

Documentation of Impact of COVID 19 on Internship Training

INTERNSHIP Program Reporting

This form was developed to help programs keep track of the decisions made about the completion of internships that may have been disrupted by COVID-19. Use of this form is voluntary and does not guarantee that regulators in any jurisdiction will automatically accept the decisions made. Regardless, this form may be useful for Directors or interns to use to recall what was decided and why, in order to answer any questions raised by a regulator.

Name of Dunganous								
Name of Program:								
Type of Program:	Internship	Consortium						
Type of Program:	Clinical	Counselling	School	Clinica	l Neuropsy	chology		
Tracks:								
How many interns:								
Year of Internship:								
Date of completion of	of this form:							
Form completed by:								
DESCRIPTION O	F IMPACT AND	RESPONSE PER TR	AINEE (fill thi	s section	out for eac	h intern)		
Did your trainee obt	ain the 1600 req	uired hours for the	completion	of their in	ternship?	Yes	No	
If no, how many hou	rs did they obta	in?						
Did they experience	any modification	ns to their internsh	ip year?	Yes	No			
If yes, what was the	nature of these	modifications?						
Minimal Modifi	cations (e.g., tra	ining was halted b	riefly as servi	ces were r	moved onli	ne)		
Moderate Modifications (e.g., core training activity cut short before completion)								
Severe Modifica	ations or Disrupt	t ions (e.g., entire t	raining comp	onents we	ere missed)			
Please describe any	modifications th	at were more thar	minimal.					
·								
What approach did	the internshin to	ake to evaluate th	at the gradua	ting inter	n demonst	rated the	<u> </u>	
competencies neede	•		•	•	ii aciiioiist	atca tiit	_	
•		•	-	• • •	ed compet	ence) and		
Reviewed past practicum experiences (specifically within the area of anticipated competence) and confirmed minimal standards were met (e.g., reviewed AAPI application)								
confirmed minimal s	•			•		J		

Created learning / training opportunities with past client data (e.g., intern gained experience scoring					
and interpreting assessment data without administration to actual patient)					
Yes No					
Increased the amount of professional development training					
Yes No					
Provided more virtual learning opportunities to replace didactics, supervision, etc. that could no					
longer be completed in person					
Yes No					
Changed the intern rotation to one that was still providing psychological services (not redeployed,					
etc.)					
Yes No					
Provided virtual platforms for resumption of direct client hours					
Yes No					
Consulted with previous supervisors as needed (e.g., to capture experiences the intern had after					
completing the application form and prior to starting residency the following September)					
Yes No					
What other modifications did the internship program make that are not captured above?					
In what ways did the rapid adjustment to COVID afford the intern new learning opportunities?					
If the modifications were more than minimal, the following questions may also be important to					
document depending on the jurisdiction in which the intern hones to become registered/certified:					

Hours were obtained on a full time / part time basis? Full Time Part Time

Were the hours obtained within one internship program only? Yes No

Percentage of time spent providing a direct service to clients?

Was there a didactic component to the internship not including supervision (e.g., case conferences, seminars, in-service training, Grand Rounds?) Yes No

If yes, how many hours a week were spent in these activities?

How many hours of direct in-person supervision did they receive? (including direct supervision

delivered via phone or videoconference)

What was the structure of supervision? (e.g., multiple supervisors, multi-disciplinary, co-signature,					
direct observation)					
What was the content of the supervision? (e.g., discussion of client cases, review of reports, ethical					
issues etc.)					
What were the experiences provided? (e.g., demonstration of range of experiences such as different					
theoretical models and modalities, diverse activities, diverse client groups etc.)					
Was there a defined training plan? Yes No					
was there a defined training plans.					
If yes, what was it? (e.g., statement of goals and objectives, and how these would be met)					
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FINAL COMMENTS					
Please summarize any deviations from the intern's original training plan that did not impact their successful graduation from the internship, but did impact their stated goals.					
successful graduation from the internship, but did impact their stated goals.					
Any other comments?					