



UNIVERSITY
OF MANITOBA

Psychological Service Centre

Student Handbook and Operations Manual

Updated November 2017

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About the Psychological Service Centre

The Psychological Service Centre (PSC) is the primary centre for clinical training for the Clinical Psychology Training Program of the Department of Psychology at the University of Manitoba. Located on the Fort Garry campus, the PSC was opened in 1968 as a training clinic for the then newly-established Clinical Psychology Program. The UM Clinical program was one of the first in Canada, and the first in Western Canada, to achieve full accreditation by the American Psychological Association. Following its APA accreditation in 1972, the program expanded gradually over the years and received full accreditation by the Canadian Psychological Association in 1988/89 after CPA developed its own accreditation standards and procedures. Since that time, activities at the PSC have varied in concert with the needs of students and their clients, the expertise of faculty associated with the Clinical Program, and contemporary and emerging areas of professional practice.

Today's PSC is an active, dynamic clinic serving a wide range of clients from Winnipeg and the surrounding area. PSC clients include children, adults, couples, and families. Our clients are predominantly self-referred or are referred by community and social service agencies, physicians, or members of the campus community. Services offered through the PSC include individual psychotherapy for adults and children, couple and family therapy, cognitive, psychoeducational, and psycho-diagnostic assessments, and occasionally group therapy. The PSC also serves as the home base for clinical psychology graduate students at the university for both formal training and for informal socialization.

Currently, the clinical work of students at the PSC is supervised by a complement of 8 Clinical Faculty members and supported by three staff. We also coordinate the clinical training for students in the program taking external clinical practicum under the supervision of Clinical Associates of the PSC, who are all experienced registered psychologists working in a wide variety of settings. Students have access to an up-to-date testing library, audiovisual equipment, clinical and classroom space, electronic health records and scheduler, and computer work stations. The PSC provides all of the support and training that students will need to start them on the path to a practice in professional psychology.

PSC Mission Statement

To provide high quality clinical training opportunities for graduate students in Clinical Psychology and allied professional programs through (a) delivery of a range of supervised psychological and related services to the public, (b) partnerships with community service agencies, (c) continuing professional education, and (d) research. (Approved by Clinical Faculty, September 6, 2011)

PSC Vision Statement

We would like the PSC to be a recognized centre for excellence in clinical training and supervision, sought out by students in Clinical Psychology and allied professional programs who are interested in broad-based and specialized practicum experiences.

We would like the PSC to be an active, vital, and dynamic setting in which students feel both challenged and supported in pursuing their clinical and academic goals.

We would like the PSC to serve as the 'hub' for the Clinical Psychology program, creating a welcoming space where all students training at the PSC feel at home and are able to interact freely with peers and access supervisors and other clinical resources as needed.

We would like the PSC to be recognized by the university, other service agencies, and the general public as a valuable resource for diverse client issues and populations. (Approved by Clinical Faculty, September 6, 2011)

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Ethics, Standards, and Professionalism

It is both a privilege and a responsibility to have clients place their trust and confidence in you as a clinical professional. To facilitate your learning process with regard to professional ethics, responsibilities, and obligations, you will find up-to-date copies of the Canadian Psychological Association Code of Ethics, the Psychological Association of Manitoba's standards and guidelines, and the provincial child abuse reporting guidelines available on the PSC website under 'Student Resources' and a copy on the resource library bookshelf in room 162 Dafoe.

All faculty, staff, and students have a responsibility to know and understand these rules, and to comply with all their obligations therein. Any breach must be reported to the PSC Director immediately. **Ignorance of these rules is not an acceptable excuse.** Those in breach of these requirements may face disciplinary action, up to and including suspension, dismissal, or termination, in accordance with applicable policies.

Ethics and Standards

As a psychological service unit, all activities at the PSC must be conducted in compliance with the Canadian Psychological Association *Canadian Code of Ethics for Psychologists (third edition)*, which applies equally to students and to their supervisors. CPA has also developed *Guidelines for Ethical Supervision in Psychology* (see link below) to assist both supervisors and supervisees to fulfill their ethical obligations within the supervisory context. In addition, as members of a self-regulating profession, students and their supervisors must also abide by the relevant standards of the provincial regulatory body for psychology: The Psychological Association of Manitoba.

FIPPA/PHIA

Along with these national and provincial psychology standards, as a unit at the University of Manitoba that is engaging in health service delivery, the PSC is legally responsible to operate the clinic and all of its teaching and service functions in accordance with applicable privacy legislation (including the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, collectively known as FIPPA/PHIA).

More detailed information may be found on the following web sites:

[CPA Canadian Code of Ethics](#)

[CPA Guidelines for Ethical Supervision](#)

[Psychological Association of Manitoba](#)

[U of M Governing Documents](#)

[PHIA](#)

[FIPPA](#)

To facilitate compliance with the relevant provisions of FIPPA/PHIA, all students, staff, and faculty members at the PSC are **required to attend a Personal Health Information Act seminar** provided by the UM Access and Privacy Office and sign a University of Manitoba **pledge of confidentiality**. For students, this pledge must be signed prior to commencement of their clinical training as assurance that they understand and agree to comply with all legal obligations. The onus is on the student to come forward if clarification is required. These seminars are normally arranged in September each year as part of the PSC Orientation process to ensure students have access to this information in a timely manner. Attendance is mandatory for all MA2s and/or individual students who are starting their first practicum at the PSC.

Students who plan to undertake any clinical training at Winnipeg Regional Health Authority sites (e.g., Health Sciences Centre, St. Boniface Hospital, Victoria General Hospital) must also attend a PHIA seminar sanctioned by the WRHA and sign the WRHA pledge of confidentiality. The WRHA PHIA training is also available to individuals through the University's learning management system, Desire2Learn (D2L). The online training contains a series of videos and a 6-question quiz. A score of 100% is required to pass the online training.

To determine if you are eligible to take the online WRHA PHIA training, [send an email to fippa@umanitoba.ca](mailto:fippa@umanitoba.ca). If you are eligible, instructions on how to access the training will be sent to you.

If further information is required regarding any privacy issues please contact the University of Manitoba Access and Privacy Office at the location below:

The University of Manitoba
Access and Privacy Office
233 Elizabeth Dafoe Library
Winnipeg, Manitoba
R3T 2N2
Fax: 204-474-9308
Email: fippa@umanitoba.ca

Informed Consent and Release of Information

There will be situations where clients request that you provide information to others about their contact at the PSC, or you wish to gain access to information about your client from another service provider or agency. You may also receive a request from a client to access her or his PSC file. To preserve confidentiality and enhance informed consent regarding all such requests, we have developed specific forms that pertain to requests from clients to access their personal health information or to obtain permission from them to exchange/release information from/to the PSC and other service providers. **No release of information can occur without proper informed consent and signed/witnessed copies of these forms** (subject to 'Limits to Confidentiality' on p. 16). In order to release these documents to the client, it is mandatory for the client to produce a piece of

government issued photo identification to verify their identity to ensure that the records are being released to the right person. Supervisors and office staff can provide assistance regarding these forms, which are located in the document baskets in the General Office. All requests are to go to the records administrator of the PSC. Please note that the PSC must respond to a client's request as promptly as the situation allows; by law the client has the right to obtain this information within 72 hours for clients currently under care, and no later than 30 days from the date of request for all others. **This means your client file must be kept neat and up to date at all times.**

[Appendix 15 - PSC Consent to Share Personal Health Information](#)

[Appendix 16 - PSC Client File Access Procedure](#)

[Appendix 17 - PSC Consent to Services Adult Form](#)

[Appendix 18 - PSC Consent to Services Child Form](#)

[Appendix 19 - PSC Consent to Services LDSC Form](#)

Professionalism

Professionalism is a concept that encompasses many essential aspects of your role at the PSC and in the Clinical Psychology program.

'Professionalism' has been described by Dr. Samia Barakat¹ as the skills, attitudes, and behaviours which are expected from individuals during the practice of their profession. Professionalism, thereby includes such concepts as: maintenance of competence; ethical behaviour; integrity; honesty; altruism; service to others; adherence to professional codes; justice; respect for others; and self-regulation. Dr. Barakat goes on to state that professionalism is the keystone of the social contract between a profession and the public at large, and also notes that studies have demonstrated that lapses in professional behaviour observed in training are associated with subsequent unprofessional conduct in practice.

Within psychology, efforts have been made to describe the core elements of professionalism among practicing psychologists as well as trainees.

For professional psychologists, the essential elements of professionalism encompass both character and fitness-to-practice aspects, including: personality adjustment; psychological health; responsible use of substances; integrity; prudence; and caring (Johnson & Campbell, 2002)².

For beginning Clinical students, the Council of Chairs of Training Councils (CCTC) and the Association of Directors of Psychology Training Clinics (ADPTC) agreed on the following baseline personality

¹ Cited material in this paragraph used with permission of Dr. Samia Barakat, Associate Dean Professionalism, Faculty of Medicine, University of Manitoba

² Johnson, W.B., & Campbell, C.D. (2002). Character and fitness requirements for professional psychologists: Are there any? *Professional Psychology*, 33 (1), 46-53.

characteristics, intellectual and personal skills, attitudes, and knowledge that all students should possess prior to their practicum training experience: interpersonal skills (e.g., empathy, respect, openness to feedback); cognitive skills (e.g., critical thinking, intellectual curiosity and flexibility); affective skills (e.g., affect tolerance, tolerance of ambiguity and uncertainty); personality/attitudes (e.g., desire to help others, honesty/integrity); expressive skills (e.g., ability to communicate ideas and feelings in verbal and nonverbal forms); reflective skills (e.g., ability to consider own motives and effect on others); and personal skills (e.g., organization, personal hygiene).³

Our intention at the PSC is to provide an environment consistent with and supportive of the highest levels of professionalism, as an ideal and as a daily practice, among both students and staff in all of their undertakings here.

Dress Code & Professional Attire

We are a clinical training centre and it is important for us to present a professional image to our clients. The standards below are a guide for our **“Business Casual Dress Code.”**

Graduate school is a time of transition from the role of a student to that of a professional. In addition to all of the other skills one needs to learn to successfully make that transition, students must understand how their appearance can impact the range of professional roles graduate students fill both during and after graduate school. A student clinician’s appearance sends a message about their level of competence, trustworthiness, dependability, and other desirable professional attributes. It can influence the degree of respect others will have for him/her. Because of others’ reactions to a person’s appearance, it can impact an individual’s effectiveness and ability to adequately represent him/herself or the program, and as a result can potentially impact outcomes. While some people portray this as personal rights issue, the concern here is not whether or not you have the “right” to look as you choose. Rather the issue is what the impact is of the choices you make. Note that there will be places where you do practicum, internship, or even eventually work where there will be a strict dress code that may limit your overall appearance, often for many of the same reasons we describe here.

Proper attire and grooming is expected of all student clinicians when they are onsite at the PSC, even if not seeing clients. The following are guidelines to assist student clinicians in selecting proper attire for their professional roles. As a general rule, if one is uncertain if something is appropriate, it is best to find something else to wear that day, and then to ask clinic staff. When dressing “professionally,” you should be selecting articles of clothing that fit well, are in good condition, are well-structured, ironed (if needed), and, for the most part, more on the conservative side.

These include:

- Sport coats or blazers

³ See appic.org

- Dresses and skirts that are of sufficient length to not be too revealing when either standing or sitting
- Dress slacks, khakis, Capri pants, casual pants and colored jeans. NO BLUE JEANS
- Sweaters, cotton tops, polo shirts, button-up shirts and blouses
- Dress scarves
- Dress shoes, dress boots, loafers, oxfords, dress sandals, casual shoes that are clean and in good condition, including athletic shoes

People tend to make a poorer, less professional impression when wearing articles of clothing that do not fit well or are overly casual, revealing, or are in bad shape. Examples of unacceptable attire include:

- Blue jeans
- Shorts, skorts, or skirts that are either more than 3 inches above the knee or are overly revealing when sitting or standing
- Leggings (unless under a skirt or long blouse), spandex tops or bottoms, stirrup pants, sweatpants
- Spaghetti-strap tops or dresses, unless worn under an appropriate top or jacket
- Loungewear
- Sweatshirts, hoodies, or exercise clothing
- Casual tees and shirts with large lettering, political or satirical phrases, or logos
- Flannel shirts, tank tops (unless the straps are at least 2 inches wide), halter tops, cut-out tops, off-the shoulder tops, tops that are so tight they are revealing, or tops that reveal substantial amounts of cleavage or any mid-drift
- Worn, frayed, stained, or wrinkled clothing
- Low-cut tops or bottoms that might reveal undergarments or body parts typically covered by undergarments
- Flip-flops, other beach footwear, outdoor shoes or shoes that are too casual
- Severely worn clothing and footwear

Ask yourself: “is there too much skin showing – too much shoulder, too much back, too much leg, too much cleavage, too much lower back or stomach, too much...” Are you presenting a professional image?

One area where there may be some disagreement is visible piercings or tattoos. Clearly, tattoos that are offensive (e.g., that display racist, sexist, culturally insensitive, or various forms of “hate” speech messages) or piercings that have the potential to interfere with communication or treatment (e.g., tongue piercings where speech is impaired) cannot be tolerated under any circumstance while engaging in professional behavior. Visible tattoos and piercing that aren’t distracting from the therapeutic process are acceptable. Clinicians need to be mindful of clients’ sensitivity and reaction to tattoos and piercings.

Fragrance Free Policy

A fragrance-free environment helps create a safe and healthy clinic and workspace. Fragrances from personal care products, air fresheners, candles and cleaning products have been associated with adversely affecting a person's health including headaches, upper respiratory symptoms, shortness of breath, and difficulty with concentration. People with allergies and asthma report that certain odors, even in small amounts, can cause asthma symptoms. The PSC recognizes the potential hazards caused by exposure to scented products and cleaning chemicals and we have a policy (as does the University as a whole) to provide a fragrance-free environment for all faculty, student clinicians, staff, and visitors to keep a safe and healthy clinic environment.

Guide to Professional Behaviour/Confidentiality⁴

The following points are designed to promote an atmosphere of professionalism consistent with contemporary professional standards and expectations while fulfilling our obligations regarding confidentiality. This list is intended to be illustrative of professional behaviour and is neither comprehensive nor exhaustive:

- **ALL POLICIES AND PROCEDURES RELATED TO CONFIDENTIALITY MUST BE FOLLOWED.**
- **CLIENT FILES AND RECORDINGS MAY NOT BE REMOVED FROM THE PSC AT ANY TIME. THE USE OF CLOUD-BASED FILE STORAGE AND FILE SHARING SYSTEMS, SUCH AS DROPBOX, FOR ANY CLIENT INFORMATION IS STRICTLY PROHIBITED.**
- All client information that is transported outside the clinic must be de-identified with absolutely no identifying information that can be linked with the client. If you are in doubt about whether client information has been properly de-identified, you should consult with the Director of the PSC before transmitting the information. **ANY CLIENT INFORMATION TRANSMITTED ELECTRONICALLY IS SUBJECT TO APPENDIX 1: PSC GUIDELINES FOR DE-IDENTIFYING PERSONAL HEALTH INFORMATION FOR ELECTRONIC TRANSMISSION**
- If you are transporting confidential paper documents (i.e. across campus to student counselling or to and from a school observation), please bring along an envelope stamped confidential and include the PSC address in the address line. When documents are transported, the envelope must be sealed with ALL confidential documents located inside the envelope. This will ensure that if in the unlikely event that the documents are misplaced that the envelope can be redirected back to the centre without being opened. If you are transporting confidential papers, you must get approval from the PSC Records Administrator first.
- Confidential reports or therapeutic workups which are stored on computers or USB drives must be password protected and de-identified until the report is ready to be printed. Once the report is ready for print, the student must make the changes to the final document to include the identifiers and personal information (Please do not save this version). ALL

⁴ See [APPENDIX 1](#), Revised by D. Stewart in consultation with the UM Access and Privacy Office, 21 June 2012

students completing practicum at the centre must print off the report at the centre on official PSC letterhead using a designated PSC computer. All reports should be deleted once the supervisor has signed off on the report and must also be deleted from the recycling bin if a copy was stored there. Please read through the report to ensure that there are no errors before printing off the final draft.

- Students are encouraged to consult with faculty regarding clinical issues; however, consultation must be done in a confidential and appropriate manner (For example, meetings should be held behind closed doors and not in the hallway or at the front desk).
- Due diligence must be observed with regard to the confidentiality and ethical considerations of all clinical actions. This includes client files, client contact, and supervision issues. Please treat all client information with the respect it deserves.
- All documents with the names of clients and/or descriptive information about clients are to be treated as confidential records, including electronic communications and post-it notes.
- Client records will **not** be left in public view.
- Clients will **not** be discussed, even without names, with individuals other than those who have a professionally legitimate reason for knowing.
- Information about a client will not be released beyond supervisory sessions without the client's specific written permission.
- Observation or recording of testing or therapy will only take place after written permission has been obtained from the client.
- Telephone messages with the name and/or phone number of a client must be confidentially shredded, even if there is no context for the message
- Client files should record only that information necessary for the goals of treatment.
- Respect the right of clients, staff, students and faculty to reasonable personal privacy.
- Collect, store, handle, and transfer all private information whether written or unwritten (e.g., conversations, faxes, client files, digital data, video/audio tapes) in a manner that safeguards privacy and security in accordance of ethical guidelines and legislation.
- Conduct all professional activities in a manner that reflects a commitment to our ethical principles of respect for the dignity of persons, responsible caring, integrity in relationships, and responsibility to society.

Click here for [Access and Privacy Governing Documents](#)

Transitory Records

“Transitory Records will have no further value or usefulness beyond an immediate transaction; or will be only be required for a short time after a transaction, until they are made obsolete by an updated version of a Record or by a subsequent transaction, or decision” (U of M Transitory Records procedure).

Transitory records are records such as video files used for supervision, rough notes recorded during a meeting with a patient or computer generated interpretative reports from psychological testing. Transitory records are not necessarily required to be kept as a permanent document in the health record. For example, the transitory records of video recordings used for supervision are never retained in the patient’s health record and are erased once reviewed by a supervisor. Another example might be a clinician’s rough notes used to help prepare a psychological report, which then might be securely destroyed once the report is finished. A somewhat more complicated example would be an interpretive report generated from psychological test data. These interpretive reports could be classified as transitory records and destroyed once the assessment is completed. We recommend this procedure because while it could be inconvenient to have to reproduce the interpretative report from raw data if a review of the file was required (such as if the patient returned for a follow-up assessment) there is the risk that a patient requesting access to their health record, which they are normally entitled to do, might misinterpret the results reported in a computer-generated interpretive report. Remember that anything retained in the health record is accessible to either the patient or to the courts, so it is important to not retain transitory records that might be subject to misinterpretation. To read more about transitory records, see the University of Manitoba procedure on transitory records below.

Click here to review U of M [Transitory Records Procedure](#)

Emailing & Faxing

When handling information that is confidential or sensitive, students and employees need to make sure that it is shared only with the people who are authorized to have it, and only those who need to know in order to do their jobs.

Before sending faxes or email messages, check to make sure the intended recipients are correct, and that any attachments included are only those intended. Sensitive PHIA information like Assessment Reports should not be emailed. Use other methods of transporting this information like client pick-up or mail.

If you are faxing sensitive information, it is a good idea to call the organization to give them a heads up.

Click here for U of M [Student Email Policy Information](#)

Social Media Guidelines

The following guidelines for social media interactions with current and past clients are recommended:

- Do not “friend” clients or accept requests to be “friended” from current or previous clients.
- Do not use messaging websites such as Twitter, Snapchat, Instagram, LinkedIn, or Facebook to contact clients or to respond to clients.
- If you have a social media account, it is wise to use a pseudonym so clients cannot search or friend you online.
- Some clients prefer to communicate electronically, which is permissible, but only after the client has specifically requested this.
- Electronic communication should be generally restricted to scheduling appointments and should not be used to receive sensitive personal information from the client.
- Use your professional email address to communicate with clients, not your personal email address. If you are registered for practicum at the Psychological Service Centre, please correspond through the PSC email account.
- Assume that your clients and students will search for information about you on the internet, so be mindful of what you put online.

[See U of M Social Media Guideline and Best Practices](#)

Example of social media scandal: [Dalhousie Facebook Scandal](#)

Limits to Confidentiality

1. **Child Abuse/Neglect.** Under *The Child and Family Services Act of Manitoba*, a psychologist who has information that leads him/her to believe that a child is or might be in need of protection **must** report the information to an agency or to a parent or guardian of the child. An agency rather than the parent/guardian should be contacted if it appears that the child is or might be suffering abuse and/or neglect by a parent or guardian.

See [Reporting of Child Protection & Child Abuse Handbook and Protocols for Manitoba Service Providers](#)

See [Child Abuse and Neglect Reporting Factsheet \(PDF\)](#)

2. **Abuse/Neglect of a Vulnerable Person.** Under *The Vulnerable Persons Living with a Mental Disability Act*, a psychologist who believes, on reasonable grounds, that a vulnerable person to whom he/she is providing service is likely to be abused or neglected must immediately report this belief and the information on which it is based to the executive director specified under the Act. This obligation extends to students, who are expected to consult immediately with a supervisor if any concerns arise in this area.

See [Vulnerable Persons Act](#)

3. **Prevention of Harm/Duty to Warn.** Under *The Personal Health Information Act (PHIA)*, disclosure of personal health information is permitted without the consent of the individual the information is about if the psychologist believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to:
- a) The health and/or safety of the individual the information is about or another individual or;
 - b) Public health or public safety

Disclosure without consent is also permitted if it is:

- c) Required to comply with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of the personal health information

Students who are dealing with a situation involving a serious and immediate threat or court order are expected to consult immediately with a supervisor about this situation.

See [Personal Health Information Act](#)

4. **Missing Persons Act.** The *Missing Persons Act (MPA)* allows the police to obtain specific information about a missing person when criminal activity is not suspected at the time a person is reported missing. Also, in emergency situations police may be granted immediate access to client records under the control of the PSC. The following examples are some types of information under a *record access order*:
- Contact or identification information
 - Personal Health Information
 - School Attendance
 - Video Records
 - Employment Information

[Click here to review the Manitoba Missing Persons Act](#)

Clinical Practicum Training

Practicum Overview

General Practicum Experiences⁵

The Clinical Program requires clinical students to complete three PSC practica (PSYC 7910, 7920, and 7930) at the Psychological Service Centre. Two of these practica will be at the Master's level; the third is normally at the Doctoral level. Practica are integrated with didactic instruction via coursework and are intended to complement the academic and research components of the Clinical Program by giving students the opportunity to apply their knowledge in clinical practice. The Canadian Psychological Association, which accredits Canadian doctoral programs and internships, has set out specific requirements for the amount and content of practicum training, which informs our practicum training sequence.⁶

The first two practica usually occur in the first and second terms of the second M.A. year. These early training experiences are intended to provide students with basic clinical skills related to interviewing, assessment, conceptualization, and intervention. These practica serve as the foundation upon which later advanced and specialty practica can build. The third practicum is usually taken the following year. Note that students are only eligible to take PSYC 7930 (3rd practicum), if their Master's Defense date is scheduled and they have approval from the DCT.

Specialty Practicum Experiences⁷

Specialty practica are considered to be more advanced, specialized training experiences that occur later in the clinical training program and provide students with clinical experiences that may be more tailored to their individual needs and emerging interests. These practica may be provided at the PSC but are commonly provided at clinical facilities in the community, such as hospital or agency settings. Specialty practica may be initially conceived and organized by psychologists in the community, students themselves, clinical faculty members, or the PSC Director and, in many instances, by some combination of all the above. In order for a psychologist who is not a clinical faculty member to supervise a specialty practicum, he or she must be designated as a Clinical Associate by the Clinical Psychology Faculty members (see Appendix 10). This usually involves submission of a curriculum vita by the external supervisor, along with a detailed proposal for the specialty practicum experience and evidence of training and/or experience as a supervisor. Specialty practicum proposals (if a new placement) must be reviewed and approved by the PSC Director in

⁵ See Appendix 12 for the general practicum syllabus

⁶ See [CPA 2011 Accreditation Standards and Procedures \(5th rev.\)](#):

⁷ See [Appendix 13 for the specialty practicum syllabus](#)

consultation with the clinical faculty.⁸ To learn about different options, speak with the Director of the PSC or other Clinical Faculty, review the list of past practica students have taken, or confer with other students.

Practicum Requirements

Practica involve a minimum of 150 “clinical activity” hours. Clinical activity involves at least 50 hours of direct client contact and 25 hours of supervision, with the remaining hours involving indirect clinical work, such as writing progress notes, scoring tests, and writing reports. Remember that it is your responsibility to track your hours as these will be required for your internship applications. We recommend that all students use the online MyPsychTrack service that we subscribe to in order to keep track of clinical hours. Keeping accurate records will significantly ease your application for internship down the road.

Students will normally have a few intervention cases (usually 3-4 for each practicum), either adults or children depending upon the supervisor. The therapeutic orientation (client-centred, cognitive-behavioural, psychodynamic, or systemic) will depend upon both the supervisor and on the nature of the client’s needs. Couple or family work might also be done, again depending upon the supervisor. When the supervisor is experienced with psychological assessment, then the student should also do one or two assessments that involves cognitive and personality testing leading to an integrated report. External practicum settings, which you will normally move on to after your third PSC practicum, will expect you to be able to conduct a clinical interview and come up with a diagnosis, provide individual psychotherapy using standard psychotherapeutic orientations, have experience with psychological testing administration and interpretation, and to be able to write a clinical report or intake. They will also expect you to be familiar with the standards of ethical and professional practise (i.e., respecting privacy, being organized, basic case management skills, appropriate attire, etc.). By the end of your third PSC practicum you should be prepared to perform at a basic level of competence in all of these domains of clinical work.

You will be assigned your practicum supervisors no later than the beginning of September before your second year. Prior to seeing your first client, you will meet with your supervisor to discuss the details of your upcoming practica (i.e., the types of clients you will be seeing, the therapeutic approach that will be emphasized, and expectations of each other), which will be formalized by a Practicum Contract. At the end of the practicum, you will be evaluated on your work by your supervisor using the Practicum Competency Evaluation Form.

It is important to note that clinical students are not permitted to do any additional practica beyond their first two general practica at the PSC until their Master’s thesis is defended. So the moral is: get your thesis done!

⁸ See [Appendix 10, Eligibility Guidelines for PSC Clinical Associates](#)

Preparing for Internship

Students will complete a minimum of 900 hours of practicum training over the course of a minimum of six required practica. As mentioned previously, each of which involves a minimum of 150 hours of total experience. Consistent with CPA's current accreditation standards, each practicum must include at least 50 hours of direct client contact and 25 hours of supervision. The remaining hours could include additional clinical contact and supervision, along with a range of indirect activities in support of the practicum, such as case notes, video review, preparations for supervision, report-writing, readings, etc. Depending on circumstances, the total hours of experience for a given practicum may approach 200 hours.

Beyond the six required practica, students may take up to two additional practica at the doctoral level to increase and/or broaden their clinical experience. In order to ensure that students are progressing on both the clinical practice and research aspects of the program, we now require that students who wish to take additional (7th or 8th) practicum obtain approval from the DCT first. Students must submit a hard copy of the **Request to Take Optional (7th or 8th) Practica Form** that can be found on page 45 of the Clinical Program Book. On the form the student will need to provide their rationale for why they think the optional practicum is important to their training needs and internship competitiveness. During this approval process, students wishing to take advanced practica will have to demonstrate sufficient progress on the non-clinical aspects of the program (e.g., dissertation research). Normally these additional practica are done by students who are at an advanced stage in fulfilling their research requirements.

CPA suggests a minimum of 600 hours and a reasonable maximum of 1000 practicum hours. More specifically, they have a minimum of 300 direct contact hours and 150 supervision hours, although generally students may not be as competitive when applying for internship with only the 450 minimum direct service and supervision hours. We suggest that our students aim for approximately 500-600 direct contact hours and 200-250 supervision hours. Please keep in mind, however, that both quantity and quality of hours is important, as is the match between your interests and experiences and those of the internship sites.

With respect to the amount of practicum training a student should acquire, the CPA Accreditation Panel has stated that it believes no more than 1000 hours of practicum training are necessary prior to internship. Moreover, the Panel has also stated that it strongly encourages students to focus on quality (e.g., expanding variety of issues and populations) over quantity, and advises against amassing a large number of hours solely in an effort to enhance competitiveness for internship matching. In line with this advice, any students seeking to do more than six practica must have compelling justification for their request, as simply accruing more hours may not enhance their competitiveness for internship and could unnecessarily slow their program time to completion. According to the CPA (2011) *Accreditation Standards and Procedures*, practicum training incorporates and covers the following activities:

- An understanding of, and a commitment to, professional and social responsibility as defined by the statutes of the CPA *Code of Ethics*,
- The ability to conceptualize human problems,
- Awareness of, and sensitivity to, the full range of human diversity,
- An understanding of one's own characteristics, strengths, and biases and the impact these have upon professional functioning,
- Skill in psychological assessment, intervention, and consultation, which includes more than one type of assessment (e.g., intelligence testing, behavioural assessment, personality testing, neuropsychological assessment) as well as more than one type (e.g., cognitive-behavioural, interpersonal) and mode (e.g., individual, group, family) of intervention,
- Skill in writing reports and progress/session notes, and
- The use of research to inform practice and the ability to use practice experiences to inform and direct research. (p. 27)

More information on internship and practicum hours can be found in the [Clinical Program Handbook](#)

Practicum Planning, Registration, and Evaluation

Practicum Planning

Students are required to have a conversation with Dr. Wallbridge about any practicum that they are planning before they propose the practicum to their potential supervisor. The clinical psychology program **Annual Performance Appraisal** form requires each student to meet with the PSC Director in April. This is an excellent opportunity for students to discuss future training plans (e.g., future practicum choices, etc.) so you can get the most out of your clinical training experience. Dr. Wallbridge is able to help you make more informed choices about how to select specialty/external practicum experiences based on your interests and experiences. It is suggested that you begin planning your senior/specialty practica 6-12 months in advance. There is a planning practica binder available to students that has a listing of all practica locations that have been used as well as a listing of current Clinical Associates of the program, and samples of contracts for each site/supervisor (also available on the PSC Jump Site). When further along in your practicum planning process, we ask that you submit an email to Dr. Wallbridge and Andrea Labossiere so the program is informed of all upcoming practica and we can ensure that the proposed supervisor is a clinical Associate of the program. Include in the email the following:

- who:** proposed supervisor(s)
- what:** practica number
- when:** academic term(s) of the practica
- where:** practica site

WRHA/CHP Practica

Practica with the WRHA/Clinical Health Psychology (CHP) program require approval from the WRHA/Clinical Health Psychology Practicum Coordinator at least six month prior to the start of the practicum by filling out the WRHA Practicum Application Form (Appendix 2 Part B). Details regarding the procedure for this type of practicum can be found in the WRHA Student Guide for Practica Training (Appendix 2 Part A).

Note (as mentioned previously): Students are only eligible to take their 3rd practicum (PSYC7930) as an in-house specialty practicum, if their Master's Defense is date is scheduled and they have approval from their research advisor. The Director of Clinical Training makes decisions about applications for practica beyond the 6th. Normally students must have passed their dissertation proposal defense in order to be eligible for a 7th practicum and collected most of their data in order to be eligible for an 8th practicum. Please be aware that this program will not allow a student to take optional practica, and will not approve additional program-sanctioned hours if they have already accumulated sufficient clinical training hours to be competitive for internship, or if the student has not made enough progress on their dissertation research.

Practicum Registration

Practica are courses graded on a pass/fail basis and students are required to ensure they have registered for them before commencing the practica. **All practica, both internal and external must be proposed to the PSC Director prior to the start of the term.** The contract must be filling out in conjunction with the practica supervisor and signed by the student, the supervisor(s) and sometimes an external site practicum coordinator, as well as the PSC Director, who is the instructor of record for all practica. Once the contract is signed by all necessary parties it must be submitted to the PSC Coordinator/Admin Assistant who will send out an email to the supervisor indicating program approval of the practica. The email will be copied to all involved parties as well as the Psychology Graduate Office Assistant, Gloria Derksen for the purpose of tracking the practica and for triggering the registration process. The student will receive an email from Gloria that will provide instructions for registration in the practicum.

Practicum Evaluations

At the conclusion of each practicum, supervisors must complete a competency-based **Practicum Competency Evaluation Form (PCE)** based on the performance of their supervisee(s). A supervisor may also complete an evaluation of a student at mid-point if they feel that it is necessary. The evaluations must be submitted to the PSC Coordinator/Administrative Assistant to ensure the student receives a grade in their practica. Each supervisee is likewise required to complete an evaluation of their supervisor after they have received their evaluation. For PSC practica the supervisee should use the **Evaluation of PSC Practicum Supervisor Form** to evaluate their experience with the practicum supervisor. Both forms must be submitted to the PSC Director, who is the instructor of record for all practica. Evaluations of PSC supervisors are done anonymously (according to University regulations). Once four Evaluation of Practicum Supervisor forms have been

received for a given supervisor, the data are compiled into a summary evaluation. Copies of this summary evaluation are given to the supervisor and to the PSC Director. A copy is also placed in the supervisor's faculty personnel file. Copies of all group evaluations are available to students in the Administrative Assistant's office. Evaluations of external supervisors are also required and are submitted to the PSC Director, but these are not anonymous and should be done using the **Evaluation of External Practicum Supervisor Form**. Many external supervisors will ask for a copy of this evaluation, or may even use their own form. It is important for students to note that ***no grades for practica will be submitted without satisfactory completion of all requirements***, including paperwork. Forms are available in the general office and on the PSC web-site.

In-Service Presentations

In-service presentations are normally scheduled on one Tuesdays of each month from 3:00 – 5:00 p.m., September through April each year. Topics for in-service training are posted on the PSC website, circulated electronically and posted in the general office. All clinical students and faculty are welcome and encouraged to attend these events as a form of professional development and continuing education. **In-service training is mandatory for all clinical graduate students doing their PSYC 7910 and PSYC 7920 practica. PSC in-service training is considered part of the practicum for which students have registered.**

Clinical Student Meetings

Clinical Student Meetings are scheduled once each month from September to April. These meetings are optional but students are **strongly encouraged** to attend, as this is when the Clinical Student Representatives (CSR) will share information about the program and listen to your concerns so that they may advocate on your behalf with clinical faculty. CSR's are elected by clinical students and serve alternate two year terms.

Clinical Faculty Meetings

The second (or third) Friday afternoon of each month is set aside for a Clinical Faculty Meeting, chaired by the Director of Clinical Training. These meetings are also attended by the Clinical Student Representatives; however, for reasons of confidentiality, CSRs are excused from any meetings at which individual students are discussed (e.g., annual student evaluation meetings).

Time Commitment

In addition to the specific time commitments listed above, students must be aware of the scheduling aspects of their clinical work. Client appointments are scheduled during hours the PSC is open to the public. Often appointments are scheduled in the late afternoons and evenings to accommodate client availability. Clients may also experience crises or other urgent situations that require immediate attention from you and your supervisor outside of regularly scheduled appointments. Flexibility is key to a successful practicum and that is facilitated through advance planning wherever possible (advance room/equipment bookings at the PSC). In general, assume that your practicum

will require a large time commitment (e.g., 150 hours per term), and make any necessary adjustments in other areas of your academic and personal life to accommodate your commitment to your clinical training.

Summary of Practicum Requirements

The fundamental practicum requirements are the same for both General and Specialty Practicum experiences:

1. A minimum of 150 hours of direct experience spread out over either 13 weeks (1 term) or 26 weeks (2 terms; only available for fall/winter term), as negotiated with the supervisor and approved by the PSC Director. A single practicum should not normally exceed 200 hours. Consistent with CPA accreditation guidelines, the required hours of practicum experience must include the following:
 - a. A minimum of 50 hours of direct face-to-face client contact;
 - b. A minimum of 25 hours of direct face to face supervision provided by a registered psychologist (up to 25% of supervision may be group supervision);
 - c. The additional hours include indirect service activity (e.g. test scoring, report preparation, client related information gathering, etc.);
 - d. Regular occurring clinical activity throughout the practicum with an average of 10-12 hours per week committed to direct and indirect clinical work.
2. A written contract between the clinical supervisor and the student must be prepared and submitted to the PSC Administrative Assistant before the student starts seeing clients.
3. All clinical supervisors are obliged to provide a competency based assessment of student performance ([PEC](#)) promptly upon completion of the practicum.
4. All practicum students are obliged to provide an evaluation of the practicum and supervision experience promptly upon completion of the practicum.
5. Both supervisor and student agree to notify the PSC Director of any problems or concerns related to the training experience as soon as possible.
6. Students are required to log hours of clinical activity during each practicum using [MyPsychTrack](#). This log of clinical activity will be an integral part of the application for internship⁹. Ideally, data should be entered on a continual, consistent basis throughout each practicum as it will also be used as part of the annual clinical faculty review of student progress.

⁹ See the APPIC Application for Psychology Internship form: <http://www.appic.org/AAP-APPA>

In addition to the above general practicum requirements, additional requirements apply to **specialty practicum experiences**, particularly those provided off campus:

1. Specialty practicum submissions will only be considered **after** the student has successfully completed three practica at the PSC. Students are encouraged to meet with the PSC Director and the Administrative Assistant near the end of their third practicum to plan specialty practica.
2. External specialty practicum submissions will only be considered only **after the student has completed their Master's Degree** (i.e., is not dually-registered).
3. The specialty practicum contract between the supervisor and the student should be prepared and submitted to the Administrative Assistant at least four weeks prior to the planned beginning of the practicum. This provides the time necessary for the submission to be reviewed by clinical faculty and approved by the PSC Director.
4. The training experience must be one in which education and training is prioritized over service delivery. In addition, although some practicum experiences could include remuneration, students may not claim or seek credit for any form of paid employment as practicum experience.

Practica Recordkeeping

Tracking clinical activities / Time 2 Track Database / MyPsychTrack

In 2011, the PSC adopted Time 2 Track (T2T) as a means of maintaining a database of clinical activities by students and staff members. More recently, the PSC has migrated away for using Time2Track and is now using MyPsychTrack. MyPsychTrack is a web-based program which is free to all APPIC members and free to all students. This program is designed to track clinical activity and export data to AAPIC online.

All clinical students and faculty members are required to set up a MyPsychTrack user account and log their clinical activities in the various available categories. By using it, the PSC is ensuring ease of compiling clinical activity hours in a format consistent with that required by APPIC. Using a harmonized system such as MyPsychTrack also means that summaries of activities can be easily compiled as needed throughout the training year, thereby ensuring that practicum supervisors have up-to-date information available for their supervisees when planning caseloads, preparing for evaluations, or composing letters of reference. As such, it is imperative that all clinical activities are entered in a timely manner.

An orientation to using MyPsychTrack is normally will be provided by the Clinical Student Reps (CSRs) early in the term.

You can log into MyPsychTrack here: <https://app.mypsychtrack.com/>

Worker's Compensation Coverage for Student Practicum

Students on a recognized practicum placement in Manitoba for which they are not receiving a wage may be eligible for Workers Compensation Board (WCB) benefits in the event that they are injured while working. Only students taking part in a practicum that is approved by their department are eligible for WCB coverage or benefits, and they are covered only while actually working at the practicum site for an accident that arose both out of the employment and in the course of the employment.

Workers Compensation Coverage for practica that occur outside of Manitoba is determined on a case by case basis by WCB depending on a number of factors such as the length of the practicum. Students are required to call WCB at 204-954 4100 to let them know that they will be away from Manitoba doing a practicum. Students are also advised to contact Manitoba Health if they are leaving the province for a practicum to ensure the continuation of their provincial health coverage.

If a student does sustain an injury during the course of their practicum, they are required to report the injury to their supervisor and seek medical help if required. They are also required to fill out a [University of Manitoba Notice of Injury Form](#) and report the injury to the following parties:

WCB of Manitoba by phone 204-954 4100 or toll-free 1-855-954-4321

University of Manitoba EHSO by email: EHSO@umanitoba.ca or by Fax: 204-474-7629

Director of Clinical Training and the PSC Director

CURIE Student Accident Workplace Plan

If for some reason a worker's compensation claim was denied, the student would be covered by the University of Manitoba CURIE Student Accident Workplace Plan.

Guidelines about Extra-Curricular Hours

Subject to approval by the DCT, students may apply for approval of extra program hours up to 200 hours per supervisor; 20% of which must be supervision hours. These are typically clinical hours that students have obtained through some type of supervised employment during graduate school. These additional hours may be submitted as part of the student's internship application.

The new policy allows students to apply for approval of extra program hours up to 200 hours per supervisor (i.e., per supervised experience), with at least 1 hour of supervision for every 10 hours of direct client contact, subject to approval by the DCT. What this means is that, unlike the previous policy that allowed hours from one supervised experience, students can now apply for approval to count additional clinical hours from multiple supervised clinical experiences so long as each supervised clinical experience meets the requirements outlined in the new policy.

If a student is contemplating seeking this approval, it would be wise to discuss this prior to or early in the experience in order to ensure that the nature of the experience and the supervision received satisfies program standards.

Guidelines for Clinical Supervision

Professional Liability and Student Responsibilities

The University of Manitoba, through its Office of Risk Management, ensures that registered clinical students are provided with professional liability insurance under the provisions of the institution's membership in the Canadian Universities Reciprocal Insurance Exchange (CURIE). Under this insurance program, students who undertake clinical work as part of their academic program (i.e., a registered clinical practicum with a university course number) are automatically provided with professional liability coverage so long as this work is done with the knowledge and consent of an approved supervisor.

No coverage through CURIE is provided for clinical activities that are done outside the registered academic program (e.g., employed as a psychological associate in a private psychological practice; working as a counsellor in a community agency), or without the knowledge and consent of an approved supervisor for activities that occur as part of the academic program. While the responsibility for the case ultimately lies with the supervisor, there is an onus on students to keep their supervisors apprised of the progress of therapy and of any potential problems or risks to the client or others. In addition, supervisors may be absolved of responsibility if you act without their knowledge or consent, or act in a manner inconsistent with what they advised regarding a particular situation. For this reason, close contact with supervisors is necessary when dealing with client safety issues.

The Office of Risk Management suggests that there is no need to purchase extra liability (either general or professional) insurance coverage for the student's practicum or internship as there is a high limit of coverage provided by CURIE that will cover both the student and the University with respect to all of the relevant incidents that would likely occur in the course of a practicum or internship. The only exception to that is medical/travel insurance if the practicum or internship is out of the province or country. CURIE coverage applies to our students regardless of whether they are doing their practicum or internship in Manitoba, in another province, or out of country. Nevertheless, some external sites or internships may ask/require you to obtain additional liability insurance anyway.

Designation of Supervisors

A student must always have a designated supervisor for every client being seen, even if the client is continuing from a previous practicum and the original supervisor is not available. For example, if a

supervisor is on sabbatical, arrangements must be made for a new supervisor. A new contract should be drafted to ensure there is a record of supervisory responsibility for the continuing clients. Similar provisions apply when a student is continuing with some clients from a previous practicum, transferring supervisory responsibility from the former to the current clinical supervisor and documenting this on the appropriate form.

Supervision Loads

Practicum supervision is assigned as part of a faculty member's teaching load, under the Teaching Responsibility Policy of the Faculty of Arts. Clinical faculty earn a certain number of teaching credits by supervising practicum students and fulfilling associated PSC duties as described below. The formula of two practica is equivalent to one half course (3 credit hours) has been the standard used for many years. Teaching/supervision loads are discussed with the Clinical Area Director, negotiated with the Head of the Department of Psychology, and approved by the Dean of Arts. The PSC does not determine this teaching load, only advises the department about the expected number of students for the coming year.

The responsibilities of the supervisor include supervising students by electronic record or live; evaluating and editing written work (both paper and electronic health record), evaluation of students, and responding to client crisis as needed. Supervisors at the PSC are also expected to attend Clinical Faculty Meetings and to sign up for on-call duty.

Supervisor Assignment Process

Supervisors are assigned to students at the PSC by the Director of the PSC and the DCT based on upon the principle of giving students as broad an exposure to clinical work as possible. A supervisor would not be assigned to the same student twice, unless the later practicum was a specialty practicum of some type.

Student Evaluation of Practicum Supervisors

Introduction

Faculty supervisors are subject to the relevant University, UMFA, and/or department policy regarding faculty-course evaluation.

Evaluation Process

Each student registered in a practicum (general and specialty) shall complete, at the completion of the practicum, a formal written evaluation of the practicum supervisor, using the revised [Evaluation of PSC Practicum Supervisor Form \(EPS\)](#). This form consists of one quantitative section and two qualitative sections: Section One consists of 48 items pertaining to different dimensions of the practicum supervision process and requires the practicum student to complete quantitative ratings thereof. Of these items, 41 are modified versions of the Counsellor Evaluation of Supervisors scale

(Bernard, 1981, in Bernard & Goodyear, 1993)¹⁰. Section two requires the practicum student to provide information regarding anything that was especially valued about the supervisor. Section three requires the practicum student to provide specific suggestions for improving supervisory skills. Upon completion of the EPS form, the practicum student shall return the form to the PSC Administrative Assistant.

Compilation Process

Once an EPS is submitted, the Office Assistant compiles the quantitative scores of Section One and enters them into an electronic spreadsheet. The qualitative responses to Sections Two and Three are re-typed into the spreadsheet, and the original form is confidentially shredded, to ensure anonymity of the student.

When four EPS evaluations have been received for a practicum supervisor who is an UMFA member, only the mean and range of respondent scores for Section One, and comments from Sections Two and Three are transferred to a final spreadsheet for confidential distribution to the practicum supervisor and the PSC Director, who reviews this information but does not retain a copy.

Evaluation of external supervisors (Clinical Associates who are not UMFA members) is done using the Evaluation of External Practicum Supervisor Form. These evaluations are not anonymous and may also be asked to share their evaluations with their external supervisor.

¹⁰ Bernard, J.M., & Goodyear, R.K. (1993). Fundamentals of clinical supervision. New York: Allyn & Bacon.

General Information – PSC Operations

PSC Office and Room Designations

DAFOE BUILDING (UPPER)

161	Reception / Waiting Area
162	General Office
162A	Office Assistant <i>Ms. Sandra Dufour</i>
163	Practicum Student Room
164	Administrative Assistant <i>Ms. Andrea Labossiere</i>
165	Assessment Room
166	Therapy Room
167	Observation Room/Storage
168	Therapy Room
169	Conference Room
171	PSC Director <i>Dr. Hal Wallbridge</i>
172	Therapy Room
173	Supervision and On-duty Consultation

FLETCHER ARGUE (EAST)

109	Child & Family Therapy Room
109A	Observation Room/Supervisor's Office
110	F. A. Practicum Student Room
110A	Therapy Room
111	Clinical Student Computer Lab/Psychological Assessment Scoring and Reporting
112	Clinical Student Computer Lab/Workspace/Assessment Room
113	Clinical Student Computer Lab/Workspace
115	Seminar/Group Room

FLETCHER ARGUE (WEST)

104	Dr. Matthew Keough's Office
105	Clinical Student Reps Office
106	Dr. David Martin's Office
107	Dr. Don Stewart's Office
108	Dr. Diane Hiebert-Murphy's Office

PSC Hours of Operation

The PSC is normally open to students and clinical faculty weekdays from 9:00 a.m. daily. The PSC is also open two to three evenings a week during the academic year to allow flexibility in scheduling. **Clients should only be scheduled within the hours designated for public access.**

Scheduling clients at times outside of the public access hours may be possible, pending discussion with PSC office staff and/or the Director in order to ensure that staffing requirements for front desk coverage and on-duty clinical back-up can be met at these times. **Please do not confirm any client appointments outside of the designated public access hours without permission from PSC staff.**

Extenuating circumstances may occasionally dictate that clients are seen outside of regular PSC operating hours (e.g., after closing for the evening or on a weekend). **This may only occur with the knowledge and consent of the student's practicum supervisor and the PSC Director.** Students are **not** permitted to see clients after hours or on the weekends without such consent. In addition, for any after-hours contact, the practicum supervisor **must be on-site** for the full duration of the appointment. To maintain safety and security, entry doors must remain locked whenever appointments occur outside of the PSC's normal operating hours, or when students are working after hours on reports, test scoring, etc.

Students are reminded to dress appropriately for a professional setting when at the PSC, whether they are seeing clients or not.

PSC Meetings and In-services

Tuesday afternoons are set aside for a variety of PSC meeting and training functions. The Tuesday schedule includes monthly clinical faculty meetings, clinical student meetings, and PSC in-service training. It is mandatory that all first year practica students (normally MA2s) attend all in-service training sessions so please adjust your schedule accordingly.

The schedule for these events is posted in the PSC General Office and on the PSC website.

Clinical Faculty On-Duty Coverage

Clinical faculty members are assigned one on-duty day per week during the academic year, with summer coverage adjusted based on availability. The role of the on-duty supervisor is to be available as needed for consultation/intervention for urgent situations or crises. Supervisor on-duty schedules are located on the bulletin boards in the General Office and in the Practicum Students Room 165. Note that these times coincide with the PSC public access hours, which ensures that clinical back-up is available during times when students normally meet with their clients. Students seeking to see clients at times outside of the public access hours must discuss this situation with PSC office staff and/or the PSC Director to ensure adequate coverage is available.

Students should not hesitate to contact their assigned supervisor, administrative staff, or the on-duty supervisor for advice or consultation in important or urgent situations.

PSC Keys and After-Hours Access

Students enrolled in practica at the PSC may sign out a sub-master key to the PSC for the duration of the current practicum (typically September to April) with a \$25 cash deposit. This provides after-hours access to work on reports, use the student computer labs, or view recorded sessions, since patient files and videos cannot leave the PSC. See the Office Assistant to sign out a key and receive a security system code. For the security of the PSC, guard your key and security code carefully and do not keep them on you when not needed. If you lose your PSC key, you are required to report that loss immediately to the PSC staff.

The PSC sub-master provides you access to all the rooms in the PSC except the for the file room, the supply room, as well as certain offices occupied by PSC staff. In addition, certain doors in the PSC require access using a code, which will be given to you when you are assigned your PSC key. If you are accessing the PSC outside of normal business hours or arrive in the morning before office staff has arrived, you are required to leave the external doors locked. When leaving the PSC during non-business hours, the last person leaving the building must ensure the PSC is empty and has been locked up completely, and the alarm system armed. If you are here on the weekend or in the evening after office hours, please ensure all outer doors are kept locked. Please be aware that you are not permitted to see patients outside of normal business hours (unless proper coverage by On-duty staff has been arranged).

A key to the file/archives room is available at the reception desk and must be signed for and returned immediately after use.

If you have a PSC sub-master key, you will also have a personal alarm pin and code, which will arranged by the PSC Office Assistant. Do not loan your key to anyone, or reveal your alarm code to anyone.

[See Working Alone Policy on PSC Jump Site under Health and Safety](#)

Locking up

You will need to ensure all PSC doors (main entrance, back entrance and Fletcher Argue entrance) are locked before exiting and setting the alarm, as well as internal doors. Also, check all the PSC rooms to ensure you are not setting the alarm when someone is still in the facility.

If the front door will not open

When locking or unlocking any of the PSC doors that have deadbolts, you will need to turn the key back half a turn to ensure that the lock is in the right position to be locked or unlocked again. If the front door will not unlock it may be because someone did not leave the dead bolt in the right position when locking up. If this happens you can gain entrance to the PSC through the back entrance (by Dafoe Library next to the IST Theatre). The back entrance is labeled and you will need to know the punch code. Remember, you still have one minute to disable the alarm when coming in from that entrance.

Lost Keys

Please guard your key carefully as a lost key means less security for the PSC. If you do lose your key, please notify the PSC office staff as soon as possible.

There is a \$25.00 cash deposit on all keys which will be returned upon the receipt of the key back to the PSC. The \$25.00 fee will be forfeited if your key is lost.

Returning Keys

All keys must be returned by the deadline to the Office Assistant. There will be email reminders of when your deadline is approaching. If the deadline passes and you have not returned your key, your deposit may be kept to offset the charges to the PSC budget from the Arts office for your 'lost' key.

If you ever have questions or concerns regarding your key, alarm code, or procedures for opening or closing the PSC, you are always more than welcome to ask the staff for assistance.

For the security of the PSC, guard your key carefully and do not keep it on you when not needed.

PSC Communication

Any communication, verbal or written, with or about PSC patients must be done in a confidential manner designed to protect the privacy of the patient and meet the requirements of PHIA and FIPPA laws.

Mail

The PSC office staff can mail out any patient related reports or other documents that are required to be sent by mail, as well as inter-departmental mailings. Let the office staff know what needs to be mailed and to whom. Any mail being sent from the PSC must be entered in to the PSC Mail log, which is in Room 162 Dafoe in the mail basket on top of the Shred-it bin. If the mail is to a patient, all entries are de-identified using only the patient's initials and file #. All correspondence such as letters and reports must be copied and placed in the patient's paper file.

Mail arriving for a student will be placed in their student mail box.

Printer/Scanner/Copier/Fax

The printer/scanner/copier/fax machine is located in the storage area adjacent to the general offices and can be used by students for all PSC related print/scan or copy jobs. The PSC allows students to use the Printer/Scanner/Copier/Fax for small personal jobs for free but if a student intends to use it for larger jobs such as thesis or course-related materials, large personal documents, the students will be required to pay 10 cents/page. Students must make note of the number of pages and pay the office staff directly.

For faxing, remember to enter 4 before the number for any outgoing faxes that are not on campus, and add 1 if it is a long-distance call. If you are faxing to an on-campus fax machine, only the last four digits of the number are required. To comply with the U of M PHIA requirements, if you are faxing personal health info you must make sure that the fax machine you are faxing to is in a private location and you have informed the person or agency that you are sending the fax. A PSC Fax cover is available (next to the fax machine) and must be used for any patient related faxes being sent from the PSC. The fax cover must not contain any personal health info and must contain a confidentiality message on it. The full U of M "Transmission of Personal Health Information via Fax" policy and procedure is posted near the fax machine.

Phone calls

Outgoing:

To dial off campus, a 4 must be used before the phone number from all PSC phones. Calls made to another U of M phone can be made using only the last 4 digits. To provide privacy for our patients, all PSC phones have caller identification blocked (no caller ID) so the receiving party will not be able to identify the source of the call. This also means that some people will not be able to receive calls from us because they do not accept calls from phones that have the ID blocked. People are asked, when they fill out our Intake Package, to let us know how they wish to be contacted so please respect their wishes and use the form of communication they have identified (telephone or email). As well, respect their wishes regarding leaving a message as some people do not wish for their family members or room-mates to know that they have applied for services.

Use the phone in the Student Room 165 Dafoe when contacting patients. The phones in the Conference Room 169 Dafoe and the Supervision Room 173 Dafoe may also be used to contact patients if the phone in the student room is unavailable. Priority must be given to PSC business phone calls so please refrain as much as possible from using the PSC phones for personal use. Students that do make a personal long distance call from a PSC phone are asked to email the PSC admin staff with the date and time of the call along with the phone number so the student can be billed for the call. Do not use your personal cell phone or home phone for contacting patients unless there is an urgent reason to do so. If you feel you must use your home or cell phone for this purpose, dial *67 in front of the number so your phone number and personal information is blocked and ensure that no one can overhear your conversation.

In-coming:

Office Staff will tape any incoming messages for students on a piece of paper to their mail boxes and will only contact the student if a message is urgent. Please inform the staff if you prefer to be contacted by email or phone regarding urgent messages. If you will be out of the office for an extended period, please inform the office staff if you wish for your messages to be forwarded to you. All paper copies of messages (phone or email) that contain patient information must be disposed of in a confidential manner using the locked shred-it bin in Room 162 Dafoe or added to the patient's health record if necessary. Such messages cannot be removed from the PSC. If you are having trouble reaching your patient and wish to leave a message offering them times you are available for an appointment, please

let staff know the times you have offered (write the times in our PSC Communication Book). Often patients don't remember the times they were offered on the voice mail so leaving the information with staff can facilitate the booking of the appointment. The communication book is stored in a drawer to the left of the reception desk.

E-mails

It is the PSC policy to minimize the amount of personal health information sent by email as it is not considered a secure form of communication. Students may use the extra computer in Room 162A for patient emails or the computer in either of the Practicum Student Rooms (163 Dafoe or 110 Fletcher Argue) to arrange appointments only, using the PSC email account (psc@umanitoba.ca). Each student will be assigned their own folder in the PSC email when they start their first practicum. Do not send any emails to patients or patient related emails to others using your student email or personal email. Any incoming emails from patients will be printed and taped on the student mail boxes and moved to the student's folder. After you have responded to an email, please delete it from your folder. If there is an urgent email that should be attended to by a student in a timely fashion and the student is out of the office, the PSC office staff will make every effort to contact the student by their preferred method of communication. E-mails from patients will be de-identified and forwarded to the students email account so the student can then respond with a de-identified message to be sent out to the patient by the office staff. If you are out of the office and need to send an urgent email to a patient, you can send an email to the PSC email address with the de-identified email written in quotations, which the PSC office staff will then forward to the patient. Please include the subject line you wish to use for the email as well.

Computers for student use

There are computers available for student to use in the Clinical Graduate Student Rooms 111, 112, and 113 Fletcher Argue. All are networked for general use, and have word processing and SPSS software. The machines in 111 also have software installed for scoring psychological tests. Files should be saved to personal, portable devices and not to the desktop as extraneous data is regularly cleared from all lab computers. Please ensure that no confidential material is stored on these computers. If a problem arises contact the PSC office staff so they can access IT support through the Psychology department. Please respect that staff computers are not available for student use.

Reference and Resource Material

Books and videos for reference and resource may be found in the General office area. They are available for use by students and staff and must be checked out through the PSC library checkout system. Students may want to take the time to familiarize themselves with community resource and reference materials.

Note: failure to return PSC resource materials/test materials will result in a hold in Aurora. This will prevent you from registering from future courses.

Confidential Shredding Console

Please note that any personal health information collected about a client is subject to all of the PHIA provisions, including record retention and disposal schedules. Before destroying any materials, check with your supervisor and/or PSC administrative staff to ensure that the materials can/should be destroyed.

All confidential materials (e.g., draft notes or reports, messages, CDs or DVDs) that should be destroyed must be placed in the locked 'Shred-it' bin in the test storage/photocopier room adjacent to the General Office. **Do not dispose of any confidential materials in the recycling bins or waste containers.**

Video Recording and Storage

At the PSC, patient sessions not attended by your supervisor are video recorded by students. The sessions are recorded only to facilitate the student's learning and supervision and are not kept as part of the patient's health record. NOTE: the video is considered a health record until the point that it is deleted and it is our policy to delete all video recordings once they have been viewed in supervision. Cameras to record client sessions are available at reception for use by students doing practica at the PSC. **It is the responsibility of the student to ensure that the camera, and any forms of data collected, do not leave the centre and are locked up appropriately after use**

PSC Procedure for recording and viewing videos

- 1) The cameras and SD cards used for video recording are stored in locked supply cabinet 2 in 162A Dafoe and cannot under any circumstances be removed from the PSC. Before your session, sign out a camera and SD card in Resource Mate. Please see Index 3 - Video Camera Tutorial for more details on using the cameras.
- 2) Return the camera and SD card back to the reception desk immediately after your session is over, unless you have more than one session in a row, in which case you can record all your sessions on the same SD card using the same camera. An ac adapter for the camera may also be signed out if you expect to need the camera for more than one session.
- 3) Remove the SD card from the camera and place it in the pouch of your USB Flash Drive, which is then placed in a box labeled "Videos to be transferred". Sign your camera back into Resource Mate and plug it in to recharge the battery.
- 4) Admin staff will transfer your video to your encrypted USB Flash Drive, as well as erase the video from the SD card. Once the video is transferred to your flash drive it is placed back in a white box that have slots inside with your name is also kept in supply cabinet # 2. You must sign out your flash drive in Resource Mate before your supervision session and sign it back into Resource Mate when you have finished with it.

- 5) Unique passwords will be given to each student and staff member at the start of your practicum. You will need these passwords to access your data. Without the password, you will get an error message when trying to view your videos. Each video is encrypted to allow access by only the student and their supervisor.
- 6) The USB Flash Drive can only be accessed using certain PSC computers that have been encrypted and do not have internet access. There are currently two laptops (on carts) and the PC in the supervision room that you are able to view your videos on. Therefore, you can book a supervision session in either the Supervision Room (Room 173 Dafoe Building) or in one of the other rooms using one of the supervision laptops.
- 7) Once reviewed with your supervisor, video files must be deleted from your USB Flash Drive to ensure confidentiality and open up storage space on the USB Flash Drive. This system is designed to ensure clients' privacy rights are maintained while guarding against unauthorized access, as required by PHIA.
- 8) It is the responsibility of the student to ensure that the camera, SD Cards, USB Flash Drives, and Supervision Laptops and any forms of data collected, do not leave the centre and are locked up appropriately after use.
- 9) If you forget your password, please inform the Administrative Staff. Sharing your password with others is considered a security risk and is not permissible.
- 10) Unless instructed otherwise, USB Flash Drives may be wiped on a regular basis by admin staff to ensure security.

Equipment Repairs

Whenever you experience any equipment difficulties, please let the office staff know the nature and location of the problem so it may be addressed. **Please do not simply find another piece of equipment or alternative 'work-around' as this just leaves the problem to be re-discovered by the next person who tries to use the equipment. In addition, do not change settings on any computer equipment, or add or delete programs, without consent from PSC staff.** When equipment is out for repair from a particular room, a notation will be made on the room-booking sheets in the general office so others will be aware.

Personal Belongings

Clinical Graduate Student Rooms 111, 112, and 113 Fletcher Argue are in close proximity to public access areas. As such, the rooms must **ALWAYS** have their doors closed and locked unless someone is in the room.

Please do not leave personal belongings in other rooms as they are not secure. In any event, **the PSC assumes no responsibility for the loss of any belongings left unattended anywhere on site. Students and staff leave their belongings in the PSC at their own risk.**

If students are concerned about their personal belongs, a locker in the student room can be assigned to them for the duration of the term.

Also note if you are a grader/marker, exams should not be housed in the student room. This is sensitive information that needs to be locked up securely.

Personal Safety

No student or staff member at the PSC is expected to put themselves in a situation in which their physical safety is jeopardized. Students who feel unsafe with a particular client should immediately excuse themselves from the situation and consult with a supervisor, PSC Director, or available office or on-duty staff regarding the situation. For security purposes, there is a 'panic button' at the front office reception desk, a direct line to campus security in the hallway near the waiting room and portable personal alarms available at the front desk for in-session use. For any on-campus emergencies, dial 555 to reach the campus Security Services emergency line. Security Services will notify city police, fire station, or ambulance as appropriate, and guide them to the PSC to expedite service. There is also a campus SafeWalk program to escort students or staff safely to their vehicles. In addition, the university offers Nonviolent Crisis Intervention training, First Aid & CPR certification, and Self-Defense Classes for Women. Please see PSC staff for more details on any of these matters.

Student Awards

Each year the Psychological Service Centre awards two cash prizes to clinical graduate students. These awards are usually presented as part of the annual Psychology Department Researchpalooza event, where the departmental Vineberg Prize is also awarded. PSC Award amounts vary with current market values (e.g., 2012 values were \$350 for each award).

The **Marion & Morgan Wright Award** is open to all students who have completed their fourth practicum in the current regular session and is awarded on the basis of demonstrated clinical excellence in practica.

The **Alumni Clinical Research Award** is also open to students who have completed their fourth practicum in the current regular session. Selection is based on strength of publications in the current academic year. Students who have won the Vineberg Award cannot submit their winning paper for consideration for the Alumni Clinical Research Award.

Students and their supervisors can obtain more information about these awards from the PSC Director or Administrative Assistant.

Clinical Student Office Assistants

Two or more clinical students are normally hired each year to work on a casual basis at the PSC. These student office assistants provide reception services, answer the telephone, and assist with office work. If you are interested in becoming part of the PSC student staff team contact the Administrative Assistant to learn more.

Working with Clients at the PSC

Intake Procedures

The primary purpose of the PSC intake process is to ensure that there is a readily accessible pool of potential clients to meet the training needs of clinical practicum students. In principle, the PSC is open to referrals year-round, but the specific nature of acceptable referrals may vary over the course of the year and in response to the number and needs of practicum students. For example, at points the PSC may be closed to requests for service by individual adults but remain open to children, families, or assessment cases. Along with this, specific types of cases may sometimes be actively sought or recruited from the community in an effort to ensure practicum students' training needs are met. At other times, such as when all of the students have met their case requirement needs, no new requests for service will be accepted until the beginning of the next training cycle. Information about the current status of our referral needs is posted on the PSC website under Waiting List.

In line with its primary purpose of providing appropriate clinical training cases for its student clinicians, the PSC does not guarantee service to any person who has made a request for service. Moreover, people whose service requests are not met by the end of the training cycle will be informed in writing that their request is being removed from our Request for Service List and they will be provided with a list of alternative community resources to explore.

Initial contacts for service requests are usually handled by PSC front office staff, including clinical office assistants. People who inquire about service through e-mail should be invited to contact the PSC directly via phone. It is the responsibility of the PSC staff/student involved in this initial contact to explain PSC intake and client assignment procedures, emphasizing that completion of this initial request for service does not ensure further service. In order for an individual to be added to one of the PSC waitlists, intake paperwork is required by the client to assist us with matching their needs with a student clinician. Intake packages are available to be printed from the PSC web-site, or can be mailed out or emailed to the potential client. They can also be filled out at the PSC office. Once the intake package is returned to the PSC, it is review by the PSC Director and if it is a case that is appropriate for a student clinician the case is be added to our wait list. While the PSC strives generally to pick up clients in chronological order, cases may be picked up out of sequence to fulfill specific training needs of students as determined by their supervisors. Moreover, as the PSC is a training clinic, services are not ordinarily extended to persons whose needs cannot be accommodated by the training requirements and capacity of our student clinicians and their supervisors.

Students who are seeking clients can then review these requests (intake package) with their supervisors to determine potential cases of interest. Cases of interest can be 'held' by a student for *up to five working days* in order to discuss suitability with their supervisors. Holding cases longer than this does a disservice to other students and to potential clients awaiting service.

The following sections provide more detailed information about the steps involved in developing a caseload of clients suitable for a student's practicum training needs.

1. The completed Request for Service form will be placed in the **REQUEST FOR SERVICE BINDER** located in the PSC general office and the information from the form will also be entered in the Titanium Electronic chart.
2. If the service request consists of a fax or letter (e.g., a referral letter from a physician), the referral source should be contacted. In cases where the potential client does not subsequently contact the PSC, office staff will contact the referral source to advise them that the referral has not been completed.
3. **Any incidents of concern that require consultation with other PSC staff or the on-duty clinical faculty member (e.g., safety concerns, suicidality, or aggressive behaviour by a client or person making a service request) should be noted on the CRITICAL INCIDENT REPORT FORM.** These forms must be entered into the **CRITICAL INCIDENT REPORTS** binder with a copy attached to the yellow **REQUEST FOR SERVICE FORM**, if applicable. Incidents involving PSC clients should also be noted in the client file, where a copy of the Critical Incident Report is included, in addition to the original report placed in the Critical Incidents Report binder. PSC staff will alert the student clinician and their supervisor to any critical incidents involving their clients if these individuals are not already aware of the incident. Any additional follow-up by staff/supervisors for critical incidents must also be appropriately documented in the Critical Incidents Reports binder or client file, if an ongoing client.

Establishing a New Client

1. When a new client is required by a student:
 - a. Students and clinical supervisors may individually or jointly search the **REQUEST FOR SERVICE LIST** and select a potential client for an intake appointment.
 - b. The student, in consultation with the supervisor, will call the client and set an intake date and time.
 - c. The student will book a room in Titanium for intake and indicate in the electronic scheduler that it is an **INTAKE** (as opposed to a regular) session. The booking should be for 60 to 90 minutes as directed by the student's supervisor.

- d. The **REQUEST FOR SERVICE FORM** for the potential client is then moved to the **INTAKE SCHEDULED** binder.
 - e. The office staff may send out a contact letter confirming the appointment date and time (with a map on the reverse side) to clients who's Request for Service forms are in the **INTAKE SCHEDULED** binder, if time permits. Information about parking will also be included. If known, students must indicate to the office staff when they are aware that the client does **NOT** want a letter sent to his/her home address.
2. After an intake is scheduled:
 - a. Clients are requested to arrive approximately 10 minutes earlier than scheduled to complete the registration and informed consent forms. Office staff will prepare the client file, placing the **REQUEST FOR SERVICE FORM** in the client file, and notify the therapist(s) when the client is ready.
 - b. The intake is conducted by the student and at times with the supervisor.
 - c. If the client does not show up for the scheduled intake, the student should consult with their supervisor to determine if an attempt should be made to contact the client for re-scheduling. If the person cannot be contacted, then the intake should be filed under **REMOVED FROM REQUEST FOR SERVICE LIST** by the Office Assistant.
 3. Following the intake, the student, in conjunction with the supervisor, will decide if the client is appropriate for services at the PSC. **Such decisions should normally be made within one week.**
 4. If the client is determined to be appropriate for services at the PSC, after consultation with the supervisor, then the student should place the student file in the **CLIENTS ASSIGNED** folder for processing by the Office Assistant. The client's file will then be placed in the current client file cabinet under the clinical student's name.
 5. If the student and supervisor decide not to accept the individual for services at the PSC:
 - a. The case is closed at intake, and the file is placed in the folder marked **CASES CLOSED** for processing by the Office Assistant.
 - b. The student is responsible for advising the person/agency of his or her decision, explaining the rationale for the decision, and suggesting alternative treatments.

Students who have done the intake are responsible for following the file until completion, regardless of whether or not the client is accepted for services at the PSC.

Intake Interview

The student's supervisor is the primary resource in preparing for the intake interview. Prior to entering into an intake interview with a client, students will want to review the Request for Service information with their supervisor, discuss the specifics of the interview, and work out a plan for how to conduct the intake (e.g., observing the supervisor conduct the interview, sharing the interview, conducting the interview under observation) consistent with their developmental skill set and their supervisor's directives.

Clients may have questions or concerns about being seen by a student, how supervision works, limits to confidentiality, or the need to record sessions. Addressing these is all part of the consent process. Practicum students need to be prepared to address these common questions and concerns, and should also be aware of the importance of allowing clients to raise these issues prior to their disclosure of any personal details. Without ensuring an adequate level of informed consent, the intake interview is not likely to prove satisfactory from either the client's or the clinician's perspective.

See [Appendix 4](#) for a suggested intake interview outline and Appendix 5 for an Intake Interview Form.

Along with these considerations, other issues that should ordinarily be addressed during the course of the intake interview include:

- Is the client at risk (e.g., suicidal, homicidal, psychotic, in crisis/traumatized)?
- Is there a reason to be concerned about physical or sexual abuse?
- Is there concern about possible substance use or abuse (including alcohol)?
- Is the client required to engage in therapy (e.g., court-mandated treatment)?
- Is custodial parental consent required (in the case of a minor)?
- Is the client on medication? What are the potential impacts?
- Is an agency or other contact (e.g., referral source) expecting feedback?
- Is the client involved in any legal actions? Could the situation result in the therapist being subpoenaed and asked to give testimony?
- Is the client actively seeing another mental health professional? Regarding what issues?

If during the course of the intake, or any other interview, it becomes evident that a client is in extreme distress or crisis, or issues come up that a student simply does not feel sufficiently experienced to handle, it is important to request immediate help from the supervisor or on-duty supervisor. There are times when faculty may also feel a need for immediate consultation. None of us are ever so competent and experienced that we cannot benefit from a second opinion or support.

Legal Involvement

Students should not be involved with clients whose request for service originates from or may be associated with legal actions. It is essential that student therapists are clear about client legal or court involvements (e.g., custody disputes, child and family guardianship, sexual/physical abuse, criminal charges, etc.), and every effort should be made to identify these issues prior to accepting a client for service. Supervisors may make an exception in some cases and recommend that a student be allowed to take on a case that could have legal involvement, but this must be discussed in advance.

Room Bookings

Students are responsible for ensuring rooms (and appropriate equipment) are booked for all therapy and supervision sessions.

It is absolutely imperative to book ahead for all appointments! It is unfair to your clients, peers, and the PSC staff to show up for a session without having made and confirmed room/equipment availability beforehand. Ideally, appointments are booked no later than 24 hours in advance. If circumstances do not permit such advance booking, no sessions should be finalized with clients without first contacting PSC office staff to confirm room/equipment availability.

Sessions booked in the last available slot of the day must end 30 minutes before closing time to provide time for post-session review, completion of progress notes and to allow our staff to close the centre on time. Room bookings are completed in Titanium (electronic charting system) and a daily calendar sheet is printed from Titanium each morning and placed in the general office on top of Cabinet #4. Rooms are typically booked for a 60 minute time period, but you will obviously need to be out before the hour is up. Please respect these time limits, as rooms tend to be in heavy demand, and running overtime creates frustration for your peers and their clients. Evening times are limited and can be in higher demand, so plan accordingly.

Please call the PSC if you have had a cancellation and won't be using a therapy room that you have booked. PSC staff will make every effort to contact you if your client should cancel, especially in the case of same day cancellations. If you are travelling a long distance to meet with a client you may wish to call before you depart to confirm your client has not cancelled the appointment. As a reminder to students who are running long with their sessions, you may knock on (but not open) the door of a room you have booked if it is in use at the time you booked it.

If you are working with a client prone to crises or acting out, it is prudent to book a room proximal to the reception area and to let the front desk staff know about the situation in advance. If you are uncertain about the potential for such behaviour on the part of your client(s), discuss this with your supervisor before you begin the session. The emergency number for Campus Police (who will notify City Police if necessary) is **555**. **In case of emergency the campus police may be reached directly from the red phone in the reception area.** We also have personal alarms that can be taken into sessions when indicated.

PSC Record-keeping / Patient Files

According to legal and ethical guidelines of the practise of clinical psychology, a record of all formal interactions with patients must be documented, which forms the patient's PSC health record. In 2015-16, the PSC introduced electronic record-keeping using a software program called *Titanium Schedule (Ti)*, while still maintaining a paper file for each patient for certain documents (e.g. consent form, intake paperwork, testing data). Records prior to 2015-16 will not necessarily be entered into *Ti* unless the patient returned to active status after that time. All students will be trained in *Ti* at the start of their first practicum at the PSC and will have access to training videos, a *Ti* manual and PSC *Ti* procedure documents. PSC staff is available to answer any questions that arise in the use of *Ti*.

The paper file or any portion of the patient's health record cannot be removed from the PSC and when not in use is stored in Room 170 Dafoe, either in the archival cabinets, filed numerically or in the active filing cabinet by clinician name. The door to Room170 must be kept locked at all times. If any test materials or other documents need to be removed from the PSC for report writing purposes, they must be photocopied and de-identified.

Types of information in the health record

A variety of forms, notes and reports are used to document contact with the patient for a range of purposes, and not all will be applicable for all cases.

- Administrative data (paper file): consent form, Permission to Release or Exchange Form, correspondence.
- Identifying data: Intake Package, Registration Form (both are paper forms that are stored in the paper file and also entered into a Titanium Data form by office staff).
- Titanium Data Forms: Used to capture searchable, reportable data and may or may not be associated with a note (Registration, LD Intake Form, Termination Form, etc.)
- Appointment History (in Titanium):
- Client Notes: All attended patient appointments require an associated client note, but notes can be used for other purposes such as documenting a phone conversation with the patient or with another professional working with the patient. Notes are either confidential or general use (non-confidential).

Confidential Notes: (can only be accessed by clinician and supervisor assigned to patient):

Progress Note (required for each appointment)

Intake Note

LD Intake Note (requires data form)

Non-Visit Note

Report Note

Termination Note (requires data form)

General Use Notes: non-confidential and can be accessed by all users so should not contain confidential information about the patient.

Admin Note: used to make note of non-confidential, non-clinical related contact with the patient (e.g. patient calls to cancel appointment, or to change contact information)

Intake Package Note: used to attach the patient's intake paperwork by admin staff

Registration/Emergency Contact Note: used to attach the patient's registration form

Waitlist Entry Note: used to make note of status on the waitlist, contact with patient regarding booking intake appointment.

Non-Client Note: used for recording contact with people who are not patients of the PSC. These notes can be added to a patient file if the person becomes a patient in the future.

- Assessment Data (electronic print outs or hand written testing materials and scoring reports stored in paper file)
- Collateral Information & other correspondence (e.g. reference letters, external reports, etc.)
- Reports: The reports required for each case is at the discretion of your practicum supervisor. They are typed in MS Office word and printed on PSC letterhead and stored in the paper file. Reports are de-identified until ready for printing, and are always password protected. Samples of de-identified reports are available at the PSC in the top shelf of cabinet 6 in Room 162 Dafoe.

Examples of Reports:

Intake Report
Detailed Therapeutic Workup
Treatment Summary
Assessment Report
Termination Report

- Outcome measures: At the discretion of your practicum supervisor, although clinic wide standardized outcome measures may be introduced in 2017-18.

Opening a New Patient File

1. Find potential patients out of either the ADULT REFERRAL BINDER or the CHILD/ADOLESCENT REFERRAL BINDER by reading the client's Intake Paperwork, which includes a *PSC Referral Form* and most of the time an *Intake Questionnaire*. The binders are located in the top drawer of cabinet 6 in Room 162 Dafoe. After discussing suitability with your supervisor, contact the patient to arrange for an intake session, making sure to check in *Ti* to see if there is room availability.

2. Ask the client to arrive 10 minutes early to fill out some clinic forms. Check if they want an appointment confirmation letter (which would include directions) mailed or emailed to them. If by email, confirm their email address.
3. Keep track of any communication you have with the patient in *Ti* by adding a new line in the patient's wait list entry. Record the date, and type of communication with a brief summary of the interaction. The wait list note is a general use note (non-confidential), so do not record personal details about the patient's health in the wait list note. If the patient has disclosed information that needs to be documented in their health record, bring the issue to the attention of the administrative assistant.
4. Record the appointment details in the **Intake Scheduled** area on the back of the referral form, including time and date of the appointment, supervisor's name, and if a confirmation letter is required by mail or email.
5. In Titanium, create an intake appointment. Under the *Appointment Tab*, use the appropriate intake appointment code: Intake-Adult, Intake-Adolescent, Intake-Child, or Intake-LD, and edit the time of the appointment if more than the default time is required. In the *Description Field* record your first name (and your supervisor's name if they are attending) with initials of the client. Under the *Scheduling Tab*, book the appointment into an available therapy room as well as your supervisor's calendar (if they plan to attend).
6. Place the Intake Paperwork into the front of the red & white INTAKE SCHEDULED BINDER that is located in the top drawer of Cabinet 6, Room 162. PSC office staff will then send out the confirmation letter if required, assign you and your supervisor to the client in Titanium, and convert the placeholder to an appointment and put the Intake paper work in the back of the binder behind the green divider.
7. At the time the patient arrives for their intake session, office staff will have them fill out a registration form and give them the appropriate Consent to Service Form to read (Adult, Child/Adolescent or LD). It is the student's responsibility to discuss consent with the client in the Intake appointment, have them sign it, as well as sign it themselves and write the name of their supervisor on the document.
8. After the intake session, go to the front desk for a new patient paper file. Files must be processed in a numerically-ordered sequence so choose from the top of the pile. If the patient has been to the PSC in the past, obtain their file from the office staff.
9. In the paper file, fill out the PSC CLIENT CONTACT SUMMARY form, which keeps a record of the names of the student & supervisor assigned to the patient, as well as open, transfer and termination dates. It is stapled to the inside of the front cover.
10. Place all patient forms in the paper file in reverse chronological order with the most recent contact at the front of the file and the first contact at the back. This should include at the minimum a Referral Form & Intake Questionnaire, registration form, and consent form.

11. At some point following the Intake Appointment you and your supervisor will determine if you will be picking up the patient for treatment/assessment at the PSC. If the patient's case is not going to be picked up, Termination Form will be required.
12. You will be prompted to type a progress note in Titanium following the intake appointment and all subsequent appointments. The format of the progress notes is determined by your supervisor.
13. Sign (electronically) your progress note and forward to your supervisor for review and signature. If your supervisor wants you to make any changes to your note, he or she will send the corrections to you. Once the corrections are completed, re-sign and send it back to your supervisor for signature. The note will be "locked" once both you and your supervisor have signed it. The electronic signature in Titanium is set up by the PSC Coordinator and will contain only credentials that have been fully achieved and not the degree the student is currently working on.
14. After a progress note has been locked in Titanium, any corrections, amendments or alterations must be done by creating an addendum to the progress note.
15. The student may be required by their supervisor to write an Intake Report which must include at minimum the following: reason for referral, mental status, consent, plan, and risk of harm to self or others.
16. When you are done with the file on the day of the intake, place it in the *TO BE OPENED* shelf located on top of the active filing cabinet in 170 Dafoe, which will prompt the office staff to open the file administratively. It is then placed in your folder in the active case filing cabinet in Room 170 Dafoe.

Record Keeping of On-going Client Contact

1. Before scheduling your next appointment with the patient, be sure to check in Titanium to ensure there is space available at that time.
2. Book on-going sessions with the patient in Titanium using the applicable type of appointment: *Individual* or *Group/Couple*. In the appointment dialogue box, choose the appropriate code. For therapy appointments use one of the following codes: *Therapy-Adult*, *Therapy Adolescent*, or *Therapy-Child*. If it is an assessment appointment, choose one of the following codes: *Assessment-Adult*, *Assessment-Adolescent*, or *Assessment-Child*. If a recurring appointment time has been booked with the patient, a recurring appointment can be booked in Titanium.
3. All subsequent sessions with the patient require progress notes in Titanium that are signed by the student and their supervisor.
4. In the paper file, place all other documentation in chronological order, most recent on top. Include any test results or other evaluation results obtained and any basic test data from which the test results were derived. Include a copy of all test or other evaluative reports prepared as part of the professional relationship.

5. When you have added a report to your patient's paper file, you are required to document that fact in Titanium using a *Report Note*, or otherwise make mention of it in a *Progress Note* associated with an appointment.
6. The following are some general expectations of on-going patient record keeping:
 - Make sure to inform the office staff if your client has a change in contract information so they can update the *Ti* record.
 - Write notes within the same day or the day after each session. Note: Active clients who request a copy of their health record must be given the information within 72 hours (including progress notes).
 - On-going charting must reflect awareness of risk of harm to self and others.
 - If you need to make a correction to a printed document, consult with staff.
 - Notations and any results of formal consults with other service providers must be included in the patient's file. You can add this type of information using a *Non-Visit Note* in Titanium, and place the hard copy documents, if any, into the paper file.
 - Use file # or another coding technique to avoid inclusion of personal identifiers when confidential information about the patient is entered into testing or reporting software.
 - Send out assessment reports within a month of last communication with patient or sooner.

Closing a Patient File (Clinically and Administratively)

1. Once the patient's last session has been mutually agreed upon and the session has been attended, the patient is considered to be "clinically closed", which would be reported in the *Ti Progress Note* arising from the appointment.
2. If termination is by no show, then the case would be closed by a *Ti Non-Visit Note*.
3. Once a case is "clinically closed", the student is expected to complete whatever tasks remain in *Ti* or reports that are required by their supervisor, including the removal and shredding of any transitory records from the paper file. For more information on what constitutes a transitory record please review the [Transitory Records](#) section of this document.
4. Add a *Ti Termination Form* to the patient's health record. Refer to [Appendix 11 - Procedure to Close Client File](#) for details on this procedure.
5. Once any corrections have been made to the *Termination Form* and it has been signed and locked, print out a paper copy and add it to the very top of the patient's paper file.
6. Place the now closed file on the **TO BE CLOSED** shelf in the File Room, which will prompt the office staff to close the case administratively. This includes making you and your supervisor's assignment

to the client inactive in Titanium and marking the patient as in-active. The paper chart will be filed in the archived section of the File Room.

7. According to legal standards of PHIA and record keeping regulations of the University of Manitoba, patient health records are kept for 10 years from the last time the patient was seen, or in the case of a minor, for an additional 10 years after they turn 18.

Intake Appointment Procedure

1. Selecting potential patients:

- Find potential patients from the ADULT REFERRAL BINDER or CHILD/ADOLESCENT REFERRAL BINDER by reading the patient's intake package paperwork, which includes a *PSC Referral Form* and *Intake Questionnaire*. The binders are located in the top drawer of cabinet 6 in Room 162 Dafoe and must be signed out in Resource Mate.
- The patient's referral form will have listed on it the following identifiers: Binder Waitlist #, Titanium #, and possibly a file # (if the patient was seen at the PSC previously).
- You can put a hold on the cases you are considering picking up by filling out and stapling a hold card (pink) to the front of the referral form. Cases can be held for a maximum of 1 week to give you an opportunity to discuss them with your supervisor. After 1 week you must either be in contact with the patient, or remove the hold card. Please note that the Admin Assistant has the authority to remove your hold if you are not actively pursuing on-going contact with the potential patient. Remember that there are other students that may be interested in the case.
- All intake package paperwork must remain in the binders at all times, with the exception of pulling out the cases to be discussed with your supervisor. They cannot be removed from the PSC at any time.
- When you put the intake paper work back into the binder, please take the time to return it to its correct spot. The forms have been placed in the binders in numeric order according to waitlist number and when they are not kept in order, it makes it difficult for others to locate the paperwork when there are inquiries about the waitlist.

2. Booking the intake appointment with the patient:

- After discussing case suitability with your supervisor, contact the patient to book an intake appointment, making sure to check in Titanium first to confirm room availability at the time of the appointment.
- During your conversation with the patient, ask them to arrive 10 minutes before their appointment time to complete the registration process (fill out the PSC Registration Form and read the Consent to Services Form). Also, ask them if they require an appointment confirmation letter (which would include directions) mailed or emailed to them. If they request it be sent by email, confirm their email address.

- You are required to make note of any communication you have with the patient in the patient's wait list entry in Titanium. This can be done by doing the following:
 - Open the *Client Information Tab* and click on the *Waitlist button* (should be highlighted in green)
 - Click on *Open Existing Waitlist Entry*
 - Click *Edit*
 - Under Notes on the right side, click on *New Line*
 - Enter the details of your contact with the patient, noting date and type of communication (i.e. Called patient to book an intake appointment, left message on home number).
 - **Do not include any confidential health information** in the waitlist entry as it is a non-confidential type of note.
 - If the client has disclosed information that needs to be documented in their health record, a non-visit note must be written. Non-visit notes require the student clinician to be assigned to the patient, so request access from the admin assistant.
 - If the patient no longer requires service or does not respond to your repeated attempts to set up an intake appointment, please document in the waitlist entry and return this paperwork to the office staff for removal from the waitlist.
- Record the appointment details on the back of the referral form, in the section labelled Intake Scheduled, including time and date of the appointment, your supervisor's name, and if a confirmation letter is required by mail or email. Record who the letter is being sent to and the email address if applicable.
- In Titanium, under your own calendar, add an intake appointment for the patient:
 - Under the *Appointment Tab of the appointment*, use the appropriate intake appointment code: Intake-Adult, Intake-Adolescent, Intake-Child, or Intake-LD, and edit the time of the appointment if more than the default time is required.
 - In the *Description Field* record your first name (and your supervisor's name if they are attending) with initials of the client.
 - Under the *Scheduling Tab*, book the appointment into an available therapy room as well as your supervisor's calendar (only if they will be attending).
- Place the intake paperwork into the **front** of the INTAKE SCHEDULED BINDER (in front of the green divider) that is located in the top drawer of Cabinet 6, Room 162. PSC office staff will then do the following:
 - Send out the confirmation letter if required.
 - Assign you and your supervisor to the patient in Titanium.
 - Change the patient's waitlist entry status to *picked up* and mark it as complete.
 - Place the intake package paperwork in the back of the INTAKE SCHEDULED BINDER behind the green divider.

3. Conducting the intake appointment

- On the day of the appointment, retrieve the patient's intake package paper work from the Intake Binder. Clip boards and paper are available at the reception desk for use during the appointment.
- At the time the patient arrives for their intake appointment, office staff will have them fill out a registration form and give them the appropriate Consent to Services Form to read (Adult, Child/Adolescent or [LD](#)). It is the student's responsibility to discuss consent with the patient during the Intake Appointment and have the patient sign the form. You must also sign it and write the name of your supervisor on the document.
- Your supervisor may have you use a paper form to conduct the intake interview, such as the [Intake Interview Form](#) or [Interviewing Parents Form](#) (both are available on a shelf in Room 162 Dafoe) or some other for they provide.

4. Documenting the intake appointment:

- After the intake appointment is over you will need to open a new patient paper file. Get a file from the reception desk. Files must be processed in a numerically-ordered sequence so choose from the top of the pile. If the patient has been to the PSC in the past, request their file from the office staff.
- In the paper file, fill out the [PSC Client Contact Summary Form](#), which keeps a record of the names of the student & supervisor assigned to the patient, as well as open, transfer and termination dates. It is stapled to the inside of the front cover of the paper file. If the file was previously opened, you may need to staple a new form on top of the old one. The forms are located on shelf with the new paper files.
- Place all patient forms in the paper file in reverse chronological order with the most recent contact at the front of the file and the first contact at the back. This should include at the minimum a Referral Form & Intake Questionnaire, registration form, and consent form, as well as any other forms that were used in the intake session or documents that were received from the patient.
- Titanium will automatically prompt you to write a progress note after all attended patient appointments, so the next time you sign into Titanium following the intake appointment, a prompt to write a progress note for the intake appointment will appear in your Task List.
- The format of the progress notes is determined by your supervisor.
- Sign (electronically) your progress note and forward it to your supervisor for review and signature. If your supervisor wants you to make any changes to your note, he or she will send feedback to you. Make any alterations that are required, re-sign the note and send it back to your supervisor for their signature. The note will be "locked" once both you and your supervisor have signed it.
- After a progress note has been "locked" in Titanium, any corrections, amendments or alterations must be done by creating an addendum to the progress note.

- You may be required by your supervisor to write an Intake Report, which must include at minimum the following: reason for referral, mental status, consent, plan, and risk of harm to self or others.
 - The Intake Reports is typed in MS Office Word and printed on PSC letterhead and stored in the paper file. Reports are de-identified until ready for printing, and are always password protected. Samples of de-identified reports are available at the PSC in the top shelf of cabinet 6 in Room 162 Dafoe.
5. Follow-up:
- When you are done with the file on the day of the intake, place it in the *TO BE OPENED* shelf located on top of the Active Case Filing Cabinet in 170 Dafoe, which will prompt the office staff to open the file administratively, which includes updating the registration information in Titanium, recording the Titanium # on the paper file, and adding the patient's name to your practicum flowsheet.
 - Once the office staff member has finished opening the case administratively, they will put the file in your slot in the Active Case Filing Cabinet in Room 170 Dafoe, where it will be stored as long as the case is active and assigned to you.
6. Dealing with no-shows:
- If the patient does not attend the Intake Appointment, discuss the next step with your supervisor and attempt to rebook if they instruct you to do so.
 - Remember to continue documenting your contact with the patient in Titanium.
 - If it is determined that you will not be picking up the patient for treatment/assessment, then a Termination Form will be required. Please refer to the Termination Procedure for further instructions on the Termination Process (Appendix 11).

Refer to *PSC Charting Basics* (Appendix 20) for a summary of health recordkeeping at the PSC.

Psychological Testing at the PSC

The PSC maintains an extensive library of psychological test materials accessible by clinical students and supervisors. Room 165 has been set up as a dedicated Assessment and Testing room, including computerized administration of some tests, and students are encouraged to book this space for their assessments. Most of the other therapy rooms have tables that can be used for testing as well, should the Assessment and Testing room 165 not be available.

The availability, distribution, and use of psychological test materials through the PSC is governed by the ethical standards of the profession of Psychology and agreements with test publishers, both of which state that practitioners must function within the limits of their training and competence. As such, there are limitations and restrictions on access to psychological test materials.

Limitations on Access to Psychological Test Materials¹¹

1. Testing materials are available for use at the PSC to all clinical staff and clinical graduate students upon request. However, in their use of psychological tests, graduate students must be supervised by a clinical staff member. **All written reports or correspondence concerning test results of PSC clients must be co-signed by the supervisor.** The student's supervisor has the ultimate ethical and legal responsibility for the assessment work done with PSC clients and for any information concerning clients (e.g., letter, reports) leaving the PSC.
2. Non-clinical psychology academic staff may examine test materials in the PSC. No photocopying of these sensitive, copyrighted materials is allowed. Those who wish to borrow test materials (e.g., for classroom demonstration) should direct their requests to the PSC Director for approval.
3. Non-clinical psychology graduate students may examine test materials in the PSC. Reproduction of psychological test material is a direct infringement of copyright rules and is not allowed¹².
4. Any Psychology graduate students (non-clinical or occasional) taking readings courses in psychology are eligible to borrow test material and may direct loan requests to the administrative assistant or the PSC Director.
5. Testing materials are not available to faculty or students registered outside of the Department of Psychology (e.g., Human Ecology, Education, Physical Education, Nursing, etc.) unless they are registered in a clinical course. They may obtain permission to examine manuals at the PSC by contacting the PSC Director but these may not be removed from the premises.

While the PSC attempts to provide depth and breadth in its assessment training and to this end maintains an extensive test inventory for training purposes, we cannot assume the cost of test materials required by staff and graduate students in their research endeavours. Funding for test materials for research purposes should be sought from other sources.

Procedure for Accessing Psychological Test Materials

Test materials may only be borrowed by students enrolled in practica, or by students enrolled in the clinical assessment courses. Priority access is for students assessing clients as part of their practicum requirements.

Testing kits can be found in the back office in Cabinets A to F and additional test manuals and booklets may be found in Cabinet 6 & 7. Cabinet 6 & 7 is opened daily while Cabinets A to F are locked. The keys for all of these cabinets can be found at the front desk. Be sure to reserve test materials and to check

¹¹ See APA statement on test user qualifications: <http://www.apa.org/science/programs/testing/qualifications.pdf>

¹² See Copyright Office website www.umanitoba.ca/copyright for more information.

on availability, including the Assessment and Testing Room 165, well in advance of your scheduled assessment. Remember that these resources are limited and shared.

All materials borrowed from the PSC must be signed out through the Office Assistant and the computerized library system. This includes test kits, test manuals, scoring keys, stop watches, tape recorders, textbooks, audiotape and videotapes. Please remember that permission from the Director, or the administrative assistant in the absence of the Director, is required prior to materials being taken outside the PSC. Loans of this type must be of short duration in order for materials to be available for others. Upon returning the materials, please remember to have them checked in and place them in the correct location. Cabinets A to F have descriptions of what kits are inside while Cabinet 6 and the textbooks/audiotapes/videotapes are all in alphabetical order.

Wrapping up your PSC Practicum

At the end of the term you are required to complete a number of tasks to wrap up your work at the PSC. You will need to close all your patient files both clinically and administratively, delete all your email from your PSC email folder, delete your patient videos, return all PSC resources, ensure your Practicum Competency Evaluation Form has been submitted as well as your evaluation of the practicum/practicum supervisor. Please refer to End of PSC Practicum Student Check List (Appendix 21) for a full listing of the tasks that need to be done at the end of a PSC practica.

Student Resources

University Resources

The University of Manitoba provides a full range of support services to its students through the various units and departments comprising Student Affairs. For clinical students, some of the resources of interest include Accessibility Services, Student Advocacy, Student Counselling and Career Centre, and the University Health Service. For a listing of all student services offered through Student Affairs, and descriptions of the services offered, see this Student Affairs link:

[Student Affairs](https://umanitoba.ca/student/) (<https://umanitoba.ca/student/>)

In addition to these services for students, some services are open to any member of the campus community, including the Human Rights Advisory Service, which promotes a respectful working and learning environment and addresses concerns involving harassment, inequitable treatment, discrimination, and similar issues.

[Human Rights Advisory Service](http://umanitoba.ca/human_rights/) (http://umanitoba.ca/human_rights/)

A complete listing of all resources open to students can be accessed through this link:

[Student Resources](http://umanitoba.ca/student/current/index.html) (<http://umanitoba.ca/student/current/index.html>)

Student-Supervisor Conflict Resolution Guidelines

When people work closely together some differences of opinion or issues may arise, and it is worth articulating some principles for handling such situations.

The first and most important principle in handling disputes is to try to communicate directly with the other person about your concerns. This can be a complicated issue in a training setting such as the PSC. There is an obvious disparity in power and influence that students may find intimidating. If appropriate attempts at direct problem solving are not successful, a number of other avenues are available. Both students and staff are always invited to discuss any concerns with the PSC Director, whose job it is to mediate, manage and generally facilitate the functioning of the PSC. If the Director is involved in the problem, the Associate PSC Director may be called upon to act as a mediator to resolve the issue. Discussions can range from individual problem solving talks to discussions among all parties involved, depending on the circumstances and the wishes of those involved. At times, students have approached the Clinical Student Representatives to act as intermediaries with the Director. In some cases, it may be possible to implement general solutions, such as changes in policy or publicizing of existing policies, to resolve issues in a more general way. If this process is unsuccessful, the matter will then be referred to the Department Head or the appropriate body considering appeals to resolve the issue. Please be aware of the various support services available to students who are experiencing problems with advisors, supervisors, or other members of the campus community, as outlined in the University Resources link above. The Office of Student Advocacy can be particularly helpful to students in advising them of their rights and ensuring that due process is followed in any undertakings:

[Student Advocacy](http://umanitoba.ca/student/resource/student_advocacy/) (http://umanitoba.ca/student/resource/student_advocacy/)

PSC Complaint Review Process for Clinical Practicum Students (NOTE: Under Review)

<u>Action to be Taken</u>	<u>Who Takes Action</u>
1. Review written complaint from complainant	PSC Director
2. Acknowledge in writing to complainant that complaint has been received	PSC Director
3. Advise student involved in the complaint in writing of the complaint	PSC Director
4. Meet with complainant to review complaint and clarify any ambiguities that may exist	PSC Director

- provide student with a copy of the written complaint
 - request a written response to the complaint from the student
5. Convene a Complaint Review Committee to review complaint consisting of:
 - Academic Advisor
 - Practicum Supervisor
 - PSC Director
 PSC Director
 6. Complaint Review Committee reviews complaint about and recommends action to be taken

Complaint Review Committee (CRC)
 7. Department Head and Graduate Studies advised of complaint and action recommended. Department Head advises Dean of Arts about complaint in an appropriate manner

Department Head
 8. A draft letter summarizing the recommended action(s) by the Complaint Review Committee is prepared to be sent to the complainant

PSC Director
 9. Complaint Review Committee reviews letter and recommends changes, if necessary

CRC
 10. Revised letter to complainant is reviewed by University Legal Department (if necessary)

U of M Legal Department
 11. Revised letter is sent to complainant under the PSC Director Signature

PSC Director

Clinical Students' Association

The CSA is an informal association of students in the graduate clinical psychology training program at the University of Manitoba, who meet for educational, supportive, and decision-making purposes. There are two elected student representatives who represent student interests at the clinical faculty meetings.

They report the business of clinical faculty meetings to the clinical students at monthly student meetings. Attendance at monthly meetings is strongly encouraged as student input is very important.

The student representatives are elected to their position for a term of two years. One position becomes available for election in September of each year. These students serve as representatives at clinical faculty meetings, where they bring forward any opinions, concerns, complaints, or questions that students may have. They also may represent specific student's interests, clinical students' interests as a whole, and vote on behalf of students in policy and decision-making meetings concerning the clinical psychology graduate program. The student representatives are also available to talk to any student experiencing difficulty with any aspect of the clinical program (i.e., supervision, practicum training, courses, access to information, advisory and peer relations). Please feel free to contact either of your student representatives if you experience any difficulty during your program as they are here to listen and advocate for you.

Student-to-Student Tips for Surviving the Clinical Psychology Program

The following is a tip sheet put together by senior clinical students to hopefully make things a little smoother for you as you negotiate your way through the clinical program. Please note that these things are not written in stone. That is, it is always your responsibility to verify facts, keep abreast of any changes, and gather as much information possible in order to make informed decisions. Also, our interpretation of the way things are may or may not necessarily match others' perceptions. This is, therefore, another reason that it is important to look into these things on your own. Having said that, we hope that you find our tips helpful, and please feel free to extend some wisdom of your own to the groups of students who will follow in your path.

Funding

There are many different types of funding opportunities available to graduate students. Information on funding (including external and internal funding sources) is available online in the Clinical Program Handbook, which is updated yearly. There is also information on funding opportunities on the Faculty of Graduate Studies webpage. Mrs. Gloria Derksen, Psychology Graduate Program coordinator, often circulates deadlines for funding opportunities via email throughout the year, but it is your job to stay informed on submission dates and eligibility requirements.

Courses

Not all courses are offered every year, so plan ahead and check the course schedule early. The list for September courses is usually released around May, and is available online as well as in the psychology general office. A list of the required courses for your MA and PhD is included in the "Graduate Study in Psychology" brochure, which is also available online and from the Graduate Office in the Psychology Department. In your planning process, if you find a course that you wish to take, but whose schedule has not yet been set, speak to the faculty member offering the course or speak to the Director of the Clinical Training Program during the registration process.

Clinical Students' Association

As a clinical student, you are automatically enrolled as a member of the Clinical Students Association (CSA). We meet once a month to discuss questions and concerns about being a clinical student, provide support and information, occasionally bring in guest speakers, and anything else students might find interesting and helpful. These meetings are an important way that information pertinent to the clinical program, PSC, and clinical practice in general, can be shared and discussed amongst students. They are led by two Clinical Student Representatives (CSR's) who are elected into this position by their peers. Each CSR position begins in September and continues for two consecutive years. The positions are filled on alternating years such that at any given time, one of the two CSR's will already have one year of being a CSR under their belt. Since the CSR's attend clinical faculty meetings to represent student opinion, CSA meetings are great ways to take in information relevant to the program, as well as share your opinion with the CSR's and other students. So, come out and get to know your fellow clinical students. It's your Association - be a part of it!

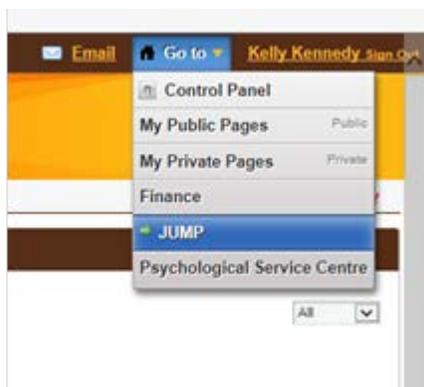
Social Support in the Clinical Program

Probably the best advice in getting through the program is to meet and talk with other fellow students. It may be reassuring and comforting to hear about similar experiences or concerns from students in your same year. Also, you may find it very helpful to talk to or seek advice from those who are ahead in the program – their own experiences could shed some light. As you know or will soon realize, graduate school is busy and it can be overwhelming at times, but that does not mean you have to face it alone...So the next time you bump into a clinical student at the PSC, in the hall of Duff Roblin, or at a CSA meeting, don't be afraid to strike up a conversation. You'll be surprised at what other "survival tips" they may have to share.

Appendices

[Appendices – ALL LOCATED ON PSC JUMP](#)

Log into the University of Manitoba PSC JUMP Site and select Psychological Service Centre from the *Go to* menu:



The appendices can be found under the Documents and Media Display by selecting the *PSC Policies and Procedures Folder*.

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- Appendix 1 - De-identifying Personal Health Information for Electronic Transmission**
- Appendix 2 (Part A) - WRHA Student Guide for Practica Training (Part A)**
- Appendix 2 (Part B) - WRHA Student Guide to Applications for Clinical Psychology Practicum Training**
- Appendix 3 - Video Camera Tutorial**
- Appendix 4 - Intake Interview Outline**
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- Appendix 12 - General Practicum Course Syllabus**
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- Appendix 19 - PSC Consent to Services LDSC Form**
- Appendix 20 – PSC Charting Basics**
- Appendix 21 – End of PSC Practicum Student Check List**