ADVANCED PRACTICE PROVIDER

Psychiatry Fellowship & Structured Supervised Practice Manual

Six-Month NP/PA Training Program
Clinical • Behavioral Health Crisis • Substance Use • Child & Adult Psychiatry

Program Manual | Version 1.0 | August 2026

Source basis: This manual expands the uploaded Advanced Practice Provider Structured Onboarding, Training, and Supervised Practice Policy and its six-month APP Psychiatry Internship Curriculum. The source policy establishes the six-month supervised period, physician supervisor and senior APP mentor model, progressive clinical responsibility, monthly formative evaluation, weekly feedback, competency validation, and the 30-week curriculum framework.

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1. Program Overview and Purpose

This manual defines a standardized six-month Advanced Practice Provider (APP) fellowship and structured supervised-practice program for newly graduatedNurse Practitioners (NPs) and Physician Assistants (PAs) entering psychiatric, behavioral health, crisis, and substance-use clinical practice. The program is designed to bridge graduate-level preparation and organizational practice by combining structured orientation, progressive clinical responsibility, supervised patient care, didactic education, case consultation, competency assessment, and operational training.

The uploaded policy specifies that newly graduated APPs participate in a six-month structured onboarding, training, and supervised practice period before transition to full clinical capacity. It applies to NPs and PAs working across outpatient clinics, Behavioral Health Crisis Care (BHCC), ASAM-aligned services, SDVC when applicable, and hospital settings when applicable. The policy also establishes that clinical responsibilities are progressively granted based on demonstrated competence rather than automatically granted at hire.

1.1 Program goals

- Protect patient safety while developing advanced clinical judgment.
- Create a consistent onboarding experience across sites and levels of care.
- Develop competence in psychiatric/medical evaluation, diagnosis, treatment planning, medication management, and substance-use treatment.
- Develop competence in crisis assessment, stabilization, safety planning, and appropriate escalation.
- Develop reliable EMR, documentation, coding, billing, and workflow skills.
- Build effective collaboration with physicians, APPs, nursing, pharmacy, case management, therapists, and other disciplines.
- Prepare the APP for the clinical expectations of the employing organization and the APP's lawful scope of practice.
- Establish a defensible, documented readiness decision before full clinical capacity.

1.2 Program philosophy

The fellowship is a developmental clinical practice model, not simply an orientation checklist. The APP should be exposed to increasing complexity as competence is demonstrated. Supervision should be active, specific, and educational. Feedback should be timely and linked to observable clinical behaviors.

1.3 Program outcomes

- Safe management of routine psychiatric and medical presentations within role and scope.
- Accurate psychiatric assessment and differential diagnosis using DSM-5-TR-informed clinical reasoning.
- Safe prescribing, monitoring, and follow-up of psychotropic medications within legal scope and organizational policy.
- Recognition and management/escalation of suicide, violence, medical, withdrawal, and other acute risks.
- Competent use of care pathways and levels of care.
- Timely, accurate, clinically defensible documentation.
- Effective communication with patients, families, and interdisciplinary teams.
- Demonstrated readiness for independent or appropriately collaborative practice as defined by law, credentialing, and organizational policy.

2. Program Governance and Roles

2.1 Program leadership

The program should be overseen by designated medical and operational leadership. Medical leadership retains final authority over clinical readiness decisions, consistent with the source policy, while operational leadership supports scheduling, staffing, access, performance expectations, and program administration.

Role	Primary responsibilities

Role	Primary responsibilities
APPProgram Director	Sets clinical standards; approves curriculum; resolves clinical concerns; reviews final readiness decisions; ensures alignment with credentialing and scope requirements.
Physician Supervisor	Provides ongoing clinical supervision; reviews charts; discusses cases; observes encounters when appropriate; guides escalation and complex decisions; completes competency evaluations.
Senior APP Mentor/Supervisor	Provides day-to-day practice guidance, workflow support, role modeling, case consultation, and transition support; reinforces organizational standards.
Rotation Preceptor	Provides site-specific orientation, observes clinical work, gives feedback, and documents rotation-specific competency.
Program Coordinator	Coordinates schedules, rotation assignments, attendance, evaluation collection, didactic calendar, and program records.
APP Fellow	Participates fully in training; practices only within authorized scope and delegated level of responsibility; seeks supervision; completes required learning and competency activities.
Interdisciplinary Team	Provides feedback on communication, collaboration, care coordination, and operational performance.

2.2 Supervisory structure

Each APP is assigned a physician supervisor and designated senior APP mentor/supervisor. Supervision includes direct case oversight, 100% chart/documentation review during the training period as specified by the source policy, clinical case discussions, observation of encounters as appropriate, and guidance on escalation, risk management, and complex decision-making.

2.3 Escalation hierarchy

21. APP identifies uncertainty, elevated risk, or a case outside current demonstrated competence.
22. APP pauses or limits the clinical action when patient safety permits and contacts the supervising clinician.
23. Supervising clinician determines whether the issue can be managed with consultation, requires direct involvement, or requires transfer/escalation.
24. Urgent or emergent situations are managed according to the applicable crisis, emergency, medical, and organizational protocols.
25. Significant learning needs are documented and incorporated into the fellow's development plan.

3. Eligibility, Appointment, and Employment Structure

The source policy describes a six-month training stipend arrangement and a fixed $45,000 stipend for the six-month training period. If implemented, compensation, benefits, employment classification, and payroll treatment should be reviewed and approved by Human Resources and applicable legal/compliance leadership before use.

3.1 Candidate eligibility

- Graduate of an accredited NP or PA educational program appropriate to the position.
- Eligible for or holding required state licensure/certification and national certification, as applicable to role.
- Eligible for organizational credentialing, privileging, prescribing authority, and payer enrollment as applicable.
- Ability to meet background, health, immunization, screening, and other employment requirements.
- Commitment to supervised learning, feedback, documentation, and professional development.

3.2 Pre-licensure vs. post-licensure candidates

The job description may allow pre-licensure candidates when organizational policy and applicable law permit employment in a structured fellowship pathway. A pre-licensure participant may observe, train, simulate, or perform only those activities legally permitted under the individual's current status and organizational credentialing. No fellowship language should be interpreted as granting authority to diagnose, prescribe, bill, or independently treat patients when the individual lacks the legal or credentialed authority to do so.

3.3 Progressive clinical responsibility

Phase	Typical clinical posture	Examples
Weeks 1–4	Observation and closely supervised participation	Orientation, EMR, interviews, documentation practice, case observation, foundational assessments.
Weeks 5–12	Supervised clinical management	Selected follow-ups, evaluations, medication-management tasks, case presentations, supervised decision-making.
Weeks 13–20	Increasing autonomy with active oversight	Broader caseload, crisis assessments, SUD/MAT exposure, more complex cases, specialty experiences.
Weeks 21–24	Readiness-focused practice	Routine patient management with targeted supervision; complex cases reviewed; portfolio completion.
Final competency	Readiness decision	Comprehensive evaluation, case presentation, documentation review, portfolio review, final recommendation.

4. Six-Month Training Model

The source curriculum contains 30 weekly learning units, with foundational training, adult outpatient psychiatry, child outpatient psychiatry, BHCC, MAT, specialty clinics, and a final competency period. The rotation summary identifies 4 weeks of foundational training, 8 weeks adult outpatient, 4 weeks child outpatient, 4 weeks BHCC, 4 weeks MAT, and one week each for ADHD, ACT/ACT-TAY, TMS/Esketamine, eating disorder pathway, SDVC/walk-in, and final competency.

4.1 Weekly cadence

Activity	Frequency	Expected output
Clinical supervision	Weekly minimum; additional as needed	Case review, feedback, risk/complexity discussion.
Chart/documentation review	100% during training per source policy	Corrections, teaching points, trend monitoring.
Didactic learning	Weekly	Assigned reading, presentation, quiz, or applied exercise.
Case conference	Weekly	Case presentation and diagnostic/treatment reasoning.
Rotation activities	Weekly	Observed/supervised clinical experiences.
Formative evaluation	Monthly	Written progress assessment and development goals.
Professional development/wellness	Longitudinal	Reflection, resilience, professional identity, career development.
QI project	Longitudinal	Small quality-improvement deliverable.

4.2 Training portfolio

- Completed orientation checklist.
- Rotation attendance and activity log.
- Supervision log.
- Representative de-identified case presentations.
- Documentation samples or audit results.
- Competency checklist with supervisor sign-off.
- Monthly evaluations and remediation plans, if any.
- Quality-improvement project summary.
- Final readiness assessment.

5. Orientation and Foundational Training

Weeks 1–4 establish the foundation for safe practice. The source curriculum specifically identifies orientation, EMR training, clinic workflow, professionalism, psychiatric interviewing, documentation, coding/billing, DSM-5 diagnostic formulation, differential diagnosis, suicide risk assessment, and evidence-based treatment guidelines.

Week	Focus	Core activities
1	Orientation & clinical foundations	Mission/values; role expectations; scope; credentialing; EMR; clinic workflow; safety; professionalism; observe interviews.
2	Psychiatric interviewing	History; MSE; rapport; trauma-informed engagement; collateral; observed and supervised interviews.
3	Documentation	Psychiatric H&P; progress notes; treatment plans; coding/billing basics; documentation standards.
4	Diagnosis & treatment guidelines	DSM-5-TR-informed formulation; differential diagnosis; suicide risk assessment; evidence-based treatment; escalation.

5.1 Orientation completion standard

- All mandatory organizational training completed.
- EMR navigation demonstrated.
- Basic order-entry and medication workflow demonstrated under supervision.
- Documentation standards demonstrated.
- Emergency and escalation pathways explained by the APP.
- Supervision structure understood.
- Initial baseline competency assessment completed.

6. Adult Outpatient Psychiatry Rotation

The adult outpatient rotation is the largest core clinical experience and lasts eight weeks in the source curriculum. It progresses from comprehensive evaluations and medication management to mood/anxiety disorders, bipolar and psychotic disorders, SUD/co-occurring disorders, complex illness, medication optimization, supervised patient management, and competency assessment.

6.1 Core competencies

- Complete a comprehensive psychiatric evaluation.
- Perform and document a clinically meaningful MSE.
- Generate a prioritized differential diagnosis.
- Develop a biopsychosocial treatment plan.
- Select, initiate, adjust, and monitor psychotropic medications within scope.
- Identify medication adverse effects, interactions, contraindications, and monitoring needs.
- Use measurement-informed care when indicated.
- Coordinate psychotherapy, medical care, case management, and other supports.
- Recognize treatment resistance and seek consultation appropriately.
- Determine when a higher level of care or specialty referral is indicated.

6.2 Suggested case mix

- Major depressive and other depressive disorders.
- Anxiety and trauma-related presentations.
- Bipolar spectrum disorders.
- Psychotic disorders.
- ADHD and common behavioral presentations.

- Substance use and co-occurring disorders.
- Sleep, medical, medication-induced, and other psychiatric differential considerations.
- Complex/polypharmacy cases.

7. Child and Adolescent Psychiatry Rotation

The source curriculum assigns four weeks to child outpatient psychiatry, including developmental assessment, family interviews, ADHD, anxiety, depression, behavioral disorders, autism spectrum disorders, school collaboration, parent education, multidisciplinary care, and follow-up management.

7.1 Core competencies

- Conduct age- and developmentally appropriate psychiatric interviews.
- Obtain collateral information from parents/caregivers and other appropriate sources.
- Consider developmental, educational, family, and environmental factors.
- Assess ADHD and common childhood/adolescent mood, anxiety, and behavioral presentations.
- Recognize when autism/developmental evaluation or specialty referral is needed.
- Provide parent/caregiver education and shared decision-making.
- Coordinate with schools and community supports when appropriate and authorized.
- Select medication and non-medication interventions within scope and supervision.

Safety emphasis: Child and adolescent care requires heightened attention to developmental capacity, caregiver involvement, safeguarding requirements, medication dosing/monitoring, and age-appropriate risk assessment. Local laws and organizational policies govern consent, confidentiality, mandated reporting, and information sharing.

8. Behavioral Health Crisis Care Rotation

The source curriculum assigns four weeks to BHCC, emphasizing psychiatric crisis evaluations, suicide risk assessment, safety planning, emergency stabilization, crisis intervention, involuntary evaluations, de-escalation, collaboration with emergency departments/law enforcement/community agencies, disposition planning, and supervised independent crisis assessments.

8.1 Crisis competencies

- Perform a focused but comprehensive crisis assessment.
- Identify immediate suicide, violence, medical, intoxication, withdrawal, and other acute risks.
- Develop and document a safety plan when clinically appropriate.
- Recognize when emergency medical evaluation is necessary.
- Use de-escalation and trauma-informed communication.
- Understand criteria and procedures for involuntary evaluation under applicable law/policy.
- Communicate effectively with EDs, hospitals, law enforcement, mobile crisis, and community partners.
- Develop defensible disposition recommendations.
- Document risk formulation, rationale, interventions, consultation, and disposition.

8.2 High-risk case rule

During training, the fellow should not independently manage an unfamiliar high-risk crisis merely to demonstrate competence. The appropriate demonstration of competence may be recognizing the risk, initiating immediate protective actions, obtaining supervision, communicating effectively, and contributing to a safe disposition.

9. Substance Use Disorder / MAT Rotation

The source curriculum provides four weeks of MAT training covering opioid use disorder evaluation, buprenorphine induction, motivational interviewing, maintenance treatment, relapse prevention, co-occurring disorders, alcohol use disorder treatment, recovery planning, complex addiction cases, and competency evaluation.

9.1 Core competencies

- Complete a substance-use-focused assessment.
- Identify intoxication, withdrawal, overdose, and other acute medical/psychiatric risks.
- Understand principles of medication treatment for opioid and alcohol use disorders.
- Participate in buprenorphine treatment/induction only as legally authorized, credentialed, and supervised.
- Use motivational interviewing principles.
- Address co-occurring psychiatric conditions.
- Develop relapse-prevention and recovery-oriented plans.
- Coordinate higher levels of care and community recovery supports.
- Recognize when medical withdrawal management is indicated.

Regulatory note: Medication treatment requirements can change by jurisdiction and over time. The fellowship must use current federal, state, payer, credentialing, and organizational requirements rather than relying on a static training document.

10. Specialty and Integrated Care Experiences

The final third of the curriculum exposes APPs to specialty and integrated programs. The source identifies ADHD Specialty Clinic, ACT/ACT-TAY, TMS/Esketamine Clinic, Eating Disorder Pathway, and SDVC/Walk-in Clinic.

Experience	Learning objectives	Readiness evidence
ADHD Specialty Clinic	Comprehensive ADHD assessment; diagnostic formulation; stimulant/non-stimulant medication management.	Case presentation and observed assessment.
ACT / ACT-TAY	Community psychiatry; interdisciplinary care; transition-age youth; team-based treatment.	Participation in team meeting and care plan.
TMS / Esketamine	Patient selection; treatment protocols; monitoring; treatment-resistant depression.	Protocol knowledge check and observed workflow.
Eating Disorder Pathway	Assessment; medical monitoring; multidisciplinary treatment; referral pathways.	Recognition/escalation plan for medical risk.
SDVC / Walk-in	Comprehensive psychiatric evaluation; trauma-informed care; integrated planning; resource coordination.	Observed evaluation and disposition/care coordination.

11. Longitudinal Curriculum

Longitudinal learning occurs across rotations rather than being confined to a single week. The source policy identifies weekly didactic assignments, weekly case conference, weekly APP/physician supervision, documentation review and feedback, suicide prevention and violence risk assessment training, trauma-informed and culturally responsive care, a quality-improvement project, professional development/wellness sessions, and final competency evaluation.

Domain	Minimum expectation	Example evidence
Psychopharmacology	Weekly applied learning	Medication case review.
Diagnostic reasoning	Weekly case conference	Differential diagnosis presentation.
Risk assessment	Formal training + case review	Suicide/violence risk formulation.
Documentation	Ongoing review	Chart audit trend.
Trauma-informed care	Longitudinal	Observed communication behaviors.
Cultural responsiveness	Longitudinal	Case reflection and care planning.
Quality improvement	One project	Brief QI report/presentation.

Domain	Minimum expectation	Example evidence
Professional development	Monthly	Development goal/reflection.
Wellness	Longitudinal	Sustainable practice plan.

12. Supervision and Clinical Oversight

Supervision is the primary safety mechanism of the fellowship. It should be more intensive early and become increasingly targeted as competence is demonstrated. The source policy requires a physician supervisor and senior APP mentor and identifies direct case oversight, 100% chart/documentation review, clinical case discussions, observation, and guidance on escalation.

12.1 Supervisor expectations

- Review clinical decisions rather than merely correcting documentation.
- Ask the fellow to articulate assessment, differential, risk, and rationale.
- Provide specific behavioral feedback.
- Identify patterns across cases.
- Document significant concerns and agreed corrective actions.
- Increase autonomy only when competence is demonstrated.
- Remain available for urgent consultation consistent with program operations.

12.2 Fellow expectations

- Prepare cases for supervision.
- Ask for help before risk or uncertainty becomes unsafe.
- Disclose errors and near misses promptly.
- Integrate feedback into subsequent practice.
- Know current limits of authority and competence.
- Complete required supervision and learning activities.

13. Competency Assessment Framework

The source competency checklist is organized into Clinical Competency, Risk & Safety, EMR & Documentation, Coding & Billing, Operational & Workflow Competency, Professionalism & Communication, and Readiness for Independent Practice.

13.1 Rating scale

Rating	Definition	Action
1 – Not demonstrated	No sufficient evidence of competence.	Teach, observe, and reassess.
2 – Emerging	Can perform with substantial prompting.	Continue supervised practice.
3 – Competent with supervision	Consistent performance with routine oversight.	Increase responsibility as appropriate.
4 – Ready	Consistent safe performance with minimal routine supervision.	Eligible for full-capacity recommendation in that domain.
N/O – Not observed	Adequate opportunity not yet provided.	Do not interpret as failure; arrange observation.

13.2 Domains

- Clinical evaluation and treatment.
- Psychiatric diagnosis and differential diagnosis.
- Medication management.
- Substance use assessment and treatment.
- Risk and safety.
- EMR and documentation.

- Coding and billing.
- Operational workflow.
- Interprofessional communication.
- Professionalism and accountability.
- Readiness for independent/appropriate collaborative practice.

13.3 Competency evidence

- Direct observation.
- Chart review.
- Case presentations.
- Simulation or structured exercises when appropriate.
- Supervisor discussion.
- Patient-care outcomes and process measures when available.
- Completion of required learning activities.

14. Documentation, Coding, Billing, and EMR Standards

The source curriculum explicitly includes EMR navigation, order entry, medication management, documentation standards, regulatory-compliant documentation, coding fundamentals, billing workflows, productivity expectations, and compliance standards.

14.1 Documentation standard

- Document the clinical story accurately and efficiently.
- Separate historical information, current findings, assessment, and plan.
- Document risk assessment and rationale when clinically indicated.
- Document medication rationale, response, adverse effects, monitoring, and follow-up.
- Document consultation and escalation.
- Use approved templates without allowing templates to replace clinical reasoning.
- Complete documentation within organizational timeframes.

14.2 Coding and billing

The fellow learns coding and billing with supervision. Training should emphasize that documentation must support the service billed and that the APP must not select or submit unsupported codes merely to meet productivity expectations. Local payer and organizational rules govern final billing practices.

15. Risk, Safety, Escalation, and Emergency Practice

Risk management is embedded throughout the fellowship. The source competency checklist requires suicide and violence risk assessment, identification of acute medical/psychiatric risk, and appropriate crisis response and escalation.

15.1 Minimum safety competencies

- Suicide risk assessment and formulation.
- Violence risk assessment and formulation.
- Acute psychosis/agitation assessment.
- Intoxication and withdrawal recognition.
- Medical red-flag recognition.
- Safety planning and means-safety counseling when indicated.
- Emergency referral and higher-level-of-care decisions.
- Documentation of risk, protective factors, rationale, consultation, and disposition.

15.2 Stop-and-escalate triggers

- Imminent or unclear suicide or violence risk.
- Acute medical instability or concerning vital signs/symptoms.
- Severe intoxication or withdrawal.

- Diagnostic uncertainty with significant consequences.
- Medication reaction, toxicity, or complex interaction.
- Need for involuntary evaluation or other legal intervention.
- Case complexity beyond demonstrated competence.
- Any situation in which the fellow is unsure whether the patient can be safely managed in the current setting.

16. Interprofessional Practice and Professionalism

The source policy identifies interdisciplinary collaboration with nursing, case management, pharmacy, and other team members as an operational competency. It also requires professional judgment, clear communication, receptivity to feedback, reliability, and accountability.

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- Participate actively in interdisciplinary treatment planning.
- Communicate concise, clinically relevant information.
- Use respectful, trauma-informed interactions.
- Clarify roles and responsibilities.
- Close communication loops on referrals, medication issues, and safety concerns.
- Respect patient preferences and shared decision-making.
- Accept feedback without defensiveness and demonstrate behavioral change.
- Maintain professional boundaries and confidentiality.

17. Quality Improvement, Scholarship, and Professional Development

Each fellow completes a small quality-improvement project linked to clinical quality, access, safety, workflow, patient experience, or another organizational priority. The project is intended to demonstrate the APP's ability to identify a problem, use data appropriately, propose an intervention, and communicate findings.

17.1 Suggested QI process

26. Identify a practical clinical or operational problem.
27. Define a measurable aim.
28. Review baseline data available within the organization.
29. Select a feasible intervention.
30. Obtain required leadership/quality review before implementation.
31. Measure process or outcome indicators.
32. Present results and lessons learned.

17.2 Professional development

- Develop an individualized learning plan after baseline assessment.
- Identify two clinical strengths and two development priorities.
- Maintain a continuing education plan.
- Participate in professional case consultation.
- Create a sustainable wellness and workload-management plan.

18. Transition to Full Clinical Capacity

The source policy states that successful completion results in transition to full clinical capacity, with compensation and productivity expectations adjusted accordingly. Final decisions rest with medical leadership in collaboration with operational leadership.

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18.1 Readiness criteria

- All mandatory training completed.
- Required rotations completed or approved alternative experiences documented.

- Competency checklist completed.
- Clinical judgment demonstrated across routine and appropriately complex cases.
- Risk and escalation skills demonstrated.
- Documentation and EMR standards met.
- Professionalism and communication standards met.
- Supervisor recommends readiness.
- Final medical leadership review completed.
- Credentialing/privileging and legal requirements satisfied.

18.2 Possible final decisions

Decision	Meaning
Approved for transition	Fellow has met required competencies and may transition subject to credentialing and operational requirements.
Training extended	Additional supervised time is required in identified domains.
Performance improvement plan	Specific concerns require structured remediation and reassessment.
Other employment action	Leadership determines another action is appropriate based on documented performance and organizational policy.

19. Performance Concerns and Remediation

The program should distinguish between a remediable learning need and a patient-safety or professionalism concern requiring immediate intervention. Significant concerns should be documented, communicated to the fellow, and addressed through a defined plan.

19.1 Remediation process

33. Identify the concern using specific observable examples.
34. Determine whether the concern reflects knowledge, skill, judgment, behavior, inadequate exposure, or environmental factors.
35. Define a measurable remediation goal.
36. Assign targeted education, observation, supervision, and/or simulation.
37. Set a reassessment date.
38. Document progress and final disposition.

Immediate safety concerns: A fellow may have clinical responsibilities reduced, paused, or reassigned immediately when needed to protect patients. This is separate from the longer-term remediation process.

20. Program Administration and Continuous Improvement

20.1 Required program records

- Appointment and eligibility documentation.
- Orientation completion.
- Rotation schedule and attendance.
- Supervision records.
- Monthly evaluations.
- Competency checklist.
- Remediation records, when applicable.
- QI project.
- Final readiness assessment.
- Final program outcome data.

20.2 Program metrics

- Completion rate.
- Time to readiness.
- Percentage requiring extension.
- Common competency gaps.
- Documentation audit trends.
- Patient safety events/near misses involving fellows.
- Retention at 6 and 12 months.
- Supervisor and fellow satisfaction.
- Time-to-productivity after transition.
- Quality-improvement project completion.

20.3 Annual curriculum review

Program leadership should review curriculum content, state/federal requirements, organizational policies, scope-of-practice rules, credentialing standards, payer requirements, patient safety data, and fellow feedback at least annually. Changes should be version-controlled and approved through the organization's established clinical governance process.

Appendix A. Six-Month Rotation Calendar

Week	Rotation	Primary focus
1	Orientation & Clinical Foundations	Orientation, EMR, workflow, professionalism, observation
2	Psychiatric Interviewing	Supervised interviews, MSE, rapport
3	Documentation	H&P, progress notes, treatment plans, coding/billing
4	Diagnosis & Guidelines	Differential diagnosis, risk, evidence-based treatment
5	Adult Outpatient	Evaluations, medication management
6	Adult Outpatient	Mood/anxiety; psychotherapy integration
7	Adult Outpatient	Bipolar and psychotic disorders
8	Adult Outpatient	SUD and co-occurring conditions
9	Adult Outpatient	Complex cases/treatment resistance
10	Adult Outpatient	Medication optimization/side effects
11	Adult Outpatient	Supervised patient management
12	Adult Outpatient	Competency assessment/case presentation
13	Child Outpatient	Developmental assessment/family interviews
14	Child Outpatient	ADHD, anxiety, depression, behavior
15	Child Outpatient	Autism, school collaboration
16	Child Outpatient	Parent education/multidisciplinary care
17	BHCC	Crisis evaluations, suicide risk, safety planning
18	BHCC	Crisis intervention, involuntary evaluations, de-escalation
19	BHCC	ED/law enforcement/community collaboration
20	BHCC	Supervised independent crisis assessments
21	MAT	OUD evaluation, buprenorphine, MI
22	MAT	Maintenance, relapse prevention, co-occurring disorders
23	MAT	AUD treatment and recovery planning
24	MAT	Complex addiction cases/competency
25	ADHD Specialty	Comprehensive assessment and medication management
26	ACT / ACT-TAY	Community psychiatry and interdisciplinary care
27	TMS / Esketamine	Selection, protocols, monitoring
28	Eating Disorder Pathway	Assessment, medical monitoring, referral
29	SDVC / Walk-in	Comprehensive evaluation, trauma-informed care
30	Final Competency	Evaluation, case presentation, portfolio, readiness

Appendix B. APP Competency Checklist

Clinical Competency

Competency	Rating 1-4 (1 is needing remediation; 4 is excelling)	Evidence/Comments	Supervisor initials
Conducts comprehensive psychiatric/medical evaluations.			
Develops appropriate treatment plans.			
Performs accurate mental status examinations.			
Develops differential diagnoses using appropriate clinical reasoning.			
Manages common psychiatric medications safely.			
Orders/interprets appropriate monitoring under supervision.			
Understands SUD treatment principles and ASAM-aligned levels of care.			
Recognizes scope limits and escalates appropriately.			
Uses measurement-informed care when indicated.			

Risk & Safety

Competency	Rating 1-4 (1 is needing remediation; 4 is excelling)	Evidence/Comments	Supervisor initials
Performs suicide risk assessments.			
Performs violence risk assessments.			
Identifies acute medical and psychiatric risks.			
Develops/document safety plans when appropriate.			
Demonstrates crisis response and escalation.			

EMR & Documentation

Competency	Rating 1-4 (1 is needing remediation; 4 is excelling)	Evidence/Comments	Supervisor initials
Navigates EMR efficiently.			
Completes timely, accurate documentation.			
Writes clinically sound assessments and plans.			
Uses approved templates appropriately.			
Maintains regulatory and organizational standards.			

Coding & Billing

Competency	Rating 1-4 (1 is needing remediation; 4 is excelling)	Evidence/Comments	Supervisor initials
Understands documentation requirements for billing.			
Demonstrates appropriate code selection with supervision.			
Avoids common compliance and billing errors.			
Understands productivity expectations post-training.			

Operational & Workflow

Competency	Rating 1-4 (1 is needing remediation; 4 is excelling)	Evidence/Comments	Supervisor initials
Understands clinic and BHCC workflows.			
Collaborates effectively with interdisciplinary teams.			
Uses referral pathways appropriately.			
Follows policies and procedures.			

Professionalism & Communication

Competency	Rating 1-4 (1 is needing remediation; 4 is excelling)	Evidence/Comments	Supervisor initials
Demonstrates professional judgment.			
Communicates clearly with patients and staff.			
Accepts and integrates feedback.			
Demonstrates reliability and accountability.			

Readiness

Competency	Rating 1-4 (1 is needing remediation; 4 is excelling)	Evidence/Comments	Supervisor initials
Demonstrates sound clinical judgment.			
Requires minimal supervision for routine cases.			
Manages time and workload appropriately.			
Meets organizational standards for full clinical capacity.			

Appendix C. Monthly Evaluation Form

Fellow: _____ Month: _____ Supervisor: _____

Domain	Rating 1–4 / N/O	Strengths	Development need
Clinical care			
Risk & safety			
Documentation/EMR			
Medication management			
SUD/MAT			
Operational workflow			
Communication/professionalism			
Overall progress			

Required monthly narrative

1. What is the fellow doing well?

_____

_____

2. What specific behaviors need improvement?

_____

_____

3. What patient-care situations should receive additional supervision?

_____

_____

4. What learning activities will occur before the next evaluation?

_____

_____

5. Is the fellow progressing at the expected pace? Why or why not?

_____

_____

Supervisor signature: _____ Date: _____

Fellow signature: _____ Date: _____

Appendix D. Final Readiness Assessment

Use this assessment with the competency checklist, portfolio, chart review, rotation feedback, and direct observation.

Readiness domain	Met	Not met	Evidence
Clinical evaluation and diagnosis	☐	☐	
Treatment planning	☐	☐	
Medication management	☐	☐	
SUD/MAT competence	☐	☐	
Crisis/risk management	☐	☐	
Documentation/EMR	☐	☐	
Coding/billing awareness	☐	☐	
Interprofessional collaboration	☐	☐	
Professionalism	☐	☐	
Time/workload management	☐	☐	

Final recommendation

- ☐ Approved for transition to full clinical capacity
- ☐ Training period extended
- ☐ Performance improvement plan initiated
- ☐ Other action: _____

Supervisor signature: _____ Date: _____

Medical leadership signature: _____ Date: _____

Operational leadership signature: _____ Date: _____

Appendix E. APP Fellowship Job Description

CENTERSTONE

JOB DESCRIPTION

Job Title:	**Advanced Practice Provider Psychiatry Fellowship**
Supervised By: (supervisor position)	
Created/Revision Date:	**August 2026**
Region:	**Centerstone of Missouri**
Remote Work Eligible: (Y/N/Variable)	**No- on site required**

SUMMARY OF POSITION

The Advanced Practice Provider Fellow participates in a structured six-month fellowship designed to develop safe, high-quality clinical practice in psychiatry, behavioral health crisis care, and substance use treatment. The fellow may be a newly graduated or early-career Nurse Practitioner or Physician Assistant and will practice only within applicable licensure, credentialing, privileging, and organizational requirements. The position combines supervised patient care, didactic education, clinical case conference, direct observation, chart review, and progressive responsibility across outpatient, crisis, child/adolescent, adult, and substance use settings. The fellow works under an assigned physician supervisor and senior APP mentor and receives increasing clinical responsibility as competencies are demonstrated. The position is expected to develop skills in psychiatric evaluation, differential diagnosis, treatment planning, psychotropic medication management, risk assessment, crisis stabilization, and care coordination. The fellow participates in interdisciplinary teams and collaborates with physicians, APPs, therapists, nurses, pharmacists, case managers, and community partners. The fellow is expected to maintain timely, accurate, and clinically defensible documentation and to learn applicable coding, billing, EMR, and productivity standards. The fellow must demonstrate professional communication, accountability, receptivity to feedback, and appropriate escalation of clinical uncertainty or risk. Successful completion of the fellowship requires satisfactory competency evaluation and approval for transition to full clinical capacity, subject to applicable credentialing and organizational requirements.

Supports the Centerstone Mission, Vision and Values in delivering care that changes people's lives. Treats all clients and colleagues with dignity and respect, regardless of race, color, ethnicity, national origin, sex, sexual orientation, gender identity, transgender status, religion, age, disability, military status.

Communicates clearly and appropriately; provides excellent customer service. Adheres to applicable policies and procedures. Regular attendance and punctuality is required.

CENTERSTONE DIVERSITY STATEMENT

At Centerstone, we use our values as a guide for what we do. **Respect, Expertise, Integrity and Empowerment** are at the heart of every interaction at Centerstone, and particularly rooted in our beliefs toward diversity and inclusion.

Our approach to diversity is simple—it's about embracing everyone. Together, we continue to develop an inclusive culture that encourages, supports and celebrates the diverse voices and experiences of our employees. It powers our innovation and connects us closer to each other, to our clients and the communities we serve. We strive to create a workplace that reflects the growing world around us, and where everyone feels empowered, safe and welcomed.

ESSENTIAL DUTIES & RESPONSIBILITIES

1. Conduct supervised psychiatric, behavioral health, medical, and substance use evaluations appropriate to the fellow's current level of training and legal scope.

2. Develop differential diagnoses and evidence-informed treatment plans under appropriate clinical supervision.

3. Provide supervised medication management, including medication selection, initiation, adjustment, monitoring, education, and follow-up within authorized scope.

4. Perform suicide, violence, medical, intoxication, and withdrawal risk assessments and escalate care appropriately.

5. Participate in behavioral health crisis evaluations, stabilization, safety planning, disposition planning, and higher-level-of-care referrals.

6. Participate in substance use disorder treatment and MAT experiences, including assessment, motivational interviewing, relapse prevention, and medication treatment when legally and organizationally authorized.

7. Complete timely, accurate, and compliant clinical documentation and develop competence in EMR, coding, billing, and workflow requirements.

8. Participate in interdisciplinary treatment teams, case conferences, supervision, and clinical consultation.

9. Complete required rotations, didactic assignments, competency assessments, and a quality-improvement project.

10. Demonstrate professional judgment, accountability, communication, patient-centered care, and continuous incorporation of supervisory feedback.

PREFERRED KNOWLEDGE, SKILLS & ABILITIES

- Prior clinical experience in behavioral health, psychiatry, emergency medicine, primary care, inpatient medicine, pediatrics, or substance use treatment.
- Experience with psychiatric interviewing, medication management, crisis assessment, or integrated behavioral health.
- Interest or experience in quality improvement, clinical education, or evidence-based practice.
- Strong teamwork and communication skills.
- Comfort working with patients across diverse ages, diagnoses, acuity levels, and care settings.

MINIMUM QUALIFICATIONS

Minimum Education Level
Master of Science in Nursing or Doctor of Nursing Practice within six months of program initiation

Required Certification/Licensure
Registered Nurse in Missouri – all requirements met for ARNP or Physician Assistant withing six months of program initiation

PHYSICAL REQUIREMENTS

Task	Percentage of Time/Frequency	Task	Percentage of Time/Frequency
Standing	80%	Sitting	20%
Squatting	occasional	Driving	10%
Kneeling	occasional	Lifting	?
Bending	occasional		

DISCLAIMER

The duties and responsibilities described in this document are not a comprehensive list and additional tasks may be assigned to the employee from time to time, or the scope of the job may change as necessitated by business demands.

EMPLOYEE ACKNOWLEDGEMENT

By signing below the employee is acknowledging receipt of this job description and understanding of the position requirements as stated?

_____

Employee Name (Printed) Employee Signature Date

Source Alignment Note

This manual preserves the central structure of the uploaded policy: six-month supervised training; progressive clinical responsibility; physician supervisor and senior APP mentor; outpatient, BHCC, and ASAM-aligned exposure; monthly formative evaluation; weekly supervision/feedback; competency validation; transition to full clinical capacity; and the 30-week psychiatry internship curriculum. Expanded operational language in this manual is intended as implementation guidance and should be reviewed against state law, licensure requirements, credentialing/privileging rules, payer requirements, and organizational policies before adoption.