



# Clinical Psychology Internship Program

Department of Psychiatry & Behavioral  
Sciences  
Feinberg School of Medicine

Northwestern University

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Program Handbook  
2023-2024

## WELCOME

Welcome to the Clinical Psychology Internship Program at Northwestern University's Feinberg School of Medicine. We are excited to have you here. We hope that our commitment to education, research, and patient care translates into a stimulating, productive, and satisfying training experience for you. In addition, we hope that you will come to feel part of the Northwestern community.

Our goal is to train clinical psychologists who are skilled as both clinicians and scholars. Clinical psychology interns can expect to receive broad and general preparation for entry-level practice. Postdoctoral fellows in our department receive intensive specialty preparation for independent practice and develop more advanced clinical-research skills. A strong emphasis is placed in our clinics on evidence-based assessment and treatment. Psychological services and training at Northwestern have, for many years, been based on a scientist-practitioner model emphasizing the contributions of science to practice and practice to science. This training philosophy reflects our broader mission of providing state-of-the-science care to patients and of developing the next generation of clinical scholars. Our program is characterized by three defining features. We have, for over 60 years, endeavored to be:

- **Scholarly:** Given the range of conceptual models and clinical practices available, it is essential that interns develop a critical understanding of the strengths and limitations of the literatures surrounding alternative approaches, an ability to evaluate the adequacy of models and research, and an ability to translate this understanding into clinical practice. With this in mind, our interns and fellows will be prepared to use science to guide practice and to conduct research which advances both science and clinical practice.
- **Pluralistic:** There is no dominant paradigm for understanding human development, psychopathology, assessment, or treatment in contemporary clinical psychology. Rather, our field is characterized by its conceptual diversity. With this in mind, our interns and fellows are exposed to a broad range of conceptual models and clinical practices.
- **Multidisciplinary:** Professional psychologists often practice in multidisciplinary settings and work in conjunction with individuals from other professions. Moreover, advances in basic and applied knowledge frequently develop at the interface of academic domains. With this in mind, our interns and fellows work closely with physicians, nurses, occupational therapists, and social workers.

Our goal is to develop clinical psychologists who are, at the same time, sensitive clinicians and critically minded scholars. This reflects the aim of the broader institution to serve local, national, and global communities as stewards and disseminators of knowledge.

Looking forward to an exceptional year...

Sincerely,



Leizle R. Lapping-Carr, PhD (she/her)  
Assistant Professor & Internship Training Director

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## **AIMS**

The Internship Program in Clinical Psychology at Northwestern University is designed to train the next generation of leaders in clinical psychology. We develop professional psychologists who are clinically perceptive and technically skilled, and who demonstrate a comprehensive and critically minded knowledge of psychological theory, treatment, and applied research.

Trainees are immersed in clinical programs that emphasize expert diagnosis, early intervention, continuity of care, and access to a broad range of evidence-based treatments; an educational curriculum that is programmatic, integrative, and individualized; and research programs of national standing. Our program is designed such that trainees receive broad and intensive generalist training during their internship year. The patient populations served by Northwestern Memorial Hospital and our affiliated clinics are demographically, socioeconomically, and diagnostically diverse. Trainees acquire the theoretical, empirical, and methodological knowledge necessary to treat a wide range of complex clinical problems within a multidisciplinary setting.

Steeped in a rich tradition of training and supported by a wealth of opportunities and resources, Northwestern offers trainees an exceptional environment in which to complete the final preparations for their professional careers.

## **COMPETENCIES**

Our program is designed to develop core functional and foundational competencies<sup>1,2,3</sup> based on the educational and training guidelines developed by the American Psychological Association<sup>4</sup>. In so doing our programs endeavor to develop competencies in preparation for careers as master clinicians, researchers, evaluators, consultants, supervisors, educators, administrators, and advocates. We firmly believe that science is foundation and core of effective clinical practice. With this in mind, an emphasis is based upon developing skills in evidence-based practices and a critically-minded understanding of the clinical research literature. Interns are prepared for entry-level clinical practice and to pursue advanced and specialized post-doctoral training. Trainees are prepared to seek board certification by the American Board of Professional Psychology. Following the Standards of Accreditation in Health Service Psychology<sup>4</sup>, we endeavor to develop the following competencies:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interpersonal/interdisciplinary skills

## TRAINING PLAN

Our curriculum has, for many years, been based on the “Boulder” or Scientist-Practitioner model. Each activity during the internship year is designed to assist in developing professional psychologists who are educated, compassionate, ethical, scholarly, intellectually disciplined, and demonstrate wisdom and judgment through an awareness of larger professional and social issues.

Our curriculum is designed to be programmatic and to systematically facilitate the development of professional competencies required for independent practice as a professional psychologist. Training activities are sequential, cumulative, and developmentally graded in nature. The various training activities together form a cohesive set of experiences organized around the aims of the training program.

Our curriculum is designed to be integrative and to facilitate the synthesis of profession-wide competencies into day-to-day practice. Effectiveness necessitates bringing together the elements of professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, and interdisciplinary systems into the practice of assessment, intervention, consultation, and research.

Our curriculum is individualized. Whereas professional practice requires core foundational and functional competencies, we also endeavor to facilitate the independent and unique professional identity of each trainee. Flexibility in clinical, supervisory, and scholarly activities, as well as opportunities to develop supervisory, educational, managerial, and/or advocacy skills, is encouraged to meet the goals of each trainee. Each intern meets with the Director of Training during their first weeks on campus to discuss their goals and to develop an individualized training program. We view these training programs as flexible, living documents. They can be modified and refined over the course of the internship year to meet interns’ changing needs and goals.

### CORE EXPERIENCE

The internship program at Northwestern offers training in assessment and treatment of psychopathology with adults. We accept 3 interns per year.

**Psychopathology & Psychotherapy.** All interns receive broad, advanced training in psychological assessment, diagnostic interviewing, case formulation, individual and group psychotherapy, and consultation with outpatient adults. Training is based in the outpatient psychiatry clinics of Northwestern Medicine (NM). Interns receive mentored training in a range of evidence-based forms of psychotherapy, including CBT, DBT, CBT for Psychosis, Mindfulness-based CBT/ACT, and BA, as well as psychodynamic psychotherapy.

**Intensive Outpatient Program (IOP).** All interns also receive training in Northwestern Medicine’s newly developed IOP for people experiencing emotion disorders, broadly defined. Interns will provide individual and group therapy to patients experiencing high acuity symptoms and in need of more intensive support. The IOP curriculum is based in the Unified Protocol, and incorporate aspects of other evidence-based treatments to support patients with a range skill instruction.

### SPECIALTIES WITH IN NM PSYCHIATRY

There are many specialties within NM psychiatry. Our goal is to help interns obtain the experiences they want while at the same time addressing gaps in training. We highlight a few of our clinical strengths below:

Anxiety and Obsessive Compulsive Disorders Program: NM has several faculty that specialize in the psychiatric treatment of anxiety and OCD. Interns may elect to see patients in this service. Treatment is primarily exposure-based.

Gender Clinic: Under the direction of Kaitlyn Kunstman, MD, NM has a specialty clinic for letter of readiness evaluations transgender and gender diverse patients seeking gender affirming medical care. Interns working on this service will have a 4-month rotation in conducting these evaluations under the direct supervision of Dr. Kunstman. There are also opportunities to provide individual therapy to support patients as they move through their medical and surgical transition. Participation in this opportunity is with consent of the instructors.

Sex and Relationship Health Program: Interns may elect to see couples or families for relational or sexual distress as part of their outpatient work at NM Psychiatry. An integrative, intergenerational systems approach is used, incorporating cognitive-behavioral, Gottman, systems, and emotion-focused models. Interns may also see families using a family-focused treatment model for mood and psychotic disorders. Participation in this opportunity is dependent on supervisor availability.

Perinatal Mental Illness: NM has several faculty that specialize in perinatal psychiatric illness and offers both psychiatry and advanced psychology fellowship positions in perinatal mental health under the direction of Dorothy Sit, MD and Sheehan Fisher, PhD respectively: <https://www.feinberg.northwestern.edu/sites/asher-center/education/fellowship.html>. Interns with interest in perinatal mental health can elect to work with these patients individually as part of their outpatient experience at NM. Participation in this opportunity is dependent on supervisor availability.

Serious Mental Illness: Under the leadership of Morris Goldman, MD, the Northwestern Medicine Recovery from Early Psychosis Program (REPP) is a time-limited treatment program for young adults with psychotic symptoms that are interfering with their ability to have fulfilling life experiences.

## **ORIENTATION ACTIVITIES**

Orientation is held during the first two weeks of the internship year. Our goal during the first week is to familiarize incoming interns with the program, and to introduce the class to members of our faculty and trainees from other disciplines. The first week includes introductions, Internship and Fellowship Programs orientation, Department of Psychiatry and Behavioral Sciences/McGaw Medical Center orientation, Northwestern Memorial Hospital orientation, and orientation to Northwestern Medicine.

During the second week of orientation interns review basic clinical practices in preparation for contact with patients. This second week includes lectures and discussion of evidence-based practice, engagement, assessment and treatment planning, termination, risk management, integrated care, psychopathology review, and psychopharmacology. Interns will also participate in a neuropsychology

bootcamp to prepare them for conducting assessments on our outpatient and inpatient services. Trainees meet again with the Director of Training to finalize their individual training plans.

## **INTERNSHIP ACTIVITIES**

To meet the aims of internship training there is a comprehensive curriculum based upon a 40-hour week. Within the curriculum there is some, albeit modest, flexibility. Interns individualize their training and may opt to receive training in couples, family, and/or group treatment; attend additional didactic activities in the medical school, hospital, and university; and/or tailor efforts in scholarship, consultation, supervision, education, management, and advocacy.

### Psychopathology and Psychotherapy Rotation

*Approximate hours per week = 14*

Interns will spend about 30% of their time providing supervised patient care in the outpatient setting. This includes direct patient contact in assessment and intervention including diagnostic or psychological evaluations, individual or group psychotherapy, and case consultation. Experiences are primarily in outpatient settings. Interns receive intensive training with a range of evidence-based assessment tools and therapy approaches. Northwestern is a “supervision rich” environment—Interns receive 4-6 hours of individual or group supervision per week and participate in CBT and Psychodynamic Psychotherapy case conferences. Interns co-lead psychotherapy groups with members of our faculty. The patient contact to supervision ratio is approximately 3:1.

#### 1. Diagnostic evaluations.

Interns complete comprehensive diagnostic evaluations and case formulations of patients presenting to the outpatient clinics of Northwestern Medicine. Using a biopsychosocial approach, interns learn to identify the complex and interacting individual and environmental factors that predispose, precipitate, perpetuate, and protect against mental health problems. From this understanding they make recommendations for multi-approach/multi-modal treatments including case management, dual diagnosis treatment, family treatment, pharmacotherapy, psychotherapy, and skills training. In so doing they interact with nurses, occupational therapists, psychiatrists, and social workers. Interns work within multidisciplinary treatment teams, and so become familiar with the roles of other professions, how to function in interdisciplinary settings, and how multidisciplinary care enhances treatment outcomes.

#### 2. Psychological and Neuropsychological Assessment.

All interns complete objective and psychological or neuropsychological assessments over the course of the year. Psychological assessment is supervised by faculty at each site, and feedback is given to patients and colleagues. This program interns to refine their skills in semi-structured interviewing; selecting, administering, and interpreting instruments; integrating interview and test results to develop a parsimonious formulation of the patient’s presenting problems; and presenting the results of the assessment and recommendations to patients and referring healthcare providers.

All interns will participate in a Neuropsychology bootcamp at the start of the training year. The bootcamp will review the major components of neuropsychological assessment and prepare interns for conducting assessments in our outpatient and inpatient services. Interns will also complete one



neuropsychological assessment per month in our Learning, Attention and Diagnostic (LAD) adult outpatient clinic under the direction of Jason Washburn, PhD, ABPP. ADHD evaluations on psychiatrically complicated patients make up a large percentage of the referrals in the LAD clinic. Additionally, there are also opportunities to conduct general diagnostic assessments on our inpatient unit. On the inpatient unit, interns will have exposure to the assessment of personality pathology, as well as some exposure to projective assessment and intelligence and achievement testing. Within the inpatient service there may be some opportunity to gain exposure to consultation-liaison psychiatry.

### 3. Individual psychotherapy.

Interns treat patients with a range of presenting problems, diagnoses, and personal characteristics. They refine their skills in delivering evidence-based treatment to individuals presenting with anxiety, mood disorders, eating disorders, psychotic disorders, as well as co-morbid substance use or personality disorders. A range of evidence-based interventions (including CBT, ERP, DBT, RDBT, BA, IPT, ACT) and psychodynamic psychotherapy are employed.

### 4. Relationship therapy (elective).

Interns may elect to see couples or families for relational distress. Both cognitive-behavioral and systems models are used. Interns may also see families using a family-focused treatment model for mood and psychotic disorders.

### 5. Supervision

Interns will provide individual or group CBT-supervision to PGY-3 psychiatry residents. This experience starts in September and continues through the end of the training year. Each intern has a dedicated supervisor to provide supervision of supervision distinct from their clinical supervision. This experience will be in addition to the supervision that interns provide to practicum students as part of the Northwestern Case Conference and Supervision series (see Didactic Experiences, below).

### 6. Consultation

Interns serve as member of treatment teams in our Northwestern medicine clinics, and offer a range of consultative services for psychiatrists, psychologists, social workers, occupational therapists, nurses, and mental health technicians within the clinics. Interns provide psychological testing, coordinate assessment and treatment planning for patients with complex clinical needs involved in multi-modal treatments, medical summaries for disability determination, and extended diagnostic evaluations for treatment planning.

### Intensive Outpatient Program

*Approximate hours per week = 16*

Interns will spend about 30% of their time providing supervised patient care in the intensive outpatient program (IOP). Interns will co-facilitate psychotherapy groups with a range of NM staff, including psychiatrists, nurses, social workers, and psychologists. Interns will carry a caseload of 2-3 individual patients who are currently attending the IOP. There will be weekly team meetings with the IOP staff and

leadership. Intern IOP group schedules will rotate on a trimester basis, such that all interns gain experience with every portion of the IOP curriculum. Interns will receive training in the IOP curriculum as part of orientation.

### Didactic Experiences

*Approximate hours per week = 6*

Interns participate in a range of didactic activities each week. Didactic activities in our department are scheduled on Wednesday and Thursday mornings. This is an opportunity for interns, whose busy schedules often mean little time working directly together, to come together and to participate in training activities with other trainees in our department. Didactic activities include:

1. Northwestern Medicine Outpatient Case Conference & Supervision  
Leiszle Lapping-Carr, PhD, Coordinator

This weekly seminar introduces interns to working at Northwestern Psychiatry. The first 8 weeks focus on an orientation to the clinic, clinic procedures, documentation, and emergency procedures. Following this introductory series, the seminar provides a forum for interns and practicum students to discuss their clinical work and receive group supervision. Interns take turns providing supervision to practicum students and externs (typically students in year 2 or 3 of their PhD programs from around the Chicagoland area), under the umbrella supervision of a licensed psychologist.

2. Special Topics and Populations Seminar & Case Conference.  
Renee Rienecke, PhD, Coordinator

This weekly seminar is designed to integrate science and empirical research with clinical practice in cognitive and behavioral therapy. Readings provided for the lectures are selected from high impact peer-reviewed journals. The aim is to discuss the nuances of contemporary approaches to cognitive and behavioral therapy, and to do so in ways in which clinical practice and empirical research mutually inform one another. Interns are exposed not only to controlled outcome research and meta-analytic reviews, but to translational research and studies of psychopathology, assessment, and moderators and mediators of clinical change. The seminar is aligned with (a) individual and group supervision structure and content and (b) the disease-based clinics that form part of the core clinic services structure.

3. Relational and Depth Oriented Approach to Treatment across Modalities Seminar & Case Conference.  
Eryn Weber-Shifrin, PhD, Coordinator

The Division of Psychology at Northwestern University has a long and distinguished tradition of excellence in psychodynamic and psychoanalytic psychotherapy. This weekly seminar and case conference is designed to familiarize interns with recent developments in psychodynamic theory and clinical practice. Readings are selected from high impact peer-reviewed journals or chapters from recent books. The seminar and case conference is aligned with the individual and group supervision interns receive in their clinical rotations.

4. Professional Issues Seminar  
Research and Professional Development, Sarah Rosenbloom, PhD, Coordinator  
Individual and Cultural Diversity Seminar, Jamie Albright, PhD, Coordinator

Ethics in Reflective Practice, Patricia Walker, PhD, Coordinator  
Supervision Seminar, Paul Pendler, PsyD, ABPP, Coordinator

- Research and Professional Development. This monthly seminar is tailored to each intern class. Past topics have included: Post-Docs 101, Negotiating Academic Job Offers, Applying for a K-Award, Balancing a Clinical and Research Career, Finding Foundation Support, Setting Up a Private Practice and Research Ethics.
- Individual and Cultural Diversity. This monthly seminar focuses on the integration of knowledge, skills, and attitudes regarding the intersecting and complex dimensions of biological, social, and cultural categories of diversity to assessment, intervention, consultation, and research. Through readings, expert presenters, and discussion, interns develop a more nuanced and meaningful appreciation of the cultural contexts in which they interact with others. Interns are asked to complete formal case reports describing how factors related to diversity may influence symptom presentation, the development and maintenance of their patient's concerns, and conceptualization of treatment and the therapeutic interaction. These reports are reviewed with their supervisors and shared with the coordinator of the Diversity Seminar and the Director of Training.
- Ethics in Reflective Practice. In this monthly seminar, interns will discuss the clinical application of selected ethics codes and standards, and hear and discuss presentations by expert guests on important topics in ethics and risk management. Ethics training at the internship level also focuses on the interns' professional development of a reflective capacity for identifying their own personal feelings, values, and motives that can, at times, potentially interfere with therapeutic conduct. Using published case examples, we will discuss these kinds of lapses when therapists unknowingly pursued personal motives in place of therapeutic motives, and how these lapses set the stage for ethics and risk management missteps and sub-optimal patient care. Interns will apply this ethics training to their own clinical work and professional development, and write a case report on an ethical dilemma they encountered during the internship. Their reports will include reflection on relevant ethical considerations, distinguishing their personal motives from therapeutic motives, and their use of supervision in helping them respond to the dilemma. They will present their case reports for discussion in the seminar.
- Supervision. This seminar focuses on the theories and methods of clinical supervision. Through readings, special presenters, and discussion interns develop a basic working knowledge of processes and outcomes of professional supervision.

5. Grand Rounds.

Dorothy Sit, MD, Grand Rounds Committee Chair

The Department of Psychiatry and Behavioral Sciences sponsors a weekly Grand Rounds series. In addition to speakers from Northwestern University, invited speakers include nationally and internationally prominent clinical researchers. An attempt is made to invite an equal number of psychologists and psychiatrists to present their work, and to balance clinical, translational, and basic science presentations. A balance is maintained, as well, between presentations focused upon neuroscience, biological substrates of psychopathology, psychosocial treatment, and community

intervention. Interns are required to present their research at Grand Rounds, and are invited to present research findings at our department's annual Scholar's Day poster session.

In addition, our department sponsors a monthly "Research Digest" lunch where trainees and faculty present their new research. Directed by Leiszle Lapping-Carr, PhD and Brandon Hamm, MD, this meeting is informal and quite well-attended. It provides a venue for participants to hear about emerging areas of clinical, translational, and basic research, and for presenters to receive feedback and recommendations for research that is "not quite ready for prime time."

Finally, interns are invited to attend Grand Rounds and academic or clinical presentations sponsored by other departments and programs within the medical school. It's a stimulating academic environment.

### Scholarly Activities

*Approximate hours per week = 4*

Participation in research is both supported and encouraged during the internship year. Strong support is provided for completing and defending one's dissertation prior to the end of the internship year. Senior research faculty in our department are available to assist interns with completing their dissertations and provide guidance and support for new research projects. Statistical and computing resources are available, and funding is available to present one's findings at a national conference. Interns are encouraged to submit a manuscript for publication. As noted, interns are required to present their work at Grand Rounds (during winter quarter) and have the opportunity to present their newest work at Scholar's Day, a departmental research meeting held in late May or early June. Although there are additional opportunities for involvement in research during the internship year, it is worth acknowledging that a *primary focus* is on clinical training and on supporting interns' work on their dissertations. Interns are required to have defended their dissertations prior to beginning a postdoctoral fellowship at Northwestern University. Interns are strongly encouraged to participate in ongoing research with faculty members after their dissertations have been defended and submitted for publication.

Participation in evaluation is an integral part of the internship year. Interns are expected to be familiar with the theories and methods of evaluation both at the case and service level. At a minimum, interns should incorporate the use of clinical measures into their practice in a way that outcomes inform formulation, planning, and/or implementation approaches to treatment. Participation in service or program level evaluations can be arranged based on availability and interest.

### **POST-DOCTORAL FELLOWSHIP**

A range of opportunities for post-doctoral training are available at Northwestern. With a faculty of over 150 clinical psychologists, the Division of Psychology at Northwestern University offers a wealth of opportunities for advanced clinical and research training. The availability of opportunities with specific labs and faculty members will vary from year to year depending upon grant support. Interns may apply for clinical and research fellowships in several departments at Northwestern University and affiliated Institutes, for example the Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH) <https://isgmh.northwestern.edu/> or the Center for Behavioral Intervention Technologies (CBITS) <http://cbits.northwestern.edu/>.

Northwestern was also recently awarded a NIMH T32: Mental Health, Earlier (NU-MHE): Transdiagnostic, Transdisciplinary, Translational Training Program in Neurodevelopmental Mechanisms of Psychopathology. <https://devsci.northwestern.edu/t32-mental-health-grant/> The foundational core of NU-MHE's training is the characterization of neurodevelopmental mechanisms of psychopathology within lifespan and environmental contexts. This neurodevelopmental emphasis will be complemented with training across three intersecting spheres: (1) Applied computational and other advanced data science methods (2) Intervention and prevention/implementation research and strategies (3) The intersection of mental and pediatric health. Several 2-year postdoctoral positions are available each year.

Finally, the Chicagoland area also offers a wealth of clinical and research post-doctoral opportunities. In the last several years approximately, 80% of our interns have stayed in the Chicagoland area for post-doc.

## **SUPERVISION**

### Primary Supervisors

All primary supervisors are licensed psychologists on the faculty of Northwestern University's Feinberg School of Medicine. Those who supervise patients seen through Northwestern Medicine also have medical staff appointments at Northwestern Memorial Hospital. Supervising psychologists are, then, well integrated into the day-to-day operations of Northwestern Memorial Hospital and our affiliated clinics. Primary supervisors assume ultimate responsibility for clinical services provided. They assist interns in case formulation and in matching clinical services with patient needs taking into account diagnosis, acuity, and relevant empirical bases. Supervisors ensure that treatment adheres to contemporary clinical practice guidelines, and co-sign all medical records. The use of primary supervisors is designed to give trainees a single "point of contact" in an academic medical center which is complex in its staffing and services. So that primary supervisors are familiar with all the cases under their direction, trainees are required to present—after the first 2 to 4 sessions—a brief report capturing their assessment, diagnostic impressions, problem list, case formulation, and plan. Primary supervisors should be informed of situations involving risk, clinical deterioration, and treatment non-adherence. They also should be informed whenever significant changes in mental status or functioning occur. In addition to the primary supervisors, the Director of Training (Leiszie Lapping-Carr, PhD), Chief of the Division of Psychology (Jason Washburn, PhD), Vice Chair of Education (Cara Angelotta, MD), and Medical Director (Will Cronenwett, MD) are available for consultation should clinical emergencies arise within our Northwestern Medicine clinics.

Individual supervisors are drawn from a pool of faculty with a wide range of areas of expertise. All are experienced clinicians on the faculty of the Feinberg School of Medicine. Supervisors are selected to meet the clinical training needs of the intern. Interns may request additional supervision at any time, and are provided with access to master clinicians in a variety of practice areas. The individual supervision structure is aligned with (a) the didactics structure and content (i.e., specific cognitive and behavioral therapy approaches and specific psychodynamic and interpersonal therapy approaches), and (b) the disease-based clinics that form the core clinic services structure (i.e., anxiety disorders, mood disorders, psychotic disorders, personality disorders, and sexual dysfunctions).

### Group Supervisors

Group supervisors and the coordinators of our weekly seminars and case conferences are experienced clinicians and clinical scholars. Group supervision and case conferences allow interns to become familiar with a wide variety of cases and clinical perspectives. Group supervision and case conferences are aligned with (a) the didactics structure and content (i.e., specific cognitive and behavioral therapy approaches and specific psychodynamic and interpersonal therapy approaches), and (b) the diseased-based clinics that form part of the core clinic services structure (i.e., anxiety disorders, mood disorders, psychotic disorders, and personality disorders).

## **MENTORS**

Mentors are assigned to each trainee in our department to shepherd them through their course of training. For interns, the Director of Training serves as a mentor. Quarterly meetings focus on facilitating progress through the internship and the transition from pre-doctoral trainee to independent professional. For post-doctoral fellows, mentors are drawn from the large pool of core clinical and research faculty.

## **NEEDS ASSESSMENT**

Each trainee completes a needs assessment within the first two weeks of the training year. Information about relative strengths and weaknesses is used to guide the development of their individual training plan. Clinical and didactic training experiences are selected to develop skills across each of the core competency areas seen as essential for independent practice as a professional psychologist. Interns are encouraged to identify relative strengths or areas of clinical interest they would like to refine and develop over the course of the training year. This assessment adds key elements of self-reflection and individualization. A copy of our Needs Assessment Form is located in Appendix A.

## **INDIVIDUAL TRAINING PLANS**

Each trainee in collaboration with the Director of Training constructs an individualized training plan that delineates the following: training and career goals, current competencies, training objectives designed to enhance existing skills and develop new skills, and agreed upon training activities that will accomplish the objectives. The training plans are flexible and may be adapted over the course of the year based upon the interest and needs of the intern. A copy of the Individual Training Plan form is located in Appendix A.

## **INDIVIDUAL TRAINING REVIEWS**

Each trainee reviews their progress in collaboration with their individual supervisors and the Director of Training on a regular basis. This process includes ongoing assessment of progress towards goals and objectives, a summary of training activities, reassessment of core competencies (at mid-year and end-of-year reviews), summary of strengths, and areas for additional development. For interns, a summary of progress will be sent to their home program Director of Training mid-year and end of the year. A copy of the Individual Training Review form is located in Appendix A.

## **TRAINEE ASSESSMENT**

Trainees complete a self-assessment of progress at the mid-point and end of each training year. They assess themselves in the areas of foundational and functional competencies. A copy of the Self-Assessment Form is located in the Appendix.

Trainees are evaluated at the mid-point and end of each training year by each of their clinical supervisors using the Clinical Competency Rating Scale (CCRS). This is a behaviorally-anchored and developmentally graded rating scale. The results are integrated and discussed in individual meetings with the Director of Training. Benchmarks are based on key skills involved in clinical assessment, formulation, treatment, and evaluation. A copy of the form is located in the Appendix.

Trainees are also provided with feedback regarding their progress by the Director of Training at the mid-point and end of the training year. This provides an overview of the opinions of the instructors and mentors involved in clinical and research training. Domains evaluated are based on those provided by the American Psychological Association. Copies of our evaluation forms may be found in the Appendix. The Director of Training prepares a written narrative summarizing each intern's progress at the midpoint (January) and end (June) of the training year. These letters are shared with the Director of Training of each intern's doctoral program.

### **REMEDIATION PLAN**

Should difficulties or shortcomings be noted, a competency remediation plan is developed in conjunction with the Director of Training, members of the Internship Training Committee, and the intern's supervisors. A competency remediation plan provides a roadmap for trainees that are not progressing as expected in specific competencies and/or domains. These remediation needs are identified during competency assessment and corrective plans are woven into their individual training review plan. Clear expectations, advisement, timelines for corrective action, and review dates are included in remediation plans. During the reviews, the trainee will be given the opportunity to discuss oral and written feedback with the Director of Training. Should deficiencies be of such severity that the trainee is at risk for failing the internship or fellowship they will be placed on probation. (Refer to section on "Probation and Dismissal".)

### **PROGRAM REQUIREMENTS**

Standards for successful completion of the internship include:

1. Successful completion of all clinical rotations and clinical activities (including a minimum of 700 hours of direct clinical service);
2. Regular attendance at all assigned didactic activities, seminars, case conferences and supervisions;
3. Attainment of the required clinical competencies (as reflected in performance on the Clinical Competency Rating Scale);
4. Completion of an academic (research) presentation. This requirement is fulfilled by a Grand Rounds Presentation or by a presentation at a professional conference;
5. Completion of all administrative requirements including reports and medical records; and
6. Demonstration of the highest ethical and professional standards.

## PROGRAM SETTINGS

Our clinical psychology internship is sponsored by the Department of Psychiatry and Behavioral Sciences at Northwestern University, Feinberg School of Medicine. Our program is housed at Northwestern Memorial Hospital, a tertiary care medical center in Chicago, Illinois. Northwestern University is “committed to excellent teaching, innovative research, and the personal and intellectual growth of its students.” The mission of Northwestern Memorial Hospital is to serve as an “academic medical center where patient comes first...[and] the quality of our services is enhanced through their integration with education and research in an environment that encourages excellence of practice, critical inquiry and learning.” The medical school and hospital are ranked in the top tier of academic medical centers nationally.

### DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE

The clinical psychology internship program is administered by the Division of Psychology of the Department of Psychiatry and Behavioral Sciences of the Feinberg School of Medicine and the McGaw Medical Center of Northwestern University. The clinical programs of the hospital and our affiliated clinics emphasize expert diagnosis, early intervention, continuity of care, and access to new therapies and clinical research protocols. The Department of Psychiatry and Behavioral Sciences and our affiliated clinics strive to deliver individualized care in outpatient, inpatient, and IOP settings. Each clinic is led by a faculty member who is an expert in the area. Many of our clinical supervisors also engage in clinical or translational research related to their clinical interests.

The Department’s educational programs include courses and clinical rotations in undergraduate medical education; a masters (MS) and doctoral (PhD) program in clinical psychology; a residency program in adult psychiatry; pre-doctoral internship and postdoctoral fellowship programs in clinical psychology; clinical fellowships in child, geriatric, forensic, and addictions psychiatry; research fellowships; and continuing education for practicing mental health professionals. One of our major objectives is to develop academic clinicians, many of whom will elect to stay in the Department as they further their careers.

Our Department features several nationally recognized research programs. These research programs conduct basic, translational, and clinical research related to the development and treatment of psychopathology. Areas of special emphasis include neuroimaging, genetics, public policy, prevention and evidence-based psychotherapy. The objectives of the research programs are to improve our ability to diagnose psychiatric disorders early in their course, when the possibility of recovery is greatest, and to develop disease-altering treatments. Clinical and research training is conducted in several settings. These include:

### NORTHWESTERN MEDICINE

All interns receive clinical training through the outpatient clinics of Northwestern Medicine (NM). Interns spend two days per week in their rotations at Northwestern Medicine. Based within Northwestern Memorial Hospital, our programs included a range of acute treatment programs as well as community mental health programs. Over 75,000 patient visits are tallied each year through our clinics, with over 1500 active patients at any given time. Given the large number of patients seen, interns are able to gain experience in assessment and treatment of patients with a wide range of presenting



concerns. Given our location in an urban environment, patients are heterogeneous with regard to ethnic background, age, sexual orientation, religion, and socioeconomic background. Post-doctoral fellows continue their training in Northwestern Medicine and select specialty training housed in other parts of the hospital.

#### NORTHWESTERN MEMORIAL HOSPITAL

Interns also may elect to receive clinical training in assessment on NMH's inpatient unit (see above for description). There may also be opportunities in behavioral medicine through the Department of Infectious Diseases-HIV Clinic and the Department of Psychiatry and Behavioral Sciences Consultation-Liaison (C/L) service. Directed by Lisa Rosenthal, MD, these rotations are based in Northwestern Memorial Hospital and provide interns with an exposure to behavioral medicine in a multidisciplinary setting. An emphasis is placed on rapid assessment, case formulation, and treatment. Participation in this rotation is with the permission of the instructor. *Please note that we have not offered this opportunity in the last several years due to the Covid-19 pandemic. It is unclear if this opportunity will be offered for the 2023 training year, thus, we encourage prospective applicants to focus on our core experience when deciding whether or not to apply.*

## PROGRAM ADMINISTRATION

Our clinical psychology training programs are directed by Leiszle Lapping-Carr, PhD, with strategic guidance and oversight provided by the Internship Training Committee. This committee is comprised of faculty central to the operations of the internship and fellowship programs. Our Chief Fellow is a member of the Internship Training Committee, and serves as a liaison to the interns and fellows. Current Internship Training Committee members include:

- Jamie Albright, PhD
- James Anderson, PhD
- Ellen Astrachan-Fletcher, PhD
- Tina L. Boisseau, PhD
- Richard Carroll, PhD
- Jane Conron, PhD
- Cynthia Coyle, PhD
- Susan McClanahan, PhD
- Angela Picot-Derrick, PhD
- Renee Rienecke, PhD
- Sarah K. Rosenbloom, PhD
- Jaclyn Ross, PhD
- Vicky Singh, PhD
- Shawn Taylor, PhD
- Patricia Walker, PhD
- Jason Washburn, PhD

Dr. Lapping-Carr works closely with other educational administrators in the Department of Psychiatry and Behavioral Sciences. She serves on the Department Executive Education Committee, working closely with Cara Angelotta, MD, Vice-Chair for Education, Linda Teplin, PhD, Vice-Chair of Research, and Jason Washburn, PhD, Director of Graduate Education and Clinical Training and Chief of the Division of

Psychology. Dr. Lapping-Carr also works closely with Sachin Patel, MD, Chair of the Department. Administrative oversight of the internship program is provided by the Department of Psychiatry and Behavioral Sciences. The administrative structures of our programs are open, transparent, democratic, and highly responsive. Despite the administrative complexity of academic medical centers, the Director of Training serves as the point person through which all information and decisions flow.

## PROGRAM FACULTY

Elizabeth Addington, PhD	Research and Professional Development
James Anderson, PhD	Psychodynamic Psychotherapy
Daniel Angres, MD	Substance Abuse, Addiction Psychiatry
Joan Anzia, MD	Vice Chair for Education
Ellen Astrachan-Fletcher, PhD	RODBT Eating Disorders
Rodney Benson, PhD	CBT, Anxiety Disorders
Christina Boisseau, PhD	PhD Program DCT, Unified Protocol, OCD, Anxiety Disorders
Walter Burke, PhD	Psychodynamic Psychotherapy
Nancy Burke, PhD	Psychodynamic Psychotherapy
Inger Burnett-Zeigler, PhD	Chief Diversity Officer, Mindfulness
Richard Carroll, PhD	Marital Therapy, Sexual Dysfunction, Couples Therapy
Rebecca Chamorro, PhD	Hispanic Mental Health
Jane Conron, PhD	Integrative Psychotherapy, Attachment Theory
Will Cronenwett, MD	Medical Director, Northwestern Medicine
David Daskovsky, PhD	Psychodynamic Psychotherapy
Cynthia Dopke, PhD	DBT, Severe and Chronic Mental Illness, CBT for Psychosis
Sheehan Fisher, PhD	Depression, Paternal Mental Health, Black Mental Health
John Franklin, MD	Interim Chairman
Kimberly Hogan, PhD	Psychodynamic Psychotherapy
Alan Jaffe, PhD	Forensic Psychology
Cassandra Kissiel, PhD	Trauma Research, Public Policy
Leiszle Lapping-Carr, PhD	Internship TD, Sexual and Reproductive Health, SGM health
Drew McLeod, PhD	LGBTQ Health
Helene Moore, PsyD	Positive Psychology
Doug Morrison, PhD	Diversity and Individual Differences
Daniel Mortenson, PhD	CBT, ACT; Anxiety and Mood Disorders
Brian Mustanski, PhD	LGBTQ Research; Director, ISGMH
Nancy Norton, PhD	Psychodynamic Psychotherapy
Paul Pasulka, PhD	Neuropsychological Assessment
Paul Pendler, PsyD	Disability, Work Place Mental Health, Supervision
Angela Picot-Derrick, PhD	ACT, MBCT, Eating Disorders, Body Dissatisfaction
James Reilly, PhD	Neuropsychological Assessment
Renee Rienecke, PhD	CBT, FBT, Eating Disorders
Ellen Rosenberg, PhD	Psychodynamic Psychotherapy
Sarah Rosenbloom, PhD	Health Psychology, Depression, Anxiety
Lisa Rosenthal, MD	Consultation-Liaison Psychiatry
Katherine Schaefer-Berg, PhD	CBASP, Chronic Depression
Eryn Weber-Shiffrin, PhD	Psychodynamic Psychotherapy
Vicky Singh, PhD	CBT, Anxiety Disorders

Shawn Taylor, PhD	Psychodynamic Psychotherapy
Steve Tovia, PhD	CBT; Health Psychology
Patricia Walker, PhD	Ethics, Risk Management
Jason Washburn, PhD	Chief Psychologist, Psychological Testing, NSSI
Cynthia Weinstein-Coyle, PhD	ACT, IPSRT, IPT

## **SALARY AND BENEFITS**

Interns are considered employees of Northwestern University and enjoy the same rights and privileges accorded medical residents. Applicants who are matched to the internship will be required to successfully pass a required medical examination, which includes a drug test (including cannabis) and a background check. More information on Northwestern policies and procedures is available here: <https://www.northwestern.edu/hr/essentials/policies-procedures/>

Clinical psychology interns receive a salary of \$35,568 per year. In addition, interns and fellows receive health and dental insurance, life and disability insurance, 19 days of vacation and professional day benefits, 15 accrued sick days, 11 paid holidays, and 3 floating holiday days. Interns and fellows may qualify for employee discounted parking and transportation benefits. They are eligible to join the First Northern Credit Union. University tuition reimbursement is available if specific criteria are met. Interns and fellows are provided with a range of support services including legal assistance (through the Northwestern University Law School), shuttle bus service to the train stations and the Evanston campus, and a range of student benefits (through the Northwestern University “WildCard” program). Further details about benefits are available here: <https://hr.northwestern.edu/benefits/leaves-holidays/university-scheduled-holidays.html>

Participation in research and scholarly activity are supported and encouraged at Northwestern. Interns and fellows may receive a book allowance and financial support to present their research at conferences. Interns and fellows receive electronic library access, copying privileges, library privileges, and (if requested) statistical support for their work.

The Division of Psychology, Northwestern Medicine is well resourced with clerical staff. The administrative assistants support staff and trainees and are responsible for the day-to-day clerical operations of the clinic including but not limited to reception, filing, scheduling, and billing.

## **PROGRAM ASSESSMENT**

Trainees provide ongoing feedback about the program. We're very interested in recommendations for enhancing our program and in addressing needs or difficulties quickly. Adjustments in the content or methods of supervision and didactics are made as appropriate to meet the needs of our interns. There are four mechanisms for trainees to provide this feedback; two are formal and two informal.

The Director of Training has an "open door" policy. Interns and fellows are encouraged to access her whenever needed. The Director's office is merely yards away from the trainee offices, and she has dedicated time set aside to be available to the interns or fellows. Any problems are assessed and addressed in a collaborative and swift fashion.

The Director of Training also meets quarterly with the trainees. The Chief Fellow offers announcements related to hospital policies and procedures and fields questions and concerns. The Director of Training offers announcements related to the training program and fields questions and concerns. Problems are addressed as needed.

Trainees provide feedback to clinical supervisors, didactics coordinators, and mentors on a semi-annual basis. They discuss their feedback directly with the supervisors and coordinators, and the information is shared with the Director of Training. Results are reviewed and discussed with trainees and with the training committee.

In addition to formal reviews of their training experiences over the course of the year, interns complete a formal program review near the end of the academic year describing the strengths and weaknesses of the program, and their recommendations for how it might be enhanced.

## **RIGHTS AND RESPONSIBILITIES**

The clinical psychology pre-doctoral internship and postdoctoral fellowship programs at Northwestern follow all policies and procedures related to trainee and employee rights and responsibilities outlined by Northwestern University and Northwestern Memorial Hospital. Policies and procedures related to trainee and employment practices are detailed in the Northwestern University Human Resources site ([www.northwestern.edu](http://www.northwestern.edu)) and Northwestern Memorial Hospital Human Resources site ([www.nmhintranet.nmh.org](http://www.nmhintranet.nmh.org)) and include statements and practice guidelines for non-discrimination and grievances.

## **GRIEVANCE PROCEDURES**

Grievance procedures can be initiated in the following four types of situations: (1) an intern or fellow may seek redress for actions taken by any member of the faculty or staff of the Division of Psychology, the Department of Psychiatry and Behavioral Sciences, Northwestern Memorial Hospital, or our affiliated clinics and programs; (2) an intern or fellow may challenge actions or decisions taken by the Director of Training ; (3) the Director of Training or a member of the faculty may initiate action against an intern or fellow; and (4) an intern or fellow with a disability may initiate an action if the pre-doctoral intern or postdoctoral fellow believes any University or Hospital employee or staff member has discriminated against him or her because of a disability. These situations are described below.

## REDRESS FOR ACTION

An intern or fellow may seek redress for actions taken by any member of the faculty or staff of the Division of Psychology, the Department of Psychiatry and Behavioral Sciences, Northwestern Memorial Hospital or our affiliated clinics by formally presenting a concern to the Director of Training. The Director of Training will review the area of concern, gather information, and render a decision and recommendation. If the intern or fellow wishes to appeal the decision and recommendation of the Director of Training, this person may appeal to the Chief Psychologist and may request that a Review Panel be convened, as described below.

## INTERN OR FELLOW CHALLENGE

If an intern or fellow wishes to formally challenge any action taken by the Director of Training, the pre-doctoral intern or postdoctoral fellow must, within five (5) work days of receipt of the decision, inform the Director of Training and the Chief Psychologist in writing of such a challenge. When a challenge is made, the intern or fellow must provide the Director of Training and the Chief Psychologist with information supporting their concern. Within three (3) work days of receipt of this notification, the Director of Training and Chief Psychologist will implement Review Panel procedures as described below.

## FACULTY CHALLENGE

If a faculty member has a specific trainee concern that is not resolved informally through consultation or intervention by the Director of Training, the faculty member may seek resolution of the conflict by written request to the Director of Training for a review of the intern or fellow's behavior. Within three (3) working days of receipt of the faculty member's challenge, the Director of Training will consult with the Chief Psychologist and a Review Panel will be convened, as discussed below.

## DISCRIMINATION DUE TO A DISABILITY

If an intern or fellow believes any University or Hospital employee or staff member has discriminated against him or her because of a disability, this person has the right to seek a review of such concerns. For this type of grievance, the Division of Psychology will follow Northwestern University's Informal Complaint and Formal Grievance Procedures for qualified students with a disability (i.e., a student who has provided documentation of disability and is registered with the Office of Services for Students with Disabilities). The Grievance Procedure for this type of grievance can be found on the "Grievance Procedure" webpage of Northwestern University's Office of Services for Students with Disabilities (<http://www.northwestern.edu/disability/students/registered/grievance.html>).

## REVIEW PANEL AND PROCESS

When needed, a Review Panel will be convened to address: (1) an appeal of a decision and recommendation in response to a redress for action, (2) an intern or fellow challenge, or (3) a faculty challenge.

- The Review Panel will consist of three core faculty members of the Division of Psychology who are selected by the Chief Psychologist. Faculty members who are party to the dispute will be recused from deliberations and will not receive any communications associated with ongoing deliberations.
- Within five (5) work days of convening the Review Panel, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel will submit a written report to the Director of Training and the Chief Psychologist, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
- The intern or fellow has the right to hear the challenge and all relevant material that is presented to the Review Panel. The intern or post-doctoral fellow has the right to dispute or explain the challenge and/or any relevant material presented to the Review Panel.
- As the review panel represents the Internship Training Committee and the Faculty of the Division of Psychology, the vote and recommendations of this panel will stand as the final decision of the Internship Training Committee and the Faculty. The Review Panel will prepare a summary letter regarding its decision that will be provided to the intern or fellow, the Director of Training and the Chief Psychologist.
- Within three (3) work days of receipt of the recommendation, the Director of Training will either accept or reject the Review Panel's recommendations. If the Director of Training rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director of Training may refer the matter back to the Review Panel for further deliberation and revised recommendations.
- If referred back to the Review Panel, the panel will report back to the Director of Training and the Chief Psychologist within five (5) work days of the receipt of the Director of Training's request of further deliberation with a final decision and recommendations.
- After the final decision of the review panel is rendered, the Director of Training will inform the intern or fellow and, if necessary, the Graduate School and/or the Medical School and/or the Chair of the Department of Psychiatry and Behavioral Sciences of the decisions and recommendations made.
- If the intern or fellow disputes the final decision, the intern or fellow has the right to contact the Chair of the Department of Psychiatry and Behavioral Sciences to make a final appeal.

## **PROBATION AND DISMISSAL**

The clinical review status of Clinical Probation is reserved for trainees with difficulties sufficiently serious to raise the possibility of eventual dismissal. The normal or expected developmental difficulties associated with becoming a clinical psychologist do not ordinarily warrant probationary status. The problems that may warrant probation and dismissal include but are not limited to failure to correct identified deficits in meeting administrative requirements (e.g., attendance, charting), failure to respond to supervision, and other difficulties interfering with clinical functioning that put patient well-being in jeopardy.

The Director of Training will work with any trainee placed on Clinical Probation to develop a corrective plan. Remediation plans, including plans for probation, include clear expectations, advisement, timelines for corrective action, and review dates. During the reviews, the trainee will be given the opportunity to discuss oral and written feedback with supervisors and the Director of Training. Probationary status must be resolved favorably by the end of the training year.

Nonclinical reasons, such as failure to meet academic deadlines, research incompetence, and ethical and professional shortcomings, also exist for probation and dismissal. Whatever the source of the recommendation to dismiss, the Internship Training Committee will make the decision after soliciting and hearing an array of evidence and faculty opinion on all relevant aspects of the trainee's performance. No proxy votes will be permitted. Balloting will not be secret; however, the details of the voting other than the outcome will remain confidential information. In all cases the Internship Training Committee's decision to dismiss a trainee may be appealed to the Chief Psychologist and Chair of the Department of Psychiatry and Behavioral Sciences. See the section on grievance procedures for more information.

Consistent with the standards established by Northwestern University and Northwestern Memorial Hospital, some actions on the part of trainees are considered so egregious as to warrant immediate dismissal without the benefit of probation. Such actions include but are not limited to abusive, inconsiderate, or harmful behavior towards patients, visitors, or fellow employees; theft or abuse of hospital or university property; falsification of patient records, data, or employment records; unauthorized possession or use of patient records; violations of patient confidentiality; physical violence or threats of violence against another person or property; possession, use, sale, or being under the influence of drugs or alcohol while on hospital or university property; possession of a weapon on hospital or university property; refusal to complete work assignments; sexual harassment; and serious safety violations.

Note that in all matters related to probation and dismissal, the Director of Training works closely with the university and hospital administration. This includes the managers and medical directors of the clinics in which the trainee is involved as well as the Chief Psychologist. Additionally, for interns the Director of Training also works closely with the trainee's home Director of Training.

## **MAINTENANCE OF RECORDS**

Intern and fellow records are kept in a secure, locked file cabinet in the offices of the Chief Psychologist. Access to this area is limited. The cabinets are protected by two locked doors.

# INTERNSHIP PROGRAM TABLES

Date Program Tables updated: June, 2020

**Overview:** The internship program in clinical psychology at Northwestern University is designed to train clinical psychologists who are skilled as both clinicians and scholars. Our program has been based for many years upon a Scientist-Practitioner model, and places an emphasis upon evidence-based clinical practices. This training philosophy reflects our belief that clinical practice and clinical research mutually inform one another. This training philosophy also reflects our broader mission of providing state-of-the-science care to patients and of developing the next generation of clinical scholars. Our program, as such, is scholarly, pluralistic, and multidisciplinary. The large majority of our interns go on to complete post-doctoral fellowships in clinical psychology, and to careers combining clinical practice and research. Many of our graduates go on to careers in academic medical center, VAMC, college, or university settings.

**Application Requirements:** Our program does not require that applicants have received a specific number of hours of practicum experience in diagnostic interviewing, testing, or psychotherapy, or that they have received a minimum number of hours of individual supervision. We evaluate applications holistically, and do not employ “cut scores”. That said, a preference is given to applicants who have had three years of practicum training, and who have some experience with evidence-based forms of psychotherapy. A strong preference is given to individuals from APA- or CPA-accredited doctoral programs based upon a Scientist-Practitioner or Clinical Scientist model. Inasmuch as we are interested in supporting interns’ development as clinical scholars, we are very interested in both your clinical and research interests, and the fit of your interests with those of our faculty. Competitive applicants will have completed a comprehensive curriculum of coursework in clinical psychology, have passed their preliminary or comprehensive exams, and have made progress with their dissertations (such that one can reasonably expect you will be able to defend your dissertation by the end of the internship year). We provide strong support for completing your dissertation by the end of the internship year as completion of a doctorate is required if an intern wishes to stay on as a post-doctoral fellow at Northwestern. The large majority of our interns come to Northwestern with an interest in clinical scholarship. They will, then, have some record of academic productivity (as reflected in publications and/or conference presentations). The nature of our interns’ interests, though, are quite broad. We are *very* interested in attracting a diverse group of interns, and so strongly encourage interns from underrepresented groups or disadvantaged backgrounds to apply.

## **Summary of Financial and Other Benefit Support for Interns:**

- Annual Stipend/Salary for Full-time Interns (2023-2024): \$35,568.
- Medical insurance? Yes
- Trainee contribution to cost required? Yes
- Coverage of family member(s) available? No
- Coverage of legally married partner available? No
- Coverage of domestic partner available? No
- Life insurance: Yes
- Disability insurance: Yes
- Vacation and Professional Days (PTO and/or Vacation): 19 days



- Holidays: New Year’s Day, MLK Jr Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year’s Eve, and 3 floating holidays
- Hours of Annual Paid Sick Leave: 15 days, accrued. We are supportive in providing reasonable unpaid leave to interns in excess of personal time off and sick leave.
- Other Benefits: Book fund, Wildcard, discounted parking, University tuition reimbursement (if requirements are met), library and computer/IT resources, copy privileges, statistical support, legal assistance (through Northwestern Law School).

## INITIAL POST-INTERNSHIP POSITIONS

2023-1	Postdoctoral fellow	Academic Medical Center
2023-2	Postdoctoral fellow	Academic Medical Center
2023-3	Postdoctoral fellow	Academic Medical Center
2022-1	Postdoctoral fellow	Academic Medical Center
2022-2	Postdoctoral fellow	Academic Medical Center
2022-3	Lecturer/Postdoctoral fellow	Research University
2021-1	Post-doctoral fellow	Academic Medical Center
2021-2	Post-doctoral fellow	Academic Medical Center
2021-3	Post-doctoral fellow	Private Clinic
2020-1	Post-doctoral fellow	Academic Medical Center
2020-2	Post-doctoral fellow	Behavioral Health Clinic
2020-3	Post-doctoral fellow	Behavioral Health Clinic
2019-1	Post-doctoral fellow	Academic Medical Center
2019-2	Post-doctoral fellow	Behavioral Health Clinic
2019-3	Post-doctoral fellow	Private Clinic
2018-1	Post-doctoral fellow	Academic Medical Center
2018-2	Post-doctoral fellow	Academic Medical Center
2018-3	Post-doctoral fellow	Clinical Research Institute

Total number of interns: 18

Post-doctoral fellowship: 17

Academic position: 1

Private Industry: 0

Number who did not seek employment: 0

## ACCREDITATION

The pre-doctoral internship program sponsored by the Department of Psychiatry and Behavioral Sciences of Northwestern University's Feinberg School of Medicine is accredited by the American Psychological Association:

Commission on Accreditation  
Office of Program Consultation and Accreditation  
Education Directorate  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5979

## REFERENCES

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2. Kaslow, N. J., Grus, C. L., Campbell, L F., Fouad, N. A., Hatcher, R. L., & Rodolfa, E. R. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology, 3*, S27-S45.
3. Kaslow, N. J., Rubin, N. J., Bebeau, M. J., Leigh, I W., Lichtenberg, J. W., Nelson, P. D., Portnoy, S. M., & Smith, I. L. (2009). Guiding principles and recommendations for the assessment of competence. *Professional Psychology: Research and Practice, 38*, 441-451.
4. APA Office of Program Consultation and Accreditation (2015). Standards for Accreditation in Health Service Psychology. Washington, DC, American Psychological Association.

#### **APPENDIX: TRAINING FORMS**

1. Self Assessment of Training Needs
2. Individual Training Plan
3. Individual Training Review
4. Self Assessment of Progress
5. Clinical Competency Rating Scale
6. Clinical Competency Exam
7. Trainee Evaluation Form
8. Faculty Review Form
9. Program Review Form
10. Diversity Considerations Form
11. Leave of Absence Request Form

SELF ASSESSMENT OF TRAINING NEEDS - 1

Trainee:	Date:
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CLINICAL EXPERIENCE

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

	<i>Strength:</i>	<i>Weakness:</i>
<b>ASSESSMENT</b>		
Interview	_____	_____
Self-report (direct) measures	_____	_____
Performance-based (indirect) measures	_____	_____
<b>INTERVENTION</b>		
<b>Modality:</b>		
Individual therapy	_____	_____
Family treatment	_____	_____
Group treatment	_____	_____
<b>Approach:</b>		
Cognitive & behavioral therapies	_____	_____
Psychodynamic & interpersonal therapies	_____	_____
<b>Diagnoses:</b>		
Mood disorders	_____	_____
Anxiety disorders	_____	_____
Psychotic disorders	_____	_____
Personality disorders	_____	_____
<b>Demographics (range):</b>		
Race	_____	_____
Sexual orientation	_____	_____
Disability	_____	_____
Gender	_____	_____

*Comments:*

SELF ASSESSMENT OF TRAINING NEEDS - 2

FOUNDATIONAL COMPETENCIES

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

	<i>Strength:</i>	<i>Weakness:</i>
<b>PROFESSIONALISM</b>		
Integrity	_____	_____
Depotment	_____	_____
Accountability	_____	_____
Concern for the welfare of others	_____	_____
Professional identity	_____	_____
<b>REFLECTIVE PRACTICE</b>		
Reflective practice	_____	_____
Self-assessment	_____	_____
Self-care	_____	_____
<b>SCIENTIFIC KNOWLEDGE AND METHODS</b>		
Scientific mindedness	_____	_____
Scientific foundation of psychology	_____	_____
Scientific foundation of professional practice	_____	_____
<b>INDIVIDUAL AND CULTURAL DIVERSITY</b>		
Self	_____	_____
Others	_____	_____
Interaction of self and others	_____	_____
Applications based on individual and cultural context	_____	_____
<b>ETHICAL AND LEGAL STANDARDS AND POLICY</b>		
Knowledge of ethical, legal, and professional standards and guidelines	_____	_____
Awareness and application of ethical decision making	_____	_____
Ethical conduct	_____	_____
<b>INTERDISCIPLINARY SYSTEMS</b>		
Knowledge of the shared and distinctive contributions of other professions	_____	_____
Functioning in multidisciplinary and interdisciplinary contexts	_____	_____
Understands how interdisciplinary collaboration/consultation enhances outcomes	_____	_____
Respectful and productive relationships with individuals from other professions	_____	_____

Comments:

CORE FUNCTIONAL COMPETENCIES

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

	<i>Strength:</i>	<i>Weakness:</i>
<b>ASSESSMENT</b>		
Measurement and psychometrics	_____	_____
Evaluation methods	_____	_____
Application of methods	_____	_____
Diagnosis	_____	_____
Conceptualization and recommendations	_____	_____
Communication of findings	_____	_____
<b>INTERVENTION</b>		
Knowledge of interventions	_____	_____
Intervention planning	_____	_____
Core skills	_____	_____
Intervention implementation	_____	_____
Progress evaluation	_____	_____
<b>CONSULTATION</b>		
Role of consultant	_____	_____
Addressing referral question	_____	_____
Communication of findings	_____	_____
Application of methods	_____	_____
<b>RESEARCH/EVALUATION</b>		
Scientific approach to knowledge generation	_____	_____
Application of scientific method to practice	_____	_____
<b>SUPERVISION</b>		
Expectations and roles	_____	_____
Process and procedures	_____	_____
Skills development	_____	_____
Awareness of factors affecting quality	_____	_____
Participation in supervision process	_____	_____
Ethical and legal issues	_____	_____

*Comments:*

OPTIONAL FUNCTIONAL COMPETENCIES

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

<i>Check and rate if an area of interest:</i>	<i>Strength:</i>	<i>Weakness:</i>
<input type="checkbox"/> EDUCATION		
Knowledge	_____	_____
Skills	_____	_____
<input type="checkbox"/> MANAGEMENT		
Management	_____	_____
Administration	_____	_____
Leadership	_____	_____
Evaluation of management and leadership	_____	_____
Interpersonal relationships	_____	_____
Affective skills	_____	_____
Expressive skills	_____	_____
<input type="checkbox"/> ADVOCACY		
Empowerment	_____	_____
System change	_____	_____

*Comments:*

INDIVIDUAL TRAINING PLAN

Trainee:	Date:
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GOAL STATEMENTS

Overall career goals:  
Training goals:

TRAINING OBJECTIVES

Development objectives:  
Remediation objectives:

TRAINING ACTIVITIES

*For each training activity list:*

- *Skill areas*
- *Hours per week*
- *Supervisor/mentor*

1. Clinical:
2. Didactics:
3. Consultation:
4. Scholarship:
5. Supervision:
6. Education (optional):
7. Management (optional):
8. Advocacy (optional):

SIGNATURES

Date: \_\_\_\_\_  
Trainee: \_\_\_\_\_  
Training Director: \_\_\_\_\_



INDIVIDUAL TRAINING REVIEW

Trainee:	Date:
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GOAL STATEMENTS

Overall career goals:  
Training goals:

TRAINING OBJECTIVES

Development objectives:  
Remediation objectives:

SUMMARIZE TRAINING ACTIVITIES

SUMMARIZE PROGRESS TOWARDS GOALS AND OBJECTIVES

SUMMARIZE PROGRESS TOWARDS PROGRAM REQUIREMENTS

Interns:

- Participate in all SMHC orientation seminars
- Participate in all required didactic training activities
- Successfully complete psychological assessment reports
- Successfully provide a minimum of 700 hours of direct clinical services
- Present the results of a research project at Grand Rounds
- Meet or surpass expectations on the Clinical Competency Rating Scale
- Pass the Clinical Competency Exam

Fellows:

- Participate in all required didactic training activities
- Successfully provide a minimum of 500 hours of direct clinical services
- Complete a manuscript of publication quality detailing an original research project
- Present the results of a research project at Scholar's Day
- Successfully provide a minimum of 150 hours of non-clinical/non-research professional services
- Meet or surpass expectations on the Clinical Competency Rating Scale

SIGNATURES

Date: \_\_\_\_\_  
Trainee: \_\_\_\_\_  
Training Director: \_\_\_\_\_

SELF ASSESSMENT OF PROGRESS

Trainee:	Date:
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Competency descriptions (use for rating):

- A Advanced. Skilled for entry into independent practice. No supervision required. Expected for licensure.  
 HI High intermediate. Independent in all but non-routine cases. Occasional supervision required. Expected for fellowship entry.  
 I Intermediate. Semi-independent practice in all but non-routine cases. Moderate supervision required. Expected for internship entry.  
 R Needs remedial work. Intense supervision required. Expected for practicum entry, but unsatisfactory for internship and fellowship.

Professionalism:	R	I	HI	A
Reflective practice:	R	I	HI	A
Scientific knowledge and methods:	R	I	HI	A
Individual and cultural diversity:	R	I	HI	A
Ethical and legal standards and policy:	R	I	HI	A
Interdisciplinary systems:	R	I	HI	A
Assessment:	R	I	HI	A
Intervention:	R	I	HI	A
Consultation:	R	I	HI	A
Research/evaluation	R	I	HI	A
Supervision:	R	I	HI	A
Education (optional):	R	I	HI	A
Management (optional):	R	I	HI	A
Advocacy (optional):	R	I	HI	A

Performance expectations:

- Interns. Score HI (high intermediate) across at least 90% of the areas.
- Fellows. Score A (advanced) at least 90% of the areas.

Final score (circle): PASS or FAIL

Comments:

CLINICAL COMPETENCY RATING SCALE (CCRS)

Trainee:	Reviewer:	Date:
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Methods of assessment (check all that apply):

- Direct observation
- Audiotape/videotape
- Case presentation
- Discussion with faculty

Competency descriptions (use for rating):

- A Advanced. Skilled for entry into independent practice. No supervision required. Expected for licensure.
- HI High intermediate. Independent in all but non-routine cases. Occasional supervision required. Expected for fellowship entry.
- I Intermediate. Semi-independent practice in all but non-routine cases. Moderate supervision required. Expected for internship entry.
- R Needs remedial work. Intense supervision required. Expected for practicum entry, but unsatisfactory for internship and fellowship.

ASSESSMENT

Procedures appropriate for referral question:	R	I	HI	A
Interprets data accurately:	R	I	HI	A
Draws conclusions accurately:	R	I	HI	A
Communicates conclusions clearly:	R	I	HI	A
Scientific basis of assessments:	R	I	HI	A
Sensitivity to patient characteristics:	R	I	HI	A

THERAPY

Core listening skills:	R	I	HI	A
Ability to form collaborative relationship:	R	I	HI	A
Assessment skills:	R	I	HI	A
Problem identification skills:	R	I	HI	A
Formulation skills:	R	I	HI	A
Selection of interventions:	R	I	HI	A
Application of interventions:	R	I	HI	A
Evaluation of progress:	R	I	HI	A
Scientific basis of interventions:	R	I	HI	A
Sensitivity to patient characteristics:	R	I	HI	A

Performance expectations:

- Interns. Score HI (high intermediate) across at least 90% of the areas.
- Fellows. Score A (advanced) at least 90% of the areas.

Final score (circle): PASS or FAIL

Comments:

CLINICAL COMPETENCY EXAM (CCE)

Trainee:	Reviewers (3):	Date:
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*Competency descriptions (use for rating):*

- A Advanced. Skilled for entry into independent practice. No supervision required. Expected for licensure.
- HI High intermediate. Independent in all but non-routine cases. Occasional supervision required. Expected for fellowship entry.
- I Intermediate. Semi-independent practice in all but non-routine cases. Moderate supervision required. Expected for internship entry.
- R Needs remedial work. Intense supervision required. Expected for practicum entry, but unsatisfactory for internship and fellowship.

WORK SAMPLES. Submit de-identified samples: testing report, psychotherapy summary, audiotape or videotape of a psychotherapy session.

<i>Assessment</i>	<i>Consensus</i>	<i>One</i>	<i>Two</i>	<i>Three</i>
1. Procedures appropriate for referral question:	_____	_____	_____	_____
2. Interprets data accurately:	_____	_____	_____	_____
3. Draws conclusions accurately:	_____	_____	_____	_____
4. Communicates conclusions clearly:	_____	_____	_____	_____
5. Scientific basis of assessments:	_____	_____	_____	_____
6. Sensitivity to patient characteristics:	_____	_____	_____	_____

*Therapy*

1. Core listening skills:	_____	_____	_____	_____
2. Ability to form collaborative relationship:	_____	_____	_____	_____
3. Assessment skills:	_____	_____	_____	_____
4. Problem identification skills:	_____	_____	_____	_____
5. Formulation skills:	_____	_____	_____	_____
6. Selection of interventions:	_____	_____	_____	_____
7. Application of interventions:	_____	_____	_____	_____
8. Evaluation of progress:	_____	_____	_____	_____
9. Scientific basis of interventions:	_____	_____	_____	_____
10. Sensitivity to patient characteristics:	_____	_____	_____	_____

ORAL EXAMINATION. Assessment case (discuss battery). Therapy case (offer formulation and recommendations); 10-minutes role play.

<i>Assessment</i>	<i>Consensus</i>	<i>One</i>	<i>Two</i>	<i>Three</i>
1. Procedures appropriate for referral question:	_____	_____	_____	_____
2. Interprets data accurately:	_____	_____	_____	_____
3. Draws conclusions accurately:	_____	_____	_____	_____
4. Communicates conclusions clearly:	_____	_____	_____	_____
5. Scientific basis of assessments:	_____	_____	_____	_____
6. Sensitivity to patient characteristics:	_____	_____	_____	_____

*Therapy*

1. Core listening skills:	_____	_____	_____	_____
2. Ability to form collaborative relationship:	_____	_____	_____	_____
3. Assessment skills:	_____	_____	_____	_____
4. Problem identification skills:	_____	_____	_____	_____
5. Formulation skills:	_____	_____	_____	_____
6. Selection of interventions:	_____	_____	_____	_____
7. Application of interventions:	_____	_____	_____	_____
8. Evaluation of progress:	_____	_____	_____	_____
9. Scientific basis of interventions:	_____	_____	_____	_____
10. Sensitivity to patient characteristics:	_____	_____	_____	_____

*Performance expectations:*

- Interns. Score HI (high intermediate) across at least 90% of the areas.
- Fellows. Score A (advanced) at least 90% of the areas.

*Final score (circle): PASS or FAIL*

*Comments:*

TRAINEE EVALUATION FORM

Trainee:	Activity:	Faculty:	Date:
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*Type of activity:*

- Didactics
- Mentorship

Rate the extent to which the trainee meets expectations using the numbers 1 (not at all) through 5 (very much so), and then provide comments about any strengths or weaknesses you would like to note.

Participation:	1	2	3	4	5
Preparation:	1	2	3	4	5
Openness:	1	2	3	4	5
Self assessment:	1	2	3	4	5
Self reflection:	1	2	3	4	5
Critical thinking:	1	2	3	4	5

*Comments:*

FACULTY REVIEW FORM

Faculty:	Activity:	Trainee:	Date:
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Rate the extent to which the faculty member has helped you develop using the numbers 1 (not at all) through 5 (very much so):

Professionalism	1	2	3	4	5
Reflective practice	1	2	3	4	5
Scientific knowledge and methods	1	2	3	4	5
Individual and cultural diversity	1	2	3	4	5
Ethical and legal standards and policy	1	2	3	4	5
Interdisciplinary systems	1	2	3	4	5
Assessment	1	2	3	4	5
Intervention	1	2	3	4	5
Consultation	1	2	3	4	5
Research/evaluation	1	2	3	4	5
Supervision	1	2	3	4	5
Education (optional)	1	2	3	4	5
Management (optional)	1	2	3	4	5
Advocacy (optional)	1	2	3	4	5

Now rate the extent to which the faculty member was numbers 1 (not at all) through 5 (very much so):

To what extent was the supervision/mentorship/presentation of high overall quality?	1	2	3	4	5
To what extent was the supervision/mentorship/presentation interesting?	1	2	3	4	5
To what extent was the supervision/mentorship/presentation informative?	1	2	3	4	5
To what extent was the supervisor/mentor/presenter prepared?	1	2	3	4	5
To what extent was the supervisor/mentor/presenter organized?	1	2	3	4	5
To what extent was the supervisor/mentor/presenter engaging?	1	2	3	4	5

What aspect of the supervision/mentorship/presentation did you like most and why?

What aspect did you like the least and why?

Comments:

PROGRAM REVIEW FORM

Internship or Fellowship:	Trainee (optional):	Date:
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Rate the extent to which the program has met your expectations needs using the numbers 1 (not at all) through 5 (very much so), and then provide comments about any strengths or weaknesses you would like to note.

GUIDING PRINCIPLES

Scholarly	1	2	3	4	5
Multidisciplinary	1	2	3	4	5
Pluralistic	1	2	3	4	5

COMPETENCY DEVELOPMENT

Professionalism	1	2	3	4	5
Reflective practice	1	2	3	4	5
Scientific knowledge and methods	1	2	3	4	5
Individual and cultural diversity	1	2	3	4	5
Ethical and legal standards and policy	1	2	3	4	5
Interdisciplinary systems	1	2	3	4	5
Assessment	1	2	3	4	5
Intervention	1	2	3	4	5
Consultation	1	2	3	4	5
Supervision	1	2	3	4	5
Education (optional)	1	2	3	4	5
Management (optional)	1	2	3	4	5
Advocacy (optional)	1	2	3	4	5

## DIVERSITY CONSIDERATIONS FORM

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

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

Patient: \_\_\_\_\_

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

*[To be completed prior to the 4<sup>th</sup> session and discussed with the therapist's supervisor]*

1. In what ways might the patient's qualities of identity—race/ethnicity, gender identity, religion, age, sexual orientation, socioeconomic class, and/or disability—enter into his/her presenting symptomatology, and influence the treatment goals and approaches?

2. In what ways might the patient's qualities of identity—race/ethnicity, gender identity, religion, age, sexual orientation, socioeconomic class, and/or disability—influence the nature of the interaction between patient and therapist?



**NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE**  
**LEAVE OF ABSENCE REQUEST**  
**CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM**

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Name: \_\_\_\_\_

Leave Approved and Emailed By: \_\_\_\_\_ (Supervisors)

For the following date(s): \_\_\_\_\_

Number of working days: \_\_\_\_\_ **and/or** Number of working hours \_\_\_\_\_

Rotations and/or Didactics you'll be missing: \_\_\_\_\_

My plan for clinical coverage is: \_\_\_\_\_

Check all that apply:

Vacation/Professional: \_\_\_\_\_

Sick Leave: \_\_\_\_\_ *Sick leave of more than 3 days must be accompanied by a physician's note.*

**Clinical Psychology Intern** should send the completed form to their supervisor(s), seminar coordinator (if missing a didactic) and the training director ([leiszle.lapping-carr@northwestern.edu](mailto:leiszle.lapping-carr@northwestern.edu)). Please also email [psychtimeoff@nm.org](mailto:psychtimeoff@nm.org) to block your EPIC schedule.

**Supervisor(s):** need to "reply all" indicating approval.

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Vacation/Professional/Sick Leave

**Vacation and Professional Days:** 19 days (*professional days include conferences, colloquium, job interviews and dissertation defense*).

**Sick:** 15 accrued days

**Holidays:** 14 days total which includes New Year's Day, MLK jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, and 3 floating holidays to be taken at the intern's discretion.

Program Policy

You must clear the vacation or professional time with your supervisor(s) and have him/her/them approve the *Leave of Absence Request* form. If you are missing a seminar, the seminar coordinator should also be sent a copy of this form. This form must also be used for any sick time you take. *Please note:*

- Time off will be monitored by the training director
- We encourage you to be mindful of the time you are missing from each training site and didactic seminar. When possible, please spread out leave time to minimize the impact on specific training sites and seminars.
- Vacation/professional time requests should be made **1 month** prior to leave unless there are extenuating circumstances (e.g., job interview). Please note that requests submitted with less than 2 weeks notice may be denied.
- It is your responsibility to obtain coverage for your clinical responsibilities
- **The hospital requires that interns use all 19 vacation/professional days**
- **Vacation/professional time cannot be taken during the last two weeks of June**