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I. Welcome

The Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine is a vibrant, multidisciplinary department dedicated to advancing science and integrating this foremost mission with those of clinical innovation, educational excellence, community engagement and commitment, and professionalism and leadership development. Its five part mission focuses on advancing science, clinical innovation, educational excellence, community engagement and commitment and professionalism and leadership. The Department is one of the top ranked departments in the country, providing outstanding clinical and research training and state of the art treatment, and producing renowned clinical and basic neuroscience research.

The Department of Psychiatry and Behavioral Sciences is dedicated to training the next generation of mental health clinicians and researchers. The Fellowship program serves as the culmination of training and is guided by the scientist-practitioner model. Postdoctoral fellows are offered diverse clinical experiences in assessment and treatment utilizing evidence-based treatments, rich didactics based on current empirical literature, opportunities for scholarly inquiry, and supervision by Stanford faculty.

II. Mission

The mission of the fellowship is to train highly skilled, ethical psychologists who contribute to the field of psychology through clinical work, research and/or education.

III. Program Goals and Competencies

The primary goal of the program is to provide advanced training in the areas of clinical service, scholarly inquiry, professionalism and ethical decision making. The program design is based on six core competencies. Each postdoctoral fellow participates in a number of training experiences based on these competencies throughout the year.

1) *Theories and Methods of Diagnosis and Assessment*
   - Fellows will develop advanced competencies in differential diagnosis and the psychological evaluation of patients

2) *Theories and Methods of Effective Psychotherapeutic Intervention*
   - Fellows will develop advanced competence in the use of empirically-supported, evidence-based treatments

3) *Individual and Cultural Diversity*
   - Fellows will continue to develop in their awareness and appreciation of cultural and individual differences and will demonstrate sensitivity to patient diversity
4) Professional Conduct and Interpersonal Relationships
   – Fellows will demonstrate professionalism in their relationship with clients, faculty, and
     other mental health professionals, and they will demonstrate responsibility with respect to
     consultation, workflow and management, and program evaluation

5) Ethics and Legal Matters
   – Fellows will demonstrate knowledge of ethical principles and state law

6) Scholarly Inquiry
   – Fellows will develop competence in the integration of research and practice
   – Fellows will systematically evaluate the effectiveness of their clinical work (e.g.,
     monitoring patient outcomes)
   – For those with protected research time, fellows will develop and implement a research
     project and prepare it for publication

IV. Clinical Programs

A. Clinical Psychology (Adult)

The Adult Clinical Psychology program is under the direction of Kate Corcoran, PhD. The
following faculty provide supervision and teaching to the fellows in the program.

Faculty:

Sarah Adler, PsyD
Bruce Arnow, PhD
Fiona Barwick, PhD
Kate Corcoran, PhD
Courtney Farmer, PsyD
Katie Fracalanza, PhD
Kate Hardy, PsyD
Robert Holaway, PhD
Heather King, PhD
Anna Lembke, MD
Anthony Lombardi
Kristin Luce, PhD
Rachel Manber, PhD
Kelli Moran-Miller, PhD
Thomas Nagy, PhD
Alexis Ortiz, PhD
Lilya Osipov, PhD
Cassandra Perret, PsyD
Lisa Post, PhD
Erica Pearse Ragan, PhD
Douglas Rait, PhD
Carolyn Rodriguez, MD
Fellowship Opportunities

The Adult Clinical Psychology Fellowship is designed to provide both breadth and depth of training, with opportunities for postdoctoral fellows to gain supervised training in the assessment and treatment of adults presenting with a wide variety of psychological disorders, while also allowing for focused training in specific areas of interest.

The training offered within the Adult Clinical Psychology program emphasizes evidence-based practice (EBP), focusing on research that informs and supports clinical interventions in our patient population. Postdoctoral fellows gain experience and receive supervision in EBP, including, but not limited to: cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), interpersonal therapy (IPT), and couples and family interventions.

The fellowship is structured to provide fellows with a balance of direct clinical training, supervision, educational programming, and professional development opportunities; postdoctoral fellows spend 50% of their time, or 20 hours, in the provision of direct clinical service, with the remaining time comprised of supervision, didactics and non-direct clinical service. The training year is individually tailored to provide supervised training in general adult psychology as well as in the chosen area of emphasis. Postdoctoral fellows receive intensive supervision, including a minimum of two hours of individual supervision, with many postdoctoral fellows receiving additional supervision from adjunct clinical faculty. Postdoctoral fellows spend a minimum of six to eight hours a week in didactics and supervision. The balance of training activities allows postdoctoral fellows to gain supervised training in evidence-based practice and prepare them for autonomous practice.

Stanford offers fellowships in Adult Clinical Psychology in one of the following four clinics:

*Psychosocial Treatment Clinic:*

The fellowships offered within the Psychosocial Treatment Clinic provide the opportunity for advanced clinical training in adult clinical psychology. During the year-long fellowship, fellows conduct initial evaluations as well as on-going treatment. Treatment may include individual, group, couples and family therapy.

Referrals to the Psychosocial Treatment Clinic include patients with a wide variety of diagnoses and problems. These include mood, anxiety and eating disorders, as well as Axis II disorders. A small number of patients with psychotic disorders are also seen in this clinic. Fellows in the Psychosocial Treatment Clinic have the opportunity to gain both breadth and depth in evidence-
based assessment and treatment. All fellows spend approximately half of their clinical time seeing patients in one of the emphasis areas listed below, with the remaining clinical time devoted to generalist training. Emphasis areas currently available within this fellowship include:

1) Evidence-based treatment of anxiety and depression
2) Treatment of Axis II disorders (including DBT)
3) Treatment of eating disorders
4) Family and couples therapy
5) Psychosocial treatment of high performance athletes
6) CBT for Psychosis (mini rotation or major rotation)
7) Treatment of substance abuse (mini rotation)

Fellows in the Psychosocial Treatment Clinic will receive supervision from two departmental faculty, with one faculty member overseeing supervision of the fellow’s area of emphasis, and a second faculty member overseeing the generalist training (or secondary emphasis area). All fellows are also welcome to work with a member of the Adjunct Clinical Faculty to supplement the supervision they receive from internal faculty.

**Pain Medicine Fellowship:**
The Stanford University Division of Pain Management trains individuals interested in developing a specialization in Pain Psychology. Fellows work within an interdisciplinary pain management outpatient center comprised of specialists from Psychology, Anesthesiology, Neurology, Psychiatry, Addiction Medicine, Acupuncture, Physical Therapy, and Nursing. Primary clinical responsibilities include performing new patient evaluations, administering, scoring, and interpreting psychological assessments, pre-surgical screenings for implantable therapies, and delivering outpatient treatment services to patients diagnosed with various chronic pain conditions in addition to Axis I and Axis II comorbidities. Research opportunities are available within a thriving translational NIH-funded research environment (http://snapl.stanford.edu) and are encouraged secondary to clinical care.

**Sleep Medicine Fellowship:**
Postdoctoral fellows in Sleep Medicine receive training in cognitive behavioral treatments for sleep disorders. The training site is located within the Stanford Sleep Medicine Center, a comprehensive, multidisciplinary academic sleep disorders clinic accredited by the American Academy of Sleep medicine. The program provides supervised Behavioral Sleep Medicine training. Trainees provide approximately 20 hours per week of direct clinical services. The majority of cases will be adults with insomnia, many with co-existing psychiatric and/or medical conditions, seen for individual or group psychotherapy. We also provide experience and training for treatment of pediatric sleep problems. Additionally, trainees can obtain experience in the assessment and treatment of other sleep disorders, including cognitive behavioral approaches to improve CPAP adherence, treatment of circadian rhythm disorders, and parasomnias. **Research Training:** A trainee’s involvement in research will depend on trainee interests and available funding. While involvement in research is not required, available opportunities may include being involved in ongoing research projects, including performing clinical assessment, acting as a study psychotherapist, or conducting data analysis or manuscript writing using data collected by other researchers. The fellowship enables trainees to sufficiently fulfill the eligibility requirements for the Behavioral Sleep Medicine Certification exam.
**OCD and Related Disorders:**
Postdoctoral fellows in the OCD and Related Disorders Fellowship Program will receive training in individual cognitive behavioral treatments for OCD and group treatment of individuals with hoarding disorder and participation in ongoing NIMH funded research studies. The training site will be the Translational OCD Research Program, comprised of an interdisciplinary team, within the Department of Psychiatry and Behavioral Sciences at Stanford University. Trainees provide approximately 20 hours per week of direct clinical services. The majority of cases will be adults with OCD or hoarding disorder seen in the Translational OCD Research Program. To support the fellow’s development as a well-rounded clinician, cases will also include mood, anxiety, and eating disorders seen through the Psychosocial Treatment Clinic. Opportunities for training in clinical assessments, project management, data analysis and manuscript preparation will be available.

**Adult Specific Didactics:**
Fellows participate in a number of didactics with other fellows and trainees in the department as well as faculty. The *Professional Development Seminar* is designed specifically for fellows training in adult psychology. This one-hour weekly seminar, led by Drs. Kate Corcoran and Norah Simpson, explores topics relevant to professional development, including careers in psychology, models of supervision, consultation and liaison work, current developments in evidence-based treatments, and innovative research. In addition, this seminar includes monthly case consultation and journal club presentations by postdoctoral fellows. Postdoctoral fellows participate actively in determining topics and speakers for this series.

In addition to the Professional Development Seminar, adult fellows will spend an additional hour each week in a didactic series that runs quarterly. The first quarter is led by Dr. Tom Nagy and covers Ethics. The second quarter is led by Dr. Athena Robinson and focuses on topics related to supervision. The final quarter is led by Dr. Jen Douglas and explores topics related to diversity.

**B. Specialization in Child and Adolescent Psychology**

The Child and Adolescent Clinical Psychology program is under the direction of Sharon Williams, PhD. The following faculty provide supervision and teaching to the fellows in the program.

- Emily Ach, PhD
- Michele Berk, PhD
- Cara Bohon, PhD
- Michelle Brown, PhD
- Stephanie Clarke, PhD
- Danielle Colborn, PhD
- Kate Dahl, PhD
- Grace Gengoux, PhD
- Christine Gray, PhD
- Jennifer Phillips, PhD
- Elizabeth Reichert, PhD
The Clinical Child Psychology program serves as the culmination of training in this area and is
guided by the scientist-practitioner model. Residents are recruited from science-practitioner
psychology graduate programs in clinical or counseling child psychology, school psychology or
those programs that have significant training in the areas of child development, child
psychopathology and child psychotherapeutic interventions. The resident program is based on
the science-practitioner model by providing residents with clinical training which is grounded in
empirical literature and didactics which are based on empirical research. The integration of
issues related to physical and emotional development, environmental and cultural factors, and
family and community relationships with diagnosis, assessment and treatment of children is the
primary focus of training. By providing diverse clinical experiences in assessment and treatment
utilizing evidenced based treatments, rich didactics based on current empirical literature,
opportunities for scholarly inquiry, and direct supervision and access to a solid pool of Stanford
faculty, the program graduates highly skilled clinical child psychologists.

The Child and Adolescent Clinical Psychology program provides both depth and focus on the
area of child psychology by providing training that is based on further developing knowledge,
skills and competencies. The breadth of the program is evident in the range of treatment
modalities employed, age range of the patient population, and type of diagnoses treated.
Residents participate in four rotations throughout their training year (mood or anxiety clinic,
autism spectrum disorders clinic, eating disorders clinic, psychological testing), ensuring a varied
experience and exposure to patients with a range of presenting concerns. Residents conduct
initial evaluations, assessments and psychotherapeutic interventions in these rotations. Depth of
training is evident in the residents’ primary assignment to specialty clinics whose populations are
diagnosis specific (i.e., anxiety disorders clinic or mood disorders clinic). This allows residents
to have concentrated training conducting evaluations, assessments and psychotherapy with
specific patient populations thereby gaining expertise in the various treatment issues with that
specific population.

The training offered within the program emphasizes evidence-based practice (EBP), focusing on
research that informs and supports clinical interventions in our patient population. Fellows gain
experience and receive supervision in a number of treatments including Cognitive Behavioral
Therapy, Pivotal Response Therapy, Dialectical Behavioral Therapy, and Parent Child
Interaction Therapy.

Outpatient Fellowship:
Fellows in the outpatient clinics train with patients in the Anxiety Disorders or Depression
clinics, the Autism and Developmental Disabilities clinic or Parent Child Interaction Therapy,
and the Eating Disorders clinic. They also conduct psychological testing (approximately one
case per month) throughout the year. Fellows conduct one to two new patient evaluations each
week and carry ongoing individual psychotherapy and/or family therapy cases. Fellows also participate in at least one psychoeducational or therapeutic group throughout the year.

- **Anxiety Disorders Clinic (50% rotation)**
  Fellows conduct evaluations and treatment of children and adolescents who have symptoms such as excessive worries and fears. Common diagnoses for this clinic include Panic Disorder, Agoraphobia, Social and specific Phobias, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, and Separation Anxiety.

- **Depression Clinic (50% rotation)**
  Fellows conduct evaluations and treatment of children and adolescents who have symptoms such as depressed mood, increased or decreased energy, hopelessness, and suicidality. Common diagnoses for this clinic include Major Depression and Dysthymia.

- **Eating Disorders Clinic (16% rotation)**
  Fellows conduct evaluations and treatment of children and adolescents who have difficulties with eating and feeding. Common diagnoses for this clinic include Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Eating Disorder NOS. Children with other eating/feeding related problems are also treated. Treatments consist of family-based psychotherapy, CBT, and IPT.

- **Autism and Developmental Disabilities Clinic (16% rotation)**
  Fellows conduct primarily ongoing treatment of young children who have developmental delays, and learning and social difficulties. Common diagnoses for this clinic include Autism, Aspergers’ Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified.

- **Parent Child Interaction Therapy (16% rotation)**
  Fellows conduct evaluations and treatment with young children who have difficulties managing their behavior. Common diagnoses for this clinic include Oppositional Defiant Disorder and disruptive behavior disorders.

- **Testing (16% rotation)**
  Fellows conduct comprehensive individual testing cases with children and adolescents to rule out diagnoses such as learning disorders, ADHD, ASD, mood and psychotic disorders.

**Pediatric Psychology Fellowship:**
Fellows conduct initial evaluations, ongoing therapy, and group therapy for medically ill children and adolescents and their families. Presenting problems include adjustment to illness, pain management, non-adherence to treatment, procedural anxiety, parental adjustment to illness, and palliative care issues. Treatment modalities include behavior modification, cognitive behavioral therapy, supportive therapy, guided imagery and hypnosis.

- **Oncology/Neuro-Oncology**
- **Solid Organ Transplantation**
- **Stem Cell Transplantation**
- **Other additional medical clinics**
Child and Adolescent Specific Didactics:
Fellows participate in a number of didactics with other fellows and trainees in the department as well as faculty. The Psychology Seminar is designed specifically for fellows training in child and adolescent psychology. This weekly one hour seminar is organized by Dr. Williams and taught by faculty in the department. The Seminar focuses on topics relevant to clinical practice of child psychology including parenting skills, diagnosis specific evaluations, EBT such as CBT, PRT, and DBT, professional development issues (i.e. licensure, job searches, administrative issues related to clinical practice), and new testing measures.

Fellows participate in a one to two one-hour Specialty Clinic Meetings each week. These meetings are specific to the child and adolescent patient populations they work with during their training year (i.e., DBT Consult, Anxiety Disorders Clinic, Eating Disorders, Autism Spectrum Disorders.) Clinic meetings are held once a week or biweekly and concentrate of treatment protocols relevant to the particular diagnostic patient population, case presentations and management of caseload, and cases shared with psychiatry residents or attendings.

Additionally, fellows participate in a one hour weekly Postdoc Consultation Group which is designed to allow the fellows the opportunity to discuss various topics related to their program, training and professional development with a psychology group leader who is outside of the institution. (Historically, this has been a former attending or resident.) The group will also focus on supervision of practicum students. The format of the supervision time varies from year to year depending on the fellows’ needs and wishes. Typically, time is spent on professional development issues, journal club, and case consultation.

Fellows who supervise practicum students participate in a one hour weekly Supervision of Supervision Group. This group meeting reviews the basic fundamental of supervision as well as offers the opportunity to get supervision and feedback on their work with the practicum students. Videotapes and case presentations are utilized.

Fellows participate in a quarterly one hour meeting Diversity Forum. This group meeting, in combination with the psychology interns, explores issues related to diversity and inclusion through the use of literature, podcasts and TedTalks.

Each year, the Division of Child and Adolescent Psychiatry at Stanford presents Autism Spectrum Update conference sponsored by Packard Children’s Hospital at Stanford. Residents attend the day long symposium free of charge, learning from leaders in the field of autism at Stanford and around the country who present on contemporary issue related to the diagnosis and treatment of Autism Spectrum Disorders.

C. Didactics

Stanford University is a rich learning environment and as such, fellows participate in many didactic opportunities throughout the year.

Mandatory Didactics:
Professional Issues Workshop: This four-hour workshop focuses practical aspects of being an independent practicing psychologist. Topics covered in the workshop include: managing the licensure process; issue to consider working in private practice; billing, insurance, malpractice and office management in the real world; and panel presentation from newly licensed and practicing psychologists in a variety of settings.

Ethics and Legal Issues Seminar: This one-hour weekly seminar, led by Dr. Thomas Nagy, provides a comprehensive overview and analysis of the Ethical Principles of Psychologists and Code of Conduct (2002 edition). The seminar focuses on the ethical, professional, clinical, and legal issues, and how they bear on the work of all psychologists, regardless of specialty area. The General Principles (aspirational), Ethical Standards (mandatory), and APA’s Practice Guidelines will be reviewed. In addition, the seminar explores competence, confidentiality, record keeping, multiple relationships, barter, advertising, assessment, publication, forensic work, media presentations, using the internet, making or dealing with ethics complaints, and more, as they bear on clinical services, teaching, supervision, and research, or any professional work done by psychologists.

Grand Rounds in Psychiatry: Grand Rounds are held once a week from September to June each academic year. Topics range from diagnostic issues, treatment issues, ethics, cultural psychiatry and neuroscience. One presentation a month is dedicated to child and adolescent mental health. Grand Rounds presenters come from a variety of academic institutions throughout the country and abroad.

Optional Didactics:

CBT Psychotherapy Seminar: This weekly one-hour seminar is led by Dr. David Burns for fellows and psychiatry postdoctoral fellows. The focus is on developing advanced competence in cognitive-behavioral therapy.

Seminar in Biostatistics: This weekly two-hour course in clinical biostatistics, optional for full time clinical postdoctoral fellows and required for postdoctoral fellows conducting research, provides cutting-edge training in advanced clinical research methods.

VA Licensure Courses: Opportunities are available for postdoctoral fellows to participate in continuing education sessions hosted by the Palo Alto Veterans’ Affairs Health Care System. These sessions allow postdoctoral fellows to complete courses that are mandated for licensure by the California Board of Psychology. Contact Jeanette Hsu, PhD (Jeanette.Hsu@va.gov), at the VA for more information about the courses and schedule.

D. Supervision

Psychology fellows receive a minimum of four hours of supervision each week. A minimum of two hours are individual supervision. Supervision starts the first week of the fellowship and continues through the program, ending on the last week of the program. Time for supervision is blocked in fellows’ schedules to ensure that they have the required amount of time for effective and meaningful supervision. Supervision is primarily conducted by attending psychologists in
the clinic or unit in which the fellow is seeing patients. In the event of supervision by a non-psychologist (ie. psychiatrist), this occurs no more than one hour a week and only if the postdoctoral fellow did not receive supervision during their internship from a non-psychologist. (California licensing regulations allow for no more than 750 hours of pre and post-doctoral hours to be conducted under the license of a non-psychologist.)

E. Training Hours
Fellows’ service delivery activities are learning-oriented, and the number of cases assigned to a fellow (20 patient contact hours/week for a full time fellow) is based on training goals and opportunities. The remaining time is spent in didactics, supervision, and indirect patient care.

V. Administration of the Fellowship Program

A. Postdoctoral hours
Fellows need a minimum of 1500 hours to qualify for licensure in the state of California. The minimum hours needed to complete the fellowship is 1750 which can be achieved over the course of the fellowship year. Fellows are expected to spend 20 hours each week in direct patient care and 4 hours a week in supervision. Supervisors monitor the number of patients that fellows work with to help insure a rich training experience. Discussion between supervisors and fellows regarding their volume of clinical training is discussed throughout the year in supervision and adjustments to caseload are made as appropriate. Supervision is tracked by the fellows using a supervision log to ensure that the correct number of hours is being met. Logs are periodically reviewed by the training director.

B. Competency Evaluations and Feedback
Fellows are provided with written feedback from supervisors mid-year and at the end of the year. The evaluations are based on the competencies of the program and are an opportunity to discuss progress toward these competencies as well as the personal goals set by each fellow at the beginning of the training year. By the end of the year, fellows must achieve a rating of “5” or above on the core competencies as the minimum requirement for completion.

Fellows also complete evaluations of their supervisors and end of the year evaluations on the program.

C. Stipend and Benefits
The stipend for the 2019-2020 year is $62,700. Medical coverage, including vision and dental, is included. Please visit the Stanford University Office of Postdoctoral Affairs Benefits webpage for up-to-date information, at: http://postdocs.stanford.edu/benefits/.

Please note that fellows are required by the University to have medical coverage. The department will register fellows for a mandatory Benefits Session. At this session, fellows receive a benefits packet with benefit plan information and step-by-step enrollment instructions which will be explained in detail by our benefits staff. Fellows must attend a Benefits Session before their benefits enrollment can be approved. Enrollment is not automatic. Fellows will need to make enrollment elections within 31 days of starting your postdoctoral appointment.
Coverage enrollment may be delayed if a fellow does not choose a medical plan within the first 31 days of the postdoctoral appointment. In addition, if the enrollment process is not completed within the first 31 days, fellows will not be able to enroll in the dental or vision plans until the Open Enrollment period (in November each year).

VI. Postdoctoral Policies

A. Leave Policies

Disability: All fellows have short-term and long-term disability plans for use with maternity leave or injury. Please contact the Benefits Manager at 723-6013, or visit the Benefits webpage (http://postdocs.stanford.edu/benefits/) for details.

Vacation Policy: One day paid vacation leave per month of appointment, in addition to official University holidays. Individuals who work on a University holiday may take another day to be scheduled with approval of the faculty sponsor. Time spent attending scientific meetings is not to be considered vacation. The maximum amount of vacation that can be accrued is 15 days. Fellows are expected to use their allotted vacation in the year it is accrued; a period of terminal leave is not permitted. All vacation leave must be scheduled in advance with the training director and approved by the supervisors and training director. Requests for additional time must be negotiated with the training director and it is recommended that those requests and responses be documented in writing.

Sick Leave Policy: Fellows may continue to receive fellowship stipends or salaries for up to 12 calendar days of absence due to illness per year. Sick leave can be used for the individual or for the care of immediate family. Under exceptional circumstances, this period may be extended at the discretion of the faculty sponsor. Sick leave is not cumulative from one appointment year to the next.

Maternity Leave Policy: Fellows are eligible to receive up to six weeks maternity leave with full pay. The fellow is expected to apply for short-term disability in the Office of Postdoctoral Affairs. Disability leave may be extended on the advice of the physician. Fellows on disability leave continue to be registered while on leave. Insurance premiums continue to be charged following standard policy.

Family and Medical Leave Policy: Fellows may be eligible for unpaid family and medical leave for certain family and medical reasons, including events such as the birth or adoption of a child. To be eligible for such leave, a fellow must have been in training at Stanford for at least twelve months. Requests for family or medical leave should be made in advance and approved by the faculty sponsor in consultation with the Office of Postdoctoral Affairs.

Professional Leave Policy: Fellows are eligible for up to 5 days to attend conferences, workshops, job interviews or other professional development activities. Fellows should request this leave should be discussed with the training director.
B. Procedures for Unsatisfactory Performance

Unsatisfactory performance or progress regarding the clinical work of a postdoctoral fellow is initially be identified by the postdoctoral fellow’s supervisor who then informs and meets with the Training Director. The Training Director discusses the performance issues and develops a plan for remedial work (i.e. additional readings, increased supervision, additional direct observation.) The need for any temporary changes in schedule or workload is discussed and a timeline for implementation, monitoring, ongoing evaluation and completion of plan is developed. The Training Director, supervisor and postdoctoral fellow meet to discuss the performance issues. The postdoctoral fellow receives the information in written form and is given the opportunity to respond, both in the meeting and in writing following the meeting.

Unsatisfactory performance regarding professional conduct or behavior can be identified by the supervisor, another attending, or clinic staff and brought to the attention of the Training Director. The Training Director would meet with the individual and any other individuals involved for the purpose of clarifying the circumstances of the incident. The Training Director would then meet with the postdoctoral fellow to discuss the conduct or behavior in question and would give him/her the opportunity to respond.

After review of the circumstances and discussion with involved parties, actions taken by the training director for unsatisfactory performance regarding clinical work or professional conduct can involve one or more of the following:

1. Verbal Warning – The postdoctoral fellow receives feedback on the issue with recommendations for future performance or behavior and no further action is taken. No formal documentation is recorded.

2. Performance Notice – The postdoctoral fellow receives a written document which includes a definition of the unsatisfactory performance, notice that the postdoctoral fellow was informed and given the opportunity to discuss the concerns and documentation of the plan of action to ameliorate, rectify or monitor the performance. The time frame for monitoring, evaluation and conclusion of the plan is laid out. The plan is signed by the postdoctoral fellow, training director and supervisor(s) who will oversee the plan’s implementation.

If a postdoctoral fellow does not agree with the terms and conditions of the plan, they can appeal the decision in writing, stating their reasons and concerns. The appeal will be reviewed by the Chief of Psychology.

If a postdoctoral fellow is not able to meet the goals of the plan and modification of these goals does not result in satisfactory performance, the Training Director can initiate a termination of the residency as outlines in the policy and procedures of the Office of Postdoctoral Affairs.

C. Grievance Resolution Procedures

This policy outlines formal procedures for resolving both academic and non-academic grievances of postdoctoral fellows at Stanford. This grievance procedure is designed to
supplement, not to replace, the routine and informal methods of responding to and remedying postdoctoral fellows' problems and complaints.

Informal resources:

It is desirable for all parties concerned to make serious attempts to resolve disputes informally. This is particularly true for disputes that occur in a relationship of great importance, such as that between a fellow and supervisor or mentor. There are many resources available to assist fellows in the informal resolution of problems. Confidential resources include: the Medical School and University Ombudspersons, Counseling and Psychological Services (CAPS) and the Office of Religious Life. Other helpful resources are the Stanford University PostDocs (SUPD), the Postdoctoral Affairs Office, and the WorkLife Office. Further information about these resources is available on the Stanford Website. Postdoctoral Fellows are also encouraged to consult with trusted faculty, if helpful and appropriate.

Grievances defined:

Any Stanford postdoctoral fellow who believes that he or she has been subjected to an improper decision by Stanford University, or by anyone acting officially on behalf of Stanford University, may file a grievance to obtain an independent review of the decision, and, if appropriate, corrective action. A grievance is a written complaint made to an administrative officer of the University concerning such a decision. The following grievance procedure applies to decisions that directly and adversely affect the postdoctoral fellow. The grievance procedure is not available to challenge a University policy perceived to be unfair or inadvisable or contest policies of an individual school, department or program of the University, unless such policies are inconsistent with University policy.

Filing a grievance:

The steps to be followed in filing a grievance are described below. At every stage, the postdoctoral fellow may discontinue the grievance procedure if he or she feels that the conflict has been resolved successfully.

1. Discussion between the parties directly involved in the dispute where appropriate.
2. Assessment of informal means available to assist the postdoctoral fellow in resolving the problem. At this stage, the postdoctoral fellow is encouraged to consult with any individuals with whom he or she feels comfortable discussing the matter. This may include parties directly involved, as well as any of the informal resources listed above.
3. Consultation by the postdoctoral fellow with the program director, division chief or department chair, as appropriate, to discuss the dispute.
4. If these steps do not yield a satisfactory resolution, the postdoctoral fellow may then file a formal grievance in writing to the dean of the relevant school, or to the Dean of Research for those programs not within a school. The grievance should be submitted in writing within 90 days of the decision that is the subject of the grievance. A delay in the filing of the grievance may constitute grounds for rejection of the grievance, although individual circumstances may be taken into account. The grievance document should include a description of the decision
in dispute, and the reasons why the grievant believes the decision was improper. The grievance document should also include a description of the remedy sought and the informal efforts that have been pursued.

i. SELECTION OF GRIEVANCE OFFICER(S)

The dean may select one or more "grievance officers" to consider the grievance and report to the dean as the dean directs. The parties will be consulted regarding the appropriateness of potential grievance officers. The grievance officer(s) will investigate the matters relevant to the grievance in light of the Standards for Review outlined below and provide a recommendation to the dean. The dean or grievance officer(s) may request a response to the issues raised from any individuals believed to have relevant information, including faculty, staff, students and postdoctoral fellows.

ii. RESPONSE TO THE GRIEVANCE

The dean will inform the parties to the dispute in writing of his or her decision and the reasons for the decision, generally within 60 days of the filing of the grievance.

5. FILING AN APPEAL

i. APPEAL PROVISIONS

If the grievant feels that the decision of the dean is inappropriate for substantive or procedural reasons, he or she may, within 30 days, file a written appeal with the Provost specifying those reasons. New issues should not be raised at this stage, and general dissatisfaction with the dean's decision is not sufficient reason to appeal. The Provost may select one or more "grievance appeal officers" to consider the grievance and report to the Provost as the latter directs.

ii. RESPONSE FROM THE PROVOST

The Provost will notify all parties to the grievance in writing of his or her decision and the grounds for the decision, generally within 45 days after the receipt of the appeal.

iii. REQUEST TO THE PRESIDENT

If the postdoctoral fellow is dissatisfied with the disposition of the appeal by the Provost, he or she may write to the postdoctoral fellow of the University giving reasons why he or she believes the grievance result to be wrong (following the general format set forth above). No more than thirty days should elapse between the transmittal of the Provost's disposition and the grievant's written statement to the postdoctoral fellow. The postdoctoral fellow may agree or decline to entertain the further appeal. If the postdoctoral fellow declines to entertain the further appeal, the decision of the Provost shall be final. If the postdoctoral fellow decides to entertain further appeal, he or she shall follow the general procedures described above for the Provost, and the decision of the postdoctoral fellow shall be final.
ADDITIONAL MATTERS

1. If at any stage the grievant desires the participation in the grievance resolution procedure by an advisor, he or she may select any postdoctoral fellow or University employee, who is not employed as a lawyer, and who is both willing and able to work with the grievant seeking a resolution. If the time involved for the advisor is more than 20 hours in a calendar year, then personal time off or vacation time must be used for the excess.

2. No adverse action may be taken against any postdoctoral fellow for his or her legitimate use of the grievance procedure.

3. At any point within the grievance process, formal proceedings can be put aside in favor of voluntary mediation. For this to occur, both parties to the dispute must agree to participate in mediation. The Stanford Mediation Center advises on whether or not mediation is appropriate and provides mediation services through the University Ombudsperson's Office or external mediators. Further information is available on the Stanford Web site.

4. The time frames set forth in this policy are guidelines. They may be extended by the relevant administrative officer in his or her discretion for good cause.

5. Questions concerning the filing and appeal of grievances should be directed to the Postdoctoral Affairs Office.

STANDARDS FOR REVIEW

1. Was the decision consistent with Stanford University policies and procedures?

2. Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?

3. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?

4. Given the proper facts, criteria and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?