Waypoint
CENTRE for MENTAL HEALTH CARE
CENTRE de SOINS de SANTÉ MENTALE

PSYCHOLOGY RESIDENCY PROGRAM

TRAINING MANUAL 2027-28

Where emerging psychologists receive exemplary training in a supportive and stimulating environment, grounded in community on the beautiful shores of Georgian Bay.

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Contents

Waypoint Psychology Residency Program in Clinical Psychology

Overview

Welcome to the Waypoint Psychology Residency Program (WPRP) and the capstone year of your doctoral clinical psychology journey. WPRP seeks to support residents to consolidate their professional identity through an enriched and excellent training experience. We hope that our residents will enjoy clinical opportunities and professional comradeship at Waypoint. As a young residency, residents will have the opportunity to shape and innovate in meaningful and impactful ways. WPRP is proud to offer unique experiences, including a broad range of clinical opportunities (inpatient and outpatient), a strong and vibrant psychology community and attractive work/ life balance.

Please see the Waypoint Psychology Residency brochure for more information regarding the following:

- Psychology residency programme
- Psychology staff
- Training goals
- Structure of the programme
- Stipend, benefits

COVID – public health

WPRP is subject to and may be impacted by public health directives related to COVID and/or other public health concerns. Public Health directives may impact the role of the supervisor or the resident. Every reasonable effort will be made to accommodate the learning needs of residents to ensure that their training goals are met.

Goals of WPRP

Goals of the residency are as follows:

1. To offer **generalist training** in clinical psychology that reflects a breadth and depth of opportunities to contribute to the resident's preparedness for eventual registration. This includes skills and knowledge to develop clinical competence in assessment, diagnosis, care planning, treatment, consultation, program development and evaluation, supervisory skills and social justice advocacy.
2. To enhance residents' ability to integrate a **scientist-practitioner** approach to practice. This includes utilizing **evidence based** assessment, treatment, consultation and supervision strategies and contributing to clinically relevant program development and evaluation efforts.
3. To **consolidate professional identity** in **interdisciplinary contexts** and train residents to engage competently **in the full scope of roles** expected of a psychologist. This includes as clinician, consultant, program developer, evaluator, advocate and (where possible) supervisor.

4. To enhance resident's ability to **apply ethical, legal and professional principles and standards** in the practice of clinical psychology. The resident will have opportunity to engage in **social justice related advocacy**.
5. To train residents to deliver **diversity sensitive and skilled professional services.** There will be a particular focus on Indigenous Interculturalism. These considerations will be applied to diversity and individual differences reflecting (but not limited to) gender identity, age, ethnicity, sexual orientation, culture, language, creed, religion or faith, nationality, physical and psychological characteristics, lifestyle and socioeconomic status and to consider the impact of these characteristics in collegial and therapeutic interactions.
6. **To train residents** to engage in **bias evaluation and reflective practice**. This includes being self-aware, examining their own positionality, using critical thinking and accessing scholarly materials to inform the delivery of clinical psychology services.
7. To offer a supportive work environment that includes quality, evidence based and **skilled supervision** delivered by knowledgeable and invested supervisors from a breadth of backgrounds and experiences.
8. To model and encourage **work/ life balance** for residents where they are able to enjoy challenging work in conjunction with meaningful rest and personal time.

Orientation

The first weeks will include orientation to Waypoint Centre for Mental Health, WPRP and orientation specific to the resident's first rotation(s).

On the first day of residency, the WPRP Training Lead (TL) will meet with the resident and provide them with relevant information regarding their Waypoint and rotation orientation schedule as well as providing a general orientation to WPRP.

Other important information that will be covered in the initial TL meeting, includes

- Rotation plan, residency goals and the residency Core Training Plan
- Forms
- Evaluation Due Dates and schedule
- Expectations for attendance (work hours; vacation; sick days; professional development)
- Expectations for supervision
- Expectations regarding the program evaluation and development projects.
- Due Process, Appeals, and Review procedures
- Grievance Procedure
- Mandatory meetings: including Seminar Series; Supervision Development meetings; Case Discussion (group supervision); WPRP Residency Training Committee meetings and Psychology Meetings.
- Requirements to successfully complete the residency (including minimum standards)

On the first day, residents will be given a schedule for their first few weeks. This will include corporate and rotation specific orientation events and meetings with supervisors for their rotations.

Waypoint Centre for Mental Health Care corporate orientation will include policies regarding documentation; access to the electronic health record (EHR); confidentiality, respect for equity, diversity and inclusion, safe work practices and non-violent crisis intervention training. Orientation to Waypoint as a forensic facility will also be addressed.

Schedule of Orientation

First two weeks: Meet with Psychology Training Lead (TL), Waypoint Centre for Mental Health Care ('Waypoint') orientation**,** meet first semester rotation supervisor(s).

First three weeks: Complete all mandatory Waypoint orientation/ training modules, begin clinical rotations

Within 3 weeks of start of rotations: submit signed and completed Supervision Agreement Form for each supervisor to the TL (see Appendix A 'Supervision Agreement'). Begin completing Supervision Documenting (see Appendix B 'Supervision Session Documentation') (ongoing). Begin 'Time Tracking' in order to accurately provide data at mid- and end- of residency (see Appendix C 'WPRP Hours and Requirements Tracking Checklist').

Within 4 weeks of start date: submit completed Core Plan for TL approval (see Appendix D – 'Core Training Plan')

Rotation and supervisor assignment 2026-27

	Monday	**Tues**	**Wed**	**Thur**	**Fri**
Resident 1 *example*	Seminar Series Case Discussion Program evaluation and development projects	Georgianwood	Sans Souci	Sans Souci	Sans Souci
Resident 2 *example*	Seminar Series Case Discussion	Ontario Structured Psychotherapy	Ontario Structured Psychotherapy	Ontario Structured Psychotherapy	OATS

Program evaluation and development projects

Initial meeting with supervisors

At the initial meeting with supervisors, several important topics will be covered. These include:

- The nature of training experiences available in that location, including client populations
- Tasks for the first month of the rotation
- The resident's goals for the rotation
- The 'Supervision Agreement' (Appendix A). This includes details regarding the roles and responsibilities of both the supervisor and resident. For instance, timelines, workload and communication expectations. A copy of the signed agreement should be provided to the Training Lead (TL).
- The 'Core Training Plan' (Appendix D), including the rotation-specific opportunities that will contribute to fulfilling this.
- Expectations (quality and quantity) for assessments and interventions.
- The role of the psychologist on the team
- Mandatory meetings and commitments
- Policies (e.g., safety, security; response to codes)
- Rotation-specific documentation expectations, including time frames and processes (e.g., for review and co-signing) for session notes and reports.
- Meditech workload measurement
- Location of and access to assessment tools (where relevant)
- The supervisor's style and availability (e.g., drop in, process for urgent situations)
- Arrangements for time sensitive situations (e.g., processes if there is concern for the safety of a client or others)
- Arrangements for vacation, education leave, sick leave and calling in sick
- Arrangements for supervision when the supervisor is absent or not available
- Program-specific logistics (e.g. room booking, workstation)

Minimal Requirements for Successful Completion of Residency

The following are minimal requirements for successful completion of the residency. Strategies to meet these requirements will be discussed by the resident with supervisors and the TL. They should be reflected in 'Supervision Agreements' (Appendix A) that the resident will generate with each supervisor and in the 'Core Training Plan' (Appendix D).

The residency program will consist of 37.5 hours/ week for 12 months (minimum 1600 hours). Residents are expected to spend a maximum of 67% of their time in direct and indirect client

services combined (see Appendix C 'WPRP Hours and Requirements Tracking Checklist'; CPA Guideline Document - Hours tabulation for Accreditation Standards 6th Revision.pdf) and will be supervised by doctoral level psychologists registered with the College of Psychologists and Behaviour Analysts of Ontario. The rest of the week (approximately 12.5 hours) should be spent on activities related to general resident development (e.g. receiving supervision, program evaluation and development projects, didactics, rounds, literature reviews).

Specific expectations will vary between rotations. However, minimal requirements to successful complete the residency include;

- complete two rotations. In order to complete a rotation, residents will be required to receive an 'Overall' rating for the rotation of at least 'meets expectations', rated by their supervisor(s) at the end of the rotation.
- complete assessment reports (minimum of 8 assessment reports over the course of the residency (including cognitive and psychodiagnostic)
- meet rotation-specific expectations for number of individual cases (carrying a total caseload across rotations of approximately 5-12 across all rotations at any given time, depending on assessment caseload).
- meet rotation-specific expectations for number of groups facilitated (a minimum of one group during the residency)
- attend all Seminar Series didactic presentations (unless on approved leave) (minimum of 75% attended)
- attend and actively participate in all Case Discussions (unless on approved leave) (minimum 75% attended)
- deliver two case presentations in the Case Discussion
- complete an approved program evaluation project
- complete an approved program development project

WPRP focuses on developing and refining core foundational and functional competencies, as described within the CPA Accreditation Standards for Doctoral and Residency Programs in Professional Psychology 6th Edition;

1. Individual, social, and cultural diversity: working with individuals, groups, and communities with diverse cultural and other characteristics in a culturally sensitive manner, exercising appropriate cultural humility.

2. Indigenous interculturalism: understanding the implications for clinical psychology of the Truth and Reconciliation Commission of Canada's Calls to Action, having a working knowledge of local Indigenous communities (including their history and healing practices) and culturally sensitive and strength-based approaches to delivering clinical services (assessment, therapy etc.) with Indigenous clients. Training will strive to incorporate and honor Indigenous ways of knowing and concepts of wellness. Residents

will meet with Waypoint's Indigenous Traditional Healer. Residents will have the opportunity to participate in other Indigenous lead training opportunities.

3. Evidence-based knowledge and methods: becoming proficient in clinical work that is based on evidence– including research findings, lived experience, case reports, clinical research summaries, and practice guidelines.

4. Professionalism: consolidating professional identity, recognizing boundaries in competence, engaging in self-management (including workload management and self-care), engaging in self-reflection, engaging in appropriate and timely collegial communication and relationships (including preventing and navigating conflict). Focus will also be on engaging in professional behaviors befitting psychologists. This includes behaving with integrity.

5. Interpersonal skills and communication: refining interpersonal skills in therapeutic and collegial relationships.

6. Bias evaluation, reflective practice: refining critical thinking and scholarship in clinical contexts as well as reflecting on one's own characteristics (e.g. biases, strengths, power, and privilege) and how they impact functioning in clinical contexts.

7. Ethics, standards, laws, policies: continued practice in applying ethical, professional and legal standards as well as opportunities to engage in ethical reasoning in complex situations.

8. Interprofessional collaboration and service settings: respectfully collaborating with and understanding the skills and expertise of other professions. Understanding the unique roles and skills of psychologists, particularly within interdisciplinary teams.

As mentioned, the plan for rotation selection will reflect the resident's interests, priorities and training needs, as well as supervisor availability. Every effort will be made to ensure individual training goals and the resident's interests are met, while also facilitating the achievement of core competencies and appropriate breadth of experience to prepare the resident for registration.

Supervision.

The resident will be assigned supervisors by the TL based on the rotations that will make up their residency. Where there is more than one potential supervisor, the TL will assign the supervisor based on information such as availability of the supervisor.

Approach to supervision

Supervisors at WPRP generally utilize a developmental approach to supervision, with the level of support provided reflecting resident's knowledge and competence. Supervision is expected to be consistent with CPA accreditation standards and reflect guidance from resources such as Ontario Psychological Association self-assessment guide

(https://www.psych.on.ca/getmedia/a5f4e5a6-9385-4bb4-9940-c6c1c46ebc57/Quality-Assurance-Self-AssessmentFinal.pdf) and the College of Psychologists and Behaviour Analysts of Ontario 2025 Supervision Resource Manual for Registration 4th Ed. https://cpbao.ca/wp-content/uploads/Document-Supervision-Resource-Manual-for-Registration-Fourth-Edition-2025-2025-07-29.pdf. Supervisors will also participate in regular (i) Supervision Development webinars (see Appendix E 'NORPIC/ Waypoint Calendar for Seminar Series, Supervision Development and Case Discussion') and (ii) Supervisor Meetings – WPRP faculty focused on monitoring and supporting resident progress.

Documentation of supervision

Consistent with guidelines regarding supervision records (College of Psychologists and Behaviour Analysts of Ontario, Standards of Professional Conduct 2024) it is the responsibility of the supervisor to keep a record of each supervision session. This should be signed by both resident and supervisor (see Appendix B 'Supervision Session Documenting'). Residents are also expected to keep notes from supervision sessions.

Standards of supervision

Supervision will be provided by experienced, doctoral level psychologists registered with the College of Psychologists and Behaviour Analysts of Ontario and deemed competent to provide the psychological services for which they provide supervision. Residents will receive at least 3 hours/ week of individual supervision. At least 10% of supervision over the course of the residency will include direct observation of the resident's work with clients (through live, audio or audiovisual recordings). Up to 25% of supervision may be asynchronous (e.g. reviewing and providing detailed feedback regarding resident's written work). Residents will receive an additional fourth hour of supervision/week at the Case Discussion meetings.

Consistent with the CPA accreditation standards, individual supervision is defined as the supervisor providing "detailed and comprehensive feedback" to the resident about their "provision of psychological services" directly to clients. Supervision is considered time that is planned, has a clinical focus and where the supervisor's attention is mainly focused on the resident's activities. The format of supervision (e.g., observation; co-facilitation; discussion based) will differ between supervisors and across supervision sessions. Feedback provided should be supportive and constructive. The supervisor should regularly elicit feedback from the resident regarding the supervision they are receiving – including their preferred focus and how it might be optimized.

Supervision Professional Development

WPRP supervisors work to continuously improve their supervision knowledge and practices. Residents will have the opportunity to evaluate and provide feedback to supervisors during and at the end of rotations. This feedback will reflect both strengths and constructive feedback. Residents and supervisors are encouraged to raise any issues during supervision in a timely

manner. If significant concerns develop that are not adequately addressed through supervision, Due Process, Appeals, Review' or 'Grievance' procedures can be utilised (see Appendix F 'Due Process, Appeals and Review Procedure'; and Appendix G 'Grievance Procedure').

WPRP will strive to provide the opportunity for residents to co-supervise graduate clinical psychology students (under the supervision of a registered psychologist) or co-consult to an appropriately qualified licensed professional delivering psychotherapy. Further, residents will be able to participate in the didactic Supervision Development meetings, where supervisors and learners meet to discuss readings related to ethics, theory, evidence-based and skills associated with supervision.

Supervision sessions

- Supervision should focus on aspects of clinical competency, including integrating ethical/ legal/ professional standards into all care, assessment and treatment techniques, diagnosis, case conceptualization, treatment planning, consulting, report writing and documenting.
- In particular, supervision should be focused on supporting the resident to meet goals identified in the Supervision Agreement and Core Training Plan. Supervisors should be flexible in supporting the resident, including delivering supervision in a variety of formats, as required (e.g., discussion; role play; observation; co facilitation; feedback; additional reading or training).
- Feedback provided to the resident should be given in a timely manner (and vice versa).
- Every effort should be made to resolve any issues informally before moving to Due Process or Grievance procedures.

Schedule of Residency: Evaluations, Deadlines and Mandatory Meetings

Evaluation of residents will occur mid- and end of each rotation. The scheduled evaluation will be designed to identify strengths and areas of need for additional development. Evaluation sessions will also consider progress on the agreed 'Supervision Agreement' and 'Core Training Plan' goals. Evaluation will focus on core foundational and functional competencies essential for professional practice.

Evaluation of resident

Evaluation of the resident by rotation supervisor(s) will occur mid and end of rotations (usually December, March, June, August) (see Appendix H – 'Evaluation of Psychology Residents' form).

If required, a Remediation process may be initiated. A 'Remediation Plan' will be utilized to identify goals, needs and responsibilities for this (Appendix I).

Review of progress on the Core Training Plan with the resident by the Training Lead will occur:

- Quarterly, the 'Core Training Plan' will be reviewed with the resident (see Appendix D)

- As needed (if required as part of Due Process, Appeals and Review procedures) (see Appendix F – 'Due Process, Appeals, Review Procedures')

Evaluation of supervisors and rotations

Formalised **open feedback regarding supervision** will be given to the supervisor(s) by the resident at the end of residency when the evaluation of the resident has been completed and submitted to the resident, the TL and the residents' university DCT (see Appendix J: 'Feedback to Supervisor' form). Evaluation of **rotations** will be completed by the resident at the end of residency when the evaluation of the resident has been completed and submitted to the resident, the TL and the residents' university DCT (see Appendix K – 'Evaluation of Rotation Form').

Anonymous evaluation will be completed by the resident for each supervisor at the end of residency after all evaluations of the resident have been completed and submitted to the resident, the TL and the DCT of the residents' university (see Appendix L 'Confidential Evaluation of Supervisor Form'). Apart from exceptional circumstances, anonymous feedback will be provided after three evaluation forms have been collected for the same supervisor (over years, from different residents). Results will be de-identified, collated and provided to the supervisor.

Resident Document Deadlines

DUE DATES

Form	Process	Time
Supervision Agreement Form	Form jointly completed and signed by resident and supervisor	Three weeks after start of rotation date
WPRP Time Hours and Requirements Tracking Checklist	Completed by resident. Discussed with TL Signed by resident and TL.	Reviewed mid- and end of residency.
Core Training Plan	Form reflecting goals and plan for the entirety of the residency. Jointly completed by resident and supervisors. Submitted for approval to TL	Submitted to TL four weeks after start date Progress reviewed with TL quarterly.
Evaluation of Resident Form	Completed by rotation supervisor(s)	Midway and end of rotation

	Discussed with resident mid- and end of rotation Signed by both supervisor and resident and submitted to TL Resident and supervisor keep copies	
Remediation/ Learning Plan Form	Prepared by the TL in consultation with supervisor(s) and with input from resident.	(If needed), consistent with schedule outlined in plan.
Feedback to Supervisor Form	Completed by resident. Discussed with supervisor after all evaluations of the resident have been completed and submitted to the resident, the TL and the DCT of the residents' university Signed by both Supervisor and resident and submitted to TL.	End of residency.
Confidential Supervisor Evaluation Form	Completed by resident and submitted in a sealed envelope to TL (or Deputy TL if TL is supervisor). Residents' name is not on the form. Submitted after all evaluations of the resident have been completed and submitted to the resident, the TL and the DCT of the residents' university Discussed and submitted to TL After 3 forms are completed (i.e., three residents have been supervised), information will be summarized by TL and provided to relevant supervisor.	End of residency.
Rotation Evaluation Forms	Completed by resident, discussed with supervisor and submitted to TL. Submitted after all evaluations of the resident have been completed and submitted to the resident, the TL and the DCT of the residents' university.	End of residency.

Seminar Series Evaluation Form	Completed by the resident following each Seminar series presentation	Submitted after each Seminar Series webinar
Residency Exit Questionnaire	Completed by resident at the end of the residency. Discussed with TL and submitted after all evaluations of the resident have been completed and submitted to the resident, the TL and the DCT of the residents' university.	End of residency
Residency Completion Checklist	Completed by resident at the end of the residency Submitted to the TL	End of residency

Mandatory meetings

- WPRP committee meetings when acting as 'resident representative'
- Seminar Series (Monday mornings 9:30-11am) (see Appendix E for calendar)
- Case Discussion (Monday mornings 11am-12noon). Resident will be expected to deliver two Case Discussions during the residency year.
- Supervision Development meetings (Monday mornings 9:30-11am; part of Seminar Series) (once/ quarter) (see Appendix E for schedule).
- Waypoint psychology meetings
- Rotation specific meetings (e.g., rounds; clinical business meetings, clinical treatment meetings)
- Supervision sessions

Meetings with Psychology Residency Training Lead

Residents will meet with the Psychology Training Lead quarterly.

The focus of these meetings will include resident's progress on the Core Training Plan, and any concerns that the resident might have about WPRP (or vice versa). The focus will be on strengths and training needs and progress on the Core Training Plan. The TL and resident will work together to design training strategies and to address any training needs related to the Core Training Plan.

Letters to Resident's university program

- The TL will send a letter synthesizing supervisor's evaluations and TL's observations of the resident to the Director of Clinical Training (DCT) from the resident's university at least twice/ year (usually March; August). This will occur more often, if needed.

- The TL will also communicate with the DCT, as part of the Due Process procedure, if this is required.

Seminar Series, Supervision Development

Weekly didactic seminars will take place on Monday mornings (see Appendix E – 'Calendar for Seminar Series, Supervision Development and Case Discussions'). Once every two months, these will be focused on Supervision Development. Seminars will be virtual and will be held in conjunction with the Northern Ontario Psychology Internship Consortium (NORPIC). Presentations will include didactic seminars, CPBAO-sponsored events (e.g., Barbara Wand seminars), and Canadian Council of Professional Psychology Programmes (CPPP) National Training Seminar Series (~October, February, May, July).

Residents will complete evaluations of these Seminar at the end of each (see Appendix M – 'Evaluation of Seminar Series') and submit these to the Training Lead.

Case Discussions

Case Discussions (group supervision) meetings occur virtually Monday mornings 11am-12 in conjunction with NORPIC. Attendance at Case Discussion meetings is mandatory for residents.

Each resident will present two case studies during the residency year. This should include one case that presents an ethical issue. **Cases should be de-identified.**

The supervisor of the case that resident presents should be informed, so they can attend.

Tips for the Case Discussions presentation include the following;

- There is no need to use powerpoint.
- Try to be succinct when summarizing the background information and allow enough time for discussion.
- Case Discussion presentation is an opportunity to practice being able to deliver information in a succinct and professional manner and to demonstrate the ability to 'think on your feet' in the same way that might be appropriate when contributing to an interdisciplinary discussion, in a public presentation or media interview.
- PHIPA allows psychologists to discuss cases for educational purposes. It is extremely important to protect client confidentiality and to ensure that information provided is not identifying. **This goes beyond removing names; it is also important to remove other information that could be identifying**.

WPRP Committee

WPRP is overseen by the Residency Committee. The Committee consists of a core group of WPRP psychologist faculty actively involved in the development and governance of the program and striving to ensure the residency provides an excellent training experience (see Appendix N: 'WPRP Committee Terms of Reference'). A core task of the WPRP Residency Committee is to navigate participation in the process of becoming accredited with the Canadian Psychological

Association (CPA), and in overseeing involvement with APPIC, including in the recruitment of new residents to the program. Tasks of the committee include the following;

- **Program Oversight**: Reinforce the residency program's adherence to relevant legal, ethical and professional standards including the **Canadian Code of Ethics for Psychologists 4th Ed** and professional standards including Canadian Psychological Association Accreditation Standards for Doctoral and Residency Programs in Professional Psychology 6th Ed.
- **Curriculum Development and Oversight**: Contribute to the development and review of a competency-based training curriculum that is regularly reviewed and that aligns with CPA's core functional and foundational competencies.
- **Evaluation of Resident's Competence**: Contribute to the refinement and implementation of a structured system to assess residents' progress on functional and foundational core competencies.
- **Resident Recruitment and Selection:** contribute to the refinement and ongoing improvement of procedures to support equitable and transparent selection of residents, ensuring compliance with CPA accreditation standards.
- **Policy Development and Implementation**: contribute to the creation, refinement and regular improvement of residency policies and procedures (e.g. related to evaluation and monitoring of progress for residents, Due Process or Grievance) ensuring that these align with appropriate legal, ethical and professional standards.
- **Due Process, Appeals, Review, Grievance** Contributing to Due Process, Appeals, Review as required and to Grievance procedures, as required.
- **Oversee Quality and Consistency of Supervision**: Ensure residency supervisors are aware of and supported in implementing evidence-based supervision that meets ethical, professional, legal and CPA accreditation standards. Refine and contribute to ongoing improvement in supervision practices.
- **Engage in Continuous Improvement**: Use feedback from residents, supervisors, and stakeholders to engage in continuous program quality improvement for the residency and ensure responsiveness to evolving training needs.

The WPRP Residency Committee consists of the Training Lead; Deputy Training Lead, Professional Practice Lead (PPL) or delegate, Supervisor Member at Large, and a Representative Resident. The PPL and Resident Representative do not participate in all aspects of Due Process, Appeals, Review (see Appendix F) and Grievance procedures (see Appendix G).

The committee is composed of the following:

Title	**Currently held by**
Training executive	
Training Lead (TL)	Dr Carolyn Houlding, C.Psych.

Deputy Training Lead (Deputy TL)	Dr Erin O'Farrell, C.Psych.
Members	
Professional Practice Lead	Dr Genevieve Monaghan, C.Psych
Supervisor Member at Large	Dr Lauren Steinhart, C.Psych
Psychology Resident Representative	(Psychology residents will participate for 6 months each)

The Residency Committee Meeting will occur at 10am on the 2nd Tuesday of the month four times/ year starting in October. The meetings are open to committee members as well as residency supervisors. The resident's input into these issues is actively encouraged.

Due Process, Appeals, and Review Guidelines

If informal strategies are not effective in resolving concerns regarding residents' performance, formalized procedures are available (see Appendix F 'Due Process, Appeals and Review Procedure').

Grievance Procedure

If residents have significant concerns with WPRP faculty, 'Grievance' procedures are available (see Appendix G, 'Grievance Procedure').

Typical work week

The work week and rotation arrangement may be adjusted to suit the training needs of the resident. A typical work week would be as follows;

2-4 days rotation #1

1-2 day rotation #2

0.5 day: Seminar Series + Case Discussion (Monday morning)

0.5 day: Program evaluation and program development projects

Program evaluation requirement:

All residents will complete a small program evaluation project as part of their WPRP residency.

- The program evaluation will typically be conducted through the Waypoint Research Institute with a program evaluation specific supervisor. This also requires a Supervision Agreement and formal evaluation.
- A WPRP psychologist faculty will supervise the program evaluation.
- As noted, half a day a week is allocated to completing the program evaluation project.
- The topic can be agreed with the supervisor. Because of the short time frame available for the program evaluation, it is strongly encouraged to choose a project where data has

been collected and where Research Ethics Board (REB) approval has been completed or is not required.
- Residents are required to present their program evaluation proposals the second or third week of January (usually as part of the Seminar Series) and to present the results by the third week of July (also as part of the Seminar Series).
- Residents will meet regularly with their program evaluation supervisor to maintain progress on the project.

Program development project:

All residents will complete a small program development project.

- The program development project will typically be conducted within one of their clinical rotations and will be supervised by the rotation's clinical supervisor.
- The project will be agreed with the clinical supervisor. The scope of the project should reflect the limited time allocated for this training opportunity. Examples include adapting clinical materials for use by patients with limited literacy skills or generating CBT based posters/ educational materials.
- Residents will discuss progress on the project with their clinical supervisor on an ongoing basis.
- Residents should decide on their program development projects by the end of January and it should be completed and shared with stakeholders by the end of July.

Malpractice insurance

Residents are required to obtain their own malpractice insurance policy and this needs to be in place prior to starting WPRP residency.

Appendices Contents

Appendix A Supervision Agreement Form

WPRP Waypoint Psychology Residency Program

SUPERVISION AGREEMENT FORM [template to adapt]

Resident: _____ **Supervisor:** _____

Rotation _____ **Date of evaluation:** _____

Agreement the period from (start date) _____ **to** _____**(end date)**

Specific duties and obligations of the resident:

Work obligations:

- **Work obligations (conditions)**
- Working hours
- Expectations if resident is going to be absent/ late/ on education leave
- Expectations for workload measurement
- Expectation to follow hospital policies and procedures including workplace health and safety policies.
- **Work obligations (confidentiality)**
- Expectations to follow PHIPPA and FIPPA
- Expectation to keep laptop secure; include electronic medical record and email security
- Expectation to keep test materials secure
- Expectations for how to keep client materials secure (e.g. filing cabinet)
- Expectations regarding discussing confidentiality and the limits to confidentiality with clients (including that information will be shared with the supervisor, team; documenting on the electronic health record; mandatory reporting obligations.)
- Virtual care and supervision and confidentiality policies
- **Work obligations (for resident in supervision)**
- Expectations for participation and preparation for supervision.
- Mechanisms for feedback to supervisor
- Due Process, Appeals, Grievance and Review processes

Work duties (clinical):

- Expectation to comply with all relevant ethical, professional and legal standards and professional standards, including CPA's *Canadian Code of Ethics for Psychologists 4th Ed.* And the CPBAO's *Standards of Professional Conduct*
- Expectation to inform clients of status as a resident under supervision, supervisor access to client notes, client's ability to access supervisor if required and to provide client with supervisor's contact information.
- Procedures for responding if concerned about significant client risk (i.e., If a client indicates verbally or non-verbally that they are a significant risk to harm to themselves or someone else, including reporting procedures.)
- Expectations for documenting of clinical contact, including expectations for supervisor review, cosigning and timelines
- Mandatory meeting attendance: including rotation-specific meetings (e.g., team meetings, case conferences) and residency meetings Seminar series; supervision development didactics; case discussions
- Any rotation-specific policy / procedures (e.g., security; cell phone)

Manner in which supervisor will be involved in planning, monitoring and evaluation of services provided to clients-

- All clinical decisions, planning, monitoring, evaluation and courses of treatment must have supervisor approval. If the resident has any doubts about whether a given course of action would be appropriate, please consult supervisor.

Urgent issues and supervisor unavailability

- How to contact supervisor in person, via email or phone for urgent issues
- Alternate plans, if supervisor cannot be reached, including access to alternative supervisor

Alternative supervision

- Alternative supervision arrangements for any supervisor absence.

Emergency contact information

- Supervisor emergency contact information _____
- Resident contact information: _____
- Emergency contact information for resident: _____

Rotation expectations and goals

Supervision expectations

- Minimum average 45 min-1 hr / day individual supervision for clinical rotations
- Expected format of supervision:
    - Planned meeting, including discussion of cases, legal/ ethical issues, strengths, developmental needs, feedback to supervisor, directives to supervisee.
    - Asynchronous review of documenting / report (up to 25% of supervision)
    - Observation or audio/ video tape (10% + of supervision)
    - Review, feedback, of all written documenting (sessions; reports); cosigning of all reports/ letters

Rotation goals/ expectations

- Expected Assessments experiences (e.g. psychopathology; behavioural dysregulation; cognitive abilities)

- Expected Treatment and Intervention experiences

- Expected caseload

- Expected consultation/ supervision of other experiences

- Expected program development experiences (if any)

- Expected program evaluation experiences (if any)

- Expected supervisory knowledge and skills experiences (if any)

- Expected interdisciplinary experiences

- Expected experiences in relation to equity, diversity and inclusion

- Expected (approximate) weekly client contact hours _____

- Expected (approximate) weekly indirect client contact hours _____

(Goal = ~25 hr direct+indirect clinical hours per week across rotations)

- **Limitations of the Supervisee's Activities (if any):** _____

Rotation Goals

1.

2

3

Resident signature: _____ *Supervisor signature:*_____

Resident: _____ *Supervisor:* _____

WPRP Supervision Agreement Jan 16 2026.docx

Appendix B Supervision Session Documenting

WPRP Waypoint Psychology Residency Program

SUPERVISION SESSION DOCUMENTATION:

Date	**Client initials**	**1:1 supervision (mins)**	**Observation of supervisee (mins)**	**Asynchronous Supervision (mins)**	

Ethical/ legal issues:	**Directives:**
Strengths	**Developmental needs:**
Feedback from resident re supervision (supervisor should request periodically)	
Resident name **Resident initials**	**Supervisor name** **Supervisor signature**

Supervision Session Documenting Sept 3 2026

Appendix C WPRP Hours and Requirements Tracking Checklist

WPRP Hours and Requirements Tracking Checklist

Name of Resident Time: mid? end? Total hours: min 1600 hours

	OSP	Sans Souci asst/ group/ supervsry	Sans Souci Individual therapy	OATS or HQO CBTp	Gwood	Program development evaluation	TOTAL (Min 1600 hrs)
# hours rotation							

Assessment *(minimum: 8 total)*

	OSP	Sans Souci asst/ group/ supervsry	Sans Souci Individual therapy	OATS or HQO CBTp	Gwood	Program development evaluation	TOTAL
#cognitive assessments						n/a	
# diagnostic or psychopath assessments						n/a	

Therapy *(approx. 5-12 depending on assessment caseload)*

	OSP	Sans Souci asst/ group/ supervsry	Sans Souci Individual therapy	OATS or HQO CBTp	Gwood	Program development evaluation	TOTAL
# therapy cases							
# groups facilitated							

Clinical time (direct and indirect**definitions below***)**

*(**accreditation standard**: indirect and direct clinical <67% total time i.e. ~1072hrs of 1600 hr)*

# hours direct clinical service							
# hours indirect clinical service							

Supervision

Minimum TOTAL individual (individual mtg + observed + asynchronous): ~144 hrs total individual supervision

Minimum additional supervision (group or individual): ~48 hrs

Minimum observed: hours (live/ audio): ~14.4 hrs (10% of total supervision)

Asynchronous: i.e. max ~36 hrs (<25% total supervision)

	OSP	Sans Souci asst/ group/ supervsry	Sans Souci Individual therapy	OATS/ HQO CBTp	Gwood	Program development evaluation	TOTAL
# hours observed by supervisor (live/ audio)							
# hours supervision meetings							
# hours asynchronous supervision							

Seminar Series/ Case Discussion/ Case Presentation

Seminar attendance (% attended)	Minimum: 75% attendance
Other didactic hours	
Case discussion attendance	Minimum: 75% attendance
Number of case studies presented	Minimum: two

Resident: _____

Psychology Training Lead: _____

Date _____

***Face-to-face (or virtual) contact with clients/patients, including, but not limited to:** 1 Therapy (individual, group, family) 2 Administration of psychological tests 3 Clinical interviews 4 Feedback sessions 5 Intake 6 Other contact with clients (e.g., phone calls, emails)

Indirect: (Includes support activities related to the provision of service to specific clients/patients) Examples include but are not limited to: 1 Case conferences and consultation related to specific clients/patients 2 Report writing 3 Progress/process note writing 4 Treatment planning 5 Test scoring and interpretation 6 Supervision of Junior Students (incl. direct observation)

Remainder: Examples include but are not limited to: 1 Supervision (receiving) 2 Program Development/ Evaluation 3 Research 4 Didactics 5 Rounds 6 Lit reviews 7 Learning new instruments

WPRP hours and requirements tracking checklist Sept 3 2026

Appendix D Core Training Plan Form

WPRP Waypoint Psychology Residency Program

CORE TRAINING PLAN

(a single plan to be generated by resident and supervisors and reviewed quarterly by Training Lead)

Resident **Training Lead** **Date:**

Resident signature: _____

Training Lead signature _____

Functional Competencies	General and individualized training goals and objectives Rotation(s) where the experience will be obtained Client population Type of assessment/ intervention (where relevant)
Assessment diagnosis and care planning, including case conceptualizations, cognitive/ neuropsychological, psychometric/psychodiagnostics using evidence-based tools and methods. *Minimum: 8 assessment reports across all rotations over the residency year*	Incorporating 'foundational competencies'
Treatment and Intervention experiences, including individual therapy, group therapy Evidence-based knowledge and methods to select *Minimum: Carry a caseload of individual therapy sufficient to meet direct client contact goals (exact caseload impacted by volume of assessments. Typically 5-12 at any time across rotations)* *Cofacilitate one group in any rotation during the residency year*	Incorporating 'foundational competencies'
Consultation Including working in interdisciplinary setting(s)	Incorporating 'foundational competencies'
Program development *Minimum: Complete one small program development project*	Incorporating 'foundational competencies'
Program evaluation *Minimum: Complete one program evaluation project*	Incorporating 'foundational competencies'
Supervisory knowledge and skills	Incorporating 'foundational competencies'

Direct patient contact hours* Direct + indirect client care = Max 67% total time, ~25 hrs/week)	
Indirect patient hours* Direct + indirect client care = Max 67% total time, ~25 hrs/week)	
Case study discussion meeting attendance Minimum: 75% attended	
Case Discussion meetings Minimum: present 2	
Seminar Series Minimum attendance: 75%	
Two or more rotations *Minimum: pass all rotations*	

**** Foundational competencies: (1) Individual, social, and cultural diversity (2) Indigenous interculturalism (3) Evidence Based Knowledge and Methods (4) Professionalism (5) Interpersonal skills and communication (6) Bias Evaluation and Reflective Practice (7) Application of ethical standards, laws, policies**

***Face-to-face (or virtual) contact with clients/patients, including, but not limited to:** 1. Therapy (individual, group, family) 2. Administration of psychological tests 3. Clinical interviews 4. Feedback sessions 5. Intake 6. Other contact with clients (e.g., phone calls, emails)

Indirect: (Includes support activities related to the provision of service to specific clients/patients) Examples include but are not limited to: 1. Case conferences and consultation related to specific clients/patients 2. Report writing 3. Progress/ process note writing 4. Treatment planning 5. Test scoring and interpretation 6. Supervision of Junior Students (incl. direct observation)

Remainder: Examples include but are not limited to: 1. Supervision (receiving) 2. Program Development/ Evaluation 3. Research 4. Didactics 5. Rounds 6. Lit reviews 7. Learning new instruments

WPRP Core Training Plan Sept 3 2026

Appendix E NORPIC/ Waypoint Calendar for Seminar Series and Case Discussion

NORTHWESTERN ONTARIO RESIDENCY
PSYCHOLOGY INTERNSHIP CONSORTIUM

2026-2027 NORPIC EDUCATION AND CASE CONFERENCE SERIES SCHEDULE

This schedule is posted in the member's only section of the NORPIC Website ['NORPIC Schedule (includes Orientation, Education, Training, Meetings, and Case Consultation)' -- https://norpic.net/page-1075180].

Changes to the schedule will occur throughout the year.
Please consult the NORPIC website for the most up to date version of the schedule.
Please consider bookmarking the schedule into your devices for quick access.

Any clinical staff of the consortium organizations are encouraged to attend.

The schedule has colour coded the various education and training experiences for easy reference

Local Training Series, Supervisor Development Series, and Research Series take place on **MONDAYS**
Provincial and National Seminars take place on **FRIDAYS**
*The link for the Provincial and National Training presentations will be accessible and provided to you in advance.
Pre-registration is required for the National series, after which the link will be sent to you.

TEAMS LINK TO ATTEND SEMINARS, CASES, AND SUPERVISION DEVELOPMENT:

Join:
https://teams.microsoft.com/meet/251621419336517?p=PL6jcsyqoow4HS2CLx

Meeting ID: 251 621 419 336 517 **Passcode: oX3TG956**

Need help? | System reference

Dial in by phone +1 437-747-2782,,26833566# Canada, Toronto Find a local number Phone conference ID: 268 335 66#

TEAMS LINK TO ATTEND SEMINARS, CASES, AND SUPERVISION DEVELOPMENT:

Sept 2026 – August 2027

https://teams.microsoft.com/l/meetup-join/19%3ameeting_OGY2N2IzYTgtYThhZi00NTQ2LTk5ZjktZDFjNmY1ZTZiOTg1%40thread.v2/0?context=%7b%22Tid%22%3a%2281f3bffc-1542-4970-9e93-48605eeb5721%22%2c%22Oid%22%3a%226670c88b-4876-4a58-90b8-922263006d1d%22%7d

Appendix F: Due Process, Appeals, Review Procedures

Waypoint Psychology Residency Program (WPRP)
Due Process and Appeal Procedures

Subject
Due Process, Appeal and Review Procedures for the Waypoint Psychology Residency Program (WPRP).

Audience
WPRP residents (residents), Training Lead (TL), Deputy Training Lead (Deputy TL), WPRP training committee, WPRP supervisors and other WPRP staff.

Purpose
The purpose of this document is to outline standardized processes to address and resolve serious concerns related to WPRP resident behavior.

Exclusion
The present document relates to issues within the remit of WPRP. Concerns that relate to issues that fall outside the remit of WPRP (e.g. workplace safety or other areas governed by legislation or Waypoint policy) will be brought to the attention of the WPRP hiring manager.

Policy
WPRP is committed to fair and transparent processes to address serious problematic behaviours exhibited by residents. Due Process, Appeals and Review procedures are designed to provide frameworks to address issues that are not arbitrary, discriminatory, or in bad faith and that are consistent with a 'just culture' that reflects core Waypoint values.

Definitions
WPRP Training Committee
For the purposes of Due Process, Appeals and Review procedures, the WPRP training committee is composed of Training Lead, Deputy Training Lead, and Supervisor Member at Large. The Professional Practice Lead (PPL) is not included in the WPRP committee in Due Process and Appeals due to their potential role in a Review Committee. The resident representative is not included due to the inappropriateness of a fellow resident being involved in the disciplinary procedures of a peer.

Problematic Behaviour
'Problematic behaviour' is broadly defined as behaviour that interferes with professional functioning. The behaviour may reflect issues related to professional competence, conduct or personal functioning.

The extent to which behaviour may be considered 'problematic' reflects some degree of judgment by the supervisor, TL and other members of the WPRP training committee. Some behaviours are concerning and should be addressed but may be expected in the context of a

learning and training environment. Evidence that problematic behaviours 'interfere with professional functioning' includes the following:

- An inability and/or unwillingness to acquire and integrate professional, ethical, legal or organizational standards into the repertoire of professional behaviours
- An inability and/or unwillingness to acquire professional skills or knowledge or to complete didactic and other training to achieve an acceptable level of competence, including within the competency areas prioritized by the WPRP residency
- In formal evaluations by supervisors, a resident receives a performance rating of '1' (i.e. 'inadequate') in global rating of any functional competency
- In formal evaluations by supervisors, a resident receives three or more performance ratings of '2' (i.e. "approaches expectations") on global ratings of functional competencies
- A chronic inability and/or unwillingness to control personal stress and/or psychological reactivity
- An inability and/or unwillingness to perform at levels of independence expected for a resident. An unreasonable amount of time is required to support the resident in the residency
- An inability and/or unwillingness to meet reasonable expectations regarding the quality or quantity of psychological services. This includes those outlined in the Core Training Plan and Supervision Agreements.
- An inability and/or unwillingness to acknowledge, understand, or address any of the above problems when identified.

Egregious problematic behavior

Residents are employees of Waypoint Centre for Mental Health Care. Therefore, problematic behavior that is highly unethical or that contravenes legislation or organizational policy will be addressed by the hiring manager and Waypoint Human Resources (HR). Examples of egregious problematic behavior include (but are not limited to):

- Ethical violations that place patients in danger or place Waypoint at substantial risk of liability
- Clinical practice that clearly endangers patients
- Sexual harassment, sexual exploitation or sexual assault of either patients or staff
- Significant dual relationships with patients
- Breaches of confidentiality
- Falsifying health or other records
- Recommending treatment outside the sphere of competence of a psychologist
- Recommending actions to a patient that place them at significant health or financial risk without thoroughly reviewing the risks with that patient (e.g. divorce, quitting a job)

Roles and responsibilities

Psychology Residency Training Lead/ Deputy Training Lead

Psychology Residency Training Lead/ Deputy Training Lead is responsible for:

- Overseeing WPRP, including modeling adherence to professional, ethical and legal standards and maintaining the expectation that other members of WPRP will do the same.

- Overseeing WPRP adherence to Canadian Psychological Association (CPA) accreditation standards (including for supervision).
- Overseeing arrangements for the resident's WPRP orientation and facilitating arrangements for Waypoint corporate orientation in order that they understand expectations and procedures for professional functioning at Waypoint.
- Orientation to WPRP includes ensuring the resident is aware of (i) Due Process, Appeal, and Review procedures (ii) Grievance procedures (iii) Expectations for supervision and (iv) Evaluation procedures.
- When appropriate, supporting the resident and supervisor to resolve any issues informally (as a first step).
- Overseeing and participating in implementation of Due Process, Appeals and Review procedures and/or Grievance procedures. This includes monitoring, documenting, communication with relevant parties (including the Director of Clinical Training at the resident's home university), convening a Review committee, decision making and generating recommendations.
- Coordinating with HR and Waypoint management when needed (e.g. when addressing issues related to workplace safety or to areas governed by legislation or agency policy, or if sanctions/ termination is recommended or is being considered).
- Overseeing and co-signing the Core Training Plan at the beginning of the residency.

Supervisor

Supervisor(s) is responsible for:

- Co-developing and co-signing a Supervision Agreement with the resident (including expectations and goals for the rotation) and ensuring this is submitted to the TL.
- Contributing to the co-development of the residents' Core Training Plan which incorporates goals across rotations for the residency year.
- Delivering supervision consistent with ethical, legal, professional and CPA accreditation standards and with expectations outlined in the Supervision Agreement. Further, supervision and evaluation should occur at intervals that are meaningful and allow any issues to be identified early and addressed in a timely manner.
- If relevant and appropriate, taking timely and appropriate (informal) steps to address concerns regarding resident's problematic behavior, carefully documenting these steps and consulting with the TL where needed.
- Participating in contributing to and/or implementation of Due Process, Appeals, and Review procedures and Grievance Procedures. This includes co-developing remediation plans, monitoring and communicating a resident's progress and following through on remediation strategies.
- Where needed, contributing to agreed remediation strategies (e.g. through increased frequency of supervision; monitoring progress; identifying didactic materials or training).

Resident

The Resident is responsible for:

- Adhering to appropriate professional, ethical and legal standards for WPRP and Waypoint Centre for Mental Health Care.
- Adhering to Waypoint and WPRP policies and procedures.
- Co-developing and co-signing the Supervision Agreement with the supervisor at the beginning of each rotation.
- Co-developing and co-signing the Core Training Plan with supervisors and Training Lead at the beginning of the residency.
- Meeting expectations outlined in the Supervision Agreement, Core Training Plan (e.g. for quantity of work) and in supervision sessions.
- Actively cooperating with Due Process, Appeals and/or Review procedures and with Grievance procedures. This includes maintaining a written record of their experiences in proceedings and following through on strategies to address problematic behavior outlined in warnings, remediation and other proceedings.

Professional Practice Lead (PPL)

The PPL for Psychologists at Waypoint is responsible for:

- Participating in the Review Process. This includes making recommendations based on findings of the Review Committee.

WPRP training committee

WPRP training committee is responsible for:

- Active contribution to and involvement in Due Process, Appeals and Grievance procedures, including using documentation and other information to make decisions regarding progress and recommendations.

WPRP hiring manager

WPRP hiring manager is responsible for:

- Addressing problematic behaviours that fall outside the remit of WPRP. This includes those relating to workplace safety, areas governed by legislation or agency policy and/or if problematic behaviours are egregious.
- Consulting, contributing to or participating in Due Process and Appeals and Review where appropriate including consulting with the TL, Deputy TL and WPRP committee when required.

Ombudsperson:

The Ombudsperson is responsible for:

- Being available to informally discuss any concerns regarding the residency that the resident is not comfortable addressing with the TL, supervisor or training committee members.

Procedures

Due Process

Typically, steps within Due Process will follow those outlined below. There may be circumstances where more severe interventions will be utilized immediately (e.g. if behavior is

egregious). In addition, behavior may fall outside the oversight boundaries of the residency (listed at the beginning of this document). If this is the case, the TL should be notified in writing by the supervisor within one working day and the issue should be directed to Waypoint management.

Within WPRP, Due Process would typically begin by attempting to rectify the concerns in supervision, and then escalate if necessary, as follows:

1. Informally addressing the problem within supervision
2. Notification of formal procedures
3. Hearing
4. Acknowledgment notice
5. Written notification
6. Remediation action plan
7. Probation
8. Recommendation for dismissal from the residency.

Details regarding each of these steps are outlined below.

Residents can appeal decisions at any step of Due Process. They will be given information by the TL regarding how to do so.

If there is a conflict of interest (e.g., the supervisor is the TL) alternative delegates for the role normally assumed by that person will be utilized (e.g., Deputy TL).

Informal procedures

- If the supervisor becomes concerned about persistent issues related to resident performance or allegations regarding problematic behavior come to the attention of the supervisor, this should usually be addressed through supervision (with exceptions noted above). The issues discussed and actions agreed upon should be carefully documented by the supervisor. The resident should be given the chance to respond to concerns regarding their professional behaviour and make adjustments. The supervisor may increase their supervisory guidance and/or direct the resident to appropriate resources (e.g., additional readings, training).
- As soon as there is evidence that concerning behaviour is not being resolved by informal means, the TL and Deputy TL should be informed in writing by the supervisor.
- If informal attempts to address the behaviour have been attempted for one month and (in the opinion of the supervisor) are ineffective or inappropriate, a formalized process (outlined below) should be followed.

Notification of formal procedures

- The supervisor will notify the resident in writing that the formal process of addressing problematic behavior or performance concerns is being started and that a Hearing will be held.

Hearing

- Within 10 working days of the notification being sent, a Hearing will be held. This will be attended by the TL, supervisor and resident.

- The necessity for the involvement of the TL should be documented and placed in the resident's file. The Director of Clinical Training of the resident's university will be informed.

- The Hearing will focus on discussing the problem(s) and deciding how to address them. If the TL is also the supervisor who is raising the concern, the Deputy TL or a WPRP committee member who works directly with the resident will be included at the Hearing.

- The resident will have the chance to present their perspective at the Hearing and may provide a written statement regarding the behavior that is of concern to WPRP.

- The TL will decide on next steps. Next steps would typically include either resolving the matter or starting any of the formalized sanctions, outlined below. The decision regarding next steps will be made by consensus between the TL and the supervisor. The resident's input will be taken into account. The outcome will be communicated to the resident within 5 working days of the Hearing.

Acknowledgment Notice

Following the Hearing, if concerns remain, the resident will be sent an 'Acknowledgment Notice'. An 'Acknowledgement Notice' is a formalized way for the WPRP committee to make the resident aware that:

- the committee is aware of and concerned about the resident's behaviour or performance
- that the concern has been brought to the attention of the resident
- that WPRP will work with the resident to identify steps that should be taken to address the problematic behaviour or inadequate evaluation rating, and
- that the problem is not significant enough to warrant further remedial action at this time.

A copy of the Acknowledgment Notice will be placed on the resident's file. The Director of Clinical Training of the resident's university will be informed of the Acknowledgment Notice by the TL.

Following the Acknowledgment Notice, the supervisor will continue to keep detailed records of any progress (or lack thereof) that is made by the resident. The resident is encouraged to keep careful documentation as well.

After two weeks, if the supervisor judges that sufficient follow-through or improvement has not been observed, next steps (including a Written Notification) will be considered. The supervisor, in consultation with the TL, will make the decision regarding whether to move to a Written Notification .

Written notification

The Written Notification should include:

- The problematic behaviour
- Specific expectations about how to address the problematic behaviour
- A reasonable and very specific time frame to address the problematic behaviour
- Procedures to ascertain whether the problematic behavior has been appropriately rectified, including methods for documenting and monitoring progress
- The sanctions that may be implemented if the problematic behaviour is not adequately addressed
- A date to review progress
- Notification that the resident can appeal this decision and how to do so (see Appeals section)

The Written Notification will typically be generated by the supervisor. A copy will be given to the resident and another will be placed on their WPRP file. The Director of Clinical Training of the resident's university will be informed by the TL.

Following the Written Notification, regular meetings with the resident, supervisor and/or TL will occur to monitor progress. The supervisor will keep detailed records of these meetings, including the resident's follow-through and progress on the remediation strategies. The resident will be encouraged to also document proceedings. A copy of the Written Notification will be placed on the resident's file and the TL will be provided with a copy.

If, within 3 weeks of a Written Notification, sufficient improvement and follow-through has not been observed, or if the problematic behaviour is serious enough, a Remediation Action Plan and/or sanctions may be put in place. If it is not a situation that requires the involvement of management, the decision regarding use of a Remediation Action Plan will be made by the TL in consultation with the supervisor and Deputy TL.

Remediation Action Plan

The Remediation Action Plan will be developed by the TL and supervisor(s) with input from the resident. The Deputy TL, WPRP committee, WPRP supervisors, Human Resources (HR) and/or the WPRP hiring manager may also be involved, at the discretion of the TL.

The Remediation Action Plan will be outlined in a document detailing:

- The problematic behavior
- Precise expectations to address the problematic behavior including responsibilities, actions and outcomes required of the resident (e.g., additional readings)
- A reasonable and very specific time frame within which the expectations will be met
- Procedures to ascertain whether the problematic behavior has been appropriately rectified, including methods for documenting and monitoring progress
- Supports (if any) to be provided by WPRP and Waypoint to assist the resident to meet these expectations. This could include more frequent supervision and/or supervision delivered in different formats. This may be provided by the primary supervisor or others and in consultation with the TL

- Next steps, including the possibility of sanctions, if the problematic behaviour is not adequately addressed
- Date to review progress
- Notification that the resident can appeal this decision (see Appeals section)

Near the end of the remediation period, a review meeting will occur to examine the resident's progress and decide on next steps. The review meeting will be attended by the TL, Deputy TL and the resident's supervisor(s). Other WPRP supervisors may be consulted. The review will be based on interviews, documentation provided by the supervisor(s) and resident and (potentially) other materials. The decision regarding recommendations for next steps will be made by consensus or an anonymous vote if consensus is not reached. Waypoint HR and the WPRP hiring manager may be consulted. Next steps might include (1) ending remediation (2) extension of the remediation period (3) recommendation to the WPRP hiring manager for dismissal from the residency.

If the decision is to place the resident on probation or to recommend terminating the resident from the residency, the TL and Deputy TL will communicate this to the WPRP hiring manager. The TL, Deputy TL and (if relevant) WPRP hiring manager will communicate findings to the resident as soon as possible. A written copy of findings will be provided to all stakeholders, including the resident. A copy will be kept on the resident's file. The TL will inform the Director of Clinical Training of the resident's university.

Probation

If it is not a situation that requires the involvement of management, the TL, Deputy TL and supervisor(s) will meet to discuss the parameters of a 3-month probation. The purpose of probation is to assess the ability of the resident to complete residency and to return the resident to a more fully functioning professional standing.

Within 10 working days of the meeting, the resident will meet with the TL and Deputy TL and be informed about the parameters of probation. Parameters will include the following information:

- The problematic behavior
- Precise expectations to address the problematic behavior including responsibilities, actions and outcomes required of the resident
- The specific time frame within which the expectations will be met
- Procedures to ascertain whether the problematic behavior has been appropriately rectified, including method for documenting and monitoring progress
- Supports (if any) to be provided by WPRP and Waypoint to assist the resident to meet these expectations. This could include more frequent supervision and/or supervision delivered in different formats. This may be provided by the primary supervisor or others and in consultation with the TL
- Next steps, including the possibility of further sanctions, if the problematic behaviour is not adequately addressed
- Date to review progress
- Notification that the resident can appeal this decision (see Appeals section)

The resident will receive a written copy of the probation plan, and another will be kept in their file. A copy will be provided to the Director of Clinical Training at their university.

Near the end of the probation period, the WPRP Committee and supervisor(s) will meet to review the resident's progress and decide on next steps. The review will be based on interviews, documentation provided by the supervisor(s) and resident and (potentially) other materials. The decision regarding recommendations for next steps will be made by consensus or an anonymous vote if consensus is not reached. Waypoint Human Resources and the WPRP hiring manager may be consulted. Next steps might include (1) ending probation (2) extension of probation (3) recommendation to the WPRP hiring manager for dismissal from the residency. If the decision is made to recommend dismissal from the residency, the TL will communicate the recommendation to the WPRP hiring manager.

The TL and Deputy TL and (if appropriate) WPRP hiring manager will meet with the resident to communicate the findings of the review meeting, including whether probation will be ended and next steps. The findings of the review meeting will be documented.

A written copy will be provided to all relevant stakeholders, including the resident, and will be kept in the resident's file. The TL will inform the Director of Clinical Training of the resident's university in writing of the outcome of the probationary review.

Appeal Procedures

If the resident disagrees with any step or outcome of the notification, remediation and/or sanctions processes, the resident has the right to appeal**.** This includes the institution of a remediation plan, the determination that a resident has failed to meet the provisions of the remediation plan or a decision that the resident will be withdrawn from the residency program. The appeal procedure includes the following steps:

1. If there is a conflict of interest (e.g., the person of concern is the TL), a delegate will be utilized in their place (e.g. Deputy TL).
2. The appeal should be submitted to the TL in writing within five working days of the resident being given written notice of the outcome of the procedures noted above (i.e., verbal or Written Notification, hearing, acknowledgment notice, remediation, probation). The appeal should include all supporting documents.
3. The WPRP committee will make the final decision regarding the response to the resident's appeal, and this will be provided within five working days of receiving the formal written appeal. The WPRP training committee response will reflect consultation with the supervisor(s) and (if appropriate) HR and the WPRP hiring manager. The response will include whether a Review Panel will be utilized in response to the appeal.
4. If the decision is made to utilize a Review Panel, then the 'Review Process' will be initiated (see below). If the decision is made not to utilize a Review Panel, the alternative response will be outlined in the Written Notification.
5. The resident will have five working days to respond in writing if they are not satisfied with the outcome of their formal appeal. If they are not satisfied, they will be able to formally request a Review Process (if one has not been utilized).

Review Process

A Review Process may be appropriate if the resident disagrees with decisions from the verbal or Written Notification, hearing, acknowledgement notice, remediation / sanction or appeal procedures. A Review Process might also be appropriate in other circumstances, including if there is not enough time in the residency year to implement a remediation plan or probation period and/or egregious violation of ethical or professional standards have occurred. The Review Process can be initiated by the TL (or delegate) or the resident.

The steps involved in the Review Process are as follows:

1. After the decision to utilize the Review Process has been made, a Review Panel needs to be arranged within five working days. The Review Panel will consist of two staff members. These two staff members will be chosen by the TL and Deputy TL with input from the PPL and resident involved in the dispute. Any conflicts of interest should be declared. Where reasonably possible, panel members should not have been involved in previous efforts to address the issue identified by the resident requesting a review. The TL, Deputy TL, and supervisor(s) will not serve on this committee.

2. The resident's file will be reviewed by the members of the Review Panel. Following this review, a review hearing will be scheduled. The review hearing will occur within 10 working days of the Review Panel being convened. This meeting will be attended by members of the Review Panel, the TL, Deputy TL and the resident. The resident can also ask for another resident to be present. At this review hearing, the resident will have the opportunity to present their concerns and any relevant evidence. The concerns and evidence should be submitted in written format. The resident will have the opportunity to hear the concerns of the residency program.

3. After this hearing, the Review Panel will add relevant information to the file and review the file and convene to make its decision.

4. The Review Panel will have five working days after the review hearing to submit a written report containing the Panel's decision and recommendations. This report will be provided to the PPL.

5. Within three working days of receiving the panel report and recommendations, the PPL will make a decision regarding whether to accept or reject the recommendations of the Review Panel.
    - If the PPL decides to reject the recommendations because they are based on insufficient review or evaluation of evidence, the PPL can request that the Review Panel should review the matter further and revise recommendations. Alternatively, the PPL may make a final decision.
    - If the matter is referred to the Review Panel, the panel will have five working days to deliberate further and then report back to the PPL.
    - At this point the PPL will make a final decision regarding what action should be taken. If the decision is to recommend dismissal of the resident from WPRP, this will be communicated to the WPRP hiring manager.

6. Within three working days of making the final decision, the PPL will communicate the findings to the resident regarding any actions to be taken. Actions might include making recommendations to the Waypoint hiring manager for the resident to be dismissed from the residency. The TL and Deputy TL will be in attendance when this information is communicated. In consultation with the PPL, staff members involved may also be informed of actions to be taken at this time. The Director of Clinical Training at the resident's university will be informed of recommendations.

7. If the resident is not satisfied with the PPL's final decision, they will have 5 working days to contact Waypoint HR to discuss their concerns.

Ombudsperson

An ombudsperson will be available and arranged by the TL. The ombudsperson is someone that the resident will be able to contact to discuss any concerns regarding the residency that they are not comfortable addressing with the TL, supervisor or training committee members. In general, discussions with the ombudsperson will not be discussed with members of the WPRP training committee and the resident will be made aware of this. The exception to this is if discussion involves situations relevant to the limits of confidentiality identified by the College of Psychologists and Behaviour Analysts of Ontario.

Where reasonably possible, the ombudsperson's role will be filled by a Waypoint psychologist who is familiar with the residency and who is not the TL, Deputy TL, the resident's supervisor, PPL, or member of the WPRP committee. The identity and contact information for the ombudsperson will be provided at the start of the residency. The appointment of the ombudsperson will be on a voluntary basis and will require approval by the TL. If a Waypoint psychologist is not available to take the role of Ombudsperson, an alternative will be arranged. This may be a registered psychologist from another residency program or another member of Waypoint staff familiar with the Waypoint residency program.

Due Process guidelines adapted from:

Aosved, A. (May, 2017). Tips for Trainers: Due Process*, APPIC E-Newsletter.p.8*

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UC David Counseling and Psychological Services (2021). *Due process in action: The identification and management of trainee problems/ grievances.*

WPRP Due Process Appeals Jan 11 2026 (1).docx

Appendix G: GRIEVANCE PROCEDURE

Waypoint Psychology Residency Program (WPRP)
Grievance Procedure

Subject
Grievance Procedures for the Waypoint Psychology Residency Program ('WPRP').

Audience
WPRP residents ('residents'), Training Lead ('TL'), Deputy Training Lead ('Deputy TL'), WPRP training committee, WPRP supervisors and other WPRP staff.

Purpose
The purpose of this document is to outline standardized processes to address and resolve serious concerns residents might have related to WPRP (including staff).

Exclusion
The present document relates to issues within the remit of WPRP. Concerns that relate to issues that fall outside the remit of WPRP (e.g. workplace safety or other areas governed by legislation or Waypoint policy) will be brought to the attention of relevant Waypoint personnel.

Policy
WPRP is committed to a fair and transparent process to address concerns raised by residents regarding any aspect of WPRP. The Grievance procedure is designed to provide a framework to address issues that is fair, not arbitrary and is consistent with a 'just culture' and other Waypoint core values.

Definitions
WPRP Training Committee
For the purposes of Grievance procedures, the WPRP training committee is composed of Training Lead, Deputy Training Lead, Research Coordinator and Supervisor Member at Large. The Professional Practice Lead (PPL) is not included in the WPRP committee in Grievance procedures due to their potential role in a Review Committee. The resident representative is not involved in Grievance.

Egregious problematic behavior
All WPRP supervisors and members of the WPRP committee are employees of Waypoint Centre for Mental Health. Therefore problematic behavior that is highly unethical or that contravenes legislation or organizational policy will be addressed by the appropriate manager and Waypoint Human Resources (HR). Examples of egregious problematic behavior include (but are not limited to):

- Ethical violations that place patients in danger or place Waypoint at substantial risk of liability

- Clinical practice that clearly endangers patients
- Sexual harassment, sexual exploitation or sexual assault of either resident, patients or staff

Roles and responsibilities

Psychology Residency Training Lead/ Deputy Training Lead

Psychology Residency Training Lead/ Deputy Training Lead is responsible for:

- Overseeing WPRP, including modeling adherence to professional, ethical and legal standards and maintaining the expectation that other members of WPRP will do the same.
- Overseeing WPRP adherence to Canadian Psychological Association (CPA) accreditation standards (including for supervision)
- If needed, supporting the resident and supervisor in resolving any issues informally (as a first step).
- Contributing to the resolution of any issues that arise specific to the administrative role of the Training Lead or Deputy Training Lead
- Overseeing and participating in the implementation of Grievance procedures (where HR is not involved). This includes monitoring, documenting, communication with relevant parties, arranging decision making meetings and generating recommendations.
- Coordinating with HR and Waypoint management when needed (e.g. when addressing issues related to workplace safety or to areas governed by legislation or agency policy, or if sanctions/ termination is recommended or is being considered).

Supervisor

Supervisor(s) is responsible for:

- Co-developing and co-signing a Supervision Agreement with the resident (including expectations and goals for the rotation) and ensuring this is submitted to the TL
- Delivering supervision that is consistent with ethical, legal, professional and CPA accreditation standards and consistent with expectations laid out in the Supervision Agreement. Further, delivering supervision and evaluation at intervals that are meaningful and allow any issues to be identified early and addressed in a timely manner.
- If relevant and appropriate, taking timely and appropriate (informal) steps to address concerns with the resident, carefully documenting these steps and consulting with the TL where needed.
- Participating and/or implementation of Grievance procedures.
- Where needed, contributing to agreed remediation strategies (e.g. through increased frequency of supervision; monitoring progress; identifying didactic materials or training)

Resident

Resident is responsible for:

- Adhering to appropriate professional, ethical and legal standards for WPRP and Waypoint Centre for Mental Health Care
- Adhering to Waypoint and WPRP policies and procedures.
- Co-developing and co-signing the Supervision Agreement with the supervisor at the beginning of each rotation.
- Meeting expectations outlined in the Supervision Agreement (e.g. for quantity of work) and in subsequent supervision sessions.
- Actively cooperating with Grievance procedures, and with Due Process, Appeals and/or Review procedures. This includes maintaining a written record of their experiences in proceedings and following through on strategies to address problematic behavior outlined in warnings, remediation and other proceedings.
- Where relevant, actively participating in remediation plan (e.g. through incorporating feedback; completing didactic materials or training)

Professional Practice Lead (PPL)

The PPL is responsible for:

- Participating in the Review Process. This includes making recommendations based on findings of Review Committee.

WPRP training committee

WPRP training committee is responsible for:

- Active contribution to and involvement in Grievance procedures, including using documentation and other information to make decisions regarding progress and recommendations.

WPRP management

WPRP management is responsible for:

- Addressing problematic behaviours that fall outside the remit of WPRP. This includes those relating to workplace safety, areas governed by legislation or agency policy and/or if problematic behaviours are egregious.
- Consulting, contributing to or participating in Grievance procedures, where appropriate including consulting with the TL, Deputy TL and WPRP committee when required.

Ombudsperson:

The Ombudsperson is responsible for:

- Being available to informally discuss any concerns regarding the residency that the resident is not comfortable addressing with the TL, supervisor or training committee members.

Grievance Procedure

Grievance is a mechanism for the resident to make a complaint regarding residency-related concerns. In the context of the WPRP residency, grievances are typically filed by the resident regarding some aspect of the residency (e.g. inadequate supervision, personality conflicts, workload).

Residents are encouraged to consult with Waypoint Human Resources at any point throughout the Grievance procedure. In addition, residents are able to consult with the College of Psychologists and Behaviour Analysts of Ontario at any time.

The Grievance procedure involves the following steps:

1. The resident should attempt to resolve the issue informally with the relevant person. Other relevant stakeholders may become involved when attempting to resolve the issue. For example, the TL, if the issue is with a supervisor. Alternatively, with the PPL, if the issue is with the TL or Deputy in their administrative role in the residency. Alternatively, with management if the resident feels uncomfortable working with a supervisor. The resident should document this process using the Waypoint Communication form.

2. If this step does not resolve the issue, or if the issue involves the supervisor and it is not a situation that requires the inclusion of management, the resident may bring the issue to the TL to discuss and attempt to resolve it. The TL may consult other relevant staff members as necessary. If the issue involves the TL, the resident can bring the issue to the Deputy TL.

3. If this step does not resolve the issue, the resident may file a formal written grievance with the TL. The formal grievance should include documentation to support their grievance. The grievance (including documentation) will be taken to the WPRP committee for resolution.

4. Within 5 working days, a review meeting with the WPRP committee will occur to consider the grievance and review relevant materials. The resident, supervisor, TL and Deputy TL, must be present. The resident can ask for another resident to be present at this review meeting .

5. The final decision in the Grievance process will be made by the WPRP committee. If there is not a consensus, then an anonymous vote will be used to make the decision. The TL, Deputy TL and supervisor(s) will **not** vote. An additional WPRP psychologist will be included in the review if there is a tie. Within 3 working days of the meeting to review the Grievance, the TL will inform the resident in writing of the outcome of the grievance, including any action to be taken.

6. If the resident is dissatisfied with the outcome of the Grievance procedure, they can discuss the matter with Waypoint HR or request initiation of a Review Process. If it is an issue in which management has been involved, and all appeals via the residency have been exhausted, then the resident can appeal to the appropriate Waypoint manager.

Ombudsperson

An ombudsperson will be available and arranged by the TL. The Ombudsperson is someone that the resident will be able to contact to discuss any concerns regarding the residency that they are not comfortable addressing with the TL, supervisor or training committee members. In general, discussions with the ombudsperson will not be discussed with members of the WPRP training committee and the resident will be made aware of this. The exception to this is if discussion involve the limits of confidentiality identified by the College of Psychologists and Behaviour Analysts of Ontario.

Grievance Procedures guidelines adapted from;

Aosved, A. (May, 2017). Tips for Trainers: Due Process*, APPIC E-Newsletter.p.8*

Association of Psychology Postdoctoral and Internship Centres (APPIC). (nd). Elements to Consider in Developing Due Process and Grievance Policy. Retrieved from https://www.appic.org/Portals/0/downloads/ElementsOfDueProcess.pdf

Northern Ontario Psychology Internship Consortium (2022-23) *Policies and Procedures.*

The Royal's PreDoctoral Residency Program (2021-22). *Psychology Residency Program Training Manual*.

UC David Counseling and Psychological Services (2021). *Due process in action: The identification and management of trainee problems/ grievances.*

WPRP Grievance Procedure Jan 11 2026.docx

Appendix H Evaluation of Resident Form

WPRP Waypoint Psychology Residency Program

Evaluation of Psychology Residents

Resident's name:	**Supervisor's name:**
Rotation site:	**Date of evaluation:**
Dates that evaluation is based upon:	

__ First quarter of year __Mid year __ 3rd quarter of year __Final

__ Mid rotation __ End of rotation

METHODS FOR EVALUATION: Put an X next to all that apply

Direct observation _ _ [# hours]	**Review of written work _____**
Videorecording _____[# hours]	**Review of raw test data _____**
Audiorecording _____[# hours]	**Discussion of clinical interaction ____**
Case presentation _____	**Comments from other staff _____**

SUMMARY OF EXPERIENCE IN ROTATION:

Total hours of rotation to date =

- **Total hours of individual supervision this rotation (direct and asynchronous) = _____** *(goal ~ 45-60 mins/clinical day; standard for residency 3 hrs/ week, ~ 144 hrs individual supervision)*
- **Total hours of asynchronous supervision this rotation to date = _____**
  (max = 25% of total supervision)
- **Hours of direct observation supervision (including live, video, and audio) this rotation = _____**
  (goal minimum = 10% of total supervision, ~14.4 hrs over residency year)
- **Total hours group supervision** *(goal = approx. one hour/week)*
- **Hours of clinical work this rotation (direct and indirect)* = _____**
  (goal = max 67% of average weekly hours)
- **Number of assessments this rotation = _____**
  (minimum for residency = 8)
- **Number of therapy clients this rotation = _____**
  (expectation = caseload ~5-12 across rotations, depending on assessment caseload)
- **Groups this rotation? y/n**
  (expectation = one group during residency)
- **Consultation experience? y/n**
- **Interdisciplinary experience? y/n**
- **Program development? y/n**
- **Program evaluation? y/n**

Goals/ areas of focus for this rotation in this time period (based on competencies below):
Goal 1

Goal 2

Goal 3

To what extent were these goals or objectives achieved?

Goal 1

Goal 2

Goal 3

***Face-to-face (or virtual) contact with clients/patients, including, but not limited to:** 1. Therapy (individual, group, family) 2. Administration of psychological tests 3. Clinical interviews 4. Feedback sessions 5. Intake 6. Other contact with clients (e.g., phone calls, emails).

Indirect: (Includes support activities related to the provision of service to specific clients/patients). Examples include but are not limited to: 1. Case conferences and consultation related to specific clients/patients 2. Report writing 3. Progress/ process note writing 4. Treatment planning 5. Test scoring and interpretation 6. Supervision of Junior Students (including direct observation).

Remainder: Examples include but are not limited to: 1. Supervision (receiving) 2. Program Development/ Evaluation 3. Research 4. Didactics 5. Rounds 6. Lit reviews 7. Learning new instruments.

Competency Ratings (rate what applies):

	1	2	3	4	5	n/a
	Inadequate	**Approaches expectations**	**Expected competency at midpoint of rotation**	**Expected competency at end of rotation**	**Exceeds expectations**	
Description	Fundamental skills not present. Falls below the expected level of performance for this stage of training. There is a risk of detriment to client care.	Meets skill level expected at the start of a rotation. Can perform this competency but requires direct supervision or assistance. This is a common rating for practice skills and clinical intervention in a minor rotation. Consider a remedial plan	Meets skill level expected by the midpoint of a rotation. Advancing well.	Meets skills level expected by end of a rotation.	Exceeds residency competency expectations and has skills at or above the level of a psychologist in supervised practice	
Need for remediation	Deficiencies likely can't be remediated in residency	At midpoint, skills at this level indicate need for remediation	After midpoint, consider remediation if not improving beyond this level	NA	NA	

Assessment	
	Rating
Individual, social and cultural diversity	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Indigenous interculturalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Evidence based knowledge and methods	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Professionalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interpersonal skills and communication	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Bias evaluation; reflective practice	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Ethics, standards, laws, policies	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interdisciplinary collaboration and service settings	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐

Global rating of this competence
☐ Inadequate ☐ Approaches expectations ☐ Expected competency for mid rotation ☐ Expected competency for end rotation ☐ Exceeds expectations ☐ n/a

Supervisor comments for this competence
Resident strengths
Areas for development
Recommendations for growth

Intervention	
	Rating
Individual, social and cultural diversity	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Indigenous interculturalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Evidence based knowledge and methods	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Professionalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interpersonal skills and communication	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Bias evaluation; reflective practice	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Ethics, standards, laws, policies	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interdisciplinary collaboration and service settings	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐

Global rating of this competence
☐ Inadequate ☐ Approaches expectations ☐ Expected competency for mid rotation ☐ Expected competency for end rotation ☐ Exceeds expectations ☐ n/a

Supervisor comments for this competence
Resident strengths
Areas for development
Recommendations for growth

Consultation	
	Rating
Individual, social and cultural diversity	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Indigenous interculturalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Evidence based knowledge and methods	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Professionalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interpersonal skills and communication	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Bias evaluation; reflective practice	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Ethics, standards, laws, policies	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interdisciplinary collaboration and service settings	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐

Global rating of this competence
☐ Inadequate ☐ Approaches expectations ☐ Expected competency for mid rotation ☐ Expected competency for end rotation ☐ Exceeds expectations ☐ n/a

Supervisor comments for this competence
Resident strengths
Areas for development
Recommendations for growth

Program Development/ Evaluation	
	Rating
Individual, social and cultural diversity	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Indigenous interculturalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Evidence based knowledge and methods	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Professionalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interpersonal skills and communication	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Bias evaluation; reflective practice	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Ethics, standards, laws, policies	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interdisciplinary collaboration and service settings	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐

Global rating of this competence
☐ Inadequate ☐ Approaches expectations ☐ Expected competency for mid rotation ☐ Expected competency for end rotation ☐ Exceeds expectations ☐ n/a

Supervisor comments for this competence
Resident strengths
Areas for development
Recommendations for growth

Supervisory Knowledge and Skills	
	Rating
Individual, social and cultural diversity	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Indigenous interculturalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Evidence based knowledge and methods	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Professionalism	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interpersonal skills and communication	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Bias evaluation; reflective practice	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Ethics, standards, laws, policies	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐
Interdisciplinary collaboration and service settings	1☐ 2☐ 3☐ 4☐ 5☐ n/a ☐

Global rating of this competence
☐ Inadequate ☐ Approaches expectations ☐ Expected competency for mid rotation ☐ Expected competency for end rotation ☐ Exceeds expectations ☐ n/a

Supervisor comments for this competence
Resident strengths
Areas for development
Recommendations for growth

Advocacy
Global rating of this competence
☐ Inadequate ☐ Approaches expectations ☐ Expected competency for mid rotation ☐ Expected competency for end rotation ☐ Exceeds expectations ☐ n/a

Supervisor comments for this competence
Resident strengths
Areas for development
Recommendations for growth

OVERALL

Global rating of this rotation
☐ Inadequate ☐ Approaches expectations ☐ Expected competency for mid rotation ☐ Expected competency for end rotation ☐ Exceeds expectations ☐ n/a

Supervisor comments for this rotation
Resident strengths
Areas for development
Recommendations for growth

OPERATIONAL DEFINTIONS

Assessment

Residents will be able to competently, independently and ethically conduct evidence-based psychological assessments—integrating interviewing, appropriate psychometric measures, health record and collateral information, behavioral observations, and contextual factors—to efficiently generate culturally sensitive, clear, accurate, and clinically useful conclusions and recommendations and (where relevant) reports.

Individual, social and cultural diversity

Behavioural anchors for a (4) "Expected Competency at end of Rotation":

- Demonstrates cultural humility and applies anti-oppressive, culturally responsive frameworks in assessment (e.g., selects culturally appropriate tools).
- Recognizes and discusses how individual identities (e.g., gender, race, SES, dis/ability) may influence symptom presentation.
- Adjusts interpretation of test results based on client's cultural, linguistic, and social background and develops culturally informed case-conceptualizations. Makes any limitations relevant to intercultural assessments clear in reports.
- Where relevant, utilizes cross-cultural guidelines to inform psychological assessment and treatment planning, including communicating assessment findings.
- Aware and respectful of the range of human diversity when engaging in clinical practice. Is aware of limitations of understanding in cross cultural assessment.

Indigenous interculturalism

Behavioural anchors for a (4) "Expected Competency at end of Rotation":

- Has a working knowledge of local Indigenous peoples and treaties.
- Has a working knowledge of local Indigenous ways of knowing and of Indigenous concepts of wellness.
- Utilizes culturally appropriate and strength-based approaches in psychological practice, including assessment.
- Delivers culturally informed and culturally sensitive assessments, adapting approaches (where allowed) to respectfully incorporate Indigenous perspective and context. Makes any limitations relevant to assessments with Indigenous clients clear in reports.
- Where needed, respectfully collaborates and coordinates care with Indigenous practitioners, agencies, and community resources (including Waypoint's Indigenous Traditional Healer) in the process of conducting assessments.
- Practices cultural humility, recognizes limits of competence

• Aware of the history and legacy of harm caused by colonialism, and their sequelae (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls). • Aware of the Truth and Reconciliation Commission of Canada's Calls to Action, and their relevance to psychological practice including assessment.	
Evidence based knowledge and methods Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Based on scientific methods and research evidence, appropriately selects, uses and interprets tools and assessment methods (including interview, health record review, measures, collateral information) • Knowledge of scientific methods and research evidence includes findings from qualitative and quantitative research, lived experience, case report studies, clinical research summaries, and practice guidelines • Knowledgeable about uses, strengths and limitations of sources of information in assessment and optimal ways to utilize them. • Exhibits appropriate autonomy in the execution of evidence-based assessments, including test selection, scoring, interpretation, recommendations and report writing.	
Professionalism Behavioural anchors for a (4) "Expected Competency at end of Rotation": • When conducting assessments, behaves in a manner that is befitting a psychologist. This includes behaving with integrity, identifying and observing boundaries of competence, preventing or navigating conflict, demonstrating respect for clients and colleagues, meeting deadlines, being responsive in communications, being punctual, prepared, reliable, accurate, and appropriately autonomous. • Engages in clear, concise and timely communication with clients, supervisor and colleagues in the context of conducting assessments. • Independently makes adjustments to priorities as demands evolve • Takes personal responsibility for professional work (including assessments) across settings and contexts	
Interpersonal skills and communication Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Uses active listening, reflection, clarification and empathy to build therapeutic alliance, rapport and engagement in assessment. • Maintains clear, professional boundaries in a respectful manner. • Adapts communication style to the needs of clients or team members. • (Where relevant) effectively navigates therapeutic rupture. • Engages in effective interprofessional communication (e.g., clear and concise verbal and written reports, concise written notes). .	
Bias evaluation; reflective practice Behavioural anchors for a (4) "Expected Competency at end of Rotation":	

• Is self-aware and able to reflect on their own, organizational and systemic bias and to engage in reflective practice in assessment contexts. • Is skilled in seeking and integrating feedback from supervisors and clients to adjust assessment. • Only practices within the boundaries of competence in assessment, • Engages with scholarship, seeks literature reviews, research, practice guidelines or other scholarly material to inform assessment process and conclusions. • Engages in critical thinking in the context of assessment	
Ethics, professional, legal standards Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Adheres to ethical, legal, and professional standards governing assessment. This includes communicating trainee status and supervisor contact information, confidentiality, recommending evidence informed assessment, obtaining and releasing health information, competence and scope of practice, test security, process in cross-cultural contexts, instrument selection, interpretation of results, writing reports, information sharing and generating recommendations and managing conflicts of interest. • Understands and applies ethical values, concepts, and reasoning (e.g., ethical decision making) in assessment. Able to recognize and address potential ethical dilemmas.	
Interdisciplinary collaboration and service settings Behavioral anchors for a (4) "Expected Competency at end of Rotation": • Understands the roles and expertise of interdisciplinary colleagues and effectively collaborates across disciplines to optimize assessments. • Able to integrate interdisciplinary information and input into assessment. • Can clearly and effectively communicate psychological concepts relevant to assessment to non-psychology professionals in interdisciplinary contexts. • Understands the unique contribution of clinical psychology in assessment.	

Intervention	
Residents will competently select, plan and deliver evidence based/ evidence informed psychological interventions using culturally responsive, ethical, collaborative, and flexible approaches that promote meaningful change in clients across diverse settings and populations.	
Individual, social and cultural diversity Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Demonstrates cultural humility and applies anti-oppressive, culturally responsive frameworks in intervention	

• Has awareness of the impact of individual, social, and cultural diversity when developing case conceptualizations and selecting and executing interventions. • Able to use guidelines to inform appropriate interventions and (where appropriate) adaptation of treatment protocols when used with populations with diverse characteristics. • Communicates intervention outcomes and case conceptualizations in a respectful manner, incorporating understanding of diversity.	
Indigenous interculturalism Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Has a working knowledge of local Indigenous peoples and treaties • Has a working knowledge of local Indigenous ways of knowing and concepts of wellness. • Utilizes culturally appropriate and strength-based approaches in psychological practice, including intervention. • Delivers culturally informed and culturally sensitive clinical care, adapting approaches (where appropriate) to respectfully incorporate Indigenous perspective and context. • Collaborates and coordinates care with Indigenous practitioners, agencies, and community resources (including Waypoint's Indigenous Traditional Healer) in the process of clinical care. • Practices cultural humility, recognizes limits of competence • Aware of the history, legacy and sequelae of harm caused by colonialism, (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls). • Aware of the Truth and Reconciliation Commission of Canada's Calls to Action, and their relevance to psychological practice	
Evidence based knowledge and methods Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Understands and applies knowledge and skills in intervention that are based on scientific methods and research evidence (including findings from qualitative and quantitative research, lived experience, case report studies, clinical research summaries, and practice guidelines) • Identifies and delivers evidence-based interventions for common disorders with appropriate fidelity and flexibility to standardized practice. • Effectively adapts standardized practice to client need, within appropriate limits. • Uses measures of fidelity to reduce / prevent 'drift' from core principles of validated interventions.	
Professionalism Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Is reliable, punctual and prepared when delivering interventions. • Conducts quality interventions with fidelity and appropriate autonomy.	

• Demonstrates clear, concise and timely communication with clients, supervisor and colleagues. • Is able to be self-reflective and integrate feedback from others. • Behaves in a manner that is befitting a psychologist, including identifying and observing boundaries of competence, behaving with integrity, preventing or navigating conflict and through demonstrating respect for clients, supervisor and colleagues. • Independently makes adjustments to priorities as demands evolve • Takes personal responsibility for professional work across settings and contexts	
Interpersonal skills and communication Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Uses active listening, reflection, clarification and empathy to build therapeutic alliance, rapport and engagement in interventions. • Maintains clear professional boundaries. • Adapts communication style to the needs of clients or team members. • (Where relevant) effectively navigates therapeutic rupture. • Engages in effective interprofessional communication (e.g., clear and concise verbal and written updates or reports, concise written notes).	
Bias evaluation; reflective practice Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Reflects on their own, organizational and systemic biases and mitigates how they influence intervention plans and strategies. • Is skilled in seeking and integrating feedback from supervisors and clients to adjust interventions. • Only delivers intervention within the boundaries of competence • Engages with scholarship, seeks literature reviews, research, practice guidelines or other scholarly material to inform intervention • Engages in critical thinking in the context of intervention	
Ethics, standards, laws, policies Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Demonstrates awareness of and adherence to ethical, legal, and professional standards related to psychological intervention. This includes communicating trainee status, supervisor contact information, confidentiality, offering evidence informed interventions, establishing informed consent, obtaining and releasing health information, mandatory reporting, and scope of practice. • Understands and applies ethical values, concepts, and reasoning (e.g., ethical decision making) in intervention. Proficient in recognizing and navigating ethical dilemmas that arise in the course of consultations.	
Interdisciplinary collaboration and service settings Behavioural anchors for a (4) "Expected Competency at end of Rotation":	

• Understands the roles and expertise of interdisciplinary colleagues and how to work collaboratively to integrate these approaches in a comprehensive, coordinated treatment plan. • Can clearly and effectively communicate psychological concepts relevant to interventions to interdisciplinary colleagues. • Understands the unique contribution of clinical psychology in interventions.	

Consultation Residents provide evidence-informed and diversity sensitive consultations — clearly communicating relevant psychological information to support decision-making.	
Individual, social and cultural diversity <u>Behavioural anchors for a (4) "Expected Competency at end of Rotation"</u>: • Demonstrates cultural humility and applies anti-oppressive, culturally responsive frameworks in consultation. • Aware of the impact of individual, social and cultural diversity and considers these in the context of consultation. • Promotes culturally informed and culturally sensitive clinical care and is knowledgeable about adapting approaches (where appropriate) to respectfully incorporate diversity-relevant perspective and context. • Incorporates information relevant to diversity in consultation and respectfully communicates this with consultees (e.g., advocating to incorporate culturally safe practice if this has been overlooked) • Utilizes guidelines to inform culturally sensitive and appropriate practice in consultation.	
Indigenous interculturalism <u>Behavioural anchors for a (4) "Expected Competency at end of Rotation"</u>: • Has a working knowledge of local Indigenous peoples and treaties. • Has a working knowledge of Indigenous ways of knowing and of Indigenous concepts of wellness. Where relevant, incorporates this knowledge in consultation • Utilizes culturally appropriate and strength-based approaches in psychological practice, including consultation. • Promotes culturally informed and culturally sensitive clinical care and is knowledgeable about adapting approaches (where appropriate) to respectfully incorporate Indigenous perspective and context. • Collaborates and coordinates care with Indigenous practitioners, agencies, and community resources (including Waypoint's Indigenous Traditional Healer). • Practices cultural humility, recognizes limits of competence • Aware of the history and legacy of harm caused by colonialism, and their sequelae (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls). • Aware of the Truth and Reconciliation Commission of Canada's Calls to Action, and their relevance to psychological practice, including consultation	

Evidence based knowledge and methods Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Knowledgeable about and skillful in promoting evidence-based practice within consultation. This includes gathering data to evaluate and inform future practice. • Able to communicate the rationale for and nature of evidence-based recommendations and how to generate evidence to inform practice. • Has a working knowledge of the uses, strengths and limitations of the evidence base of common clinical practices and incorporates this knowledge in consultation. • Understands, applies and promotes knowledge and skills that are based on scientific methods and research evidence in clinical practice (including in consultation). This includes findings from qualitative and quantitative research, lived experience, case report studies, clinical research summaries, and practice guidelines	
Professionalism Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Within consultation, behaves in a manner that is befitting a psychologist. This includes identifying and observing boundaries of competence, preventing or navigating conflict, demonstrating respect for clients, supervisors and colleagues, being reliable, punctual, accurate and appropriately autonomous and behaving with integrity. • Demonstrates clear, concise and timely communication with consultees, supervisor and colleagues. • Is able to be self-reflective and receive feedback from others. • Independently makes adjustments to priorities as demands evolve • Takes personal responsibility when delivering consultations.	
Interpersonal skills and communication Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Uses active listening, reflection, clarification and empathy to build collaboration and engagement in consultations. • Maintains professional boundaries in a clear and respectful manner. • Adapts communication style to the needs of consultees. • Where relevant, skilled in conflict resolution to address differences and foster positive working relationships with colleagues. • Engages in effective interprofessional communication (e.g., clear and concise verbal and written updates or reports, concise written notes).	
Reflective practice, bias evaluation Behavioural anchors for a (4) "Expected Competency at end of Rotation": • In the context of consultation, reflects on their own, organizational and systemic biases and how to mitigate their influence.	

• Is skilled in seeking and integrating feedback from supervisors and consultees to adjust consultation. • Only practices within the boundaries of competence in consultation, • Engages with scholarship, seeks literature reviews, research, practice guidelines or other scholarly material to inform consultation recommendations • Engages in critical thinking in the context of consultation	
Ethics, standards, laws, policies Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Conduct within consultation is consistent with ethical, legal, and professional standards. This includes communicating trainee status, supervisor contact information, issues relevant to confidentiality, making evidence-based/ informed recommendations, when obtaining and releasing health information, competence and scope of practice. • Understands and applies ethical values, concepts, and reasoning (e.g., ethical decision making) in consultation. Proficient in recognizing and navigating ethical dilemmas that arise in the course of consultations.	

Interdisciplinary collaboration and service settings
Behavioural anchors for a (4) "Expected Competency at end of Rotation":
• Understands the roles and expertise of interdisciplinary colleagues when delivering consultation.
  • Understands and respectfully communicates the unique contribution of clinical psychology with consultees.
• Can clearly and effectively communicate psychological concepts relevant to consultation to interdisciplinary colleagues.
  • Successfully navigates diverse viewpoints from interdisciplinary colleagues and supports collaboration and collegial practice in consultation.	

Program Development and Evaluation Residents will use evidence based and diversity sensitive lenses to competently plan and execute program development and evaluation projects. Residents will collaborate with other professionals as needed within program development and evaluation and in a manner that adheres to ethical, professional and legal standards.	
Individual, social and cultural diversity Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Demonstrates cultural humility and applies anti-oppressive, culturally responsive frameworks in program development and evaluation • Integrates individual, social and cultural diversity considerations when designing and implementing program development and evaluation projects.	

• Able to design and execute program development and evaluation projects in a manner that serves individuals from diverse backgrounds. • Utilizes relevant EDI resources in the execution of program development/ evaluation projects.	
Indigenous interculturalism Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Has a working knowledge of local Indigenous peoples and treaties. • Has a working know of local Indigenous ways of knowing and of Indigenous concepts of wellness. Where relevant, applies these in program development and evaluation • Utilizes culturally appropriate and strength-based approaches in program development and evaluation. • Promotes culturally informed and culturally sensitive program development and evaluation. • Where relevant, collaborates and coordinates care with Indigenous practitioners, agencies, and community resources (including Waypoint's Indigenous Traditional Healer) in program development and evaluation. • Practices cultural humility, recognizes limits of competence • In the process of program evaluation and development, is aware of the history and legacy of harm caused by colonialism, and their sequelae (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls). • Is aware of the Truth and Reconciliation Commission of Canada's Calls to Action, and their relevance to psychological practice including program development and evaluation.	
Evidence based knowledge and methods Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Uses an understanding of evidence-based clinical practice and methods to inform program development and program evaluation efforts. • Understands appropriate design and execution of evaluation projects as a way to generate and use evidence to inform practice. • Generates program development projects that build from evidence-based practice.	
Professionalism Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Behaves in a manner that is befitting a psychologist when conducting program development and evaluation. This includes identifying and observing boundaries of competence, preventing or navigating conflict, demonstrating respect for clients and colleagues, meeting deadlines, being responsive in communications, being reliable, accurate, discrete and diplomatic. • Is able to be self-reflective and receive feedback from others when conducting program development and evaluation projects.	

• Independently makes adjustments to priorities as demands evolve • Takes personal responsibility for professional work in program development and evaluation.	
Interpersonal skills and communication Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Skilled in active listening, building trust and rapport with stakeholders (e.g., team members, clients) to foster collaboration in program development and evaluation. • Adapts communication style to the needs of stakeholders. • Written and verbal findings and recommendations are communicated clearly and concisely.	
Bias evaluation; reflective practice Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Is able to reflect on their own, organizational and systemic bias to understand how bias can influence the development, implementation, and evaluation of programs. • Can apply strategies to minimize the impact of bias on program development and evaluation. • Is skilled in seeking and integrating feedback from supervisors and stakeholders to adjust program evaluation and development projects to minimize and mitigate bias. • Only practices within the boundaries of competence in program development and evaluation • Engages with scholarship, seeks literature reviews, research, practice guidelines or other scholarly material to inform program development and evaluation projects • Engages in critical thinking in the context of program development and evaluation	
Ethics, standards, laws, policies Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Applies ethical, professional and legal standards in the context of program development and evaluation, including issues of diversity and culturally safe practice, confidentiality and limits of confidentiality, informed consent, measurement selection, data collection and storage regulations (including OCAP guidelines), and participant rights in research. • Applies ethical, professional and legal standards to recommendations and dissemination of findings in program development and evaluation. • Develops programs that are inclusive and respectful of input and feedback of key stakeholders, including those with lived experience.	
Interdisciplinary collaboration and service settings Behavioural anchors for a (4) "Expected Competency at end of Rotation":	

• Successfully navigates diverse viewpoints to facilitate effective interdisciplinary collaboration in program development and evaluation • Understands the roles and expertise of interdisciplinary colleagues when executing program development and evaluation projects. • Can clearly and effectively communicate with interdisciplinary colleagues when collaborating on program development and evaluation projects.	

Supervisory Skills and Knowledge Residents will provide structured, developmentally appropriate guidance to enhance the clinical skills and ethical and professional decision making of trainees. Residents will utilize evidence-based supervision models, build strong alliance with supervisees, model and encourage reflective practice, cultural humility and integration of diversity considerations.	
Individual, social and cultural diversity <u>Behavioural anchors for a (4) "Expected Competency at end of Rotation"</u>: • Models and promotes awareness of the impact of their own positionality on a number of personal characteristics (e.g., sex, culture, creed, dis/ability status), how these influence supervisory, client/ clinician and collegial relationships and (if problematic) how issues relevant to diversity might be addressed. • Within supervision, models and promotes awareness of limits of competence, biases and frames of reference. • Within supervision, models familiarity with and promotes utilization of guidelines to inform culturally safe and appropriate practice. • Within supervision, models and supports supervisees in navigating the impact of individual, social and cultural diversity in clinical practice. • Guides supervisees to utilize culturally appropriate and strength-based approaches in psychological practice. Guides supervisees to practice cultural humility and deliver culturally informed and culturally sensitive clinical care	
Indigenous interculturalism <u>Behavioural anchors for a (4) "Expected Competency at end of Rotation"</u>: • Guides supervisees in developing a working knowledge of local Indigenous peoples and treaties • Guides supervisees in developing a working knowledge of Indigenous ways of knowing and of Indigenous concepts of wellness • Guides supervisees to utilize culturally appropriate and strength-based approaches in psychological practice, adapting approaches (where allowed) to respectfully incorporate Indigenous beliefs and practices. • Guides supervisees in collaborating and coordinating care with Indigenous practitioners (including Waypoint's Traditional Healer), agencies, and community resources.	

• Guides supervisees to practice cultural humility and deliver culturally informed and culturally sensitive clinical care • Models and guides supervisees to develop an understanding of historic and systemic factors affecting Indigenous peoples, including the history and legacy of harm caused by colonialism and their sequalae (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls). • Guides supervisees in understanding the Truth and Reconciliation Commission and the 94 Calls to Action.	
Evidence based knowledge and methods Behavioural anchors for a (4) "Expected Competency at end of Rotation": - Has a working understanding of evidence-informed supervisory models and their strengths and limitations. - Understands key principles of evidence-informed supervision. - Applies evidence-informed strategies to (co) supervise, including providing constructive feedback and fostering professional growth to support supervisees' ability to deliver quality clinical services. - Guides supervisees in selecting and implementing evidence-based practices. - Guides supervisees in applying knowledge and skills that are based on scientific methods and research evidence. This includes findings from qualitative and quantitative research, lived experience, case report studies, clinical research summaries, and practice guidelines	
Professionalism Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Within (co) supervisory relationships, behaves in a manner that is befitting a psychologist. This includes behaving with integrity, identifying and observing boundaries of competence, being prepared, being timely in communication, demonstrating respect for supervisees, being reliable, punctual, accurate and appropriately autonomous. • Is able to be self-reflective and receive feedback in the context of delivering supervision. • Takes personal responsibility for professional work (including (co) supervision)	
Interpersonal skills and communication Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Models and guides supervisees to use active listening, reflection, clarification and empathy to build therapeutic alliance, rapport and engagement in clinical care. • Models and guides supervisees to maintain clear, respectful, professional boundaries. • Guides supervisees to adapt communication style to the needs of clients or team members.	

• Where relevant, guides supervisees to effectively navigate therapeutic ruptures. • Models and guides supervisees in effective interprofessional communication (e.g., clear and concise verbal and written reports, concise written notes). • Interpersonally sensitive when delivering and receiving feedback from supervisees, including for shaping skills.	
Bias evaluation; reflective practice Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Understands the impact of bias on supervisory relationships, recognizing how personal, cultural, and structural biases can influence supervision. • Able to guide supervisees in identifying and mitigating bias (individual, organizational and systemic) in delivering clinical service. • Models and guides supervisees in only practicing within the boundaries of competence • Models and guides supervisees in engaging in scholarship, accessing literature reviews, research, practice guidelines or other scholarly material to inform clinical practice • Models and guides supervisees in utilizing critical thinking in clinical practice	
Ethics, standards, laws, policies Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Understands and can apply the ethical, professional and legal responsibilities involved in supervisory relationships. • Guides supervisees in applying appropriate ethical, professional and legal standards and decision-making to clinical work. • Utilizes resources to promote quality and ethical supervision (e.g., OPA Self-Assessment Tool; APA Guidelines for Clinical Supervision in Health Service Psychology).	
Interdisciplinary collaboration and service settings Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Supports supervisees in understanding the value of interdisciplinary collaboration in clinical practice, recognizing how integrating insights from diverse disciplines strengthens care. • Guides supervisees in collaborating effectively within interdisciplinary teams.	

Advocacy In the context of awareness of human rights and social justice, addresses systems of oppression and discrimination, particularly those related to individual, social, and cultural diversity.	
Behavioural anchors for a (4) "Expected Competency at end of Rotation": • Takes **intentional action** to address systemic barriers affecting clients (e.g., care access, accommodations, culturally responsive services).	

• Advocates within clinical settings to reduce **discriminatory practices or policies** impacting marginalized individuals or groups. • Demonstrates **cultural humility** and reflexivity regarding personal positionality, privilege, and power. • Contributes to advocacy efforts • Within advocacy efforts, behaves in a manner that is befitting a psychologist. This includes behaving with integrity, identifying and observing boundaries of competence, being prepared. • Is able to be self-reflective and receive feedback in the context of delivering supervision. • Takes personal responsibility for professional work (including (co) supervision)	

(based on CPA Accreditation Standards for Doctoral and Residency Programs 6th Ed and Professional Psychology and Predoctoral Residency in Pediatric Psychology, The Hospital for Sick Children)

WPRP Evaluation of Psychology Residents Feb 8 2026 (1).docx

Appendix I Remediation Plan

WPRP Waypoint Psychology Residency Program

REMEDIATION PLAN

Resident: _____ Supervisor(s): _____

Rotation Site(s) _____ Date: _____

Agreement the period from (start date) _____ to __ _____(end date)

Concerning behaviour:

How goal behavior will be addressed: responsibilities, actions and outcomes required of resident

How goal behavior will be addressed: responsibilities, actions and outcomes required of supervisors/ others

Specific time frame within which expectations will be met:

How responsibilities will be monitored:

Supports (if any) from WPRP

Next steps

Date to review progress

To appeal, see 'Appeals' document

Appendix J Feedback to Supervisor Form

WPRP Waypoint Psychology Residency Program

FEEDBACK to SUPERVISOR FORM*

*Completed and discussed with supervisor at end of residency after supervisors' evaluation of resident has been completed and submitted to the resident, the Training Lead and to the DCT.

Resident: _____ Supervisor: _____

Rotation _____ Date_____

Report based on the period from (start date) _____ to __ _____(end date)

SUPERVISION METHODS UTILISED;

Direct observation ___	Review of written work ____
Co-facilitation ___	Review of raw test data ____
Audiotape ____	Discussion of clinical interactions ____
Videotape ____	

Supervisor	Do not agree ←					Strongly agree →
Met expectations for number of hours of supervision provided	1	2	3	4	5	6
Ensured that the resident had exposure to an appropriate breadth of problems and experiences	1	2	3	4	5	6
Instilled a trusting supervisory relationship	1	2	3	4	5	6
Engaged in discussion to identify resident's strengths	1	2	3	4	5	6
Provided resident helpful constructive feedback including specific behavioural changes	1	2	3	4	5	6

Provided guidance regarding actions to improve competency	1	2	3	4	5	6
Regularly discussed progress on rotation goals	1	2	3	4	5	6
Supervision time was used well, including predominant focus on clinical issues	1	2	3	4	5	6

Strengths of supervisor:

Constructive feedback to supervisor (i.e. any suggested changes)

Resident signature: _____ Supervisor signature: _____

Resident: _____ Supervisor: _____

WPRP Feedback to Supervisor Form Dec 16 2025.docx

Appendix K Evaluation of Rotation Form

WPRP Waypoint Psychology Residency Program

ROTATION EVALUATION FORM*

*Completed and discussed with supervisor at end of residency after supervisors' evaluation of resident has been completed and submitted to the resident, the Training Lead and to the DCT

Rotation _____ Supervisor _____

Resident _____ Date _____

Strengths of rotation

_____
_____
_____

Constructive feedback

_____
_____
_____

Rating of rotation

	Need 1	2	3	Neutral 4	5	6	Strength 7
Access to direct patient contact hours							
Access to patients							
Appropriateness of match between complexity/ variety in patient presentation and resident skill (too easy? Too hard?)							
Availability of psychometrically based assessment opportunities							
Availability of individual therapy opportunities							
Availability of group therapy opportunities							

Organisation of rotation							
Availability of interdisciplinary team experiences							
Integration into team/ program							
Availability of consulting opportunities							
Availability of care planning opportunities							
Availability for evaluation/ research opportunities							
Access to appropriate resources (e.g. manual; training materials; clinical space; office space)							

Resident signature: _____

Resident: _____

Date: _____

WPRP Rotation Evaluation Form Dec 16 2025.docx

Appendix L Confidential Evaluation of Supervisor Form

WPRP Waypoint Psychology Residency Program

CONFIDENTIAL EVALUATION of SUPERVISOR FORM*

Supervisor: _____ Rotation Site _____

*Feedback submitted anonymously by resident to Training Lead at end of residency, in a sealed envelope with supervisor name.

Supervisor	Strongly disagree ←					→ Strongly agree
Met expectations for number of hours of supervision provided	1	2	3	4	5	6
Appeared knowledgeable and skilled with the population and context of the rotation	1	2	3	4	5	6
Discussed and modeled a scientist-practitioner approach to clinical work including up-to-date information regarding therapy and assessment	1	2	3	4	5	6
Appeared knowledgeable and skilled in applying and discussing ethical and legal standards	1	2	3	4	5	6
Sensitive and skilled in addressing diversity and individual differences (including cultural, age, socioeconomic status) with clients and with resident	1	2	3	4	5	6
Encouraged work/ life balance and self care	1	2	3	4	5	6
Was easy to discuss clinical work with	1	2	3	4	5	6
Created an atmosphere of cooperation	1	2	3	4	5	6
Instilled a trusting supervisory relationship	1	2	3	4	5	6
Engaged in discussion to identify resident's strengths	1	2	3	4	5	6

Provided resident helpful constructive feedback including specific behavioural changes	1	2	3	4	5	6
Provided guidance regarding actions to take to improve competencies	1	2	3	4	5	6
Provided sufficient feedback regarding report writing and documenting	1	2	3	4	5	6
Provided sufficient autonomy for resident's level of training	1	2	3	4	5	6
Supervision time was used well, including predominant focus on clinical issues	1	2	3	4	5	6
Provided opportunity to disagree with evaluation and to give feedback regarding supervision	1	2	3	4	5	6
Was available when need for urgent issues	1	2	3	4	5	6

Strengths of supervisor:

Feedback to supervisor regarding suggested changes:

WPRP Confidential Evaluation of Supervisor form Nov 21 2025.docx

Appendix M Seminar Series Evaluation Form

WPRP Waypoint Psychology Residency Program

SEMINAR SERIES EVALUATION FORM

Title of seminar _____ Presenter _____ Date _____

Strengths of presentation

_____

_____

Constructive feedback

_____

_____

Rating of seminar

	Strongly disagree	2	3	Neutral	5	6	Strongly agree
Interesting							
Organised							
Relevant to developing functional* and/or foundational** competencies							
Relevant to goal of residency (see below)							

*Functional competencies: Assessment, intervention, consultation, supervision, program development and evaluation, advocacy

**Foundational competencies: Individual, social, and cultural diversity, Indigenous interculturalism, Evidence-based knowledge and methods, professionalism, interpersonal skills and communication, Bias evaluation, reflective practice, Ethics, standards, laws, policies, Interprofessional collaboration and service settings

Goals of the residency:

Goals of the residency are as follows:

1. To offer **generalist training** in clinical psychology that reflects a breadth and depth of opportunities to contribute to the resident's preparedness for eventual registration. This includes skills and knowledge to develop clinical competence in assessment, diagnosis, care planning, treatment, consultation, program development and evaluation, supervisory skills and social justice advocacy.
2. To enhance residents' ability to integrate a **scientist-practitioner** approach to practice. This includes utilizing **evidence based** assessment, treatment, consultation and supervision strategies and contributing to clinically relevant program development and evaluation efforts.
3. To **consolidate professional identity** in **interdisciplinary contexts** and train residents to engage competently **in the full scope of roles** expected of a psychologist. This includes as clinician, consultant, program developer, evaluator, advocate and (where possible) supervisor.
4. To enhance resident's ability to **apply ethical, legal and professional principles and standards** in the practice of clinical psychology. The resident will have opportunity to engage in **social justice related advocacy**.
5. To train residents to deliver **diversity sensitive and skilled professional services. There will be a particular focus on Indigenous Interculturalism.** These considerations will be applied to diversity and individual differences reflecting (but not limited to) gender identity, age, ethnicity, sexual orientation, culture, language, creed, religion or faith, nationality, physical and psychological characteristics, lifestyle and socioeconomic status and to consider the impact of these characteristics in collegial and therapeutic interactions.
6. **To train residents** to engage in **bias evaluation and reflective practice**. This includes being self-aware, examining their own positionality, using critical thinking and accessing scholarly materials to inform the delivery of clinical psychology services.
7. To offer a supportive work environment that includes quality, evidence based and **skilled supervision** delivered by knowledgeable and invested supervisors from a breadth of backgrounds and experiences.
8. To model and encourage **work/ life balance** for residents where they are able to enjoy challenging work in conjunction with meaningful rest and personal time.

WPRP Evaluation of Seminar Series Feb 17 (1).docx

Appendix N: WPRP Training Committee Terms of Reference

WPRP Waypoint Psychology Residency Program

WPRP TRAINING COMMITTEE: TERMS OF REFERENCE

(adapted from 2022 Royal Ottawa Predoctoral Internship Training Manual)

Mandate of the Residency Committee

Training Responsibilities of the Residency Committee

The Residency Committee is responsible for overseeing the quality of the training experience offered by WPRP. This includes the quality of rotations and other training events. Committee members should contribute to supervising and presenting at the Seminar Series and Case Discussion (group supervision) meetings. Residency Committee members may also be consulted when designing remediation or other training plans to support residents in meeting residency expectations.

The Residency Committee will meet at least quarterly (more often, if required).

For the purposes of CPA accreditation, the professional training in psychology at Waypoint Centre for Mental Health Care consists of two residents in professional Clinical Psychology training.

Membership of the Residency Committee

The WPRP committee consists of Psychology Training Lead; Deputy Training Lead, Professional Practice Lead (PPL) or delegate, Supervisor Member at Large, and one Resident Representative from WPRP. Any additional members may join by consensus of the Residency Committee

Rotation of Roles

1. The Training Lead will have a five-year appointment, decided by the Director responsible for WPRP.
2. The Deputy Training Lead and Supervisor Member at Large will be appointed through alerting the broader faculty to their vacancy and inviting individuals to indicate their interest in the position. The decision regarding who to appoint will be reached through discussion between the Training Lead and Director. If the Director and Training Lead are not in agreement, the Director will have the ultimate say in the appointments.
3. The replacement of the Training Lead will be decided by the Director in consultation with the Training Committee and outgoing Training Lead.
4. The replacement of the Deputy Training Lead will be decided by the Director in consultation with the outgoing Training Lead. The committee may also be consulted.
5. If there is no replacement for the Training Lead or Deputy Training Lead, then the current Training Lead and Deputy Training Lead will have the option of retaining the positions.
6. If any of these roles are vacated due to a leave (e.g., medical) the procedures above will be used to choose a replacement.

7. Each resident will have a 6 month turn as Resident Representative. If there is only one resident, they will act in this role for 12 months.
8. The appointment of the PPL is beyond the remit of the Residency Committee.

Residency Committee Meetings

There are five committee meetings scheduled for the year (monthly starting in October). Meetings are held on the third Tuesday of the month (10-11am). Additional meetings or other means of communicating (e.g. email) will be utilised for matters that arise at other times.

When required, one or more committee member(s) will be designated to evaluate options to resolve issues and report back to the committee on the findings. The committee as a whole will discuss the options and come to a consensus on which option(s) will be acted on. If required, a vote will be taken.

Responsibilities of the Training Committee

The training committee contributes to

- **Program Oversight**: Reinforce the residency program's adherence to relevant legal, ethical and professional standards including the **Canadian Code of Ethics for Psychologists 4th Ed** and professional standards including CPA accreditation standards as outlined in the **CPA Accreditation Standards and Procedures 6th Ed.**
- **Curriculum Development and Oversight**: Contribute to the development and review of a competency-based training curriculum that aligns with CPA's core functional and foundational competencies.
- **Evaluation of Resident's Competence**: Contribute to the refinement and implementation of a structured system to assess residents' progress on functional and foundational core competencies and other residency expectations.
- **Resident Recruitment and Selection:** contribute to the refinement and ongoing improvement of procedures to support equitable and transparent selection of residents, ensuring compliance with the Canadian Code of Ethics for Psychologists 4th Ed, Waypoint policies (particularly in relation to EDI recruitment and selection) and CPA accreditation standards.
- **Policy development and implementation**: contribute to the development, refinement and regular review of residency policies and procedures (e.g. related to evaluation and monitoring of residents' progress, Due Process or Grievance) ensuring that these align with appropriate legal, ethical and professional standards.
- **Due Process, Appeals, Review** Contribute to Due Process, Appeals and/or Review procedures, as required.
- **Grievance** Contribute to Grievance procedures, as required.

- Oversee Quality and Consistency of Supervision: Ensure residency supervisors are aware of and supported in implementing evidence based and ethical supervision that meets legal, ethical and professional standards. Refine and contribute to ongoing improvement in supervision practices (including review and implementation of evidence-based supervision practice, circulation of relevant scholarly material to promote quality supervision and professional development opportunities, incorporating evaluation of Supervisors within residency procedures).
- Participation in the Canadian Psychological Association (CPA) accreditation process. This includes ensuring adherence to standards, completing the self-study, hosting site visits and various other duties.

Responsibilities of Training Lead

The Training Lead plays a critical role in the organization, implementation, and evaluation of the training program. Working in consultation with the Waypoint Training Committee, they oversee the smooth running of all aspects of the program, including (but not limited to) the following:

1. Overseeing the residency, including directing and organizing the residency and ensuring residency integrity
2. Overseeing resident's progress through the residency, including in recruitment and selection, regular evaluation, monitoring resident's progress in their Core Training Plan and providing the Director of Clinical Training of residents' university with mid- and end-of residency updates.
3. Overseeing the residency's achievement of its goals, activities and quality standards, including ensuring the adherence of the residency to CPA accreditation standards 6th Ed.
4. Modeling adherence to professional, ethical and legal standards and maintaining the expectation that other members of Waypoint Psychology Residency Program (WPRP) will do the same. Also, modeling and encouraging contribution to the profession more broadly.
5. Overseeing the resident's integration into the residency. This includes orientation and ensuring the resident is aware of (i) Due Process, Appeal, and Review procedures (ii) Grievance procedures (iii) expectations for supervision and (iv) evaluation procedures (v) expectations of residents: including attendance at meetings, important dates, workload
6. If required, supporting the resident and supervisor to resolve any issues informally (as a first step).
7. Leading and participating in implementation of Due Process, Appeals and Review procedures and/or Grievance procedures. This includes monitoring, documenting, communication with relevant parties (including the Director of Clinical Training at the resident's home university), convening a Review committee, decision making and generating recommendations.
8. Coordinating with stakeholders who are internal and external to the residency (including Waypoint management and Human Resources)
9. Coordinating with and maintaining good relationship with residency training committee members and supervisors

10. Advocating on behalf of the residency (e.g., for financial and administrative resources) within the department, unit, and institution and when interacting with external agencies
11. Overseeing membership and obligations for professional and accreditation related organisations (e.g., CPA; APPIC; CCPPP) including preparing self-studies and leading accreditation and reaccreditation and providing documentation (e.g., verification from resident's files) as required
12. Ensuring that information regarding the accreditation status of the program is available to the public
13. Advocating for equity, diversity, inclusion and social responsiveness in the recruitment and retention of residency staff and residents
14. Contributing to organizations that strengthen professional psychology training
15. Overseeing and tracking resident's concerns, and suggested improvements for rotations or for the residency
16. Documenting and maintaining documentation regarding resident's progress (e.g., Core Training Plan; Evaluation of Resident; Evaluation of Rotations; Evaluation of Supervisors and Evaluation of the residency.
17. Overseeing and leading ongoing quality improvement and evaluation within the residency, including encouraging and integrating feedback from residents
18. Overseeing the appropriate collection, management and storage of program data.
19. Establish the agenda for the Residency Training Committee meetings and the Supervisors Meetings. Send an email prior to the meeting to invite add to the agenda.

Deputy Psychology Training Lead

1. Contributes to tasks of Training Lead as needed
2. Contributes to the development of procedures, resources and training and (when relevant) in Due Process, Appeals, Review, and/ or Grievance procedures.
3. Contributes to preparation for and participation in CPA accreditation (including the self-study), maintenance of accreditation
4. Acts as delegate for Training Lead as needed, including if there is a dual relationship between the TL and a resident (e.g., if TL is supervisor)
5. Attends WPRP Training Committee meetings; contributes to working groups in between meetings (as needed)

Supervisor Member at Large

1. Contributes to the development of procedures, resources and training and (when relevant) in Due Process, Appeals, Review, and/ or Grievance procedures.
2. Contributes to generating or refining materials for the residency, as needed.
3. Attends WPRP Training Committee meetings; contributes to working groups in between meetings (as needed)

Resident Representative (usually, 6 month term)

1. Attends and contributes to discussion at Residency Committee Meetings, particularly regarding the development and improvement of the residency (including training; resources; recruitment; quality improvement)
2. Helps to refine training materials (e.g. brochure, forms)
3. The Resident Representative will not participate in Due Process, Appeals, Review or Grievance procedures due to potential dual relationships and the inappropriateness of including a resident in a grievance against a supervisor.

Quorum

A quorum for the residency committee meetings is four and must include either the Training Lead or Deputy and a Resident.

WPRP Training committee terms of reference Sept 2026

Appendix O Residency Exit Questionnaire

WPRP Waypoint Psychology Residency Program

RESIDENCY EXIT QUESTIONNAIRE

*Completed and discussed with Training Lead at end of residency after supervisors' evaluations of resident have been completed and submitted to the resident, the Training Lead and to the DCT

Resident: _____ **Psychology Training Lead:** _____ **Date** _____

	1 Poor	2	3	4 Neutral	5	6	7 Excellent
Overall **generalist** education/ training experience							
Training in **evidence-based practice, knowledge and methods**							
Opportunity to **consolidate professional identity**							
Training and opportunity to **apply ethical, legal and professional standards**							
Opportunity to **contribute to social justice advocacy**							
Training experience in **assessment**							
Training experience in **intervention**							
Training experience in **consultation**							
Training experience **in program development/ evaluation**							
Training experience in **developing knowledge/skills in (co)supervision**							
Training experience related to **diversity sensitive and skilled professional services** (cultural, race, sex, socioeconomic, sexual orientation etc)							
Training in **Indigenous interculturalism**							
Opportunity and training in **interprofessional collaboration**							
Training and opportunity to engage in **bias evaluation and reflective practice**							
Supportive environment, quality supervision							
Quality work/ life balance							
Relevance of and learning in Seminar Series							

Quality of resources (therapy space, office space, training materials etc)							
Organisation of residency							
Extent to which training helped prepare for registration							

Strengths of residency

Suggestions for improvements:

Advice to future residents:

	Definite no	2	3	Maybe	5	6	Definite yes
Would you recommend to a future resident?							

WPRP Residency Evaluation Form Dec 16 2025.docx

Appendix P Completion Checklist

WPRP Waypoint Psychology Residency Program

RESIDENCY COMPLETION CHECKLIST

	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5	Rotation 6	Rotation 7
Example	OSP	Sans Souci Assessment Group Co Supervn	Sans Souci Indiv therpy	Gwood	OATS / HQO CBTp	Forensic	Program eval project
Supervision agreement form							
Mid rotation evaluation of resident							
End rotation evaluation of resident							
End of rotation feedback to supervisor							
End of rotation anonymous evaluation of supervisor							
End of rotation evaluation of rotation							
Supervision session documenting							

Residency exit questionnaire				
Seminar series evaluations				
Core plan	Beginning	Q2	Q3	End
Time tracking summary				
Keys, badges, laptop, headset				
Other				

Resident: _____ Psychology Training Lead: _____

Date: _____