

## COVID-19 Transition Plan for 2022-2023 Training Year

The intent of the Clinical Psychology Training Programs is to provide the highest quality training experience possible while ensuring the safety of our trainees during this ongoing public health crisis. We recognize that we are a consortium of six hospitals and Brown, and that policies and experiences will likely vary across hospitals, across and within individual rotations, and across fellowship experiences. Below are some general principles that we plan to use to ensure the most productive training experience given the changing circumstances of COVID-19. Emerging issues that arise over the course of the training year will be reviewed by the Consortium Training Committee, including the Internship Training Director, Postdoctoral Fellowship Training Director, Internship Track Coordinators, Postdoctoral Fellowship Directors, and at least one representative psychology service chief from each health care system (PVAMC, Lifespan, CNE).

**Vulnerable Health Conditions:** Any trainee with a vulnerable health condition, including incoming trainees, should communicate this situation as early as possible to their track coordinator or fellowship director if they perceive that accommodations will be needed related to concerns about COVID-19. Health-care provider documentation is necessary to be able to enact the appropriate accommodations. Documentation will need to be provided to Human Resources; acknowledgment that a health condition exists and requires accommodation will need to be on file at the Training Office.

*Internship:* The Primary Supervisor, Track Coordinator, and Training Director will make adjustments to the primary rotation experience based on these accommodations. The trainee will fill out the Request for Alternative Work Arrangement 22-232 form for documentation.

*Postdoctoral Fellowship:* The Primary Supervisor, Fellowship Director, and Training Director will make adjustments to the fellowship experience based on these accommodations. The fellow will fill out the Request for Alternative Work Arrangement 22-23 form for documentation.

**Hospital Policies:** The Rhode Island Department of Health has mandated that all healthcare workers must be vaccinated.

*Internship:* All clinical psychology residents must follow hospital guidelines where they are rotating. If hospital policies where they are rotating conflict with those of the hospital that employs them, they should seek guidance from their track coordinator, who will consult with the Consortium Training Committee as needed. In general, residents will be expected to follow the policies of the site where they are rotating for issues relating to safety guidelines. Relevant safety guidelines include but are not limited to required PPE, and employee health guidelines regarding reporting exposure, testing, and returning to work after illness. Consultation with the Consortium Training Committee may be necessary in instances where site policies and employer policies may conflict.

*Postdoctoral Fellowship:* All postdoctoral fellows must follow the guidelines of their employing hospital regarding safety guidelines (e.g., required PPE, and employee health guidelines regarding reporting exposure, testing, and returning to work after illness).

**Remote Work:** All incoming trainees must be local (commuting distance), even if they expect some activities will be conducted remotely. Hospitals vary in whether they allow telehealth to be delivered across state lines; and regulations regarding telehealth could change at any point. On-site and in-person activities may resume in some format at any time. Hospitals may discourage or even prohibit non-essential domestic travel over the course of the 2022-2023 training year.

Postdoctoral fellows whose primary responsibilities are research must also be on-site. Any exceptions or request for long-term remote work will require review and approval by the research mentor and the Postdoctoral Fellowship Director.

**Face-to-Face Services and Trainee Safety:** We will follow regulatory policies at the institutional and state level as a guide for conducting face-to-face services. When the risk level is high, we will recommend virtual formats for didactics and virtual methods of service delivery whenever possible. As risk reduces, primary supervisors will evaluate the safety of each rotation and fellowship experience to determine an appropriate plan to resume face-to-face care, with guidance from the Training Committee. Some flexibility will likely be required as exposure risk may decrease, then increase again over time.

Trainees may be asked to be on site at the work setting for low-risk activities prior to resuming face-to-face activities if physical distancing protocols can be maintained. In-person orientation to an unfamiliar site is expected (if in compliance with hospital policy), with appropriate precautions in place (e.g., physical distancing, masking).

In the event that face-to-face activities are suspended, services that are not amenable to telepsychology may be prioritized for phasing in face-to-face services (e.g., complex neuropsychological evaluations, evaluations of or treatment with young or particularly disruptive children). Patient characteristics such as age, disability status, clinical complexity, and clinical acuity are all relevant factors to consider. Services for which telepsychology is available and effective, and may increase patient access to care, should receive lower priority for transitioning to face-to-face services.

Trainees should not be providing face-to-face services if supervisors are not providing these services. In most cases, supervisors will be expected to be on-site and delivering face-to-face services to establish that appropriate protocols are in place prior to introducing (or re-introducing) trainees to these services. Supervisors may consider trainees' level of experience as a guide in deciding when to initiate or resume face-to-face care. In some cases, postdoctoral fellows may be judged to be ready to return to face-to-face services earlier than residents if they are well-established team members.

**Individual Exceptions:** Individual exceptions to any of the above will have to be reviewed and discussed by the Training Committee.

**Documentation:** For internship rotations, primary supervisors will provide an addendum (COVID-19 Training Experience Addendum Form Psychology 22-23) to the primary rotation description to outline any changes to the experiences and methods of service delivery due to COVID-19. These will be reviewed at each evaluation point (mid and end of rotation). For postdoctoral fellowships, primary supervisors will provide an addendum (COVID-19 Training Experience Addendum Form Psychology 22-23) to the existing postdoctoral fellowship description to outline any changes to the experiences and methods of service delivery due to COVID-19. For postdoctoral fellows on Ts or Fs, the Individualized Training Activities will serve as documentation of the experience at the start of training and the COVID-19 Training Experience Form Psychology Ts Fs 22-23 will be used to document PPE (if there are any in person components) and any changes that occur throughout the year. When completing the Individualized Training Activities, please specify whether activities are being conducted in-person, remotely, or a combination thereof. This is needed to facilitate tracking of any required modifications throughout the year. These will be reviewed quarterly by the Fellowship Director.