IMCES

Institute for Multicultural Counseling & Education Services

·A private non-profit organization, associated with dpi/ngo with ecosoc status of the united nations for human rights·

IMCES Due Process & Grievance Policy

IX. Due Process

Philosophy and Purpose

Our humanistic principle and policy is implemented in the following manners:
In consideration of the fact that conflict, misunderstanding, misperception in the context of human interaction is inevitable, IMCES has a built-in structure with allocated specific time on a weekly basis as a part of our clinical training opportunity under Quality Improvement (QI) competency meetings. The meeting is structured to address leadership including the completion of Individualized Training Plans. With this form, interns/ residents identify both their progress toward each competency and simultaneously identify any potential individual challenges toward reaching the competency goal. Challenges can be related to individual progress as well as addressing the program structure, and may also include any potential conflict with any individuals in the program, including peers, supervisors, and staff.
This incorporated mechanism for conflict resolution and collaborative problem solving has produced the best desirable outcome that we have never had any unresolved matters based on our infrastructure.

Our philosophy is based on the humanistic and existential reality that error is inevitable. Therefore, we accept and welcome the identification of error along with developing a plan of corrective action, based on the principle of transparency for the benefit of self and others. Our approach is preventative rather than reactive, which leads to punitive action. Our Due Process and Remediation of Problematic Performance is designed to promote professional values, attitudes, and behavior with effective communication and interpersonal skills. The process includes the opportunity to raise awareness and knowledge by providing additional information and education (values, attitudes); facilitating corrective action (behavior); to be implemented through a collaborative structure that supports Interns/ Residents toward the successful completion of their Interns/ Resident clinical training program at IMCES (effective communication and interpersonal skills). Our Due Process includes three components: 1) Supporting increased self-awareness, including growth oriented personal therapy, as applicable 2) Increasing knowledge base 3) Infrastructure to monitor and support reaching successful outcome. These would be strategically incorporated on a case-by-case basis with relevancy to address the individual concern. All of our work with Interns/ Residents is collegial and collaborative in nature.

Due process ensures that decisions about Interns/ Residents are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all Interns/ Residents, and make appropriate appeal procedures available to the Interns/ Resident. All steps are appropriately implemented and documented. General due process guidelines include:

A. Definition of Problematic Performance: Problem behaviors are said to be present when supervisors perceive that a Intern/Resident's competence, behavior, attitude, or other characteristic significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance." Of course any violation of law or ethics would certainly be framed as "problematic performance" (e.g., a HIPAA violation in the context of our practice) and would automatically require a formal remediation plan, including probation.

B. Informal Staff or Intern/ Resident Complaints: Supervisory staff and/or Interns/ Residents are encouraged to seek informal redress of minor complaints directly with the other party, or by using a mentor or the training director as a go-between. Such informal efforts at resolution may involve the Training Director as a point of reference. Failure to resolve issues in this manner may result in a formal performance or behavior complaint or Intern/ Resident complaint, as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the Intern/ Resident is encouraged to utilize the assigned supervisor, or in the case of conflict of interest, another supervisor, as a consultant throughout the formal process.

C. Procedures for Responding to Inadequate Performance: If it is identified that a Intern/ Resident's skills, professionalism, or personal functioning are problematic, the Clinical Faculty Training Committee, with input from other relevant supervisory staff, initiates the following procedures: A) The negative evaluation(s) will be reviewed with discussion from the Clinical Faculty Training Committee and other supervisors and a determination made as to what action needs to be taken to address the problems identified. B) After reviewing all available information, the Clinical Faculty Training Committee may adopt one or more of the following steps, or take other appropriate action: 1). The Clinical Faculty Training Committee may elect to take no further action. 2). The Clinical Faculty Training Committee directs the supervisor(s) to provide constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Clinical Faculty Training Committee. 3). Where the Clinical Faculty Training Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

a). Increased supervision, either with the same or other supervisors. b). Change in the format, emphasis, and/or focus of supervision. c). Change in or adjunctive training experiences. d). A recommendation that growth oriented personal therapy is undertaken with a clear statement about the issues to be addressed by treatment, such as boundaries, addiction, or poor judgment. e). Recommendations of a leave of absence (with time to be made up at no cost to IMCES).

4). Alternatively, depending upon the gravity of the matter at hand (e.g., a violation of law or ethics, such as a HIPAA or client related violation), the Clinical Faculty Training Committee may issue a formal Remediation Plan which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the Intern/ Resident addresses, changes, and/or otherwise improves the problem performance or behaviors. The Probation Notice is a written statement to the Intern/ Resident. The Intern/ Resident's signature is required; however, in the case of the Intern/ Resident refusing to sign the Probation Notice, this does not affect the probationary status. The Probation Notice includes the following items:

- A description of the problematic performance behavior.
- Specific recommendations for rectifying the problems.
- A time frame for the probation during which the problem is expected to be ameliorated.
- Procedures to assess concurrently whether the problem has been appropriately rectified.

5). Following the delivery of a formal Remediation Plan notice, the Training Director will meet with the Intern/ Resident to review the required remedial steps. The Intern/ Resident may elect to accept the conditions or may appeal the Clinical Faculty Training Committee's actions. Once the Clinical Faculty Training Committee has issued an acknowledgement notice of the Remediation Plan, the problem's status will be reviewed within the time frame indicated on the Remediation Plan, or the next formal evaluation, whichever comes first.

D. Failure to Correct Problems: When the defined intervention does not rectify the problematic performance within the defined time frame, or when the Intern/ Resident seems unable or unwilling to alter his or her behavior, the Clinical Faculty Training Committee may need to take further formal action. If a Intern/ Resident on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice, the Clinical Faculty Training Committee will conduct a formal review and then inform the Intern/ Resident in writing that the conditions for revoking the probation have not been met. The Committee may then elect to take any of the following steps, or other appropriate action: 1. Continue the Remediation Plan for a specified period of time. 2. Inform the Intern/ Resident and the Training Director that the Intern/ Resident will not successfully complete the Intern/ Resident clinical training program if his/her problematic performance does not change. If by the end of the training year, the Intern/ Resident has not successfully completed the training requirements, the Clinical Faculty Training Committee may recommend that the Intern/ Resident be deemed incomplete. The Intern/ Resident will then be informed that he/she has not successfully completed the program. 3. If problematic behavior continues, supervisors and clinical staff will extend support with the aim of facilitating corrective extension of probationary period with further monitoring and evaluation in a collegial manner in order to reach our expected outcome. If the Intern/ Resident refuses to correct the problematic behavior, the Intern/ Resident status remains as an incomplete in their permanent record open for revisiting by Intern/ Resident's choice and willingness to effectively rectify the issue.

All of the above steps will be appropriately implemented and documented in ways that are consistent with due process. In addition, we are open to receiving feedback from Intern/ Resident based on the same philosophy to make the needed appropriate adjustments in our conducting of the training program. The Intern/ Resident will be asked to sign a Due Process document, in which his/her signature is required, which affirms that he/she has read and understood the Due Process and Remediation of Problematic Performance. All communications related to due process are confidential and the only individuals involved are the Intern/ Resident, the Clinical Faculty Training Committee, and the Program Director.

X. Grievance Resolution Procedure

Grievance Procedure

Philosophy and Purpose:

We recognize that human error is inevitable. Accordingly, we are open to receiving feedback from Intern/ Residents to make the appropriate adjustments in conducting the Intern/ Resident training program. The aim of our grievance resolution policy is to create a collaborative, coordinated problem-solving professional environment.

Grievances Defined: In the event a Intern/ Resident encounters any difficulties or problems during his/her training experiences, a Intern/ Resident may file a grievance about any supervisor, staff, faculty member or the structure of the program to obtain an independent review.

The following procedures are to be followed:

Step One: Informal Approach:

- The Intern/ Resident may initiate an informal way of pointing out their concerns, opinion/feedback. Intern/ Residents are encouraged to seek informal resolution of minor grievances or complaints directly with the other party, or by using a supervisor or the training director as a go-between.
- Opportunities for informal resolution include ongoing individual and group supervision, multidisciplinary team meetings, and other peer supported program meetings. Such informal efforts at resolution may also involve the Training Director as the final point of reference.

Step 2: Formal Approach

- Should the matter be unresolved and become a formal issue, the Intern/ Resident is encouraged to utilize the assigned supervisor, or in the case of conflict of interest, another supervisor, as a consultant in proceeding with a formal grievance process.
- This grievance policy for Intern/ Resident complaints outlines formal procedures for resolving grievances of Intern/ Resident at IMCES. This grievance procedure is designed to supplement, not to replace, the routine and informal methods of responding to and providing sensible intervention/resolution in a preventative manner.

i. Intern/ Resident discusses the issue with their supervisors;
ii. Intern/ Resident supervisors discuss the issue with the Clinical Training Faculty Committee.
iii. If the issue cannot be resolved by the Clinical Training Faculty Committee, the Intern/ Resident may request in writing to the Clinical Training Director and to request a resolution to the problem. The Intern/ Resident will provide all supporting documents to the Clinical Training Director.
iv. The Clinical Training Director will assign within 5 working days a committee including the IMCES Program Manager, supervisors and one other clinical staff member chosen by the Intern/ Resident. Within 14 working days of a grievance, the Clinical Training Director will make a final decision and will announce the formal decision to the Intern/ Resident

Petition of Intern/ Resident to Grievance Decision by Clinical Training Director:

In the event there is need of a review of the grievance beyond the Training Director, IMCES's Advisory Committee comprised of Supervisors, Faculty, and Professionals from the community would be called on to serve as consultants.

In case the formal grievance is against the Training Director, the Intern/ Resident may proceed with the following steps:

- **Step 1:** Intern/ Resident writes a formal written grievance with supporting documents to the supervisor.
- **Step 2:** Supervisor initiates the same procedure to take the grievance to the Advisory Committee comprised of Supervisors, Faculty, and Professionals from the community.
- **Step 3:** Within 14 working days of a grievance, the Advisory Committee will make a final decision and will announce the formal decision to the Intern/ Resident.

XI. Maintenance of Records

Each Intern/ Resident completes three self-evaluations, in addition to the supervisor's completed formal evaluations. All evaluations are maintained by the Supervisor in a confidential location within IMCES. Each supervisor maintains records in individual binders of all requirements:

- The signed document that the Intern/ Resident understands the policies, procedures, and expectations as described above
- The IMCES Intern/ Resident Evaluation Record, marking the completion of requirements
- Records evaluating case presentations
- Copies of Supervised Professional Experience (SPE) logs
- Supervisory Documentation
- Copies of notes taken during Clinical Supervision

These binders are maintained with each supervisor and are used for final determinations of program successful completion in a confidential, secure location and are submitted to the Training Director for permanent maintenance in a confidential location.

The program will maintain information and records of all formal complaints and grievances against the program, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be made available to the Commission on Accreditation to examine as part of its periodic review of programs.