

Children's Minnesota Psychology Postdoctoral Fellowship Handbook

2027-2028



Psychological Services Fellowship Training Manual**TABLE OF CONTENTS****Description of Children's Minnesota****Values, Vision, and Mission of Children's Minnesota****Overview of Outpatient Mental Health Services****Locations and Contact Information****Program Staff****Overview of Fellowship Program****Training Goals****Available Resources and Facilities****Aspects of Training****Clinical work****Supervision****Didactics****Educational Opportunities****Meetings****Collaboration****Typical Schedule, Hours of Training, and Salary/Stipend****Time to Completion****Expectation of Conduct****Documentation****Evaluation Process****Due Process and Grievance Policy(ies)****Hospital Policies and Resources - StarNet**

Description of Children's Minnesota

Children's Minnesota is one of the largest freestanding pediatric health systems in the United States — with two hospitals, nine primary care clinics, seven rehabilitation, and nine specialty care sites. The only health system and Level I Trauma Center in Minnesota that provides care exclusively to children from before birth through young adulthood. The first and only hospital system in Minnesota and the 13th center in the nation to be verified as a Level I Children's Minnesota Surgery Center by the American College of Surgeons. An award-winning health system, regularly ranked by U.S. News & World Report as a top children's hospital. An independent and not-for-profit system (since 1924).

As the only health system in the state that focuses exclusively on children, we are in a unique position to be every family's essential partner in raising healthier kids. This starts with all of us joining together around a shared vision, mission and set of values.

Values, Vision, and Mission of Children's Minnesota

[The Children's Way](#) embodies our vision, mission and values and defines our expectations of ourselves and each other.

[The Children's Way](#) is a shared set of values that help guide the way we engage with each other, our patients and families, and our communities. We remain committed to our five core values that are embedded in the work we do every day at Children's Minnesota: 1) Kids First, 2) Listen, Really Listen, 3) Own Outcomes, 4) Join together, 5) Be Remarkable

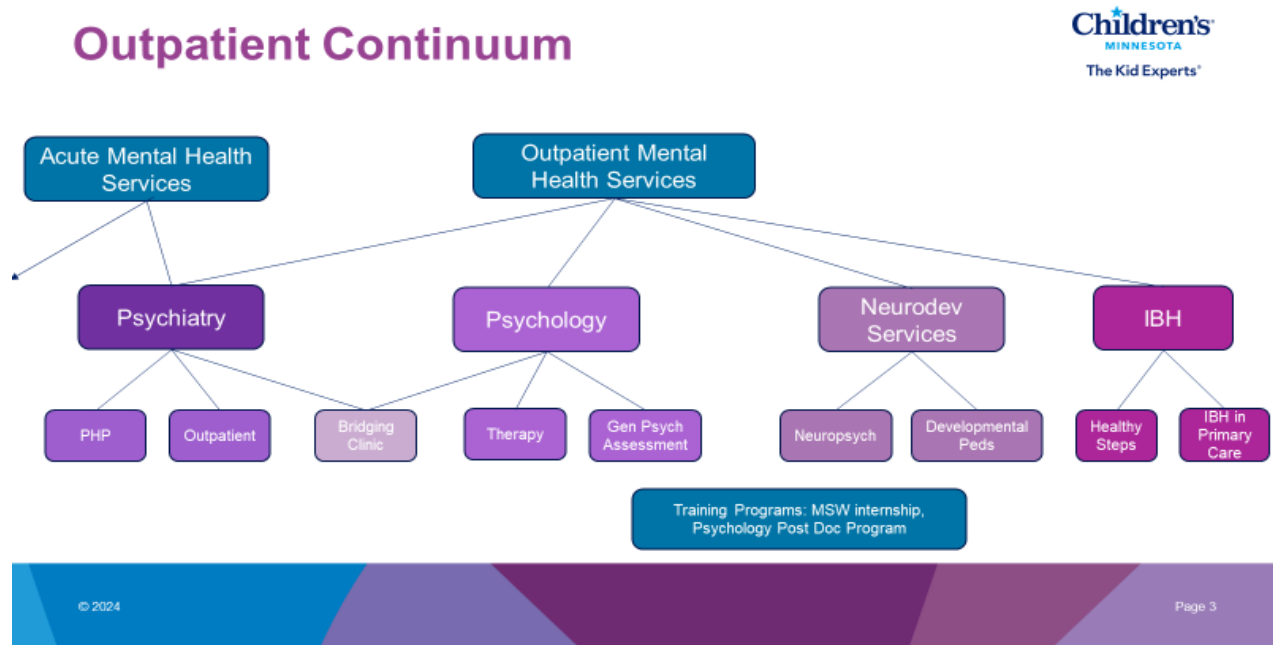
VISION:

Every family's essential partner in raising healthier children.

MISSION:

We champion the health needs of children and families. We are committed to improving children's health by providing the highest quality, family-centered care, and advance through research and education.

Overview of Children's Minnesota Mental Health Services Structure



Psychological Services

The fellowship is within our Psychological Services Department, which is housed in our larger Outpatient Mental Health Services Division. In this department, our psychologists meet with children for outpatient therapy, psychological and neuropsychological assessments, and provide embedded integrated care within six outpatient medical specialty clinics, and consultation to inpatient medical service. Fellows will be in our outpatient therapy and assessment track, or pediatric psychology specialty track.

Integrated Behavioral Health

Mental health providers are embedded in our Children's Minnesota primary care clinics to provide coordinated, convenient and cost-effective behavioral health services for children and adolescents at their primary care clinics. IBH represents one specialty in which fellows could participate.

Neurodevelopmental Services

Neuropsychologists and Developmental Behavioral Pediatricians work together with a goal of providing diagnostic and assessment services, ongoing monitoring of developmental, behavioral and emotional needs, guidance for services, and supports and medication management for patients with a wide variety of developmental needs (e.g., developmental delays, intellectual disability, autism, attention concerns). Fellows

in Track 1 outpatient therapy and assessment might be supervised by one of the neuropsychologists.

Bridging Services

Two mental health clinicians see patients for brief therapy as a bridge once they have stepped down from our partial or inpatient treatment programs or once identified in the emergency department. That service is a bridge until they can establish long-term care. They also do longer-term outpatient therapy with referrals from our Integrated Behavioral Health (IBH) team and from the partial or inpatient programs. The positions offer virtual or in-person options, as well as some weekend and evening hours to increase access.

Locations and Contact Information

Finding us online

- ★ Website: [Behavioral Health Conditions and Services | Children's Minnesota \(childrensmn.org\)](https://www.childrensmn.org/behavioral-health-conditions-and-services)
- ★ Fellowship Website: [Pediatric and outpatient psychology fellowship | Children's Minnesota \(childrensmn.org\)](https://www.childrensmn.org/pediatric-and-outpatient-psychology-fellowship)

Hospital based clinics and contact information

- ★ St. Paul: Gardenview Medical Building
347 North Smith Ave, Suite 301
St. Paul, MN 55102
651-220-6720
- ★ Minneapolis: Midtown Doctors Building
2545 Chicago Ave S, Suite 217
Minneapolis, MN 55404
612-813-6224

There are also several clinics around the Twin Cities referred to as PIP (partners in pediatrics) clinics. Only fellows in the IBH or Diabetes/Endo specialty will spend part of their time in those clinics.

Program Staff

Fellowship Supervisors (click to learn more)

- ★ [Sarah Jerstad, PhD, LP – Fellowship Director](#)
- ★ [Terese Amble, PsyD, LP](#)
- ★ [Kevin Coleman, PsyD, LP](#)
- ★ [Kadie DeBow, PhD, LP](#)

Psychological Services

- ★ Sara Gonzalez, PhD, LP – Clinical Director of Psychological Services
- ★ Ayala Gorodzinsky, PhD, LP
- ★ Laurie Kincade, PhD, LP
- ★ Kate Koehn, PhD, LP
- ★ Helene Keery, PhD, LP
- ★ Nicole Quillen, PhD, LP
- ★ Anna Ryan, PhD, LP
- ★ Rebecca Vaurio, PhD, LP

Support Staff Roles

Role Breakdown	
Title	Responsibilities
Clinic Assistants/ Medical Assistants	<ul style="list-style-type: none"> • Telemedicine patient check in • Appointment Scheduling • Rooming in person appointments • Managing pools • Triage/Handling call center calls • Front Desk back up (as needed)
Patient Services Coordinator	<ul style="list-style-type: none"> • In person patient check in/scheduling • Printing patient labels • Rescheduling missed/cancelled appointments • Scoring paperwork • Managing pools • Managing PCIT forms • Triage/Handling call center calls • Case load management (psychology providers)
Clinic Case Coordinator	<ul style="list-style-type: none"> • New patient referrals (faxes, voicemail, triaging, scheduling, etc) • Case load management • Managing intake paperwork • Managing intake pools • Managing waitlist
RNs	<ul style="list-style-type: none"> • Prescriptions refills • Triage medication/behavior questions or concerns between appointments

Overview of the Fellowship Program

The Children's Minnesota Department of Psychological Services pediatric and outpatient psychology fellowship training program has three positions available for the one-year post-doctoral fellowship, which starts at the beginning of each academic year.

The Psychological Services department provides services on both the Minneapolis and St. Paul campuses. Specific services include individual and family therapy, psychological assessment, and inpatient consultation and liaison. We also have

pediatric psychologists embedded in a number of specialty clinics. Our psychologists make up the faculty of the fellowship training program.

Fellows will spend approximately 80% of time in activities related to clinical service provision either in the outpatient clinic or in their specialty area, 10% of their time in activities related to consultation and liaison, and 10% of time in didactics/professional development. The fellow will work with medical providers, multidisciplinary teams (e.g., psychiatrists, nursing, social workers, occupational therapists, etc.), and families to advance skills in training, policy, and practice related to child and adolescent mental health services.

Track 1: Outpatient therapy and assessment (one position available*)

The fellow will participate in outpatient therapy and assessment for children of a wide range of psychosocial backgrounds ages 2-18. Patients are referred from primary care as well as a number of specialty clinics (e.g., Feeding, Diabetes, Concussion, Genetics, Cardiac, Neurodevelopmental Services). Diversity of patients is represented in race, ethnicity, gender, ability and socioeconomic status. The fellow will use evidence-based treatments for therapy and will have the chance to collaborate with our psychiatry team to coordinate care. Common presenting concerns for therapy include depression, anxiety, ADHD, behavior concerns, adjustment and coping with medical concerns, OCD, and adjustment issues. The fellow will also conduct comprehensive psychological assessments to address referral questions related to problems with learning, attention, anxiety, emotion regulation and other neurocognitive concerns.

Training in PCIT (Parent-Child Interaction Therapy) is also available through this track. The fellow in the therapy track will have the opportunity to become certified in PCIT by a Within Agency Trainer. PCIT is a specialized, evidence-based treatment program designed for caregivers and their young children (2 to 7 years of age) who are experiencing behavioral and/or emotional difficulties.

Track 2: Pediatric psychology (two positions available*)

Fellows in this track will have pediatric psychology placements in up to two (either one major specialty or two minor specialties) of the following specialties, along with outpatient therapy caseload derived from general and specialty referrals.

Cancer and Blood Disorders Clinic (major specialty)

The post-doctoral psychology fellow will provide inpatient and outpatient psychology consultation, follow-up health and behavioral intervention, and mental health treatment for patients diagnosed with cancer and blood disorders, cancer survivors and their families. Clinical services are provided in person in the cancer and blood disorders

Psychological Services

clinic, inpatient hospital setting, and psychology clinic. The majority of services are provided in person, though telehealth is an option when clinically indicated. The fellow will follow, manage and provide psychology services for a caseload of patients and coordinate care for these patients throughout the post-doctoral fellowship year. Psychology services are provided for patients of all ages, including young adults. Psychology services and interventions range from support coping with diagnosis, treatment and procedural distress, pain management, and interventions targeting medication compliance to mental health services for behavior management, depression, anxiety or other needs. The fellow will have opportunities to collaborate with medical professionals involved in patient care and participate in weekly psychosocial team rounds, which includes social work, child life specialists, music therapy, ethics representative and spiritual care. There are opportunities to participate in Adolescent and Young Adult and survivorship programs as well.

Integrated Behavioral Health (major specialty)

The integrated behavioral health (IBH) specialty focuses on providing behavioral health services within a primary care clinic. The IBH provider sees patients during primary care clinic appointments (i.e. warm handoff) if available, sees patients for short-term therapy, and follows up with patients and their families afterwards to help coordinate behavioral health care services and supports. Follow-up services may include: calling to help schedule an IBH appointment, calling to help connect patient with outpatient therapy services, calling to answer questions related to behavioral health needs, or calling to coordinate care with community services (childcare, schools, and other medical providers).

The IBH fellow will gain experience providing short-term therapy and real time consultations in a pediatric primary care clinic to address a variety of behavioral, emotional and medical concerns that have a mental health component (i.e., anxiety related to medical procedure). The fellow will be able to provide therapeutic services both in-person for clinic visits and virtual visits. Additional opportunities for ADHD evaluation may be available if interested.

Diabetes (minor or major specialty)

The post-doctoral fellow, while on the Diabetes Psychology rotation, will have a 2-day a week outpatient rotation within the Endocrine Clinic at Children's Minnesota. For one day, the fellow will be a part of the Diabetes Teen Clinic at Children's Minnesota's Woodbury Specialty Clinic. The Diabetes Teen Clinic is a multidisciplinary team of endocrinologists, nurse practitioners, certified diabetes educators, dietitians, social workers and psychologists working together to care for teens diagnosed with diabetes.

On the other clinic day, the fellow will work with children and adolescents of all ages diagnosed with diabetes mellitus (primarily Type 1, but also Type 2 diabetes mellitus) at the Children's Minnesota's St. Paul campus. The fellow will have the opportunity to work with patients and their family's following a short-term intervention model to address a variety of difficulties including adjustment to new diagnosis, treatment adherence, as well as mood concerns and family conflict that interfere with diabetes management. The fellow will also work with diabetes patients during medical inpatient stays following periods of management difficulties (as able). The fellow will participate in weekly supervision for this rotation focusing on the role of pediatric psychology within diabetes, case reviews, multidisciplinary team collaboration and other topics as needed.

Behavioral Sleep (minor specialty)

The Behavior Sleep Medicine fellow will provide outpatient behavioral health assessment and treatment services to infants, toddlers, school-age children, adolescents and their families presenting to Children's Sleep Center with behavioral sleep concerns. The fellow will work as part of a multidisciplinary team that includes sleep physicians, psychologist, nurse practitioners, and sleep lab technicians.

Fellow will receive training in evidence-based interventions for the treatment of night waking, bedtime resistance, nighttime fears, nightmares, parasomnias, insomnia, delayed sleep-wake phase disorder and adherence to positive airway pressure (PAP) therapy. In addition to didactic training and weekly face-to-face supervision, the fellow will have the opportunity to shadow medical providers in the clinic and will participate in a monthly multi-disciplinary consultation group.

Eating Disorders (minor specialty)

The Center for the Treatment of Eating Disorders (CTED) postdoctoral fellow will participate in training and delivery of state-of-the-art evidenced-based treatment for adults, children, adolescents and families in our outpatient clinic in St. Paul. This specialty will be one year long, two days per week. In addition, the fellow will work with our multidisciplinary team of specialists including psychiatrists, hospitalists, psychologists, nurses, social workers, dieticians, child life specialists and specialists in integrative care on our medical stabilization unit for children and adolescents in St. Paul. The fellow will participate in our weekly team case consultation meeting as well as individual supervision on family-based treatment (FBT), cognitive behavioral therapy-enhanced (CBT-E), and the Unified protocol for transdiagnostic treatment of emotional disorders in children and adolescents (UP-C/A).

Feeding Disorders (minor specialty)

The post-doctoral fellow on the Feeding Clinic specialty will have a 2-day a week, outpatient rotation in the Feeding Clinic at Children's Minnesota. For one clinic day, the fellow will be part of the multidisciplinary Feeding Clinic team evaluations on the Children's Minnesota St. Paul campus. The team consists of a nurse practitioner, dietitian, occupational therapist, speech-language pathologist and psychologist conducting assessment of child feeding difficulties from the lens of each discipline and collaboratively providing the family recommendations on interventions and referrals to ongoing treatment.

On the second clinic day, the fellow will work in outpatient therapy with children and adolescents of all ages diagnosed with pediatric feeding disorders at the Children's Minnesota Minneapolis campus. The fellow will provide outpatient interventions tailored to each patient family and often includes intervening with behavior management strategies, improving environmental factors, and addressing mental health symptoms. The fellow will also participate in weekly individual supervision for this rotation focusing on the role of pediatric psychology within feeding, case reviews, multidisciplinary team collaboration, and other topics as needed.

*There are three available fellowship positions yearly; one fellow in Track 1 and two fellows in Track 2.

All fellows: Consultation Liaison

All post-doctoral fellows will be part of the psychology consultation-liaison service team throughout the entire year of fellowship at Children's Minnesota. The service provides consultation to pediatric inpatients on the hospital medical units on both the Minneapolis and St. Paul campuses. The consult service responds rapidly to the clinical needs of children and families who are hospitalized or in the ED.

Members of the hospital-based medical teams request consults for a wide variety of reasons, including:

- Assessment of mental health symptoms and treatment planning following suicide attempt;
- Therapeutic support while awaiting placement at higher level of psychiatric care;
- Mood and behavior changes following medical procedures;
- Emotional, behavioral, and social factors influencing current medical condition and/or treatment compliance/adherence;
- Adjustment and coping to medical illness or injury, treatment demands, and/or hospitalization;
- Coping after trauma (e.g., motor vehicle accidents);
- Behavior management; and

- Pain management.

Consults typically involve communication, coordination and collaboration with multiple members of the inpatient treatment teams, including but not limited to the hospital medical teams, nurses, social work, psychiatry, child life and others. At the beginning of the year, fellows will shadow staff, then will be shadowed before taking consults on their own. Fellows will each be responsible for covering new consults when assigned and will continue to follow those patients throughout hospitalization. Consults will usually be conducted in person on the fellow's primary campus, but at times telehealth consults across campus may be needed.

Fellows will also participate in one hour of weekly scheduled group supervision for this service focusing on the role of psychology within the hospital setting, case reviews, multidisciplinary team collaboration, and other topics as needed. Additional individual supervision will be provided as needed.

Handling Patient Risk

Supervisors will provide early education on how to do thorough risk assessments as well as necessary documentation and communication channels. Supervisors will be mindful of providing specific risk factors / unique risks in their specialty population. Fellows will be instructed to create a Teams message group that includes all clinical supervisors; this will allow fellows to reach out about safety/risk concerns and questions and receive more immediate supervisory guidance (even if their specific supervisor may not be available at that moment). Supervisors will attend to the emotions/anxiety of the fellow in these situations involving risk.

Fellowship Training Goals

1. Supervisors will rate fellows at 3 or 4 in most of the competencies listed on the fellowship evaluation form (form in this document below).
2. Fellows will reach a level of comfort providing therapy, consultation, and assessment services on their own by the time the fellowship ends.
3. Fellows will be familiar with ethical standards of practice in psychology.
4. Fellows gain knowledge and skills in working with diverse populations, considering individual and cultural differences.
5. Fellows will learn to work effectively with other healthcare professionals as part of an interdisciplinary team.

The following makes it likely for fellows to meet competencies and objectives:

- 2-3 hours of clinical supervision

- Average 20 hours per week of direct clinical care by fellow (consultation-liaison, outpatient therapy, therapy in embedded clinics, assessment)
- Some observation of fellow's clinical care by supervisor
- Monthly didactics
- Completion of and review of trainee evaluation forms two times yearly

Application Process and Requirements

Children's Minnesota is an Equal Opportunity Employer with a focus on recruitment of candidates from diverse and underrepresented backgrounds. We encourage individuals from various racial, ethnic, or cultural backgrounds, individuals who are gender diverse, veterans, and individuals with diverse abilities to apply.

Eligibility

- Doctorate in clinical, school or counseling psychology from APA/CPA-accredited program or from a regionally accredited institution of higher education (child emphasis preferred). Applicants must have completed all requirements for the doctoral degree before beginning their postdoctoral training.
- Completed APA-approved internship or an internship meeting APPIC standards by the start of post-doctoral fellowship.
- Candidates must be authorized to work in the U.S. Children's Minnesota is unable to support Visas for fellows at this time.

Application

Applications will require CV, letter of interest describing any specific training in pediatric specialties, and three letters of reference (one from someone at your academic institution, one from someone at your internship site, and one of your choosing).

Applications will be due in mid-December of the academic year before the start of fellowship. Interviews will be conducted virtually in January. Offers will be made after interviews and can be held until the APPIC common hold date.

Available Resources and Facilities

Fellows will each have their own office with access to general office facilities (e.g., printing, faxing, phone, etc.). Depending on fellowship rotation, fellow(s) may be expected to drive to different hospital clinics/locations around the Twin Cities. Administrative support will be available to guide fellow(s) in documentation, scheduling, and billing requirements. Testing fellows will be given two iPads and access to online programs (e.g., Q-interactive, MHS, Pearson, Q-Global, etc.). All fellows will be given a laptop and have a docking station in their office.

Aspects of Training

Clinical work

Fellows will spend approximately 80% of time in activities related to clinical service provision either in the outpatient clinic or in their specialty area, 10% of time in didactics/professional development, and 10% of their time in activities related to inpatient consultation and liaison as scheduled.

Supervision

Fellows will participate in 2 hours of weekly primary supervision (one hour with each primary supervisor), 1 hour of weekly consult supervision with Dr. Kate Koehn, and 1 hour per month of group supervision with Dr. Sarah Jerstad. Supervisors are also available as needed. When a supervisor has scheduled time out of the office, they will plan for another licensed psychologist to be available for the fellow(s). Supervisors are licensed psychologists in Minnesota who work at Children's MN with professional practice responsibility for the cases being supervised. Supervisory agreements will be completed and signed at the start of the year and updated with any changes.

Didactics

Fellows will participate in monthly didactics, which will include topical presentations by fellowship faculty, alumni, and other staff at Children's MN. Monthly didactics will start in September of the fellowship year.

Schedule example below is from 2025-2026.

Date	Topic	Presenter
September 17	Psychosocial care of pediatric and young adult patients diagnosed with cancer and blood disorders	Nicole Quillen, PhD, LP
October 15	Understanding diabetes and the role of psychological treatment	Sara Gonzalez, PhD, LP
November 19	Assessment and treatment of autism spectrum disorders	Rebecca Vaurio, PhD, LP and Stephen Ryan, PhD, LP
December 17	IBH Model at Children's MN	Ayala Gorodzinsky, PhD, LP

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January 21	Working effectively with transgender and gender diverse (TGD) youth and their families	Kyja Foster, PsyD, LP
February 18	Pediatric psychology and epilepsy: Special considerations and non-epileptic events	Julia Doss, PhD, LP
March 18	Assessment and treatments of depressive disorders	Kevin Coleman, PsyD, LP
April 15	Personality assessment of children and adolescents	Mike Troy, PhD, LP
May 20	Treatment of pediatric feeding disorders	Kate Koehn, PhD, LP
June 17	Assessment and treatment of pediatric behavioral sleep disorders	Terese Amble, PsyD, LP
July 15	Parent Child Interaction Therapy (PCIT): Treatment overview	Sarah Jerstad, PhD, LP
August 19	Evidence based treatment of eating disorders	Ashley Jennings, PsyD, LP

Educational Opportunities

Grand Rounds

This is an opportunity to learn each week. Many topics are relevant to psychology and you will be able to get CME credits. Grand rounds is always offered virtually. Sometimes it is also in person. You need to register in advance at the education page: [Learning & Education | Star Net \(childrenshc.org\)](https://www.childrenshc.org/learning-education)

CME Funds

\$200 for one professional due
2 EDU days plus \$300 to use towards it

General Meetings

Weekly Psychology meetings will take place from noon to 1 on Thursdays, primarily virtually; fellows each will present a research or clinical topic in one of those meetings during the fellowship year. Two meetings per month involve clinical case review, one meeting per month is a clinical staff meeting, and one meeting per month is a didactic. Meetings will mostly involve psychologists, but quarterly, all staff will attend. Schedules will be accessible on the shared drive and meeting invites will be sent. Pediatric

psychology fellows: your specific team will also have meetings and you will have calendar invites for those.

You will often have meeting invitations in your calendar. Remember to check your patient schedule in Cerner before accepting a meeting. Make sure to check your calendar regularly.

Collaboration

The fellow will work with medical providers, multidisciplinary teams (e.g., psychiatrists, nursing, social workers, occupational therapists, etc.), and families to advance skills in training, policy, and practice related to child and adolescent mental health services. Opportunity to supervise and/or mentor practicum students will be available.

Typical Schedule, Hours of Training, and Salary/Stipend

Salary: \$61,000

Non-contract benefits (health, dental, PTO, etc.)

\$200 for one professional due

2 EDU days plus \$300 to use towards it

Fellows will work their way up to billing approximately 20 hours per week, scheduling 24 billed hours to allow for cancellations and failed appointments.

Fellows will carry a therapy case load in their department(s).

Fellows are expected to work 40 hours per week. Work consists of seeing patients face to face or virtually, documenting notes and reports, shadowing, attending meetings/grand rounds, supervision, chart reviewing, and any other learning activities as time allows. As non-exempt employees, fellows need to clock in and out and keep hours to 40, outside of lunch. Work hours are generally between 8 a.m. and 5 p.m. Start time and end time will depend on template. Template changes should be approved by Dr. Jerstad.

Time to Completion

Typically for one academic year (September to following August)

No less than 12 months and no more than 24 months

Tracking Hours and Requesting Time Off

- Fellows are expected to work in person with the exception of approved telehealth days.
- Fellows are responsible for tracking their hours of work and supervision for board application.

- Fellows may request paid time off. Please inform supervisors in advance of planned absences. If there is a need to call in sick, use PTOS code for that time. Inform supervisors and support staff right away.
- Time off: You can request PTO through your timecard process in Kronos. **Note that for licensure through the MN Board of Psychology, you need 52 weeks worked. Therefore, in a 12-month fellowship, you cannot take a week in a row (M-F). But you can take partial weeks (e.g., W-F one week, and M-T the next).** Speak to your supervisor if you have any questions.
- Calling in sick: Please send a Teams or text message to your supervisor as well as support supervisor first thing in the morning if you are sick. If there is a scheduling team in your clinic, you can send a Teams message to them. You will take PTO for a sick day.
- Leave of absence: Speak to your supervisor if you need to consider taking a Leave of Absence.

Licensure in Minnesota

Satisfactory completion of this postdoctoral training program meets postdoctoral supervised practice requirements for licensure in the state of Minnesota. Link to the Minnesota Board of Psychology: [Board of Psychology / Minnesota Board of Psychology](#)

Expectation of Conduct

Children's employees are expected to adhere to the values of the organization. Fellows are expected to adhere to work hours, communicate with supervisors when unexpected absences arise, complete paperwork within expected timeframes, and behave in a professional and respectful manner. Children's employees are expected to treat others with respect and equality, regardless of membership in any protected class. For details about our Positive Work Environment and Appropriate Behavior policy, please refer to this document: [Positive Work Environment and Behavior Policy Children's MN.pdf](#)

Clinic Processes will be site and rotation specific and will be reviewed by your supervisor

Documentation

- Documentation requirements for the hospital: You need to have all notes done within 15 days of the date of service or your supervisor who signs your notes will incur a financial fine. For assessments, providers get 30 days from the date of feedback before they would incur a fine.
- **Documentation standard expectation:** Therapy notes complete within 2 days, DA complete within 5 days, Consult note complete day of, reports complete in 30 days or less. **This is the standard to which fellows will be held.**

- Required components of DA: [Mental Health Services - Diagnostic Assessment \(state.mn.us\)](https://www.state.mn.us/health/mentalhealth/services/assessment/index.html)
- Dictation System: You can use M Modal (fluency direct) for dictation. You will get set up to train initially with trainer at Children's. There are many documents you can insert from this system.
- [Smart phrases](#): Epic contains many smart phrases and templates put together by psychology. Our team will share these with you to improve the ease of documentation.

Documentation guidelines

Form	When to complete
1. Diagnostic Assessment: Complete write-up of diagnostic interview.	Within 5 days of intake
2. Bill for service: electronic.	On the day of session (except assessment)
3. Progress notes: Note documenting therapy session.	Within 2 days of session
4. Cancel or fail notes: Note documenting a canceled or failed session.	Day of or day after missed session
5. Phone note: Note documenting phone call with patient, parent, school personnel or other provider.	Day of or day after phone call
6. Treatment summary: Note summarizing treatment to be completed at the end of therapy.	Within 2 weeks after termination
7. Inpatient consult notes: Note documenting consult initial and/or follow up	Day of service
8. Final assessment report	Within 2 weeks of feedback session
9. Day of testing notes/testing intake	Within 2 days
10. Bill for assessment service: powerform with all services documented.	At the completion of the final report

Billing

- Psychology billing specialists are managed by Nicole Hiljus. These specialists (Laura Offerdahl and Dawn Lorenz) manage prior authorizations for services and can answer questions about billing.
- Therapy and Health and Behavior billing: These can all be entered electronically through the chart, preferably on the day the service is completed.
- Assessment billing: Speak with your supervisor about this process.
- Billing codes: [Psychotherapy codes for psychologists \(apaservices.org\)](http://apaservices.org)

Clinician Scheduling

Template requirements

- You need to have 24 open hours on your schedule per week, with the understanding that likely 10-15% will no show.
- DA's and H&B assessments count for 1.5 hours, Therapy and H&B follow up count for one hour. Assessment intakes count for 1.5 hours. Face to face testing is 1.5 billed hours for every hour of testing. Consults are included in you hours.

Creating a template/weekly schedule

- Bookend hours are 8 or 8:30, and 4:30 or 5. For therapy, make sure to include 6 out of the 10 bookend openings.
- Reserve Thursdays at noon for Psychology Noon meeting.
- Block times for regular supervision or other meetings.
- You can change your template if needed, but you will need approval from your direct supervisor, Dr. Jerstad, and Taylor Grayson before you do.
- Template changes are then sent to Melinda Matteson.

Evaluation Process

The evaluation form below will be completed at two intervals; halfway through the training period and at the end of the training period. It is reviewed with the fellow, signed, and sent to the fellowship director.

Children's MN Postdoctoral Fellowship Competency Rating Form

Fellow Name & Title:
Name of Placement:
Name & Title of Supervisor:
Date Evaluation Completed:
This Review Covers (dates):

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflects the values and attitudes of psychology.						
1A. Integrity - Honesty, personal responsibility and adherence to professional values						
Monitors and independently resolves situations that challenge professional values and integrity	0	1	2	3	4	[N/O]
1B. Deportment						

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Conducts self in a professional manner across settings and situations	0	1	2	3	4	[N/O]
1C. Accountability						
Independently accepts personal responsibility across settings and contexts	0	1	2	3	4	[N/O]
1D. Concern for the welfare of others						
Independently acts to safeguard the welfare of others	0	1	2	3	4	[N/O]
1E. Professional Identity						
Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice	0	1	2	3	4	[N/O]
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context						
Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context						
Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]

2D. Applications based on Individual and Cultural Context						
Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work	0	1	2	3	4	[N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines						
Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines	0	1	2	3	4	[N/O]
3B. Awareness and Application of Ethical Decision Making						
Independently utilizes an ethical decision-making model in professional work	0	1	2	3	4	[N/O]
3C. Ethical Conduct						
Independently integrates ethical and legal standards with all competencies	0	1	2	3	4	[N/O]
4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.						
4A. Reflective Practice						
Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool	0	1	2	3	4	[N/O]
4B. Self-Assessment						
Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills	0	1	2	3	4	[N/O]
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)						
Self-monitors issues related to self-care and promptly intervenes when disruptions occur	0	1	2	3	4	[N/O]

4D. Participation in Supervision Process						
Independently seeks supervision when needed	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities	0	1	2	3	4	[N/O]
5B. Affective Skills						
Manages difficult communication; possesses advanced interpersonal skills	0	1	2	3	4	[N/O]
5C. Expressive Skills						
Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts	0	1	2	3	4	[N/O]

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
6A. Scientific Mindedness						
Independently applies scientific methods to practice	0	1	2	3	4	[N/O]
6B. Scientific Foundation of Psychology						
Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4	[N/O]
6C. Scientific Foundation of Professional Practice						

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Independently applies knowledge and understanding of scientific foundations to practice	0	1	2	3	4	[N/O]
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
7A. Scientific Approach to Knowledge Generation						
Generates knowledge	0	1	2	3	4	[N/O]
7B. Application of Scientific Method to Practice						
Applies scientific methods of evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.						
8A. Knowledge and Application of Evidence-Based Practice						
Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
9A. Knowledge of Measurement and Psychometrics						
Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context	0	1	2	3	4	[N/O]
9B. Knowledge of Assessment Methods						
Independently understands the strengths and limitations of diagnostic approaches and	0	1	2	3	4	[N/O]

interpretation of results from multiple measures for diagnosis and treatment planning						
9C. Application of Assessment Methods						
Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice	0	1	2	3	4	[N/O]
9D. Diagnosis						
Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
9E. Conceptualization and Recommendations						
Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment	0	1	2	3	4	[N/O]
9F. Communication of Assessment Findings						
Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner	0	1	2	3	4	[N/O]
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
10A. Intervention planning						
Independently plans interventions; case conceptualizations and intervention plans are specific to case and context	0	1	2	3	4	[N/O]
10B. Skills						
Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations	0	1	2	3	4	[N/O]

10C. Intervention Implementation

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Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate	0	1	2	3	4	[N/O]
10D. Progress Evaluation						
Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures	0	1	2	3	4	[N/O]
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.						
11A. Role of Consultant						
Determines situations that require different role functions and shifts roles accordingly to meet referral needs	0	1	2	3	4	[N/O]
11B. Addressing Referral Question						
Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question	0	1	2	3	4	[N/O]
11C. Communication of Consultation Findings						
Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations	0	1	2	3	4	[N/O]
11D. Application of Consultation Methods						
Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases	0	1	2	3	4	[N/O]

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.
12A. Knowledge

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Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences	0	1	2	3	4	[N/O]
12B. Skills						
Applies teaching methods in multiple settings	0	1	2	3	4	[N/O]
13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
13A. Expectations and Roles						
Understands the ethical, legal, and contextual issues of the supervisor role	0	1	2	3	4	[N/O]
13B. Processes and Procedures						
Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise	0	1	2	3	4	[N/O]
13C. Skills Development						
Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients	0	1	2	3	4	[N/O]
13D. Supervisory Practices						
Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting	0	1	2	3	4	[N/O]

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions						
Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level	0	1	2	3	4	[N/O]

knowledge of common and distinctive roles of other professionals						
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts						
Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning	0	1	2	3	4	[N/O]
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes						
Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals	0	1	2	3	4	[N/O]
14D. Respectful and Productive Relationships with Individuals from Other Professions						
Develops and maintains collaborative relationships over time despite differences	0	1	2	3	4	[N/O]
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).						
15A. Appraisal of Management and Leadership						
Develops and offers constructive criticism and suggestions regarding management and leadership of organization	0	1	2	3	4	[N/O]
15B. Management						
Participates in management of direct delivery of professional services; responds appropriately in management hierarchy	0	1	2	3	4	[N/O]
15C. Administration						
Demonstrates emerging ability to participate in administration of service delivery program	0	1	2	3	4	[N/O]
15D. Leadership						
Participates in system change and management structure	0	1	2	3	4	[N/O]
16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.						

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16A. Empowerment						
Intervenes with client to promote action on factors impacting development and functioning	0	1	2	3	4	[N/O]
16B. Systems Change						
Promotes change at the level of institutions, community, or society	0	1	2	3	4	[N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training? If not, please explain.
- If applicable, is the trainee ready to move to the next level of training, or independent practice?

Trainee and supervisor have met to review and discuss this evaluation.

Supervisor Signature

Date

Fellow Signature

Date

The evaluation form below will be completed at two intervals; halfway through the training period and at the end of the training period. It is reviewed with the supervisor, signed, and sent to the fellowship director.

SUPERVISOR EVALUATION FORM

Name of Fellow:
Supervision Period:
Name of Supervisor:
Date of Evaluation:

Purpose: To provide the supervisor with an understanding of their job performance in relation to the supervisee, to suggest areas for improvement, to permit the trainee to offer feedback to the supervisor in a written form, and to increase the supervisor's competence as a supervisor.

Performance Level Rating Scale: Based on current assessment of supervision progress:

- 1 – Very Dissatisfied
- 2 – Dissatisfied
- 3 – Neutral
- 4 – Satisfied
- 5 – Very Satisfied
- N/A if not applicable

Directions: Using the Rating Scale above, place the appropriate number on the line provided at the end of each item.

Evaluation Items

Supervisor is able to:

Psychological Services

1. Be flexible and responsive to your changing needs _____
2. Establish an atmosphere of acceptance and psychological safety _____
3. Be straightforward with you regarding areas where improvement is needed _____
4. Recognize and accommodate to your level of experience _____
5. Recognize and accommodate to your style of learning _____
6. Provide opportunities for you to question, challenge or doubt _____
7. Encourage you to formulate your understanding of the case material _____
8. Make specific suggestions when you need them _____
9. Foster an appropriate level of independence on your part _____
10. Clearly inform you of legal and ethical issues _____
11. Admit errors and/or limitations without undue defensiveness _____
12. Be specific in comments _____
13. Be reached in case of emergencies _____
14. Be clear about the boundaries of the supervisory relationship _____
15. Be open to discussing any difficulties between the two of you _____
16. Make you feel they genuinely want to help you learn _____
17. Provide you with specific knowledge about their area of expertise _____
18. Be sensitive and adaptive to the stresses you are experiencing _____

Below, please summarize the supervisor's strengths as you currently view them and make suggestions for ways in which your supervisor could further facilitate your learning or improve the supervisory experience.

We have reviewed and discussed this document.

Supervisor Signature	Date	Fellow Signature	Date
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Please sign, scan, and send this document to Dr. Jerstad, in addition to keeping copies.

Due Process and Grievance Policies

At all times, fellows and supervisors shall act in a manner consistent with the ethical standards of American Psychological Association (APA) as well as state and federal legal requirements related to the provision of psychological services.

Children's Minnesota provides equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

Fellow Rights:

1. Clear understanding of rights and responsibilities upon entry into the fellowship.
2. The right to be trained by professionals who behave in accordance with APA ethical guidelines.
3. The right to ongoing evaluation that is specific, respectful, and bi-directional.
4. The right to initiate an informal resolution of problems that might arise during the training experience.
5. The right to due process.

Due process ensures that decisions made by fellowship supervisors about fellows are not arbitrary or biased, requires the training site to identify specific evaluative procedures that are applied to all fellows, and have appropriate appeal procedures available to the fellow to challenge the fellowship's actions. In response to fellows' expectations, the training program assumes a number of general responsibilities. Primarily, it recognizes that the provision of on-going feedback to fellows is fundamental to a successful training experience. The fellowship program has the responsibility to assess the progress of each fellow throughout his/her training. To maximize fellow growth and professional development, it is important that such assessment be done on a continuing basis at timely intervals.

Children's Minnesota Due Process Guidelines:

1. During orientation, the fellow will be given information regarding responsibilities and expectations.
2. The procedures for evaluation will be given, and the fellow will be given the evaluation form to understand the specific outcomes they will be graded on. These evaluation forms will take place at two intervals; halfway through the training period and at the end of the training period.
3. Supervisors will communicate clearly and often if there are any difficulties that are interfering with their care provided and overall performance.

4. If consistent issues are identified that are not resolved through supervision and/or more serious problematic behaviors are identified, Children's Minnesota will move through their Corrective Action Plan.

Corrective Action Plan:

Children's Minnesota will move through the following steps:

1. Verbal Warning
2. Written Warning
3. Suspension or Final Warning
4. Termination

The Corrective Action Plan can be found here [Performance CA 1 \(2\) \(1\).docx](#)

Grievance Process:

Hospital Policies and Resources

All Children's MN policies are available on the hospital intranet – StarNet