

## **Due Process Policy and Grievance Procedure**

### **GENERAL DUE PROCESS GUIDELINES**

SH-PIC has developed a Due Process Policy and Resolution Procedure, which focuses on the prevention of and timely response to identified problematic behavior within the consortium. Due Process, as described within, applies to actions that are taken as a result of underdeveloped competencies, unmet training expectations, and/or intern misconduct, that may impact the intended career development of the pre-doctoral intern. Our Due Process Policy ensures that decisions made by the consortium are not arbitrarily or personally based and outlines specific steps that are applied to all interns. These procedures are a protection of intern rights and are implemented to afford the intern with every reasonable opportunity to remediate problems and to receive reasonable support and assistance. These procedures are not intended to be punitive.

Doctoral-level psychology interns are expected to maintain the highest standards of personal conduct, integrity, and professionalism. They are expected to support and comply with APA Ethical Guidelines and to utilize supervision effectively to grow professionally throughout the training year. It also is the responsibility of the intern's clinical supervisor and the SH-PIC faculty to assure that high standards of professionalism are attained by the interns under their supervision. Maintenance of these standards will promote effectiveness of both the professional training provided by the internship and the quality of psychological work provided by the interns to the clients and communities of the consortium sites.

### **Definition of Problematic Behavior**

For purposes of this document, a "problematic behavior" is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills to reach an acceptable level of competency; and/or
3. An inability to control psychological dysfunctions and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes problematic rather than a behavior of concern. Interns may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments that require Due Process remediation when they include one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training.
- The quality of services delivered by the intern is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
- The problematic behavior has potential for ethical or legal ramifications if not addressed.
- The intern's behavior negatively impacts the public view of the agency.
- The problematic behavior negatively impacts the intern cohort.
- The problematic behavior potentially causes harm to a patient.
- The problematic behavior violates appropriate interpersonal communication with Sanford Health staff.

### Due Process Procedure

SH-PIC's Due Process procedure occurs in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Due process includes steps that assure fair evaluation of the intern's performance, intern awareness of options for resolution of performance issues and clearly defined steps for notice, hearing, and appeal. The procedure for dissemination and implementation of Due Process at SH-PIC includes the following:

- A. The Training Faculty will present SH-PIC's program expectations to interns in writing, at the start of the training period. This is discussed in a group format during Orientation and may be followed up individually during supervision. Interns sign an acknowledgment indicating receipt and understanding of, and agreement to abide by, these guidelines and other SH-PIC policies.
- B. The process for evaluation of interns is clearly described during orientation. Interns will be formally evaluated three times annually by their Primary Site Supervisor. The written evaluation is based on APA criteria and includes the nine (9) profession-wide competencies as outlined by the APA's Standards of Accreditation (SoA) which can

be found at <https://www.apa.org/ed/accreditation/about/policies/standards-ofaccreditation.pdf>.

- C. The various procedures and actions involved in decisions regarding inadequate skills or problematic behaviors are described to interns.
- D. The Training Directors (TDs) and/or Primary Site Supervisor will communicate early and often with academic programs about any suspected difficulties with interns.

### Informal Review

When a Clinical Supervisor or SH-PIC Faculty member believes that an intern's behavior is becoming problematic, the first step will be to address the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, additional didactic training, and/or structured readings. Informal remediation efforts will be discussed with the Training Directors (TDs) and Training Committee. This process will be documented in writing in supervision notes; however, it will not become part of the intern's professional file. Additionally, the Training Directors (TDs) and Training Committee will be notified of informal reviews and/or remediation plans.

### Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, i.e. if an intern receives below a "2" on the 3-month or 7-month evaluations or if any elements are rated below a "3" on the final evaluation, the following process is initiated:

- A. The Primary Supervisor will meet with the TDs and intern within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the TDs are the intern's direct supervisor, an additional supervisor and member of the Training Committee will be included in the meeting.
- B. The intern will have the opportunity to provide a written statement related to his/her/their response to the problem. The intern must submit the response to his/her/their primary supervisor and the TDs within 5 working days of the meeting described in Step 1.
- C. After discussing the problem and the intern's response, the Primary Supervisor and TDs may take one of the following actions:

- i. Issue an “*Acknowledgement Notice*,” which is a written warning, formally acknowledging the following:
  1. The faculty is aware of and concerned with the problem.
  2. The problem has been brought to the attention of the intern.
  3. The faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating.
  4. The problem is not significant enough to warrant serious actions; and
  5. A written notice will be submitted to the intern and the Director of Clinical Training (DCT) at the intern’s graduate institution.
- ii. Issue a “*Remediation Plan*,” which is a time-limited, remediation-oriented, closely supervised period of training indicating the need to immediately work on improving the behavior resulting in the ratings received or to discontinue the concerning/problematic behavior. A remediation plan is an accommodation made to assist the intern, with the full expectation that the intern will complete the internship. This period will include more closely overseen supervision conducted by the intern’s Primary Supervisor in consultation with the TDs. The TDs, in consultation with the Primary Supervisor and the Training Committee will determine the length of a remediation plan. The termination of the remediation plan will be determined, after discussions with the intern, by the TDs in consultation with the primary supervisor. Several possible and perhaps concurrent courses of action may be included in the remediation plan.

These possible actions include:

1. Increasing the amount of supervision, either with the same or additional supervisors;
2. Changing the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy and providing community referrals;
4. Adjusting the intern's clinical or other workload;
5. Requiring specific readings and assignments, and/or academic coursework.

The TDs will write a letter within 10 working days of informing the intern of this due process decision. A copy of this letter will be kept in the intern's file and emailed to the intern, Primary Supervisor, and Director of Clinical Training (DCT) within 10 working days of completion of the letter.

The letter shall contain:

1. A description of intern's unsatisfactory performance;
2. Actions needed by the intern to correct the behavior;
3. The timeline for correcting the problem; and
4. What action will be taken if the problem is not corrected.

At the end of this probation period, the TDs will provide a second written statement indicating whether or not the problem has been remediated. Both statements will become part of the intern's permanent file and will also be shared with the intern and sent to the Director of Clinical Training (DCT) at the intern's graduate institution.

- iii. Issue a decision of "*No Cause*," which indicates the determination that the intern's actions may not constitute a formal problem, but rather a concern as defined above in the "Definition of Problematic Behavior." The awareness of the concern may be sufficient to rectify the issue and may not warrant further formal remediation. In this case, the TDs will complete a written statement identifying that a formal review was held and that the claim was dismissed due to "No Cause." The TDs will issue this statement within 10 working days of the meeting. The statement will be placed in the intern's permanent file, emailed to the intern and Primary Supervisor and based on the TD's discretion, may be sent to the Director of Clinical Training (DTC) at the intern's doctoral institution within 10 working days of writing the statement.
- D. If the problem is not rectified through the above processes, the intern's placement with SH-PIC may be terminated.
  - E. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within SH-PIC may be terminated.
  - F. The final decision to terminate an intern's placement will be made by the entire Training Committee and will represent a discontinuation of participation by the intern within every aspect of the consortium. The Training

Committee will make this determination during a meeting convened within a reasonable time frame following the conclusion of step A of the Formal Review process or during the regularly scheduled monthly Training Committee meeting, whichever occurs first.

- G. The TDs may decide to temporarily suspend an intern's clinical activities or place an intern on paid administrative leave during this period prior to a final decision being made, if warranted.
- H. SH-PIC will adhere to the APPIC's Policies on intern dismissal and secure a release from the Match contract.

#### Due Process Appeal and Review Panel

In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions, or dismissal, an Appeal may be submitted by the intern to the Training Committee.

- A. The intern will file a formal appeal in writing with all supporting documents - an email will suffice- to the TDs. The intern must submit this appeal within 5 working days from their notification of any of the above (notification, remediation, or dismissal).
- B. If requested, the Appeal review will be conducted by a panel convened by the TDs and consisting of themselves, the intern's primary supervisor, and at least two other members of the Training Committee. The intern may request a specific member of the Training Committee to serve on the review panel.
- C. The Appeal review will be held over a two-week period. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may appeal or modify them. The review panel has final discretion regarding outcome.
- D. If an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Training Committee and supported by the TDs, then that appeal is reviewed by the TDs in consultation with the Training Committee. The Directors will determine if a new Review Panel should be formed to reexamine the case, or if the decision of the original review panel is upheld.

## **INTERN GRIEVANCE PROCEDURES**

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, fellow intern, or the internship program, the following procedures will be followed:

### **Informal Review**

First, the intern will raise the issue as soon as feasible with the involved supervisor, staff member, other intern, or Training Directors to informally resolve the problem.

### **Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Directors. If the Training Directors are the object of the grievance, the grievance will be submitted to a Site Director. The individual being grieved will be asked to submit a response in writing within 5 working days of receiving the formal grievance.

The Training Directors (or Site Director, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the Training Director(s) (or Site Director) may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter.

The plan of action will include:

- A. The behavior associated with the grievance;
- B. The specific steps to rectify the problem; and,
- C. Procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Directors (or Site Director) will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Training Directors (or Site Director) in writing within 10 working days regarding whether the issue has been adequately resolved.

In situations where the nature of the grievance constitutes a potential violation of the subject of the grievance's contract with Sanford Health, Sanford Health will be notified in accordance with the policies and procedures of the agency.

If the plan of action fails, the Training Directors (or Site Director) will convene a review panel consisting of him/her/themselves and at least two other members of the Training Committee within 10 working days. The intern may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against an individual cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to Sanford Health Human Resources of to initiate the due process procedures outlined in his/her/their employment contract.

If the review panel determines that the grievance against the individual does not constitute a violation of his or her employment contract and can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the TDs (or Site Director). The intern and the individual being grieved will be asked to report in writing to the TDs (or Site Director) regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days of receiving the intern's and individual's report to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to Sanford Health to initiate the due process procedures outlined in the employment contract.

### **USE OF VIDEOCONFERENCE**

Videoconferencing will be utilized for situations that require the meetings of interns and Training Committee faculty who are located in geographically different areas of North Dakota and Minnesota, if needed.



**Intern Acknowledgement:**

I acknowledge that I have received and reviewed the Due Process and Grievance Procedures policy of the Sanford Health-Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files. I acknowledge that a copy of this signed document will be kept in my permanent record of the Sanford Health-Psychology Internship Consortium.

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Intern Signature

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Print Name

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Date