

# POLICIES & PROCEDURES MANUAL



At the Northern Ontario Psychology Internship Consortium (NORPIC), we have a genuine desire in the spirit of reconciliation to communicate our respect for Indigenous Peoples and the tradition of some First Peoples who often place themselves in relation to their connection to the land when speaking with others.

NORPIC's partner organizations are situated on the traditional lands encompassed within:

Robinson Superior Treaty of 1850

Treaty # 3

Treaty # 5

Treaty # 9

and the land on which we gather is the traditional land of the Anishnaabeg, and the homeland of the Metis Nation.

# Policies and Procedures Manual Contents:

## OVERVIEW

- I. Philosophy, Mission, and Goals of the Residency Program
- II. Structure of the Residency Program
- III. Organizational Roles and Responsibilities

## PROSPECTIVE RESIDENTS

- IV. Resident Application Process

## CURRENT RESIDENTS

- V. NORPIC Organizational Policies
- VI. Evaluation
- VII. Professional Liability Insurance
- VIII. Certification of Completion
- IX. Psychology in the Community
- X. Job Talk
- XI. Supervision
- XII. NORPIC Conflict and Remediation Policy

## OVERVIEW

### I. Philosophy, Mission, & Goals of the Residency Program

#### A. Philosophy

The Northwestern Ontario Residency Psychology Internship Consortium emphasizes clinical service, teaching, and research through a socially responsive lens. The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, with rotations available within health care, health authorities, community agencies, private practice and school systems.

#### B. Mission

This philosophy is supported by our mission of pursuit of residents' identification of individual interests, enhancement of strengths, and broadening areas of clinical interest and skill through a socially responsive lens. Our mission is to provide residents with a training, education, and supervision in delivery of clinical services, support professional development of their identity as a psychologist who is part of a larger system (health care, education, etc), and to support their personal identity as a professional psychologist through mentoring development of strong interpersonal and communication skills, and an overall positive sense of professional self and identity.

While clinical training is emphasized, the scientist-practitioner model serves as the philosophical basis for clinical practice, as well as educational and research endeavours. In line with the goals outlined in the Gainesville Manifesto of 1990, the aim of the scientist-practitioner model is to integrate science and practice, and to facilitate career-long integration of investigation, assessment, intervention, and consultation. Psychology Staff at the residency organizations endeavour to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

Successful completion of a residency is a pre-requisite to the awarding of the doctoral degree. As a result, we support a model of training in which the residency must be completed before the doctoral degree is conferred.

#### C. Goals

The goal of this residency is to prepare students for broad-based training in clinical practice through systematic training in assessment, diagnosis, consultation, treatment, program valuation/research, and the ethical and professional standards underlying these activities.

The profession of psychology is based in science and psychologists make ongoing contributions to knowledge and promote the well-being of patients and society as a whole. At NORPIC, we adhere to the "Scientist-Practitioner" model of practice and training in psychology.

Consistent with the philosophy of our residency program, we continually strive to meet seven goals.

##### **1) To provide all residents with broad-based foundational training in clinical practice in psychology.**

Each resident is expected to have a breadth of training experiences throughout their training year. Efforts are made for each resident's individualized training plan to include breadth of training in four domains:

- i) diversity,

- ii) theoretical models,
- iii) patient populations, and
- iv) service experiences (*including assessment, diagnosis, intervention, and consultation*).

**2) To increase residents' appreciation, understanding, and competence in delivering socially responsive health care with consideration for individual differences (e.g. including but not limited to age, LGBTQ2S+, culture, ability (dis) status).**

To continue to develop their understanding and sensitivity to individual difference and build skill regarding individual differences including health status, language, socio-economic status, ethnicity, religion, race, sexual orientation, impairment, etc. This will be accomplished in both didactic (attendance at weekly educational seminars of which a subset of the topics reflect these areas) and experiential components. Supervising psychologists monitor residents' caseloads and, where possible, assign cases that reflect multiple areas of individual difference. Further exposure to these areas is available periodically through webinars through CAMH on diversity issues. For example, suicide prevention among Indigenous, Inuit, and Métis people, diversity in Indigenous populations, and understanding Intergenerational Trauma are all examples of offered education.

When interpretation is necessary for effective communication to occur with a patient, each organization ensures that appropriate efforts are made to locate an interpreter. If a resident is aware of a language barrier, they may request an interpreter; please contact the Administrative Assistant to assist with this.

**3) To facilitate the development of the residents in their professional identity as psychologists. To increase self-reflection, lifelong learning, and awareness of psychologists' impact on clients, communities, and society with understanding that they are all interrelated (e.g. recognizing the interaction among our professional values, institutional structures, and personal biases).**

During orientation, residents are provided with resources related to standards for professional conduct for practice of psychology in Ontario as well as given access to current legislation about the ethics and standards of practice of Psychology in Ontario. Each resident also has access to a set of binders that includes all legislation, professional standards, and guidelines identified by the College of Psychologists of Ontario as relevant to their members. Canadian Code of Ethics for Psychologists is also reviewed. During the course of their year with us, residents participate in a number of seminars dealing with the standards of professional practice for psychology in Ontario. Also, ethics and professional issues are integrated into the discussions in the other seminars and discussed in supervision as they arise in the residents' clinical work.

Residents are considered "junior colleagues". As such, residents are highly involved in setting their training goals and objectives and are considered valued members of the profession of Psychology at each of the Residency Sites. Residents serve as active members on our Residency Training Committee. In addition, residents are treated with the same respect as permanent Psychology Staff. Residents have equal opportunities to access the organization's resources, attend professional development events, and participate in profession activities. All Psychology Staff in each Residency Site are encouraged to participate in the Internship by serving as role models and by discussing a wide range of issues with individual residents as opportunities arise.

At the beginning of the year, residents are oriented to the CCTC Social Responsiveness Toolkit which provides usable tools to assist in self-reflective practice, lifelong learning objectives, and that provide mechanisms to develop awareness of psychologists' impact on clients, communities, and society. These mechanisms operate with the understanding that they are all interrelated (e.g. recognizing the interaction among our professional values, institutional structures, and personal biases). Finally, the DofT in bi-monthly group meetings discusses

topics germane to the field of psychology (variability in definition of psychologist across the nation, advocacy in psychology, human rights in psychology and psychologists unique position to positively influence).

**4) To facilitate skill development in delivering client centered care with appreciation for the context of service delivery within a health care team or community based approach.**

We recognize that all psychologists must deliver client centered care at the intersection of the clients lived experiences in the contextual environments in which they live, and their own professional and lived experiences. It is the aim of the program that residents will further develop a sense of their own professional identity, develop a greater awareness and appreciation of the clients experience in their environment and in interacting with professionals, learn to communicate clearly through collaboration around the needs of the patients with fellow team members.

We work at facilitating this development through both didactic and practical opportunities. Opportunities for providing care within a health team or community based approach are available within all the tracks. Provision of interprofessional care is also discussed in supervision as it arises in the residents' clinical work.

**5) To facilitate residents' integration of Quality Improvement/Program Evaluation Activities (e.g., program development, program evaluation, applied research) and application of social responsiveness considerations (e.g. social justice projects, advocacy, community engagement) into their professional role.**

The residency recognizes quality improvement/program evaluation skills as integral, essential, and reflective of psychologists scope of practice and seeks to further resident development of these skills that are embedded in our doctoral level educational competencies. Resident's knowledge and application of these skills in an applied manner to their everyday clinical practice is reflected in the QI/PE components of our residency program which include the provision of 3 QI/PE Educational Seminars.

In addition, ability to advocate at program, community, or government levels, application of a socially responsive lens to provision of care, and gaining confidence in fully integrating inclusion, equity, and diversity needs are important components of a professional psychologist's role. Residents exposure to, and subsequent integration of a socially responsive lens to their work, at the start of their residency year is variable and dependent on whether these skills were formally taught within their academic graduate training program. Resident's knowledge and application of these skills in an applied manner to their everyday clinical practice is reflected in the 3 socially responsive educational seminars provided during the residency year.

Residents will also spend a portion of their training year which approximates to 175 hours (10%) devoted to either a QI/PE initiative or a social responsive initiative to extend their learning. Residents will be encouraged to select an area of focus that is less familiar to them in the spirit of broadening their knowledge and skills with the overarching goal of rounding out their understanding and appreciation of the various scopes in psychological practice. This dedicated time can be operationalized and embedded into the resident's schedule in a manner that best reflects the overall composition of their rotation and learning with a strong preference for monthly exposure (1/2 day a week, 1 full day bi-weekly, or 2 consecutive days a month). Regardless of chosen stream (QI/PE or Social Responsiveness) their experience is overseen by the Quality Improvement Director.

Discussion of both streams (QI/PE and Social Responsiveness) including possible topics are presented to residents in September. In conjunction with the Quality Improvement Director, residents select a project and a supervisor(s) to work with them over the course of the year. Potential projects within the QI/PE stream include but are not limited to program development and evaluation, analysis of an existing database, participation in an ongoing field study, development of a smaller, time-limited study, quality improvement activity, or designing

and implementing an exploration and feasibility study. Potential projects within the Social Responsiveness stream include but are not limited to identification of a social justice consideration and subsequent response and planning to address, advocacy activities, community engagement, evaluation of program and/or materials for decolonization considerations, evaluation of program and/or materials for inclusivity considerations.

Regardless of stream chosen, the area of focus must be separate from the student's doctoral dissertation or defined area of research. Two presentations are given by the resident to first present their project proposal in January, and then present their project findings in the summer. These occur during the regularly scheduled educational seminar series.

**6) To increase residents' understanding and skills regarding the supervision relationship, supervision styles, supervision provision, and the impact on client care.**

Staff adopts a "developmental" model of supervision, matching the resident's level of competence and confidence with appropriate levels and types of supervision. Supervision activities are individualized to each resident's specific training needs and entry-level skills. In areas where the resident has little experience, supervisors may take a more "hands on" approach to training, and may include directed readings, modeling, co-therapy, observation, and feedback in their supervision activities. Each major rotation site has videotaping capabilities for direct review during supervision. As a resident's competence grows, supervision will become more consultative and collaborative. Each resident receives a minimum of four hours of scheduled, individual supervision by psychologists per week but, in most cases, receive additional supervision. In addition, six supervision didactics are held each year on supervision to ensure lifelong reflection and current knowledge of best practices are reviewed.

Psychologists actively working in the field appreciate that clinical supervision of students, junior colleagues, and unregulated staff is a significant professional responsibility. Our training program is also designed to introduce residents to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. Residents may have the opportunity to supervise M.A. Clinical Psychology practicum students, first year of PhD Clinical Psychology practicum students, or social work students.

**7) To maintain the receptivity to feedback from the residents regarding all aspects of their training program.**

We recognize that the residency must continue to grow and develop. Feedback from residents, both during and after their training, is essential for this growth and development to take place. Feedback is important during the course of the year. In order for residents to receive the maximum benefit from their training, they must feel comfortable providing feedback to supervisors. Feedback is provided both formally and informally to rotation supervisors and in meetings with the Training Director and Associate Directors. Feedback is also received through the residents' active participation on the RTC (*each resident rotates through this committee during the year*) and through the evaluation forms that residents complete both during the course of the year and after they graduate. As well, residents are given the opportunity to provide feedback both quantitative and qualitative related to their understanding of how the residency program has been receptive to the feedback.

To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of formal feedback until their evaluations of the residents have been submitted and aggregated into larger numbers.

## II. Structure of the Residency Program

## D. Consortium

The Northwestern Ontario Residency Psychology Internship Consortium is comprised of one host organization, St. Joseph's Care Group, and 6 partner organizations; Children's Centre Thunder Bay, Dilico Anishinabek Family Care, FIREFLY, Sioux Lookout First Nation Health Authority, Sullivan + Associates Clinical Psychology, and Thunder Bay Regional Health Sciences Centre. All partner organizations have signed a contractual agreement and are expected to abide by and follow the agreed upon structure. For more information about the Contractual agreement, please reach out to [Sara.Hagstrom@tbh.net](mailto:Sara.Hagstrom@tbh.net).

The host organization:

- i. Is responsible for preparing and renewing the contractual agreement between the partner organizations that comprise the consortium.
- ii. Is required to move to the organization where the Director of Training is employed.
- iii. Is responsible for human resources tasks and duties (employee orientation, payment of salary, accommodation needs, EAP, etc)
- iv. Is responsible to bill the partner organizations as per the contractual agreement between the organizations
- v. Is required to have an appointed senior administrator within their organization (e.g. Director) who works closely with the Director of Training and whom is responsible for and oversees the budget and performance management of NORPIC residents.
- vi. Is required to send out the formal contract for employment as per the APPIC match policy no later than 7 business days from match day (Third Friday in February).

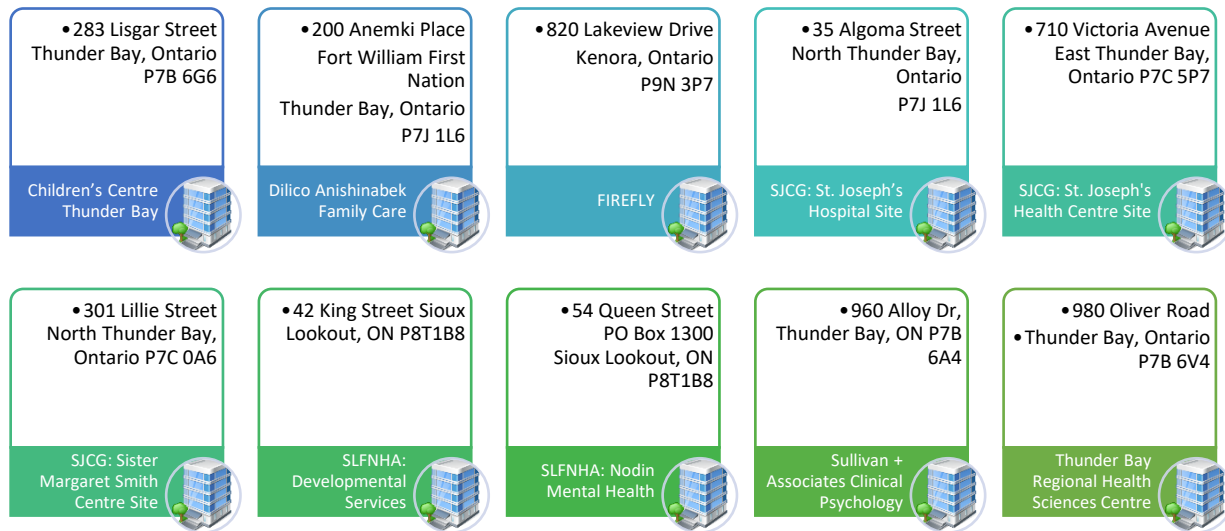
Organizations interested in joining the consortium are required to follow the following steps:

- i. Establish communication with the Director of Training and request meeting to discuss their interest
- ii. Provide any relevant information requested by the Director of Training to support their request including their supervisory capacity, funding capacity, information about the stability of their funding, physical space resources available to support a resident, rotation experiences, etc.
- iii. Understand the process for onboarding involves an initial meeting with the DoFT, a meeting with the DoFT and the Senior Administrator, review of the request at the Residency Training Committee Meeting, communication with the CPA accreditation panel and that the process may take several months.

Each consortium partner will identify the senior administrator who is financially responsible for the rotations and position(s) within their organization who is responsible to:

- i. Annually respond to NORPIC's request for information on quantity of positions to be registered in the match for the interview cycle happening that fall for the positions that start the following September.
- ii. Respond to any queries or questions that the Training Director or Host Organization's Hiring Manager has with respect to their rotations and positions.
- iii. Confirm positions offered within their organization can be structurally supported the following training year (e.g. can provide 4 hrs a week of doctoral level supervision, housing if in the region), etc.

Formal addresses for the Consortium Partners and associated sites where rotations are located are included here:



## E. Training Sites, Rotations, and Positions

APPIC formal communication references training sites, programs and positions. Equivalences / shared understanding for the purposes of clarification are as follows:

Training Site = Residency Program

Program = Rotation

Positions = Refers to how many positions are available for residents within each rotation

The residency “NORPIC” program remains static and permanent. Rotations available and the number of positions within each rotation vary year to year. The consortium contractual agreement is structured as such to allow for changing demands within organizations, increases or decreases to budget, supervisor availability, and rotation experiences. The Director of Training received communication from the National Match Service annually each summer, requesting binding confirmation of the rotations being offered the following year as well as the number of positions within each rotation. Once in receipt of this communication, the Director of Training reaches out to all organizational partners’ senior administrators (those individuals responsible for the financial contributions to the program) via a RedCap survey to confirm the desired rotations and positions for the following academic year. This must occur to ensure NORPIC can meet the financial obligations associated with the advertised positions for that interview cycle.

The Northwestern Ontario Residency Psychology Internship Consortium offers residency opportunities across Northwestern Ontario in Thunder Bay, Sioux Lookout, and Kenora as well as the surrounding communities including Indigenous reserves. All rotations are full time 12 month residency positions with opportunities for minor experiences within the other rotations. Not all rotations are offered each year. Match code positions for the various positions are as follows:



MATCH CODE	ASSOCIATED ORGANIZATION(S)	POPULATION	LOCATION
186211	Sioux Lookout First Nation Health Authority	Child Developmental School	Sioux Lookout Fly in Indigenous Communities (31) Drive in Indigenous Communities (2)
186212	St. Joseph's Care Group Thunder Bay Regional Health Sciences Centre	Adult	Thunder Bay
186213	Sioux Lookout First Nation Health Authority	Lifespan	Primarily Sioux Lookout (some occasional travel into communities)
186214	FireFly	Child Developmental School Neuropsychology	Kenora (travel into communities in NWO)
186215	Sullivan + Associates Clinical Psychology	Lifespan	Thunder Bay
186216	Dilico Anishinabek Family Care	Lifespan	Thunder Bay (travel into communities in NWO)

Within each rotation:

- i. Each rotation will have a minimum of 2 supervisors.
- ii. Each rotation will have a variety of clinical opportunities.
- iii. Residents work with the Associate Director and / or rotation supervisors to develop individualized supervision agreements with associated goals for each experience.
- iv. If desired, residents will garner a longer term therapy case within their first 4-5 months that would extend the entire length of the residency to provide an opportunity to experience providing therapy and receiving supervision in a long term case.
- v. On occasion, a non-supervising psychologist may offer a resident an opportunity to participate in an educational/training experience that is not a regular part of their assigned rotations, or a resident may request the opportunity to participate in such an experience. Should a resident be interested in participating in such an extra rotation activity, the resident should first obtain permission from the supervisor from whose rotation the time is to be taken. At their discretion, the supervisors may also wish to discuss the merits of the training opportunity with their Associate Director of Training for their site, the Director of Training, or the Residency Training Committee.

With respect to the two adult track rotations located at SJCG and TBRHSC:

- i. The Director of Training, based on the indicated interests of the incoming resident (taken from their AAPI application to the residency program and through conversation with them), organizes the incoming schedule in conjunction with the supervisors in the locations and the incoming resident. While many practical factors (e.g., supervisor availability) are taken into consideration during this process, resident interest and the need to ensure that all residents have a broad-based clinical experience are very important influences in the formation of the final schedule.
- ii. The rotation specific planning related to the adult rotations will commence prior to the start of the residency.
- iii. To facilitate the establishment of new responsibilities on future rotations, as a rotation nears completion, supervisors are required to assist residents in the termination or transfer of patients with whom they have been working. All patients receiving services from a resident must be informed regarding the limits on the time that the resident will be available to them.

- iv. It is important to note that the Host Organization, SJCG, has 8 different locations where services are offered. The In-Patient Mental Health Rehabilitation Rotation is located at St. Joseph’s Hospital, The Chronic Pain Program and Mental Health Outpatient Program are located at the St. Joseph’s Health Centre, and the Eating Disorder Program is located at the Sister Margaret Smith Centre.

## F. Resident Hour Breakdown

TOTAL (1950 HRS)	#	%
ROTATION (direct and indirect)	1180	61
QI / PE / SOCIAL RESPONSIVE PROJECT	175	9
DIDACTICS	150	7.5
SUPERVISION (received)	200	10
SUPERVISION (given)	~50	2.5
Vac, Prof Days & Stats	195	10

## G. Mandatory Resident Experiences

The residency program is designed to ensure that residents will have all the experiences required to successfully complete their residency year and situate the resident to begin their post doctoral supervised practice with the necessary skills and experiences to provide high quality, evidenced based care in their chosen career. As such, certain components of the residency program are mandatory. These include:

- Attendance and participation in any scheduled NORPIC meetings
- Choice of either a QI / PE or Socially Responsive Project including two presentations (early one for review and feedback, and second one for presentation)
- Attendance and participation at the NORPIC education and seminar series
- Attendance and participation at the NORPIC case conferences

## H. Quality Improvement / Program Evaluation / Social Responsiveness Project

The purpose of the Quality Improvement/Program Evaluation and Social Responsiveness Project requirement is to foster and further expand upon the unique skill set that is expected of a professional psychologist. Each resident will choose to complete a quality improvement/program evaluation or social responsiveness project during the residency year.

The quality improvement/program evaluation & social responsiveness project requirement is designed to help interns achieve Goal #5 of the residency program: *To facilitate residents’ integration of Quality Improvement/Program Evaluation Activities (e.g., program development, program evaluation, applied research) and application of social responsiveness considerations (e.g. social justice projects, advocacy, community engagement) into their professional role.*

Potential Quality Improvement & Social Responsiveness Projects

Potential projects within the QI/PE stream include but are not limited to program development and evaluation, analysis of an existing database, participation in an ongoing field study, development of a smaller, time-limited study, quality improvement activity, or designing and implementing an exploration and feasibility study.

Potential projects within the Social Responsiveness stream include but are not limited to identification of a social justice consideration and subsequent response and planning to address, advocacy activities, community engagement, evaluation of program and/or materials for decolonization considerations, evaluation of program and/or materials for inclusivity considerations. If the QI/PE stream is chosen, both quantitative and qualitative approaches are acceptable and supported.

#### Supervision and Oversight of the Project

The Residency recognizes the importance of integrating quality improvement/program evaluation and social responsiveness activities into the professional role of a psychologist. The Quality Improvement/Program Evaluation Director is responsible for overseeing this portion of the residency. Residents select a supervisor to work with them over the course of the year. This supervisor may be the Quality Improvement/Program Evaluation Director or another individual with expertise in proposed project.

#### Generation of Project Ideas

A RedCap survey is sent out broadly to the entire NORPIC community in the summer prior to the start of the residency year, requesting summaries and information about potential ideas for the incoming residents. This information is compiled and shared by the Quality Improvement/Program Evaluation Director with the incoming residents in September each year.

#### Resources

The Quality Improvement/Program Evaluation Director is available to meet with Residents and support their project throughout the entire process. The Director can be used as a resource to identify potential projects and support the process but is also available to supervise projects in specific situations.

Resources are available at the Residency Sites to residents to support their quality improvement/program evaluation or social responsiveness projects, as well as other learning initiatives. Sites may be able to support reasonable expenses pertaining to an organizational project (please speak with supervisor about this possibility, if applicable). Residents also have access to the organization's computer network in their primary office. This allows residents access to software for word processing, searches of journals, and the Internet. All residents have full access to both their Residency Site's libraries where they may borrow journals and books, order journal articles from other hospitals, and perform computer searches of Psychology journals. Most staff also subscribe to journals and keep private libraries of texts and journals that residents may borrow.

The CCTC Social Responsiveness Toolkit has great resources to assist in ensuring the work proposed is in line with the spirit of the work. You can access the CCTC Social Responsiveness Toolkit here:

[https://www.cctcpsychology.org/wp-content/uploads/2021/05/CCTC\\_Socially-Responsive-HSP-Ed-Training\\_v7.pdf](https://www.cctcpsychology.org/wp-content/uploads/2021/05/CCTC_Socially-Responsive-HSP-Ed-Training_v7.pdf)

#### Ethical Review

In situations where the project involves human participants, compliance with the Tri-Council Policy Statement – 2: Ethical Conduct for Research Involving Humans (TCPS-2) is required. All Residents must complete the TCPS 2 Tutorial Course on Research Ethics (CORE) and submit their certificate of completion to the Quality

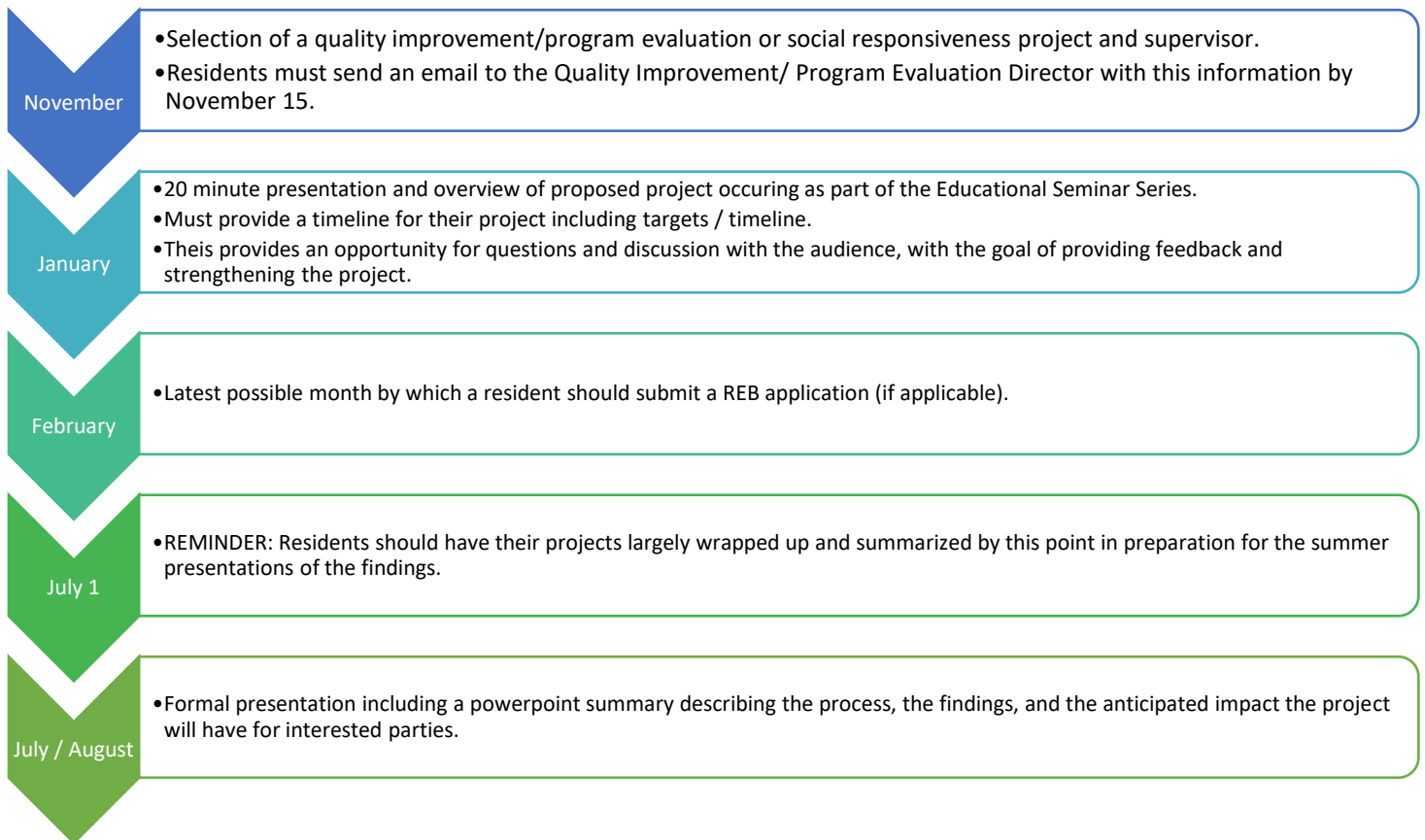
Improvement/Program Evaluation Director by January of each residency year. The CORE tutorial can be accessed online at: <http://www.ethics.gc.ca/eng/education/tutorial-didacticiel/>. Before data collection can begin, if required and applicable, the Resident must apply for ethics approval of his/her project from the relevant research ethics board(s) (REB).

In many cases, ethics approval is not required for CQI/PE work and in other cases ethics approval may not be required, or the need for approval may be waived by the Research Ethics Board; please consult with the Quality Improvement/Program Evaluation Director if you are unsure about the ethics requirements of your project. If residents have chosen to complete a project in the Social Responsiveness stream, there may be other considerations that should be thought about / examined in considering the scope and type of work proposed.

### Dissemination

Residents are required to present twice regarding their project during a regularly scheduled Educational Seminar. The timing of these presentations coincides with the project timelines but is typically done in January (presentation of the project) and July (presentation of the findings). Depending on the project the resident may also be asked to present their findings to interested parties and staff within any of the partner organizations. Residents are encouraged to present their project or research at relevant clinical and academic conferences, should they wish both within the residency year and post-residency if appropriate.

### Deadlines and Requirements



## I. Didactics: NORPIC Education & Seminar Series and Case Conference

### Education & Seminar Overview:

The Education & Seminar series is held on Fridays. The Education and Seminar Series is comprised of multi level presentations. NORPIC staff provide Educational Seminars, a 6 part Supervision Development Series, and opportunities to present on Quality Improvement (QI), Program Evaluation (PE), or Socially Responsive (SR) projects. As well, NORPIC residents take part in a Provincial seminar series and a National seminar series.

NORPIC led Education Seminars, Supervision Development Series, and QI/PE/SR presentations are at the same time each week unless otherwise indicated and takes place on Fridays from:

- 830-11am CST: 830-10am Education and 10-11am for Case Conference
- 9:30am to 12:00noon EST: 9:30-11:00am Education and 11-12 noon Case Conference

NORPIC led Education is held virtually using Cisco WebEx Meetings. The link to connect to the meeting is the same each week and will be sent out to your calender at the beginning of the year. We encourage you to accept the calendar appointment and save the meeting link information in a separate file for easy retrieval.

Provincial Seminars are typically held at the same time on Fridays and usually held from:

- 8am-11am CST
- 9am-12 noon EST

Provincial Seminars are accessible through a different link that will be forwarded to you in advance of the session.

National Seminars are typically held at the same time on Fridays and are usually held from:

- 11am-130pm CST
- 12 noon – 230pm EST

National Seminars will require pre-registration and the link to register will be sent to you in advance. Once you have registered for the National series, the links to attend will be sent directly to you. Type of virtual platform for the National and Provincial seminar series varies based on the hosts' preference (i.e. zoom, teams, etc).

Residents are encouraged to attend together whenever possible depending on location. For instance, the Thunder Bay Residents could meet in person at one of the rotation sites.

Changes may occur throughout the year and please consult the Educational Schedule posted in the member's only section of the website for the most up to date version.

The schedule has colour coded the various education and training experiences for easy reference:



### Case Conference Overview:

Case conferences are only held Fridays directly after a NORPIC led Education Didactic. There are no case conferences held on days that a Provincial or National Training is occurring due to the timing of the series. Like the educational seminars, attendance is mandatory for residents, so please organize your Fridays to be free or easily adaptable for your schedule. Also, please try to be ready to go right at 11am so the presenter does not feel rushed to get through all of his/her material. An hour goes by very quickly.

### Case Presentation Requirements:

Residents will do a total of two case presentations each over the course of the year. If your rotation and experiences involve both assessment and treatment, we encourage you to present one of each. When presenting your cases, ensure that you discuss any ethical considerations that arose and any diversity or cultural considerations.

### Do's (for presenting):

- Remember to inform the supervisor of the case you are presenting, so that they can plan to attend. It is often helpful for you to get feedback on your presentation style, etc., from another person who is familiar with the case.
- Pay attention to your communication style. As psychologists, we are often asked to respond to media interviews, give public presentations, etc. Even though the case presentation is informal and discussion-based, remember that you are the leader of the discussion: speak with authority and volume. Again, pacing and clarity is essential to our profession. We need to be good at “thinking on our feet,” responding to questions, and summarizing information clearly and concisely – often in a way that is quite different from the “professorial” style that characterizes grad school.
- Relax and enjoy these presentations. Be organized and prepared, but aim for lots of discussion and sharing of ideas as this will prepare you for your future careers doing case consultation and peer consultation.
- Try to pick two different types of cases:
  - Discuss a completed assessment with an interesting diagnostic dilemma or challenge that you successfully negotiated
  - Discuss an assessment case that's not yet completed whereby you're feeling stumped and looking for input.
  - Discuss a therapy case that isn't going well to hear some alternative approaches that may be helpful or interesting

### Don'ts (for presenting):

- Do not prepare a formal presentation or use power point for the case presentation. This is not an academic presentation. If you really feel attached to PP and want to use it for a few slides, go ahead; but, we definitely don't want presentations whereby people put all their information on slides and then read them point by point.

- Do not ‘over prepare’, especially the background information. We want to encourage ample time for questions and discussion. Try to be succinct when you summarize the background information and history (details often come out later within the context of the discussion). Like a report, you don’t need to cover every detail – just stick to the information that is most essential. Sometimes, so much time is spent on going through the background that little time is left for the really interesting parts (i.e. test interpretation, diagnostic formulation, and recommendations in the case of assessments, or the treatment process, therapeutic impasses, and outcomes in therapy cases).
- Don’t forget about confidentiality. PHIPA allows us to discuss cases for educational purposes; however, we need to protect our patient’s privacy and ensure that our colleagues cannot identify the person of whom we are speaking. Of course, full names will be removed from test protocols, etc. Sometimes people worry immensely about using a patient’s first name, but then go on to give details about his/her profession, neighbourhood, or other idiosyncratic information that is potentially identifying.

### Expectations for Participation:

#### Participate:

All attendees are expected to participate and contribute during both the Educational Didactics and the Case Conferences. No Cyberspace lurkers allowed! A shared online learning environment is only effective if everyone participates.

#### Camera On:

Didactics and Case Conferences are aimed to be discussion based and interactive. Presenters have a strong preference to see the people they are talking to rather than just blank screens “talking to the void” so ensure you are engaging in ‘netiquette’ by keeping your video on. If bandwidth is an issue, then let others know if you need to temporarily turn off your video.

#### Be Mindful of Privacy:

Although the cases discussed are anonymized, please be mindful of maintaining privacy during the case conferences (e.g. use headphones if you are not in a private space).

## III. Organizational Roles and Responsibilities

### J. Responsibilities of the Training Director

1. Schedule monthly Residency Training Committee meetings and prepare an agenda.
2. Meet with residents as a group six times per year to deliver the Professional Psychology Development Didactics (October, December, February, April, June, and August).
3. Meet with the residents individuals six times per year (September, November, January, March, May, July) for orientation, check in and feedback about residency experiences, dissertation progress, career questions and other times as necessary.
4. Work toward providing clinically relevant annual or bi-annual workshops, educational experiences for residents that could be opened up for the clinical staff across Thunder Bay.

5. Development and maintenance of an external website for prospective applicants and membership management platform for NORPIC staff and community to house NORPC information.
6. Update all NORPIC materials including the Website, Brochure, Policy and Procedures, Forms, Supervision Records, etc.
7. Coordinate the NORPIC required social events (Welcome Breakfast, Wind up Evening Social, and local outing).
8. Coordinate the resident selection process and associated interview components including:
  - i. Update the APPIC directory when notified to do so.
  - ii. Update all application materials (website and brochure).
  - iii. Review all applications for completeness and minimum requirements satisfied.
  - iv. Coordinate supervisors, rotations, and sites participating in the match ensuring to plan for availability.
  - v. Create a tentative interview schedule.
  - vi. Communicate with residents to schedule interviews both on universal notification day and on the Monday following to schedule the interviews.
  - vii. Update the interview packages for each rotation and send out electronic copies to regional interviews and print copies for local interviewers (if requested).
  - viii. Coordinate ranking meeting if required for any rotations who wish one to finalize their ranking list.
  - ix. Ensure submission of rank lists by rank deadline.
  - x. Call matched applicants for Phase 1.
  - xi. Collect schedules for NORPIC staff for Phase 2 interviews if required.
9. Annual communication of Residency Activities including the following:
  - i. Communication with each resident's academic training program bi-annually
  - ii. Communication with Canadian Psychological Association Accreditation Panel
  - iii. Attendance at the annual meeting of the Canadian Council of Professional Psychology Programs (CCPPP) at CPA convention and if able, at the Association of Psychology Postdoctoral and Internship Centers (APPIC) bi-annual meeting.
  - iv. Attendance at the College of Psychologist of Ontario bi-annual (fall and spring) joint meeting of Residency and Academic Programs in Ontario meetings.
10. Serve as a source of information for the Residency Training Committee on specific training issues in the Discipline by:
  - i. Liaising with external agencies and Programs on issues relating to training and supervision
  - ii. Assisting with any concerns / challenges that arise with evaluation of residents and the Residency Program
  - iii. Serve as a training resource for residents, Primary Supervisors, and Assistant Directors on issues relating to a specific resident's training and evaluation (e.g. helping ADOT's with organizing training schedules as needed, working directly with supervisors on timing for placement, reaching out to other internships on a consultative basis around remediation plans, etc.



## K. Responsibilities of the Associate Directors of Training

1. Attend monthly Residency Training Committee Meetings
2. Share information to their organization about NORPIC and reciprocally, to NORPIC about their organization if information is relevant to the functioning of the residency program (e.g. expected supervisor leaves such as paternity, changes to programs or departments that would impact the type, quantity, or quality of the training at that site).
3. Contribute to the training of the residents through providing educational didactics, case presentations, supervision didactics, or as a supervisor for the QI/PE/SR project.
4. Attend the case conference when scheduled to attend and if you are unable to attend, take responsibility to arrange a switch with another NORPIC staff member.
5. Facilitate and assist your organization in implementation of the NORPIC policies outlined here.
6. Connect residents to any profession specific events or opportunities (e.g. Professional Practice Meetings) within your organization.
7. Create (new positions only) and/or ensure that the information included on the NORPIC website and within the brochure is current and updated each year (e.g. the description of site, staff, available rotations, type of experiences).
8. Liaise with the management of their member organization and Organizational Resident Support Person (ORSP) if applicable, regarding site specific issues (e.g., office space, access to resources).
9. Insure that residents and supervisors complete their supervision agreements, evaluations, and any other NORPIC required paperwork on time and that they have been shared with the appropriate staff.
10. Provide coverage for the oversight of NORPIC when the Director of Training is on vacation, or away from the office. Coverage for the Director of Training rotates amongst the Associate Directors on the following schedule for the 2023-2024 training year:

MONTH	ORGANIZATION
September-October	St. Joseph's Care Group
November-December	Thunder Bay Regional Health Sciences Centre
January-February	Sullivan + Associates Clinical Psychology
March-April	Children's Centre Thunder Bay
May-June	Sioux Lookout First Nation Health Authority
July-August	St. Joseph's Care Group

### Rotation of Assistant Directors

Assistant Directors will hold that position for a period of three years for a maximum of three successive terms and there will be one Assistant Director from each consortium member organization unless otherwise arranged. Appointment of a new Assistant Director will be arranged by the RTC in consultation with the outgoing Assistant Director and if needed with consultation to the host

organization senior administration. If an Assistant Director needs to leave the RTC for any reason (e.g., maternity leave), then the procedure outlined above will be observed to determine their replacement for any or all period remaining in the role. If there is no interest in the assistant director job, or no appropriate options for fulfilling the assistant director role upon the end of a term for a current assistant director, then the current assistant director will be asked to continue in the role.

## L. Responsibilities of the Host Organization – Hiring Director

1. Complete hire forms for incoming residents
2. Fill out termination forms for outgoing residents
3. Financial: Manages the NORPIC Budget and billing to Partner Organizations
4. Attend Resident Social Events as available (Hello / Goodbye)
5. Meet with the incoming residents during orientation to review employment conditions (contract, process and procedures)
6. Manage employment related queries, concerns, issues as they arise (accommodation requests, sick leaves, performance management, etc)
7. Support Director of Training as needed

## M. Responsibilities of the Administrative Assistant

1. Attend meetings or arrange for alternate secretarial attendance
2. Record and distribute minutes within a week of the meeting
3. Maintain the Residency Training Records
4. Provide secretarial support for all the RTC activities including, but not limited to:
  - i. Scheduling the RTC meetings if DoT needs help
  - ii. Scheduling resident interviews and coordinating resident applicant ratings
  - iii. Helping schedule Resident Seminar Series
  - iv. Organizing interviews. (*e.g., booking interviews, videoconferencing, and/or conference calls; email communication with applicants if asked*)
  - v. Work closely with the Director of Training to organize any workshop or trainings hosted by NORPIC. This includes overseeing the registration of attendees and appropriate payment for the NORPIC annual workshop.
5. Coordinate "administrative" orientation of new trainees.
6. Responsible to oversee the NORPIC budget line at SJCG, ensuring accuracy.

## N. Responsibilities of the Organizational Resident Support Person

An Organizational Resident Support Person (OSSP) will be available to the residents in each of the organizations. The ORSP will serve formally as a resource to the resident if difficulties arise during the residency

year. The ORSP for each organization will be established by NORPIC's Associate Director of Trainings for each organization with support from the Director of Training in the summer before the resident's year begins.

After the ORSP person has been identified and confirmed available for the position, an invite will be sent to attend a meeting typically during orientation where the organizational resident support person will have the opportunity to meet with the incoming residents. The meeting will start with a short presentation about the role and scope of the ORSP person and there will be an opportunity for discussion and questions. If the ORSP person cannot make it at that time, and it is requested, the Director of Training will provide both the ORSP and the incoming residents the opportunity to meet at another time when the ORSP person is available during the month of September.

The ORSP will be chosen from complementary staff of the host organization (.e.g. PPL for social work) who would not be in a position to supervise that resident, and not otherwise in a potential conflict of interest.

ORSP's informally serve to assist residents with professional and supervision issues as such issues arise and will also serve as a source of support with respect to any organizational issues that arise or to support things like accommodation needs, onboarding / hiring information.

Contact with the ORSP is organized in two different ways in September (through written information in the Resident Orientation Manual, and through a planned meet and greet in September during orientation). Other meetings may be arranged as needed and initiated by either party. The resident will consult the ORSP in the event of a formal grievance as outlined in the Remediation Policy for Residents/Internship Conflict Resolution Policy.

## O. Responsibilities of the Residency Training Committee (RTC)

The mandate of the RTC is to coordinate and set policy for clinical training activities for the residents selected for our pre-doctoral residency program in clinical psychology. It should be noted that other professional psychology training at any of our partner organizations, not related to NORPIC's residency training, is not the responsibility of this committee. Instead, such professional training responsibilities are the responsibility of the profession within each of the member organizations. Resident representatives have full voting privileges on the RTC. The RTC is scheduled to meet monthly to ensure smooth facilitation of the residency program and provide protected time to ensure ongoing evaluation and evolution of the program.

### Membership of the Resident Training Committee

1. Director of Training
2. An Assistant Director Representative from each Consortium Partner Organization:\*
  - a. St. Joseph's Care Group
  - b. Thunder Bay Regional Health Sciences Centre
  - c. Children's Centre Thunder Bay
  - d. Sioux Lookout First Nations Health Authority
  - e. Dilico Anishinabek Family Care
  - f. Firefly
  - g. Sullivan + Associates Clinical Psychology
3. One current NORPIC resident representative (rotation of residents)
4. Quality Improvement Director
5. Professional Practice Director
6. Education and Didactics Director

7. Administrative Assistant.

8. Any additional member(s) invited to join by consensus of the RTC.

*\* Mandatory to have an assistant director from each organization in attendance for any year they have requested and matched with an FTE for their organization. If a consortia organization does not have a FTE it would still be greatly beneficial to have ongoing attendance at these meetings but this is not required. The composition of assistant directors may change year to year.*

### Responsibilities of the RTC Members (in addition to those related to ADofT responsibilities)

1. Regularly attend RTC meetings (OR send an alternate representative from your organization if you wish, OR actively review the minutes from the prior meeting).
2. Bring back information, discussions, and information about decisions made that are relevant to other NORPIC associated staff within your organization regularly.
3. Represent the NORPIC associated staff within your organization by bringing forward to the agenda any training related questions or queries for the monthly meetings.
4. Be aware of specific training issues ongoing in the Discipline.

### The RTC Meetings

The Residency Training Committee Meetings are structured as:

- i. Standing Items
  - a. Review of past minutes and acceptance of minutes
  - b. Resident report
  - c. NORPIC Social Responsiveness Initiatives
  - d. Education and Didactics
  - e. Quality Improvement, Program Evaluation
- ii. General Reminders and Information Sharing
  - a. Documentation Requirements (Process & Record Keeping)
  - b. Profession of Psychology Updates and National Training Updates
- iii. Current / Existing Focus of activities, projects, process which could include but not limited to:
  - a. Related to Resident Recruitment and Interview Cycle
  - b. Related to Feedback and Evaluations
  - c. Related to Changes to Policies, Procedures, and Documentation
- iv. New activities, projects, processes arising
- v. In Camera time for discussion of specific issues regarding individual trainees, as necessary, and in the absence of resident representatives. Such discussions will not be reflected in the general minutes but, instead, by in camera minutes

## PROSPECTIVE RESIDENTS

### IV. Resident Application Process

## P. Resident Recruitment Materials

In accordance with CPA-accreditation requirements, the NORPIC residency is a full time residency program (37.5 hours /52 weeks less 2 weeks of vacation = 1875 hours) where residents do complete a minimum of 1600 residency hours.

All residency materials and information related to recruitment of residents including but not limited to the Brochure, website, APPIC directory, and CCPPP directory will be reviewed and updated annually by August of each year. Therefore, materials accessed on the website and links to documents and resources should be considered current for the intended use by September each year. Access to materials and information will be available on the website for distribution to prospective applicants and can be found at [www.norpic.net](http://www.norpic.net).

Members of the Psychology Staff attending larger conventions, conferences, meetings, etc such as the CPA convention, APPIC conference will be encouraged to attend any resident recruitment organized activities at those meetings (e.g. Residency Fair held at CPA).

## Q. Minimum Applicant Requirements

### Education:

Enrolment in a CPA- or APA-accredited Ph.D. or Psy.D training program (or equivalent) in Clinical, School, or Counseling Psychology. An applicants' dissertation proposal must have been approved by their dissertation advisory committee prior to application. It is preferable that applicants have also collected and analysed their data, completed a draft of their dissertation, and, whenever possible, have successfully defended their doctoral dissertation prior to beginning the residency year. Applicants must have completed all course work necessary in the above mentioned degree programs.

Applicants must have completed a minimum of 300 hours of Direct Practicum (*Intervention, Assessment, and Supervision*) experience and a minimum of 600 practicum hours (which includes the 300 direct hours). In order for practice hours to "count", the following requirements must be met:

- i. Must have been supervised by a registered or licensed psychological practitioner,
- ii. Must have received academic credit with their academic training Program.

Applicants must have completed a graduate level course in psychological assessment and have accrued a minimum of 75 assessment experience practicum hours.

### Employment:

Eligible for employment in Canada **including** pre-arranged, pre-approved appropriate visa, work permit, or immigration related documents that are valid for the time period that the resident applicant would be enrolled and completing their residency program.

Ability to provide a satisfactory Criminal Record Check (CRC) and Vulnerable Sector Check (VSC).

Proof of COVID-19 (or proof of valid exemption) vaccination. In addition, the Ontario Hospital's Act requires any employee of a hospital to provide information related to immunization history and incoming residents will be required to provide documentation of current immunization status, and undergo a TB test.

## R. Application Materials

NORPIC is a member of the Association of Postdoctoral and Psychology Internship Centers (APPIC) and any interested applicants to our residency program must apply through adherence to the APPIC policies for participating in the match. This includes:

- i. Registration for the APPIC Match.
- ii. Completion and submission of APPIC Application for Psychology Internship (AAPI) application through the National Matching Service. For more details about the AAPI including required documentation please visit <https://www.appic.org/Internships/Internship-Application-AAPI-Portals/AAPI-For-Aplicants/AAPI-Step-by-Step>

Applicants can apply to more than one rotation if they are interested in more than one of the rotations but may not be interviewed for all rotations they applied to. When applying, applicants are encouraged to read all the materials carefully and ensure they are checking off the rotation(s) they are applying to as well as also highlighting the applications they are applying to within their cover letter.

There is NOT a general application process.

## S. Application Due Date

Application deadline for NORPIC will always be November 15<sup>th</sup> unless that day falls on a weekend, in which case the application deadline will fall on the preceding Friday.

## T. Application Review Process

The Director of Training reviews all complete submitted applications to ensure they meet minimum requirements as outlined above and completes a summary sheet for each applicant that will be forwarded to the interview team alongside the full AAPI.

All applicants who meet minimum requirements will be invited to interview. Based on prior match statistics (e.g. 7.7-9.4 applicants per matched position were interviewed) NORPIC will aim to interview approximately 10 applicants per person. If we end up with a significant imbalance of more applicants than available capacity to interview, then the Training Director will review the summary sheet and prioritize offering interviews to applicants who appear to be the best fit for our program through the lens of match to desired rotations, gaps in training experience, interest in rotations, and progress on dissertation. Coursework, stage of degree completion, research experience, and clinical experience are considered in the context of diversity considerations ensuring that applicants are not penalized for having a narrow scope of experience due to geographical location they completed their studies, collectivistic identity which may have limited their free time to engage in academic pursuits, or are not being ranked less due to their cover letter (Cover letters are Westernized concepts). Other considerations include but are not limited to letters of reference, and essay submissions. Please see the Summary Information Form that the DoT fills out for each applicant:

[https://redcap.link/2023NORPIC\\_APP\\_REVIEW](https://redcap.link/2023NORPIC_APP_REVIEW)

Any applicant who is not going to be considered for an interview will be sent an email thanking them for the application and informing them of the decision.

Invitations for interviews will be sent on the Canadian Universal Notification date which falls on the first Friday in December agreed upon by the Canadian Council of Professional Psychology Programs. Notification of interview will occur through email. The universal notification date that occurs on the Friday will be followed by a universal interview response day on the following Monday that begins at 11am EST where applicants will

respond to suggested interview schedules after having the weekend to gather a complete picture of their offers of interviews and suggested dates and plan the most efficient schedule. Phone calls if necessary also may be used to assist with the scheduling process.

Once the list of applicants who will be interviewed is finalized, the interview teams are established and interview teams will be provided with the applicant summary sheet completed by the DoT, the link to review the full AAPI through the Liaison Outcomes Portal, and the RedCap link to complete their objective review of the applicant's written materials. Review of the applicant's written materials can begin as soon as the supervisors receive their list of applicants they will be interviewing and should be completed and submitted through RedCap no later than 2 days prior to the interview date. The link to document their review of the applicant's written materials can be found here: [https://redcap.link/score\\_for\\_AAPI](https://redcap.link/score_for_AAPI)

## U. Interview Process

Interviews will be scheduled in accordance with the CCPPP regionalization procedures for scheduling interviews across Canada and NORPIC interview dates always fall during the last two weeks in January each year. All interviews are scheduled through video conferencing.

### Composition of Interview Teams

Composition of Interview Teams is determined based on the rotation(s) applied for by the applicant and whenever possible, supervisors from the desired rotations will co-interview the applicant. In cases where applicants have applied to more than one rotation, the interviewers from the rotations will come together to provide one interview with dedicated time at the end of the interview for each rotation to ask site specific questions. Individual appointments may also be scheduled with selected Psychology Staff members; these could include, but need not be restricted to, representatives of the resident's requested rotations though every effort will be made to have representation from the desired rotations of the applicants on the interview team.

### Conflict of Interest Policy

To avoid the perception of a conflict of interest in the interviewing of applicants, it is recommended that an individual who might be in a conflict of interest decline to participate in either the file review process or the interview process if they have another, potentially conflicting, relationship with an applicant (*e.g., former supervisor, former classmate, personal relationship*).

### Other Scheduled Meetings during the Interview Cycle

Applicants will be scheduled in late December, early January:

- i. To meet with any current residents who are working within the specific rotations applied for.
- ii. To meet (either individually or in a small group) with the Director of Training

These interviews are considered confidential and are aimed at giving applicants general knowledge of the Residency Program, and allow applicants to hear first hand from the residents what their experiences are like. These encounters will have no bearing or evaluative process associated as neither the residents or Director of Training participate in the ranking. If an applicant cannot meet with the DoT or current residents they will be provided the opportunity to correspond and connect via phone or email.

### Ranking Procedures

Following the completion of each interview, the interview teams (by rotation) will submit a combined team score that reflects a consensus of their combined opinion of the strength of the applicant with respect to their responses and experience during the interview. In circumstances where the applicant is interviewing for more than one rotation, each rotation will submit their own team score for their rotation with respect to the applicant. For example, if someone applied to both Nodin and Private Practice, there will be a team score the applicant submitted by the Nodin and the Private Practice Team. The link to submit the team score is here: [https://redcap.link/Team\\_Score\\_Interview](https://redcap.link/Team_Score_Interview)

Once all scores have been entered into RedCap (all individual supervisor scores for the written materials and the combined team score by rotation) the DoFT will produce an objective ranking list and present the list to each rotation interview team.

The team will be encouraged to review the ranking list and indicate via email communication back to the DoFT if:

- i. The list should stand as is and be submitted based on the objective scores
- ii. They wish to NOT rank anyone from the list, with a request to remove them.
- iii. They wish to adjust their objective list and move applicants up or down. Cases where this may happen include but are not limited to if the applicants have the exact same final score, if a rotation of major interest to the applicant feels strongly about good or lack there of fit and would like to bump an applicant up or down, if there were concerns identified about interpersonal fit, etc.
- iv. In cases where there are many applicants who interviewed (e.g. the adult rotation often has around 20 on the rank list) the interview team will have a scheduled ranking meeting to confirm the final ranking list. The DoFT will schedule this meeting, and preside over it but will not influence any final ranking decisions.
- v. Interview teams who do not have a formal ranking meeting scheduled with all associated supervisors invited will provide the rank ordering of applicants to the Director of Training at least one week prior to the APPIC rank submission date.

## Match Day Communication

Successfully matched applicants will be contacted by the Director of Training on match day as per the APPIC match policy and NORPIC staff associated with the position matched will also be updated.

## CURRENT RESIDENTS

### V. NORPIC Organizational Policies

#### V. Leave of Absence (Vacation, Illness, Paternity Leave)

Leave of Absences (expected and unexpected) are dealt with on a case by case basis. They can vary in terms of anticipated length, amount of forewarning, nature of, reasons why, and may carry different significance dependent on the timing of the residency during the sequential training year.

Should a resident not be able to complete a portion of their residency due to illness, pregnancy and/or childbirth, or other acceptable reasons, an appropriate schedule to complete the residency minimal requirements may be negotiated between the resident, their Assistant Director, the Director of Clinical Training, and the NORPIC Hiring Manager. The potential for such an arrangement will depend upon the unique perimeters of the leave and factors impacting a final approved leave could include, but are not limited to the



factors outlined above and also need to take into consideration factors related to the administrative side of providing a residency including but not limited to availability of supervisors, space, budget, etc. and could be impacting factors in any decisions.

Further to that, the resident should be aware that financial support cannot be guaranteed beyond the regular contract period. It is expected that all cases will be unique in their specific circumstances and, as such, they will be addressed on a case-by-case basis and whenever possible will consider the needs of the resident at the forefront. Residency certificates will be issued only to residents who have met residency minimum requirements.

## W. Confidentiality

While serving in one rotation, residents may become aware of information regarding patients or clients who may have been referred concurrently to a service in another organization that a resident is also completing training within. Inasmuch as these organizations are discrete settings, and although information of which the resident may be aware may be of value in the diagnosis or treatment of such patients, professional standards and provincial legislation require the resident to obtain consent for release of information prior to the sharing of information gained at one setting with staff of the other setting.

Notwithstanding the above, for purposes of supervision, residents are free to discuss in confidence with their Rotation Supervisors, any information or issues of which they become aware, regardless of the setting. In dealing with information received while serving at an agency other than the one to which the supervisory relationship pertains, the supervisor is obliged to retain in confidence information revealed in supervisory sessions (as per standard professional standards and statutory obligations).

## X. Accessing Organizational Policies and Procedures

Each consortia organization partner will have policies, procedures, standard operating guidelines, and processes that are specific and integral to the functioning and delivery of client care and the work that you will be doing in your role as a resident. It would be outside of the scope of NORPIC as a residency program to collect information on the types of policies, forms, processes AND ensure that the collected documents remain updated as they are updated within each organization in real time. Instead, we require that as a resident onboarding to a new organization, you discuss with your supervisor at that organization, how to access internal accounts, organizational documents, staff resource sections, shared files or drives, etc specific to that organization and that you ensure that you have read and understand relevant documents and processes to the care you will be providing. As employees of St. Joseph's Care Group, the host organization, you can access any relevant policies and procedures through the intranet specific to SJCG.

While this is not an exhaustive list, some examples of policies or forms that you would want to familiarize yourself with for your organization include, but are not limited to Consent forms, Communication with client forms, video or audio recording of clients, privacy forms, documentation requirements, etc. As these types of forms and processes are being constantly updated, you are encouraged to bookmark where the relevant documents are located so that you can ensure you are accessing the most up to date forms when needed rather than printing out copies that may be out of date when you require them.

## Y. Safety Planning, Assessing Risk, and Suicide

### Safety Planning

Each organization will likely have their own internal policies and procedures related to safety planning with clients and residents are encouraged to ensure they are aware of and up to date on both the process and available resources they can avail themselves of to assist with safety planning and ensure they are following their organization's process.

In the absence of an organizational specific process related to safety planning, the NORPIC resource section of the members' only website includes some templates for Safety planning.

## Managing Suicide Risk

Each organization will likely have their own internal policies and procedures related to assessing risk with clients and residents are encouraged to ensure they are aware of and up to date on both the process and available resources they can avail themselves of to assist with safety planning and ensure they are following their organization's process.

In the absence of an organizational specific process related to safety planning, the NORPIC resource section of the members' only website includes some templates / processes that can serve as a resource for assessing risk of self-harm. These are drawn from best practices and current research (e.g. Klonsky's Ideation to Action – Suicide Framework). The additional resources are not exhaustive in nature or the only means to assess and manage risk and are being provided to serve as resources.

Risk assessment is not suicide prediction. Because suicide is a relatively rare event, and suicidal intent can change rapidly, it is not possible to predict which client will or will not attempt or die by suicide at any given point in time. The clinician's job is to identify clients at higher risk of suicide and to take steps to lower that risk.

Suicide assessments should be conducted at first contact with clients, and with any subsequent suicidal behaviour, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.

## Cultural Considerations related to Suicide Risk and Assessment

Attention to intersectionalities of culture, sex and age is crucial in suicidality assessment and prevention. Despite important differences in suicide presentation and risk among ethnic and sexual minority groups, cultural competency in the prediction of suicide has typically been left out of systematic risk assessment practices.

Clinicians may make progress in the quest to assess individuals for suicide risk by keeping the following points in mind:

- I. Be aware that minority individuals may be less likely to disclose suicidal information
- II. Seek knowledge about different minority groups - specifically their cultural stance on suicide
- III. Respect and be extremely sensitive to cultural differences when assessing for risk of suicide
- IV. Distinguish between suicidal behavior that is culturally sanctioned and that which is pathological

Adopt a culturally attuned approach to suicide assessment by broadening the range of risk assessment questions. Note that the areas of assessment listed above alone are unlikely to be enough to assess risk among cultural, ethnic, racial or sexual minorities.

## Preliminary Risk Assessment

Preliminary Risk Assessments should be completed with all clients at first contact and the purpose is to determine the severity and nature of the client's difficulties, whether a more detailed risk is indicated

Purpose is to determine:

- i. The severity and nature of a client's difficulties
- ii. Whether a more detailed risk assessment is indicated

Ask about suicide (do not avoid using the word "suicide"). The most direct, effective way to do this is to ask the client:

- Have you had any thoughts that you would be better off dead?
- Have things gotten so bad that you've thought about hurting yourself or ending your life?
- Sometimes when people feel the way you do right now, they start to have thoughts about suicide. Has this ever happened to you?

There are three general categories of responses that often emerge from the preliminary risk assessment:

- i. A clear denial of suicidal feelings, ideations, and/or plans
- ii. A clear endorsement of suicidal feelings, ideations, and/or plans → proceed with assessment
- iii. A vague, nebulous response that neither endorses nor desires suicidality\*

\*Please avoid premature closure (concluding there is no suicide risk) when the background and facts of the presentation or corroborative history suggest a real suicide risk is probably. Also, a single negative screen should not result in diminished clinical monitoring for suicidal ideation or intent. Ongoing assessment and a high index of suspicion are important with any client who has significant risk factors or warning signs.

Please see the Resources Section of the NORPIC website for more information.

## Suicide

In the event of a suicide of a resident's patient/client, the resident's wellbeing is to be immediately assessed and the people to be contacted would be the Primary Supervisor for that patient/client, Assistant Director for that organization, Director of Training for NORPIC, and the NORPIC hiring manager and manager on site connected to the resident setting where the patient/client was registered. Other individuals who may be contacted (up to resident in discussion with Director of Training and the Primary Supervisor on the case) include other current supervisors and the NORPIC professional practice leader.

The Director of Training and/or the Primary Supervisor on the case will meet with the resident as soon as possible that day. A resident may choose to access the Employee Assistance Program provided through the host organization. If the resident wishes time off, a discussion will ensue with the supervisor and resident to accommodate a couple days of leave. If the resident does not wish time off, however, but the Director of Training and the Primary Supervisor both believe it is appropriate for the resident to be not seeing patients, other duties can be arranged at that time. Any required paperwork that the resident may have to fill out for the organization will be supported by their supervisor and NORPIC staff will support any reviews or other required actions as needed within the organization.

## Z. Termination of Resident Employment

If either the host organization, or one of the consortia partner organizations is considering ending a placement within their organization due to problems with the resident’s actions, then the Conflict and Remediation Policy would need to be consulted and due process followed. In these circumstances, organization’s are encouraged to immediately reach out to the Director of Training regarding their concerns who can then update and take the necessary step of involving the NORPIC hiring manager. The Conflict and Remediation Policy will dictate the initial and first steps and should situations arise outside of the scope of the policy, the RTC will need to review and determine whether there are options to accommodate the resident in a different location. Egregious behaviour including but not limited to any major violation or contradiction of professional standards such as sexual relations with a patient, counseling a patient to suicide outside of a MAID situation would be considered grounds for recommending to the NORPIC hiring manager and the Human Resources that the residency be terminated. The decision to place the resident in a different location should be made through joint consensus of the RTC and NORPIC’s hiring manager. Decisions to terminate the residency will be made by the hiring manager for NORPIC in conjunction with the host organization’s human resources department.

## VI. Evaluation

Resident Evaluations: There are several mechanisms in place for the evaluation of residents.

### Formal Evaluations

#### Self-Evaluation

The Self-Evaluation of Competencies Form is completed by the resident prior to the beginning of the year and again at the completion of the resident year. This provides a means for initial reflection from the resident’s perspective of their own strengths and areas for future growth as well as provides the opportunity to measure growth over the year. The Pre-Self-Evaluation can be shared with the Associate Director of Training at the rotation, the RTC Committee, and the resident’s specific Rotation Supervisor(s) as a tool to enrich supervision and help guide goals.

#### Supervisory Evaluation of Resident

Mid-Rotation and End of Rotation Evaluation Forms are completed by all supervisors. Minor experience requirements for Mid-Rotation Evaluations only take place if the Minor Experience is 4 months in length or longer. In cases where supervision is shared (e.g. a supervised practice and autonomous psychologist are providing supervision together for the same cases) or when one supervisors involvement is minimal (e.g. overseeing one case due to an age restriction on the main supervisors license, pulled into a case that evolved into an area of practice outside of the main supervisor’s licensed area) only one supervision agreement and evaluation would be generated with feedback and involvement of all supervisors. In all other cases, all supervisors are required to have their own supervision agreement and evaluation process.

The due dates for Mid-Rotation evaluations would necessarily vary depending on the layout and structure of that placement. The required due dates associated are listed here:

Structure of Residency	Applicable NORPIC Positions, Agency, Location	Mid-Rotation Due Dates	Final Rotation Due Date
12 Month Placement	Child / Developmental, FIREFLY, Kenora	December 31	August 31

	Child / Developmental, SLFNHA, Sioux Lookout		April 30	
	Lifespan, SLFNHA, Sioux Lookout			
	Lifespan, Dilico Anishinabek Family Care, Thunder Bay			
	Lifespan, Sullivan + Associates Clinical Psychology, Thunder Bay			
Three - 4 Month Rotations	Adult, SJCG/TBRHSC, Thunder Bay	Placement 1	October 31	January 31
		Placement 2	February 28	June 30
		Placement 3	June 30	August 31
Minor Experiences	Could take place in any / all of our partner organizations		*only occurs in placements longer than 4 months and if placement is longer than 4 months – should be completed at the halfway point	Due no later than one month after the final day of the minor rotation or August 31 (whichever comes first)

**Minimal Performance Criteria**

These evaluations enable provision of feedback to each resident on their performance on criteria that are applied to all residents in all rotations and reflect CPA accreditation standards for demonstration of acquired skills by residents who successfully complete their residency year.

Both quantitative and qualitative feedback regarding each resident's satisfying of Minimal Performance Criteria is provided and evaluated in the context of the specific rotation the resident is being evaluated. Comments may reflect resident's growth related to performance standards identified by the supervisor(s) as essential in completing that rotation. The resident's performance is rated numerically on a five point scale. See below:

5	Resident meets standards expected at NORPIC with there being clear, consistent evidence that this competency is a strength for the student.
4	Resident meets standards expected at NORPIC and at times demonstrates advanced implementation of the competency.
3	Resident meets standards expected at NORPIC.
2	Resident can perform this competency, but requires direct supervision or assistance. This is a common rating for practical skills and clinical interventions in a minor rotation. Consider a remedial plan if there are more than three ratings of 2 on this form in a major rotation (or in an area common to major and minor rotations).
1	Resident falls below the expected level of expertise. There is a risk of detriment to client/patient care. A remedial plan is required.

Following review of the document and discussion of the contents with the supervisor(s), all parties formally acknowledge this by signing the document. These evaluations are submitted via RedCap but provide an

opportunity for both the supervisor and supervisee to have a copy emailed to them. Should disagreement arise with respect to the evaluation, or should residents not meet the minimal competency for a rotation, the supervisor should immediately consult the Conflict and Remediation Policy for further guidance.

## Communication of Evaluations and Resident Progress to Academic Institution

As per the CPA Accreditation requirements, NORPIC communicates bi-annually (approximately half way through the residency year and at the completion of the year) with the Director of Clinical Training at the resident's academic institution. Interim letters include a summary of the resident's experiences to date, a summary of evaluative feedback gleaned from the evaluations received during the first half of the residency year, any additional responsibilities, experiences, or trainings the resident completed, and information about the resident's remaining planned training experiences. Final letters summarize the resident's entire experiences and training during their residency year and include a clear statement about whether the resident has passed or failed the residency from the perspective of NORPIC.

If a resident's successful progression through the residency program is at all in question, involved supervisors are required to follow the Conflict and Remediation Policy for further guidance. As earliest as possible, the Director of Training will reach out to the Academic Director of Clinical Training to ensure all possible steps and support is put in place to support the resident and ensure open communication.

When a particular area of strength or an unusual competency or skill is observed in a resident that would be outside of the typical preparation and level of resident at this stage, the Director of Training will reach out to the Academic Director of Clinical Training to relay our observation and provide positive feedback to the academic institution on their program.

**Resident Led Evaluations:** There are several mechanisms in place for the evaluation of NORPIC with respect to our commitment and ability to deliver on our goals, the quality of our training, our supervision, and our rotations.

## Resident Final Evaluation of NORPIC

The Residency Final Evaluation Form assesses the strengths and weaknesses of the Program as a whole specifically related to our adherence and success to achieving our goals for our residency program. Data is collected both in a quantitative and qualitative manner. At the conclusion of the residency year, the residents complete this form via RedCap.

## Weekly NORPIC Seminar Evaluation

NORPIC also has residents fill out the weekly seminar evaluations throughout the residency year to provide feedback on the didactics provided, the speaker's knowledge, and the viability of the topic for inclusion in the following residency year. This feedback is reviewed each year annually as a source of information and tool to provide direction on the following year's education schedule.

## Other Surveys

Occasional and periodic surveys are sent to past graduates of the residency program and are situationally specific. Examples of, but not limited to, the types of surveys sent out could be related to feedback regarding the adequacy of their preparation by the residency program for their professional careers, status of the professional careers, queries related to availability and interest in speaking with site visitors from the Canadian Psychological Association Accreditation Panel, etc. These will be completed by RedCap.

At times, either the Director of Training, or an Associate Director of Training will seek feedback on the materials, forms, brochure, and site descriptions that encompass the publicly facing materials that are reviewed by prospective applicants to ensure that the information is accurate, clear, and up to date.

## Supervisor and Rotation Evaluations

Formal evaluations of supervisors and their related rotations are completed at the end of each rotation by each resident. Supervisors are rated on the quantity and quality of supervision and aspects of the supervisory relationship. These will be completed by RedCap.

As part of professional development, residents are encouraged to provide ongoing feedback as well as share the results of their formal evaluations of the rotation and supervisor with the supervisor. The choice to do this lies with the resident and residents are not asked by supervisors about this component. This protects the resident in situations they may feel uncomfortable sharing feedback.

In addition, the Director of Training reviews all of the evaluations at the end of the residency year for themes, identified strengths, and areas that are missed opportunities. In cases where the feedback was not directly shared with the supervisor, but the feedback provided identifies a possible gap in the training, or a concern with a supervisor, the topic would be added to the supervision didactics and e-manual resources for the following training year to ensure that education and training is provided in real time for an identified area. If any egregious behaviours or concerning supervisory practices are disclosed via this form, they will be immediately discussed with the Hiring Manager for NORPIC as well as the Professional Practice Leader for NORPIC for consideration of next steps.

Evaluations of supervisors are retained for a period of time until a minimum of 5 resident evaluations of a supervisor have been collected to ensure anonymity for the supervisee providing the feedback.

## Informal Evaluations

While less structured, a well functioning residency program is nimble and responsive to the ongoing streams of information feedback and evaluations. Informal feedback and evaluation is received and carried out in the following ways:

- i. Carried out in interactions from supervisors to residents throughout each rotation
- ii. Carried out in interactions from residents to supervisors to ensure that the rotation is meeting the needs and expectations of the resident
- iii. Carried out and brought forward by any member of the Residency Training Committee with dedicated time for the resident representation to bring forward any feedback on a monthly basis
- iv. Sought and responded to in post-debriefings after the Residency Interview Cycle
- v. Carried out in interactions from any NORPIC community staff member or staff member from any NORPIC affiliated organization to the Residency Training Committee
- vi. Brought forward or disclosed in any formal or informal gathering or meeting between the Director of Training and the residents

- vii. Through review of the Patient Log and Demographics collected
- viii. Through review of the Final Internship Evaluation Form

## VII. Professional Liability Insurance

Prior to starting the residency year, all residents must provide evidence of having Professional Liability Insurance to the Director of Clinical Training. Coverage must be in effect by the first day of residency.

Professional Liability Insurance can be obtained either through the resident's university program or through purchasing professional liability through one of the major carriers endorsed by the Canadian Psychological Association. Rates are often reduced if one is a student affiliate of the CPA.

## VIII. Certificate of Completion

At the successful completion of the residency year, residents are issued with a NORPIC certificate.

## IX. Psychology in the Community

Residents are encouraged to action on opportunities to get involved with any scheduled or organized activities that the psychology profession is involved with (e.g. psychology month, opportunities to discuss psychology career at local high school, submitting articles for online or print media, etc.)

## X. Job Talk

NORPIC supports career exploration and helping residents with their employment endeavours and all residents may request to provide a job talk, or will be offered the opportunity to deliver a job talk to the larger NORPIC community if NORPIC staff is aware of the opportunity. In addition, in order for residents to complete job interviews, NORPIC supports flexing time to attend and apply for employment.

## XI. Supervision

### Receiving Supervision

Supervision promotes and facilitates reflective critical analysis of professional services provided and the development of professional identity and skills. Supervision takes place within a collaborative and respectful supervisor-supervisee relationship.

#### Frequency

Supervision is regularly scheduled and provided at the minimum rate of four hours per week; at least three of which are individual supervision. The three individual hours are directed towards the supervision of the psychological service provided by the resident directly to *clients* and the supervisor is providing detailed and comprehensive feedback to the student about the resident's provision of psychological services. The fourth hour can be directed towards any other training or service-related activity, including group supervision.

#### Definition of Psychological Service



Psychological service is defined as either time directly spent interviewing, assessing, or intervening with **clients** or time spent indirectly in activities related to **client** care (e.g., progress/session notes, report writing, etc.) All four hours of supervision are provided by supervisors who are registered, doctoral prepared and experienced psychologists, registered within their jurisdiction of practice, and deemed competent to provide the kind of psychological service for which they are providing supervision to residents.

### Documentation

The Supervision Agreement complies with the standards set forth by the College of Psychologists of Ontario and ensure inclusion of contingencies for crisis situations, alternative supervisor identification, and all parties named within the agreement sign the document and are given a copy. Supervisors and Residents should retain copies of their supervision records and provide them at regular intervals, but certainly before their residency is over to the Residency Training Committee.

### Modality

Individual supervision normally occurs in face-to-face meetings between the supervisor and the resident. If supervision is provided by distance technology, it must be delivered in compliance with emerging guidelines from relevant professional and regulatory bodies, including, but not limited to those published by CPA. Supervisors must ensure that supervision provided via distance technology is equivalent in quality to in-person supervision.

### Individual Supervision in the context of Group Supervision

Group Supervision is defined as the time a resident observes or participates in the supervision of another resident's work with **clients**. Individual supervision of a resident's work can occur in group meetings involving other residents when that resident's work with **clients** is being discussed and the supervisor is providing that resident with specific feedback. The other residents in the meeting would be receiving group supervision. Group supervision using collaborative or reflective models can be counted as individual supervision for more than one resident; however amount of individual supervision recorded must be commensurate with the time allotted to each resident's case in the discussion.

### Requirements for Supervision

Supervision is understood to include a series of consultations between a resident and a Psychologist with the goal of augmenting the resident's existing set of skills, reviewing the resident's habit of thoughts, and ensuring ethical and professional behaviour on the part of the resident. In this process, any patients seen by the resident are the ultimate responsibility of the supervising doctoral level Psychologist. Supervision is also therefore the primary means by which the doctoral level Psychologist ensures responsible service to the consumer.

Professional competencies, required experiences, and/or access to specific readings will be shared during the orientation and can be found in the resources section of the NORPIC website. Any professional competencies or required readings should be documented as well within the Supervision Agreement Form.

At least ten percent (10%) of supervision over the full course of the residency program should be direct observation of the resident's work with **clients**. This can be achieved by live observation within the room, live observation behind a mirror, or audio / audio-visual review of recordings.

Up to twenty-five percent (25%) of individual supervision can be asynchronous. Asynchronous is defined as review of the resident work and compiling comprehensive feedback that is later reviewed by the resident and can pertain to both review of raw test data, reports, case conceptualization, and to reviewing video sessions that produces constructive feedback and direction.

Up to twenty-five percent (25%) of the four hours of weekly doctoral level supervision can be group supervision, although there is no minimum amount required and all of a resident's supervision could be individual.

### Regulatory Requirements, Professional Standards, Legislative Acts, and Ethical Considerations for Supervision

Responsibility for client welfare sits with the licensed supervisor and therefore, the College of Psychologists of Ontario Professional Standards, and all associated regulations, acts, and applicable laws that govern the delivery of psychological services in Ontario prevail. Residents are provided with links to the relevant documents as well as links to the CPA Code of Ethics and are required to read these during their orientation to the residency year. While not an exhaustive list, consideration for identifying one's status as a supervised practitioner, supervisor contact details, and discussion of client details within the supervisory context, consent, confidentiality and limits to confidentiality, electronic medical record, charting, access to personal health information, security of personal health information, are all covered. Consideration of organizational policies and procedures and the intersection between those and the standards for professional conduct are reviewed by supervisors within each organization for confirmation of compliance with the legislation that governs psychological service delivery.

### Alternative Supervision Experiences

Under certain circumstances, and on a case-by-case basis, the Director of Training may approve supplementation of the resident's regular training with supervision from staff that are either not doctoral level trained (e.g., Psychological Associates, Psychologists – Masters level) or from members of other professions who are in a position to provide important training experiences not otherwise available to residents. The latter is especially important when considering opportunities for training experiences within community settings where traditionally, psychologists are not part of the staff.

Such training experiences supplement regular supervision, and do not count toward or replace the four hours a week of doctoral level supervision and do not imply delegation of the supervising doctoral level Psychologist's responsibility for patient care to a non-registered staff member.

In order to ensure required standards of care and appropriate supervision to the resident, the Director of Training will review and approve the nature, amount, frequency, and duration of supervision and the process for documentation including creating a supervision agreement, documenting supervision, and reciprocal evaluation will comply with established NORPIC process. This ensures ongoing and regular communication and oversight for the resident during this training experience.

### Co-Supervision Experiences

Co-supervision in psychology is an approach to clinical training that aims to expose supervisees to diverse clinical perspectives. For the purposes of NORPIC, a co-supervision team would be made up of a resident, the licensed doctoral level psychologist who is a supervisor with NORPIC, and a licensed allied mental health professional. Exposure to varied clinical perspectives supports supervisees' professional development towards the achievement of foundational and functional competencies. Co-supervision involves shared responsibility in the supervisory role and provides an opportunity for supervisors to partner in providing clinical training.

Co-supervision experiences allow psychology graduate students to receive professional training in areas where psychologists may not be regularly employed, but where members of historically under-served and under-represented groups are often accessing services (e.g., community-based organizations for immigrants and refugees, friendship centers, services for individuals with precarious housing, shelters, etc.). Co-supervision experiences therefore allow students to broaden their training to help them to better serve historically (and currently) under-served groups while also potentially expanding the areas where psychologists work in the future through (1) building connections with agencies, and (2) gaining competency to work with those agencies and the populations they serve.

In order to ensure required standards of care and appropriate supervision to the resident, the Director of Training will review and approve the nature, amount, frequency, and duration of supervision and the process for documentation including creating a supervision agreement, documenting supervision, and reciprocal evaluation will comply with established NORPIC process. This ensures ongoing and regular communication and oversight for the resident during this training experience.

### Providing Supervision

Both Didactic and practical training in supervision is built into the NORPIC training program.

#### Education and Training in Supervision

Education and didactics specific to the skill of supervision and ongoing development and competency are scheduled six times a year and are attended by both supervisors and residents. The first supervision session each year reviews Intersectionality in the Learning Environment with respect to supervisor and supervisee identities and provides a mechanism and inclusive process for ensuring that residents have a safe space to both experience their own supervision and ensure they are creating inclusive spaces for those whom they will be supervising. Supervisors rotate in leading the didactic and link the supervision topic and didactic to current research and best practice to ensure that the information covered is relevant and maintains relevancy. Some topics covered, include but are not limited to: models of supervision, styles of supervision, ethical issues, diversity considerations, and other general issues regarding supervision. The final of the six supervision didactics is led by the residents both in topic choice, and discussion to provide a 360 degree experience in growing their confidence in training others on supervision.

NORPIC supervisors are also encouraged to pursue continuing education activities related to supervision such as advanced courses, seminars, and professional conferences on a regular and ongoing basis. At minimum, supervisors who are providing supervision in NORPIC, need to either attend a minimum of 4 of the 6 supervision didactics each year provided by NORPIC, or review the materials for the session and discuss with another supervisor the learnings.

NORPIC supervisors are encouraged to keep an e-manual / folder with all relevant resources and materials reviewed within NORPIC trainings that pertain to supervision.

#### Practical Training in Supervision

Residents are given the opportunity to supervise graduate students who are completing practicum at the same organization. The supervision residents provide is supervised by the resident's doctoral level supervisor.

#### NORPIC Supervisor Considerations

NORPIC embodies and utilizes a developmental framework and competency based approach to supervision and all NORPIC supervisors are expected to utilize this framework when providing supervision to residents. As such, supervisors restrict supervisees' activities to those that are commensurate with their current level of skills and experiences and work collaboratively with the supervisee to expand their skill.

Supervisors who have multiple roles (*e.g., teacher, clinical supervisor, administrative supervisor*) with supervisees should minimize potential conflicts. Where possible, the roles should be divided among several supervisors. Where this is not possible, careful explanation should be conveyed to the supervisee as to the expectations and responsibilities associated with each supervisory role.

Supervisors must not enter into romantic relationships with supervisees. Supervisors should not engage in any form of social contact or interaction that would compromise the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided.

Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.

Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance. Supervisors have the responsibility of clear and transparent process if they have formed concerns and should follow the steps in the Conflict and Remediation Policy to ensure a fair and proper process. Any concerns should be shared directly with the resident first, and supervisors should ensure they are utilizing the framework laid out in the Conflict and Remediation Policy and referencing this document as soon as they form concerns.

Supervisors attend the six supervisory meetings, or if they are unable to make the supervision meetings, pass along feedback to a fellow supervisor or their Associate Director of Training regarding the progress of their resident's training. All NORPIC Supervisors are expected to attend all relevant supervisor meetings when they are directly working with a resident and are encouraged to attend the meetings all year to benefit from both didactic sessions as well as the opportunity to learn from other's supervision experiences. Also, because this meeting provides good opportunity for discussion and learning on how to supervise, all supervisors engaged with the NORPIC consortium are invited and encouraged to attend. It should be noted that, in order to facilitate clear communication with residents about their training, supervisors are expected to discuss a resident's progress directly with the residents throughout the course of their supervisory agreement but may also discuss a resident's progress with one another on an informal basis.

Supervision Evaluation Competency Forms are typically only seen by the resident, the direct supervisor, and the Director of Training. Should a future supervisor of a resident request to see the prior supervision forms, this will be acceptable. To ease the transition from one supervisory experience to another supervisory experience, supervisors should communicate at transfer (usually through the supervision meetings) the goals for future development in the next rotations with respect to resident strengths and areas for further growth. If desired, future supervisors are encouraged to contact the prior supervisor to schedule a 'transfer' meeting where all three (resident, exiting supervisor, incoming supervisor) individuals meet briefly to discuss the resident's progress and continuing development.

Conflicting Needs that arise during Supervision

Supervisors should use the following prioritized sequence in resolving conflicts among the needs of the client, the needs of the supervisee, and the needs of the program or agency. Insofar as the client must be protected, it should be understood that client welfare is usually subsumed in federal and provincial laws such that these statutes should be the first point of reference. Where laws and ethical standards are not present or are unclear, the good judgment of the supervisor should be guided by the following list:

- i. Relevant legal and ethical standards (*e.g., duty to warn, provincial child protection legislation*),
- ii. Client welfare,
- iii. Program and Administrative requirements,
- iv. Supervisee welfare,
- v. Supervisor welfare, and
- vi. Program and administrative wishes.

When a conflict arises among the needs of the client, the needs of the supervisee, and the needs of the program, all parties are directed to the relevant organizational policies of the organization the care is being given in and these organizational policies take precedence. In addition, if separate agreements exist between the organization and the employer, those agreements must be adhered to.

## XII. Conflict and Remediation Policy

### General Considerations

***Any issues involving workplace safety or other areas governed by legislation, agency policy, or related to conditions of employment will require the NORPIC Hiring Manager of the residents to be involved and at the manager's discretion, the Human Resources Department of the host organization.***

Please note: At any and all points throughout this process, the resident and associated NORPIC staff has available to them and if desired, is encouraged to consult with:

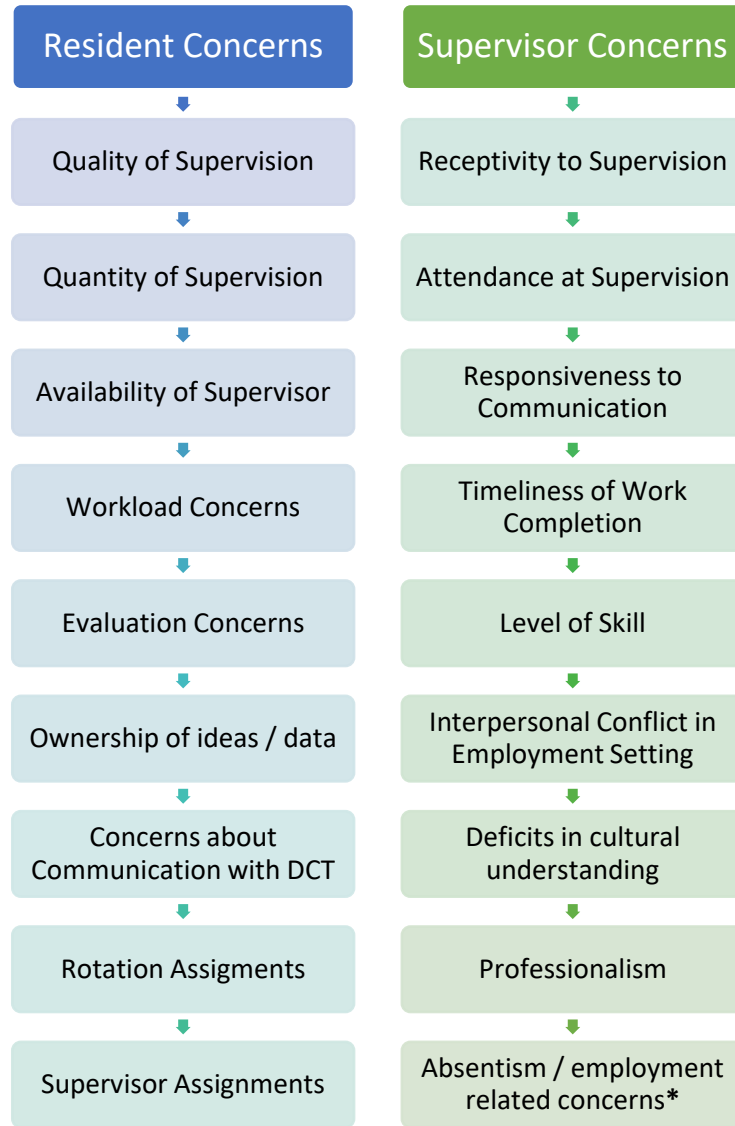
- i. Human Resources for the host organization (SJCG) of which they are employees
- ii. The Organizational Resident Support Person within the organization they are training
- iii. If applicable, the Bioethicist on employ with the host organization.
- iv. APPIC's Informal Problem Consultation Service
- v. The College of Psychologists of Ontario

### Documentation

The importance of documentation at all stages of conflict and concern cannot be understated. Clear, accurate documentation from all involved parties ensures open and transparent processes. As such, all involved parties are required to document their experience throughout this entire process using the NORPIC Communication form accessible via RedCap and available in the resources section of the NORPIC website.

### Types of Concerns, Issues

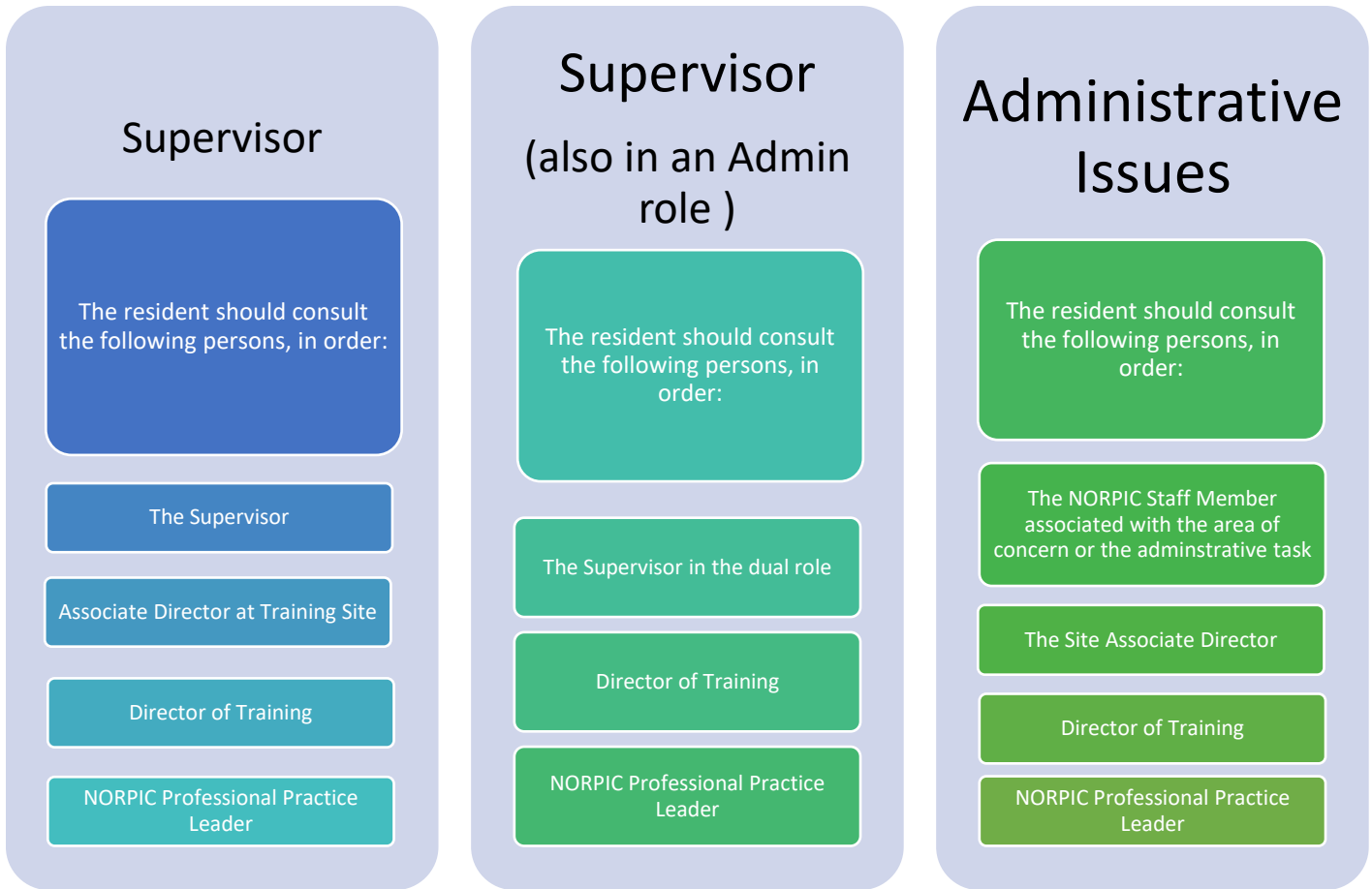
The following is a list of possible concerns or issues residents or supervisors may have related to the residency program, training, supervision, administrative issues. This is NOT an exhaustive list but includes, and is not limited to, matters such as:



\*will involved NORPIC Hiring Manager

## Resident Grievance Procedure for Concerns / Conflict

These guidelines are intended to provide residents with a means to resolve perceived conflicts that cannot be resolved by informal means and to allow any resident to pursue grievances without fear of retribution. The DoT will explicitly review this policy during orientation and this document is available in the resources section of the NORPIC website.



Continued involvement of additional NORPIC staff should only happen if successful resolution of the problem could not occur at the level above. While we encourage professional development which includes practicing skills that equip the resident to have conversations that are challenging or difficult, we recognize that due to a power imbalance this may not feel comfortable / be possible.

Please Note: If the resident feels unsafe in working with their supervisor, the concern and/or conflict needs to be immediately shared with Director of Training and NORPIC hiring manager as noted at the top of this policy.

If the above involved NORPIC staff outlined in the chart in sequential order cannot resolve the matter and it is not a situation that requires the inclusion of management, they will consult with and integrate a different NORPIC supervisor, acceptable to both the supervisor and the resident, who will attempt to mediate the conflict. Regardless of the chosen mediator, they will receive any written materials, copies of NORPIC Communication Forms, Evaluations, etc. from all involved parties prior to the meeting with the resident and supervisor.

If mediation fails, the Residency Training Committee (RTC) will review the conflict based on materials supplied by all the involved parties. The resident, supervisor, Director of Training, site’s Associate Director, and PPL must be present. The resident has the option of requesting the presence of another resident accompanying them if they desire. The RTC has final discretion regarding outcome, on issues that do not involve management. If the conflict is not resolved by a general consensus, an anonymous vote will be taken. In the case of a vote, due to their involvement in the process before this point, the Director of Training, site’s Associate Director, PPL, Resident, and Supervisor will not vote.

If an issue arises, supervisory, or administrative related with any of the individuals listed as the NORPIC staff to consult within the table, then residents are encouraged to address the situation with that individual. As noted above, this is in

line with NORPIC's encouragement of professional development which includes practicing skills that equip the resident to have conversations that are challenging or difficult. In spite of this, we recognize that due to a power imbalance this may not feel comfortable / be possible, and residents may jump the sequential order without fear of retribution or skip the step addressing the individual that they have the concern or conflict with. For example, if the issue is an administrative one that was under the purview of the Associate Director of Training for that site, the resident could approach the Director of Training with concerns. This flexibility ensures that that residents have a clear and transparent process in place that reflects a process that ensures a fair outcome (i.e. the individual tasked with resolving the conflict is not in a position of power to unduly influence the outcome).

If this is an issue that management has been involved with and all appeal mechanisms within the residency have been exhausted, the resident may appeal the RTC decisions to the Vice-President: Clinical Services, SJCG, within the host organization's structure.

#### Formal Remediation related to Deficits in Skill or Professionalism.

If at the conclusion of the above processes, it has been determined that a resident is not performing at a satisfactory level of competence commensurate with a resident's skill set, the resident will be placed on a formal remediation program specific to the identified area of concern.

Communication with the resident's Director of Clinical Training as early on in the process as feasible will ensure a resident centered approach and that all efforts are being made, and have been made to support the resident toward a successful conclusion of their training year.

## Supervisor Procedure for Concerns / Conflict

As is noted above, concerns about a resident that impact their ability to transition and progress through their residency training year are to be addressed as soon as they are identified. The following steps govern the placement of residents on formal remediation. The same general considerations for consultation support applies here and all involved parties have the option of consulting with any of the identified individuals, services, or organizations noted at the top of this Conflict and Remediation Policy. Documentation of all steps of this process is required.



STEP ONE: The resident is not performing at a satisfactory level or engages in problematic behaviour			
Between Supervisor and Resident	Discuss concerns with the resident directly	Increase supervisory guidance	Provide additional resources: (didactics, readings, support options)



\*If concerns are of a serious nature or if they fall outside the boundaries of the residency (e.g., criminal behaviour, safety, legislation) DoT and NORPIC Hiring Manager need to be notified within 1 working day. If a resident's behaviour is of sufficient severity then this procedure outlined will be pre-empted by organizational policies or legislative requirements regarding unacceptable and/or criminal behaviour.



ACTIONS REQUIRED: Ensure Clear Documentation via NORPIC Communication Sheet			
List the concerns that led to the discussion	List Support Provided	Time line outlining when goals should be met	Supervisor and Resident Sign the Document



STEP TWO: Identified issues continue beyond the identified timeline:		
Associate Director for the training site is involved*	All Documentation is reviewed	Collaborate on Problem Solving



ACTIONS REQUIRED: Ensure Clear Documentation via NORPIC Communication Sheet and attach a formal remediation plan			
List updated plan and associated supports	Timeline outlining when goals should be met	Resident, Supervisor, and Associate Director Sign the Document	Communicate with DCT at Academic Institution



STEP THREE: Identified issues continue beyond the identified timeline	
Director of Training is involved	Review Committee Established with Associate Director and NORPIC Professional Practice Leader



ACTIONS REQUIRED:		
Review all documentation	Speak with Resident and Supervisor	Make recommendation to the Residency Training Committee and document



RTC WILL CHOOSE ONE OF THE OPTIONS and DOCUMENT RATIONALE		
No Action Required - RTC Feels that the resident has satisfied the requirements of the remediation	Corrective Action Required: Probation for 3 months with possibility of termination of contract if not goals not achieved	Forward to NORPIC Hiring Manager and Human Resources for Consideration of termination of employment



If the decision is to place the resident on probation or to recommend dismissal of the resident to Human Resources, the Director of Training will communicate the decision immediately to the resident in conjunction with NORPIC's hiring manager and the Director of Training of the resident's home university. Minutes of the meeting are kept.

\*If the supervisor is also in a dual role where they are also in one of the administrative roles outlined above, an equivalent NORPIC staff member will be asked to take on the role in the above chart (e.g. the supervisor is the DoFT, Associate DoFT, or PPL, a different Associate DoFT or other RTC Member will assist).

## After a Formal Probation Period

Prior to the end of the formal probation period, the Review Committee will review the resident's progress by examining reports and conducting interviews with the resident and relevant supervisors.

The committee will make one of the following recommendations to the RTC:

- I. Removal from probation
- II. Continuation of probation for an additional stipulated period
- III. Recommend dismissal of the resident to Human Resources

If the probation period is continued, the Review Committee will specify a time line for review of the resident's progress. Prior to the end of the second probation period, the Review Committee will review the resident's progress by examining all documentation and conducting interviews with the resident and relevant supervisors. Only two recommendations are available:

- I. Removal from probation
- II. Recommend dismissal of the resident to Human Resources.

As above, if the Review Committee recommends continuation of probation or dismissal, the human resources department of the host organization in conjunction with NORPIC's hiring manager will decide whether a probation period may be extended beyond the residency year pending the availability of appropriate supervisors and resources.

## Unique Circumstances that supersede the Remediation Process Outlined Above

Highly unethical behaviour and behaviour of a serious nature

Residents are considered to be employees of the organizations in which they receive their residency training. Consequently, highly unethical behaviour or behaviour that contravenes legislation or organizational policy will be addressed by the hiring manager in conjunction with the manager in the affected organization and the relevant human resources department.

Examples of such behaviours include but are not limited to:

- I. Ethical violations that endanger patients or create a substantial liability risk for a member organization, or
- II. Clinical practice that clearly endangers patients
- III. Sexual harassment, sexual exploitation, or sexual assault of either patients or staff,
- IV. Significant dual relationships with patients
- V. Breaches of privacy
- VI. Falsifications of health records
- VII. Falsification of any other records
- VIII. Recommending treatments outside the sphere of competence of a psychologist, or
- IX. Recommending actions to a patient that place him or her at undue financial or health risk without a thorough review with the patient of those risks and prior approval from supervising psychologist (e.g., divorce, quitting employment).

Behaviours in any of these areas of a less serious nature (for example, dual relationships that are less damaging to the client) should be addressed by the clinical supervisor initially and then follow the process within the NORPIC structure. If the behaviour cannot be resolved within that structure, the Director of Training will consult with the NORPIC hiring manager for resolution.

### Complaints regarding residents' behaviour by patients, other staff, or police

Any concerns regarding a resident's behaviour that have been raised by people other than the resident's supervisors will be communicated to the Director of Training and directed to the NORPIC Hiring manager of the residents at the host organization (SJCG) who will follow appropriate discipline policies as mandated by Human Resources. Any information that can be communicated will be disseminated to the RTC by the Director of Training.