosocial interview and evaluate objective (relevant) biological and psychosocial findings related to physical health or illness–injury–disability.

1.3 assess biopsychosocial risk factors for the development of physical illness, injury, or disability.

1.4 assess environmental factors that facilitate or inhibit patient knowledge, values, attitudes, and/or behaviors affecting health functioning and health care utilization.

1.5 assess biopsychosocial factors affecting adherence to recommendations for medical and psychological care.

1.6 assess the biopsychosocial impact of medical procedures (including screening, diagnostic, and intervention–prevention procedures).

1.7 demonstrate an understanding of ethical and legal ramifications of biopsychosocial assessment strategies in addressing health and health care issues.

1.8 demonstrate the ability to access, evaluate, and utilize information to assist in
assessment using new and emerging health technologies.

1.9 demonstrate the ability to assess the impact of illness and disease on family systems and the resources and strengths the system possess.

### Competency 2: Intervention

the resident will be able to…

2.1 utilize an evidence-based practice by integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.

2.2 implement empirically supported treatment interventions appropriate to the target population.

2.3 implement empirically supported health promotion and prevention interventions.

2.4 conduct empirically supported interventions in the context of an interdisciplinary team.

2.5 independently evaluate, and in so doing, select and administer biopsychosocial and cognitive assessment tools appropriate for the patient’s physical illness, injury, or disability for the purpose of monitoring and evaluating the process and outcomes of treatment and rehabilitative services, including their potential risk for harm.

2.6 demonstrate an understanding of ethical and legal ramifications of biopsychosocial intervention strategies in addressing health and health care issues.

2.7 demonstrate the ability to appropriately access, evaluate, and utilize information in designing and implementing treatment, health promotion, and prevention interventions using new and emerging health technologies.

2.8 demonstrate the ability to provide culturally sensitive family focused interventions for the promotion of health behaviors and the enhancing of resources for coping with illness and disease.

### Competency 3: Consultation

the resident will be able to…

3.1 conceptualize referral questions that bear on human behavior (including an understanding of the client’s role).

3.2 communicate about and cultivate mutual understandings about problems among individuals from diverse disciplines.

3.3 translate and communicate relevant scientific findings as they bear on the medical consultation–liaison questions.

3.4 enhance the understanding of family factors for the assessment and treatment of families in consultation with primary care providers.

### Competency 4: Research

the resident will be able to…

4.1 apply diverse methodologies to address contextual, psychosocial, and biological processes as they relate to health promotion, illness prevention, and disease progression.

4.2 select, apply, and interpret data-analytic strategies that are best suited to the diverse research questions and levels of analysis characteristic of health psychology.

4.3 accurately and efficiently communicate research findings in a manner that is consistent with the highest standards within the profession.
## Competency 5: Supervision – Training.

The resident will be able to…

| Competency 5.1 | Be proactive and anticipate the kinds and scope of problems and issues that might be encountered. |
| Competency 5.2 | Deal effectively with the kinds of issues and challenges that may be unique to working in health care settings (e.g., death and dying, infection control). |
| Competency 5.3 | Utilize informatics and other technology-based methods to obtain both the basics and the latest information about a disease being addressed. |
| Competency 5.4 | Demonstrate awareness of and appreciation for the unique knowledge base, skill sets, roles in the health care team, and limitations and boundaries of the professions that provide services to the population being treated. |
| Competency 5.5 | Train students to assert their professional autonomy and identity. |
| Competency 5.6 | Provide supervision that takes into account individual and cultural differences of both consumers and other members of the health care team. |
| Competency 5.7 | Encourage behavior that appropriately respects the professional autonomy of other professions. |
| Competency 5.8 | Provide effective instruction and supervision in psychology both to psychology trainees and across disciplines and across levels of training. |
| Competency 5.9 | Provide effective instruction and supervise the conduct of health-related research across disciplines. |

## Competency 6: Management and Administration

The resident will be able to…

| Competency 6.1 | Conduct the “business” of health psychology practice and research management, including coding, electronic records, and billing; demonstrating an awareness of the skills required to be able to recruit, hire, and retain personnel to work for the psychologist, including writing position descriptions and performance evaluations; and developing policy and procedure manuals. |
| Competency 6.2 | Develop clinical health psychology services and to evaluate their effectiveness and their quality. |
| Competency 6.3 | Provide leadership within an interdisciplinary team or organization (e.g., demonstrate competence in recognizing, seeking consultation about, and, when appropriate, managing the ethical dilemmas in the context of a interdisciplinary professional setting). |
**Global Evaluation Instructions**

This portion is designed to allow the supervisor to evaluate the trainee’s overall performance along a developmental continuum (ranging from emerging to advanced competence). At the highest level (6), the trainee has attained advanced competence or expertise as demonstrated by:

- Readiness for independent practice
- Efficiency, productivity and initiative at the level of junior psychology faculty or staff
- Well-defined professional identity and career direction
- Capability for managing clinical and ethical complexities
- Ability to supervise other professionals in the designated area of advanced competence

*(Circle the number corresponding to your overall impression of this trainee at his/her current level of training)*

<table>
<thead>
<tr>
<th>Number</th>
<th>Stage Description</th>
<th>Performance Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Graduating Resident</td>
<td>Trainee’s performance consistently meets or surpasses acceptable level for a graduating resident (i.e., advanced, ‘expert’ level of competence).</td>
</tr>
<tr>
<td>5</td>
<td>Mid-Level Second Year Resident</td>
<td>Trainee’s performance is moving consistently toward the acceptable level for a graduating resident (i.e., demonstrates emerging expertise).</td>
</tr>
<tr>
<td>4</td>
<td>Resident Completing First Year</td>
<td>Trainee’s performance meets the acceptable level for a resident completing their first year (i.e., emerging expertise, demonstrates steady competence with a minimum of supervision).</td>
</tr>
<tr>
<td>3</td>
<td>Mid-Level First Year Resident</td>
<td>Trainee’s performance is moving consistently toward the minimum acceptable level for a resident completing their first year (i.e., demonstrates beginning competence).</td>
</tr>
<tr>
<td>2</td>
<td>Beginning Resident</td>
<td>Trainee’s performance meets the minimum acceptable level for a beginning resident (i.e., demonstrates emerging competence).</td>
</tr>
<tr>
<td>1</td>
<td>Inadequate</td>
<td>Trainee’s performance does not meet the minimum acceptable level for a beginning resident.</td>
</tr>
</tbody>
</table>

Please summarize this trainee’s particular strengths and identify areas for growth:

This evaluation was discussed with the trainee Date __________

Supervisor’s signature __________________________ Date __________

Trainee’s signature __________________________ Date __________
Minimum Requirements for Completion of Fellowship

To graduate residents must achieve an overall rating of 6 “Trainee’s performance consistently meets or surpasses acceptable level for a graduating resident” on their final evaluation form.

Prior to completion of the fellowship residents will have completed all clinical documentation. Furthermore residents will have made ethically and clinically appropriate arrangements for the ongoing care of their patients.

Upon mutual agreement of the fellow and the program, in cases in which the Fellow has demonstrated successful acquisition of the competencies required for the completion of the Fellowship, a Fellow can be allowed to finish their Fellowship on June 30 of their second year. This allows incoming Fellows to join their class of Family Medicine residents and to be on phase in their training.

A fellow who began later than July 1 will have the option of finishing the full two years and will not be terminated for the convenience of the program. Likewise a Fellow who has failed to demonstrate successful acquisition of the competencies required to complete the Fellowship will be required to finish the full two years. We hope to be able to routinely begin each new Fellow on July 1 so that this policy will become moot.

Prior to completion all property of the residency program and medical school will be returned, including pagers, keys, and badges.