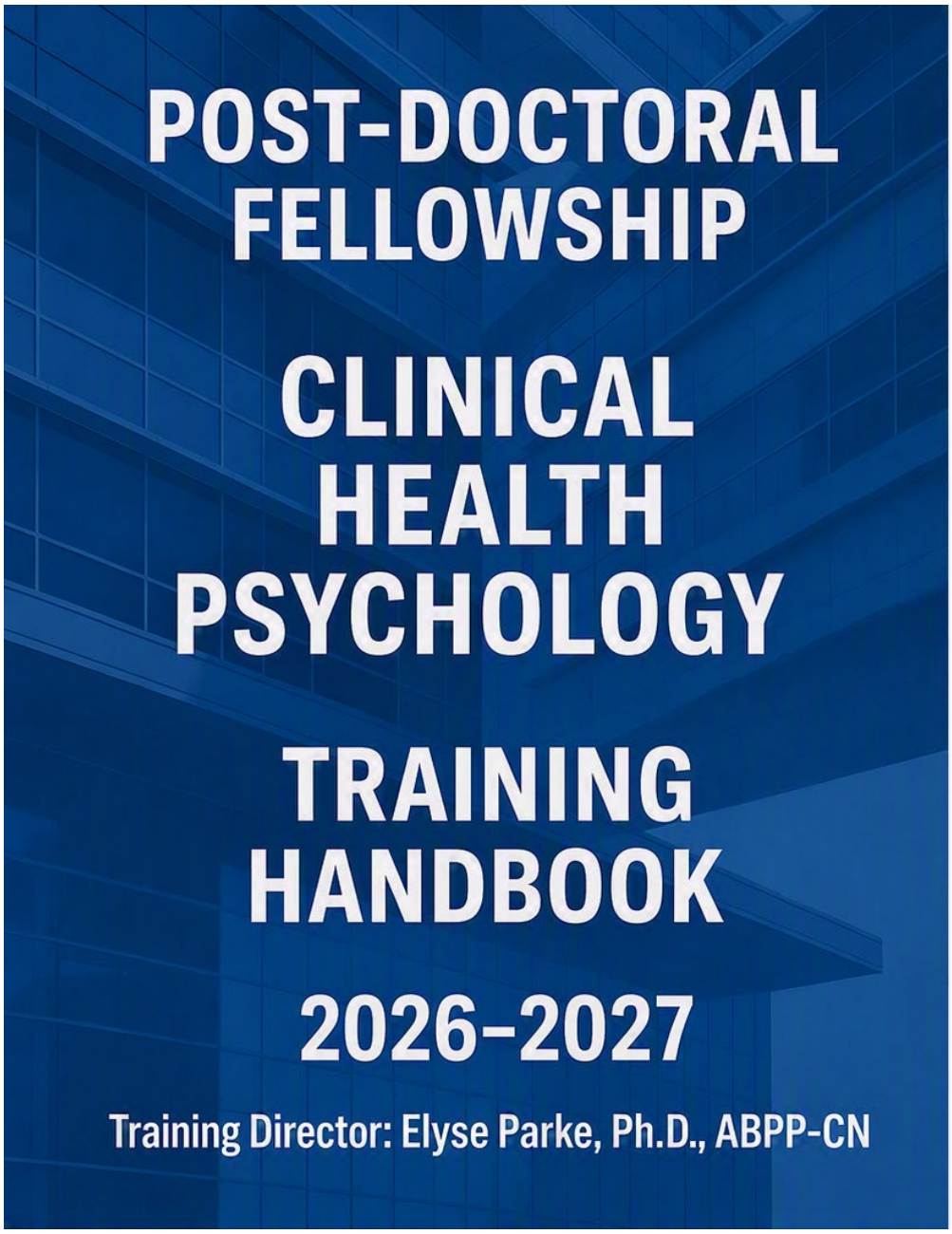

POST-DOCTORAL FELLOWSHIP
CLINICAL HEALTH PSYCHOLOGY
TRAINING HANDBOOK
2026–2027
Training Director: Elyse Parke, Ph.D., ABPP-CN

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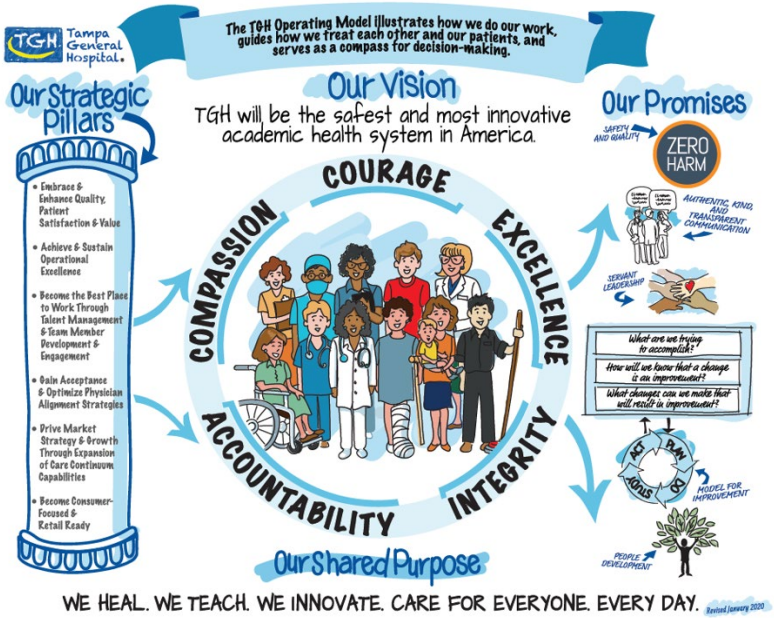
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- PT 071 TGH Conflict Resolution and Grievance Policy
- HR 070 TGH Code of Conduct
- HR 088 TGH Standards of Attire

SETTING OVERVIEW

Tampa General is a private not-for-profit hospital as well as one of the most comprehensive medical facilities in West Central Florida, serving a population in excess of 4 million across one dozen counties, ranked #1 in Tampa Bay by *US News & World Reports*. TGH is the area's only Level 1 Trauma Center, has one of three American Burn Association verified burn centers in Florida, is a state certified stroke center, has one of the largest transplant programs in the country, and is a center of excellence for cancer and sleep. TGH has Commission on Accreditation of Rehabilitation Facilities (CARF) accredited programs in adult and pediatric integrated rehabilitation, brain injury specialty, and stroke specialty. As the region's leading safety net hospital, Tampa General is committed to providing area residents with excellent and compassionate health care. In partnership with the University of South Florida (USF) Health Morsani College of Medicine, TGH has been Florida's leading academic health system for over 50 years.

The Psychology & Neuropsychology department is primarily within the Tampa General Medical Group (TGMG), which is the ambulatory medical division of TGH. Faculty within oncology/palliative, bariatrics, and transplant report to these TGH/TGMG medical divisions. All supervisors are core training faculty within the program. Supervisors represent a high degree of specialization in treating individuals with medical, rehabilitation, and neuropsychological needs. Psychologists have key leadership roles within their multidisciplinary teams and participate in teaching and applied clinical research. Many supervisors have USF academic appointments in psychiatry, pediatrics, or internal medicine.



PROGRAM OVERVIEW

The fellowship is an APPIC member program designed for individuals pursuing careers as clinical health psychologists working with adult or lifespan populations. The fellowship meets the postdoctoral supervised practice requirements for licensure within the state of Florida. The program aims to develop clinical health psychologists who are competent, ethical, and prepared for independent practice in a variety of medical settings. Graduates of the program often have careers in academic health centers, VA systems, and rehabilitation hospitals.

COMPETENCIES

Competencies are met through clinical rotations with direct supervision, didactics, a program development project, and case presentations. Further information on these competencies is available in the competency rating form. Fellow evaluation aligns with the Profession Wide Competencies (PWC's) set forth by APA in Clinical Health Psychology:



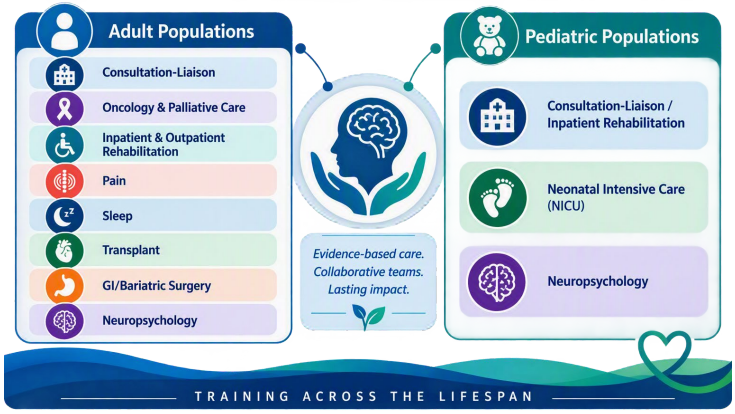
PROGRAM SCHEDULE

Postdoctoral fellows participate in supervised rotations within the Tampa General continuum of care (acute, inpatient rehabilitation, and outpatient). Fellows typically choose two rotations for 2 days per week and switch rotations at 6 months. There may be flexibility on rotation schedule, depending on training goals and supervisor availability. For example, outpatient therapy rotations or areas of specialization may be completed for an entire year. Fridays involve weekly didactics, department and hospital committee meetings, and continuing education opportunities as they are scheduled. The remainder of Friday is dedicated to scholarly or clinical projects, EPPP preparation, and additional clinical activities from assigned rotations. Taking the EPPP is strongly recommended by the end of the training year.

FACILITIES AND ROTATIONS

Psychology and Neuropsychology services are primarily located at the TGH main hospital, freestanding TGH Inpatient Rehabilitation Hospital, and TGMG Westshore Outpatient Center locations within 15-20 minutes from each other in South Tampa. Rotations at the main hospital include adult and pediatric consultation-liaison, oncology/palliative care, transplant, bariatric surgery, pediatric inpatient rehabilitation, and NICU. Adult inpatient rehabilitation is located at the TGH Inpatient Rehabilitation Hospital. Outpatient clinical health psychology and neuropsychology are located at the TGMG Westshore Outpatient Clinic. Part of the sleep psychology rotation is also located at the TGH Healthpark Specialty Clinic. Oncology and palliative care are located at the main hospital and TGH Outpatient Center in Brandon. Training is provided by the on-site supervisor with oversight from the Training Director.

Rehabilitation, pediatrics, neuropsychology rotations provide exposure to complement clinical health training goals. The program does not currently offer comprehensive training in these areas required for specialization in these areas, including preparation for neuropsychology board certification.



ROTATION DESCRIPTIONS

ADULT CONSULTATION-LIAISON

Supervisors: Brett Simpson, Psy.D., Jennifer Barinas, Ph.D., Aimee Cruz, Psy.D.

The Adult Consultation-Liaison Service provides trainees with exposure to collaborating with hospital based medical teams and to develop skills in the overall management and treatment of patients during their medical admissions. There is typically collaboration with psychiatry, though this service does not directly report to psychiatry. Postdoctoral fellows will learn on how to conduct rapid assessments of medically compromised patients, render a diagnosis, and provide brief bedside evidenced based treatment in medical areas that require rapid decision-making and follow-up. Services are provided along the continuum of care including Trauma, ICU, Neurosciences, Burn, Cardiology, Internal Medicine, and Oncology units. The lengths of stay vary, ranging from less than one week to several months, depending on a variety of individual and systemic factors. The service is often consulted for coping with new medical diagnosis, noncompliance, illness anxiety, adjustment, medical trauma, pain, delirium/dementia, behavioral management, diagnostic refinement, death and dying, psychosomatic concerns, and staff support. A variety of evidence-based psychotherapeutic techniques are utilized which include CBT, ACT, DBT, family therapy, Meaning-Centered, behavior management, psychoeducation, and team consultation. Trainees will also gain experience conducting preoperative evaluations for Left Ventricular Assist Device as a Destination Therapy (DT-VAD).

The Adult C/L service has a long-standing relationship with the trauma and burn programs. These teams routinely request psychology consultations for acutely injured individuals presenting with acute-stress symptoms, pain, TBI, and new brain/spinal cord injuries. The trainees on the C/L service will help to identify the needs of the patient and family related to psycho-education, support, and coping with the acute crisis and disruption in the family system. Along with patient care, there are opportunities for cross-training with medical teams, weekly case conferences, live supervision, and in-service presentations.

ADULT INPATIENT REHABILITATION

Supervisors: Elaine Mahoney, Ph.D. and Hannah Schorpp, Psy.D.

The fellow on this rotation provides a range of psychological services for patients in a CARF-accredited inpatient rehabilitation center. The fellow helps to identify and conceptualize the nature of personality, emotional, cognitive, and psychosocial issues that may affect the individual's rehabilitation progress, adjustment to disability/illness/injury, and quality of life. This may include interview, collateral interview, review of records, and/or brief evaluation instruments. The fellow also provides brief therapeutic intervention, as appropriate to the level

of cognitive functioning of the patient, and coordinates interventions with other care providers to manage emotional or behavioral issues. Common medical presentations include traumatic brain injury (TBI), stroke, spinal cord injury (SCI), trauma, post-surgical, amputation, and burn. Common emotional presentations include adjustment disorders, acute/post-traumatic stress disorder (PTSD), mood disorders, substance abuse/dependence, changes in relationships and family roles, personality disorders/characteristics, and grief issues. Therapeutic interventions may include brief series of problem-focused interventions, longer-term treatment of adaptation to disability, education/interventions with treatment staff, and couples or family therapy. Fellows may have the opportunity to be involved in co-facilitating supportive group therapy and/or psychoeducational groups. The fellow also provides education and counseling to family members to facilitate appropriate family involvement in care, behavior management, adjustment to the rehabilitation environment, and family adjustment to injury and prognosis. Close involvement and consultation with the treatment team, including attendance at weekly team meetings and effective communication with medical, nursing, and therapy staff, is expected. Fellows also become familiar with disability culture, including learning about ableism, modifications of treatment for various cognitive and physical deficits, relevant laws impacting individuals with disability, and intersectionality between disability and other factors.

BARIATRIC SURGERY

Supervisor: Rebecca Klam, Psy.D.

The TGH/USF Bariatric Center is an interdisciplinary clinic that specializes in surgical and medically supervised weight loss for patients with morbid obesity. The team consists of nurse practitioners, dieticians, bariatric surgeons, a bariatrician, and psychologists. The rotation involves participation in both community-based, medically-supervised weight loss, and the surgical weight loss program. In the surgical weight loss program, patients are seen for a wellness assessment to ensure preparation and appropriateness for surgery and treatment in mindful eating, positive health behavior to promote weight loss, and the management of mental health symptoms. Surgical patients are also seen inpatient to ensure preparation for discharge and adjustment to the bariatric lifestyle. The psychologist uses clinical interview, chart review, and questionnaire data to assess patients at the wellness assessment. Community weight loss patients are seen on rotating weeks by the psychologist, nurse practitioner and/or bariatrician, and dietician. The psychologist conducts an evidence-based protocol treatment to address healthy eating, stress management, and mindful eating. Issues frequently addressed at the Bariatric Center during this rotation include: anxiety, depression, PTSD, personality disorders, eating disorders, bipolar disorder, schizoaffective disorder, significant medical comorbidities, as well as brief assessment of cognitive impairments.

NEONATAL INTENSIVE CARE UNIT (NICU)

Supervisors: Lacy Chavis, Psy.D. and Stefanie Poehacker, Ph.D.

TGH is one of just 12 designated Regional Perinatal Intensive Care Center, with over 7,000 deliveries each year. The Fetal Care Center Team of USF Health Morsani College of Medicine and TGH includes highly skilled and caring professionals who provide specialized care for mothers whose pregnancies are complicated by illness or fetal abnormality. The Jennifer Leigh Muma Neonatal Intensive Care Unit (NICU) at Tampa General Hospital is an 82 bed, level 3 unit providing specialized care to the most fragile infants. Some special services our NICU offers includes management of hypoxic-ischemic encephalopathy with whole body hypothermia therapy, nitric oxide therapy, mechanical ventilation including high frequency oscillator therapy, management of metabolic and genetic disorders, and dialysis (peritoneal and hemodialysis).

The psychology fellow will receive specialized training in providing consultation, screenings, evidenced based intervention, and multidisciplinary consultation to mothers in labor and delivery and antepartum, the USF Fetal Care Center and NICU families at the MUMA Children's Hospital. Fellows who complete this training program will develop competencies in trauma-informed consultation, post-partum mood and anxiety disorders (PMADs), screenings and evidence-based treatment for PMADs and trauma, grief and bereavement, infant-early childhood mental health, preterm infant growth over time, as well as psychosocial and behavioral challenges for high-risk infants and their families. Multi-disciplinary care collaboration with medical specialties, nursing, psychosocial team members, and therapeutic subspecialties and staff support are core to this rotation. There may also be opportunities for facilitation of peer support groups, group therapy and clinical-applied research.

NEUROPSYCHOLOGY: ADULT OR PEDIATRIC

Supervisors: Maya Ramirez, Ph.D., ABPP-CN, Lindsay Niccolai, Ph.D., ABPP-CN, Elaine Mahoney, Ph.D., & Elyse Parke, Ph.D., ABPP-CN (pediatric)

Working with board certified neuropsychologists, this rotation will focus on the outpatient assessment of individuals with neurological dysfunction (brain injury, stroke, neurodevelopmental disorders, Parkinson's disease, Epilepsy, Sickle Cell, etc.). The evaluation process integrates premorbid and injury/illness related information with current neuropsychological findings to generate meaningful recommendations with a focus on improving functional skills and quality of life. Fellows will complete clinical interviews with patients and caregivers, use a variety of neuropsychological tests and methods, participate in weekly neuropsychological evaluations and write neuropsychological evaluation reports.

ONCOLOGY AND PALLIATIVE CARE

Supervisors: Adaixa Wilborn, Ph.D. and Allison Schimmel-Bristow, Ph.D.

Fellows on this rotation will gain robust clinical experience conducting psychological evaluations and delivering evidence-based interventions for oncology patients across both inpatient and ambulatory settings. Referrals primarily come from TGH Oncology providers and encompass a broad spectrum of presenting concerns, including adjustment to cancer diagnoses, anxiety, depression, delirium, treatment nonadherence, pain management, caregiver burden, end-of-life distress, and pre-existing psychiatric conditions.

In the inpatient setting, fellows provide brief, targeted bedside interventions to patients and their families, working in close collaboration with interdisciplinary medical teams to support integrated, patient-centered care that accounts for key psychosocial factors. Fellows may also work with patients undergoing chemotherapy or immunotherapy in the TGH Infusion Center, offering support during particularly vulnerable and emotionally challenging phases of treatment.

Fellows may also rotate through the TGH Interdisciplinary Palliative Care Clinic, collaborating with a team of physicians, advanced practice providers, nurses, chaplains, and social workers to address complex symptom management and quality-of-life concerns. Patients in this clinic often experience significant distress related to cancer-associated pain, fatigue, appetite and sleep disturbances, nausea, cognitive changes, and emotional suffering. Fellows are encouraged to participate in goals-of-care conversations and treatment decision-making discussions, as well as in providing psychological support at the end of life.

Additional opportunities may include work within the TGH Neuro-Oncology Clinic, where fellows provide tailored interventions for patients and families navigating the unique cognitive and psychological challenges associated with primary and metastatic brain tumors.
Across all settings, fellows employ a range of evidence-based therapeutic approaches tailored to each patient's needs. This rotation places particular emphasis on Acceptance and Commitment Therapy (ACT), Meaning-Centered Psychotherapy (MCP), and other existentially oriented modalities, with Cognitive Behavioral Therapy (CBT) integrated as appropriate. Intervention strategies are flexible and often adapted to the fast-paced nature of medical settings, with a focus on practical, time-sensitive, and patient-centered care.
For those interested in research, the rotation may also offer opportunities to contribute to clinically applied studies focused on enhancing psychosocial care and improving outcomes for individuals affected by cancer and serious illness.

PEDIATRIC REHABILITATION/ CONSULTATION-LIAISON

Supervisors: Jennifer McCain, Psy.D., ABPP-CN, and Nicole Williamson, Ph.D.

This rotation includes rehabilitation and consultation services for children with a range of medical conditions. Working closely with the family, the psychologist helps to identify issues that impact progress in rehabilitation, adjustment to hospitalization, and successful adaptation to disability. The team includes a pediatric physiatrist, pediatricians, rehabilitation therapists, child life specialists, Hillsborough County Homebound teachers (school onsite), nurses, pastoral care, and other treatment staff. Individual and family psychotherapy, education, behavioral management, brief neuropsychological assessment, and ongoing team consultation are provided. **Prior pediatric experience required for this rotation.**

OUTPATIENT CLINICAL HEALTH PSYCHOLOGY

Fellows may have a primary outpatient therapy supervisor based on their area of interest. They may work with multiple supervisors to ensure competence across a range of clinical health psychology areas. Below are areas of focus for fellows and additional areas may include women's health, functional neurological disorders, and other chronic health conditions.

PAIN PSYCHOLOGY

Supervisor: Emily Foard, Psy.D.

The fellow on this rotation will conduct psychological evaluations and treatments with adult patients experiencing a range of chronic pain conditions and/or chronic health conditions associated with pain. Primary clinical opportunities include applying evidence-based approaches for treating chronic pain conditions in an outpatient setting. Frequency of appointments will be based on clinical need and may range from weekly-monthly. Specifically, the fellow will enhance understanding and treatment of chronic pain conditions in an outpatient setting. Primary clinical opportunities include applying evidence-based approaches (CBT, ACT, MI, and mindfulness-based approaches) for treating chronic pain. Opportunities for clinical-based research, training relevant co-treaters (i.e., PT/OT/SLP providers), and program development can be made available based on the fellow's interest.

SLEEP DISORDERS

Supervisor: Hannah Fitterman-Harris, Ph.D.

The Sleep Disorders Center at Tampa General Hospital is the largest multidisciplinary academic Sleep Center of Excellence in Florida and was the site of the first hypoglossal nerve implant procedure for obstructive sleep apnea in the state. The Sleep Disorders Center is accredited by the American Academy of Sleep Medicine. The psychology fellow will conduct diagnostic psychological evaluations and provide outpatient, evidence-

based treatment with adults with insomnia and other sleep disorders. Sleep psychology services are conducted in an outpatient psychology clinic, as well as an outpatient interdisciplinary clinic. Within the interdisciplinary clinic, the fellow will work alongside physicians, nurse practitioners, medical residents and fellows, and sleep technicians. The psychology fellow will receive specialized training in implementation of the gold-standard, evidence-based treatment for insomnia (i.e., Cognitive Behavioral Therapy for Insomnia) and training on ways to effectively work within an interdisciplinary outpatient clinic. Opportunities for clinical research, quality improvement projects, program development, and community presentations on sleep disorders are available.

OUTPATIENT REHABILITATION
Supervisor: Jennifer Fleeman, Psy.D.

Fellows provide a range of psychological services for patients in an outpatient clinic setting. The fellow helps to identify and conceptualize the nature of personality, emotional, cognitive, and psychosocial issues that may affect the individual's rehabilitation progress, adjustment to disability/illness/injury, and quality of life. This may include interview, collateral interview, review of records, and/or brief evaluation instruments. The fellow also provides therapeutic intervention, as appropriate to the level of cognitive functioning of the patient, and coordinates interventions with other care providers to manage emotional or behavioral issues. Common emotional presentations include grief issues, adjustment disorders, acute/post-traumatic stress disorder (PTSD), mood disorders, anxiety disorders, changes in relationships and family roles, and other co-occurring conditions such as personality disorders/ characteristics, and substance abuse/dependence. Therapeutic interventions may include brief series of problem-focused interventions, psychoeducation, longer-term treatment of adaptation to disability, and evidence-based interventions for treatment of adjustment disorder and other mental health conditions. If indicated, the fellow also provides education and counseling to members of the patient's support system to facilitate adaptive involvement in care, behavior management, and support system adjustment to disability/ illness/ injury and prognosis.

TRANSPLANT

Supervisors: Christine Machado-Denis, Psy.D, ABPP, MSCP and Victoria Martinez, Psy.D.

The TGH Transplant Institute offers life-saving transplants to patients with end-stage organ diseases. It is the 6th largest transplant center in the country by volume. Organs transplanted at TGH include kidney, liver, lung, pancreas and heart. The living donor program includes liver and kidney altruistic and directed donations. Within the cardiac program, mechanical circulatory support (MCS) or ventricular assist devices (VAD) are offered as either a bridge to transplant or

destination therapy. This rotation offers inpatient and outpatient services that include pre-transplant evaluations, post-transplant psychological consultation, and psychotherapy services. Fellows will gain experience through case conceptualization with the biopsychosocial framework, increase knowledge of pharmacological and non-pharmacological treatments for medical patients with mental health concerns, and conduct consultations for psychiatrically complex patients, many with co-occurring substance use disorders. Fellows will gain exposure to the health psychologist's role on a multidisciplinary treatment team and work within an integrated medical clinic setting.

TRAINING PHILOSOPHY

Our philosophy emphasizes the continual professional development of our fellows. We seek to build on the skills developed during previous training through goal setting, training, and assessment. The program uses a developmental approach meeting fellows at their current level and gradually increasing competence and management of complex clinical care. By the end of the year, fellows should be competent entry-level clinical health psychologists.

TRAINING DIRECTOR ROLE

The Training Director has the following responsibilities:

1. Determines training policy for review by the training committee and following TGH/TGMG policy guidelines.
2. Coordinates all training activities and evaluations completed by supervisors.
3. Meets monthly with fellows to monitor progress and provide mentorship.
4. Facilitates quarterly training committee meetings.
5. Integrates input from training staff, fellows, and other professionals to develop and modify the training program.
6. Reviews, revises, and implements all training procedures.
7. Arranges supervision of fellows and coordinates with training committee to provide training program activities.
8. Coordinates fellow application and selection process.
9. Serves as liaison between fellows and faculty, providing feedback, and processing grievances.
10. Supports the training committee in their roles as supervisors and contributors to the overall training program.
11. Maintains electronic files for all postdoctoral fellow training records with access given to the training committee. Records are permanently maintained electronically within the Postdoc Training Committee folder.

TRAINING COMMITTEE

The fellowship training committee consists of all full-time psychology faculty at TGH/TGMG. Some faculty have appointments in the Departments of Pediatrics and Psychiatry at the USF Morsani College of Medicine. The committee is responsible for participation in the recruitment, selection, training, and evaluation of fellows. The clinical health training coordinators serve as subject matter experts and take on expanded responsibilities in guiding and overseeing the training program.

TELESUPERVISION POLICY

The Clinical Health Psychology Fellowship may utilize telesupervision to support continuity of training, supervision, and patient care while maintaining the quality of supervision and professional development expected of the program. Telesupervision is defined as supervision conducted through synchronous audio and video technology when the supervisor and fellow are not in the same physical location. Telesupervision will be used only when appropriate and consistent with the fellowship's aims of preparing fellows for independent practice in interdisciplinary healthcare settings. Consistent with APA requirements, telesupervision may account for no more than one hour (50%) of the minimum required two hours of weekly face-to-face supervision.

The Training Director and supervisors determine when telesupervision is appropriate based on fellow competence, training needs, clinical responsibilities, and patient care considerations. Supervisors providing telesupervision must be licensed psychologists with appropriate supervisory competence and maintain full professional responsibility for all clinical cases.

The program ensures that fellows receive adequate professional socialization through participation in interdisciplinary meetings, didactics, consultation, mentoring, and other fellowship activities. Supervisors are responsible for establishing and maintaining effective supervisory relationships and monitoring the adequacy of telesupervision throughout training.

Cultural considerations and accessibility considerations will be incorporated into telesupervision, including attention to cultural factors, access to technology, communication needs, and barriers that may affect participation in supervision.

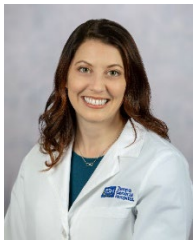
Supervisors remain available for clinical consultation and emergencies consistent with program and institutional policies. Privacy and confidentiality will be maintained in accordance with APA Ethics Code, HIPAA, Florida law, and TGH/TGMG policies. Telesupervision must occur through secure audio-video platforms that meet institutional privacy and security standards.

If technology failures occur, the supervisor and fellow will attempt to reconnect or transition to an approved alternative platform. Audio-only communication may be used temporarily for urgent clinical consultation but will not substitute for required telesupervision. If ongoing technological difficulties interfere with supervision, supervision will revert to an in-person format whenever feasible.

MEET OUR FACULTY

Training Director

Elyse Parke, PhD, ABPP-CN
Board-certified Clinical Neuropsychologist
Pediatric Subspecialty Certification



Education:

- Post-doctoral Fellowship Neuropsychology – Texas Children's Hospital and Baylor College of Medicine
- Pre-doctoral Internship – The Children's Hospital of Philadelphia (CHOP)
- PhD in Clinical Psychology – University of Nevada Las Vegas (UNLV)

Professional Interests

- Pediatric Neuropsychology

Director of Psychology and Neuropsychology

Lacy Chavis, PsyD, PMH-C
Clinical Health Psychologist
Perinatal Mental Health Certification



Education:

- Post-doctoral Fellowship – Andrus Children's Center
- Pre-doctoral Internship – New York Center for Child Development
- PsyD in Clinical Psychology – Illinois School of Professional Psychology-Argosy University

Professional Interests

- Neonatal and Perinatal Psychology

Elaine Mahoney, PhD
Rehabilitation Psychologist and Clinical Neuropsychologist
Rehabilitation Psychology Training Coordinator



Education:

- Post-Doctoral Fellowship Neuropsychology – James A Haley Veterans' Hospital
- Pre-Doctoral Internship – James A Haley Veteran's Hospital
- PhD in Clinical Psychology – University of Wisconsin - Milwaukee

Professional Interests:

- Rehabilitation and neuropsychology

Brett Simpson, PsyD
Clinical Health Psychologist
Inpatient Lead
Health Psychology Training Coordinator



Education:

- Post-Doctoral Fellowship Health Psychology – University of Miami Miller School of Medicine / Jackson Health
- Pre-Doctoral Internship – Broward Health Medical Center
- PsyD in Clinical Psychology – Nova Southeastern University

Professional Interests:

- Inpatient consultation-liaison

Maya Ramirez, PhD, ABPP-CN
Board-certified Clinical Neuropsychologist
Outpatient Lead



Education:

- Post-Doctoral Fellowship, Neuropsychology – Cleveland Clinic
- Pre-doctoral Internship – James A. Haley Veterans Hospital
- PhD in Clinical Psychology – University of Cincinnati

Professional Interests:

- Adult neuropsychology

Hannah Fitterman-Harris, PhD
Clinical Health Psychologist
Research Lead



Education:

- Post-Doctoral Fellowship – University of Louisville
- Pre-doctoral Internship – University of Florida (UF) Health Science Center
- PhD in Clinical Psychology – St. Louis University

Professional Interests:

- Insomnia and other sleep disorders
- Weight-inclusive health care

Adaixa (Addie) Wilborn, PhD
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship Health Psychology – Tampa General Hospital
- Pre-Doctoral Internship – Medical University of South Carolina, Charleston Consortium
- PhD in Clinical Psychology – University of Florida

Professional Interests:

- Palliative care
- Oncology

Allison Schimmel-Bristow, PhD
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship – Johns Hopkins All Children's Hospital
- Pre-doctoral Internship – Augusta University Medical Center
- PhD in Clinical Psychology – University of Memphis

Professional Interests:

- Oncology

Aimee Cruz, PsyD
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship – Petaluma Health Center
- Pre-doctoral Internship – Franciscan Health St. James Hospital
- PsyD in Clinical Psychology – Midwestern University

Professional Interests:

- Consultation-liaison
- Cardiac care

Christine Machado-Denis, PsyD, MSCP, ABPP
Clinical Health Psychologist
Director of Transplant Psychology



Education:

- Post-Doctoral Fellowship Health Psychology – University of Florida
- Pre-Doctoral Internship – University of Maryland School of Medicine/ VA Maryland Healthcare System
- PsyD in Clinical Psychology – Carlos Albizu University
- MS in Clinical Psychopharmacology – Fairleigh Dickinson University

Professional Interests:

- Transplant
- Psychopharmacology

Elia Villalobos Soto, PsyD
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship – University of Florida
- Pre-doctoral Internship – Eastern Virginia Medical School
- PsyD in Clinical Psychology – Carlos Albizu University

Professional Interests:

- Women's Health
- Oncology

Emily Foard, PsyD
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship – Johns Hopkins All Children's Hospital
- Pre-doctoral Internship – Lynn Community Health Center
- PsyD in Clinical Psychology – William James College

Professional Interests:

- Chronic pain conditions
- Functional neurological symptom disorder
- Biofeedback

Hannah Schorpp, PsyD
Rehabilitation Psychologist and Clinical Neuropsychologist



Education:

- Post-Doctoral Fellowship in Neuropsychology –Bay Pines Veteran's Hospital
- Pre-doctoral Internship – James A Haley Veteran's Hospital
- PsyD in Clinical Psychology – William Paterson University

Professional Interests:

- Rehabilitation psychology
- Adult neuropsychology

Jennifer Barinas, PhD
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship – Cooper University Health Care
- Pre-doctoral Internship – Henry Ford Health
- PhD in Clinical Psychology – University of South Alabama

Professional Interests:

- Consultation-liaison
- Trauma and Burn

Jennifer Fleeman, PsyD
Rehabilitation Psychologist



Education:

- Post-Doctoral Fellowship in Neuropsychology – University of Rochester Medical Center
- Pre-doctoral Internship – Mississippi State Hospital
- PsyD in Clinical Psychology – Georgia School of Professional Psychology/ Argosy University

Professional Interests:

- Traumatic and acquired brain injury
- Adjustment to medical conditions and cognitive changes

Jennifer McCain, PsyD, ABPP-CN
Board-certified Clinical Neuropsychologist
Pediatric Subspecialty Certification



Education:

- Pre-doctoral Internship – North Shore University Hospital/Cornell University Medical College
- PsyD in Clinical Psychology – Long Island University

Professional Interests:

- Traumatic brain injury/concussion
- Pediatric trauma
- Medical traumatic stress

Lindsay Niccolai, PhD, ABPP-CN
Clinical Neuropsychologist



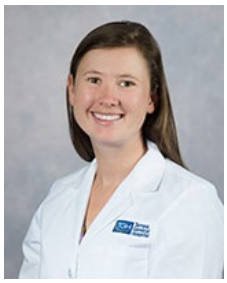
Education:

- Post-doctoral Fellowship in Neuropsychology – MD Anderson Cancer Center
- Pre-doctoral Internship– Michael E. DeBakey VA Medical Center
- PhD in Clinical Psychology– University of Alabama at Birmingham (UAB)

Professional Interests

- Adult Neuropsychology
- Cancer

Nicole Williamson, PhD
Pediatric Clinical Health Psychologist



Education:

- Post-doctoral Fellowship – Dana Farber and Boston Children's Cancer and Blood Disorders Center
- Pre-doctoral Internship – The Children's Hospital of Philadelphia (CHOP)
- PhD in Clinical Psychology Specialization in Children and Family – University of North Carolina at Chapel Hill

Professional Interests

- Pediatric psychology
- Coping with chronic illness

Rebecca Klam, PsyD
Clinical Health Psychologist



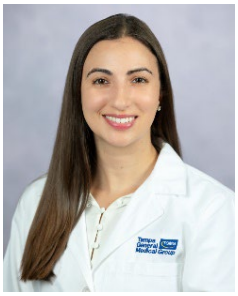
Education:

- Post-Doctoral Fellowship – Florida International University
- Pre-doctoral Internship – Pacific Psychology and Comprehensive Care Clinic
- PsyD in Clinical Psychology – Nova Southeastern University

Professional Interests

- Bariatric surgery
- Digestive diseases

Victoria Martinez, PsyD
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship in Pain – James A. Haley Veterans Hospital
- Pre-doctoral Internship in Health Psychology – University of Florida (UF) Health / Shands
- PsyD in Clinical Psychology – Nova Southeastern University

Professional Interests:

- Chronic Pain and Substance Use Disorders
- Transplant

Stefanie Poehacker, PhD, PMH-C
Clinical Health Psychologist



Education:

- Post-Doctoral Fellowship – Johns Hopkins All Children's Hospital
- Pre-doctoral Internship – Nationwide Children's Hospital
- PhD in Clinical Psychology – Eastern Michigan University

Professional Interests:

- NICU
- Birth Trauma/Perinatal Mood and Anxiety Disorders

FELLOWSHIP REQUIREMENTS

FELLOW RESPONSIBILITIES

- Fellows have the responsibility to maintain behavior within: (1) the scope of the APA ethical guidelines (2) the laws and regulations of the State of Florida (3) the regulations for professional staff of Tampa General Hospital and (4) the standards for professional staff outlined in the Tampa General Hospital Policies, located on the Employee Portal.

- Fellows have the responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff, and agency personnel.

- Fellows have the responsibility to behave in a manner that facilitates professional interaction within Tampa General Hospital / Tampa General Medical Group and is in accordance with the standards and expectations of the hospital and APA.

- Fellows have the responsibility to provide professionally appropriate feedback regarding all aspects of the fellowship experience, including but not limited to, supervision, seminars, individual counseling experiences, consultation, outreach experiences, and staff meetings.

- Fellows have the responsibility to meet the expectations of the fellowship by developing competencies as defined in the program handbook.

- Fellows have the responsibility to behave in a professionally appropriate manner if due process procedures are initiated.

- The following expectations are the responsibilities of the Postdoctoral Fellows:
  1. Maintain general work hours of 8:00am-4:30pm, with flexibility per supervisor. Patients may only be seen when a designated supervisor is on site.
  2. Maintain a caseload as assigned by supervisor (about 10 for outpatient therapy and varies for other rotations).
  3. Bring a list of patients, relevant patient issues, and professional development needs to your weekly supervision sessions.
  4. Be certain to complete your paperwork in a timely manner. Please refer to Psychology Documentation Policy. Exceptions are to be discussed with your supervisor.
     a. Address all inpatient consults within 24 hours.
     b. Complete documentation for outpatient therapy by end of treatment day, unless discussed in advance with your supervisor.
  5. Be responsive and respond timely to communications from supervisors and Training Director.

PROGRAM REQUIREMENTS

The fellowship is a 40 hour per week program, and fellows spend at least 50% of their time in direct clinical activity related to patient care. The post-doctoral fellowship program requires 2000 hours of supervised clinical time during a one-year (12 month) period. This requires 50 worked weeks, full time, to meet Florida licensure requirements. Requirements for successful completion of post-doctoral training are outlined in detail below.

DIDACTICS

Fellows are required to attend virtual didactics on Fridays that include professional development and health psychology topics. **Cameras must be on whenever possible.** These didactics and meetings include:

- 8-9am: James A. Haley Veterans Hospital - Professional Development Seminar – attend supervision series and any other topics you are interested in (optional)
- 9-10am: TGH Seminar with faculty (required)
- 10-11am: Rehabilitation Seminar with the James A. Haley Veterans Hospital fellows (optional)
- 12-1pm: Monthly group supervision and professional development seminar with an assigned training faculty member (required)

Fellows will also attend:

- 1-2pm on 1st Friday of the month: Psychology department meetings
- 1-2pm quarterly: Do No Harm meetings for case consultation and safety awareness. **Fellows must come prepared to talk about a difficult case or ethical dilemma.**
- 2-3pm Biweekly on Tuesdays: Multidisciplinary table rounds (when rotating on Adult Consultation-Liaison service)
- Options to attend other grand rounds for specific medical specialties and Schwartz rounds
- Other training opportunities as scheduled

PROJECTS AND PRESENTATIONS

Fellows will present on the following at the TGH Seminar:

1. One program development project
2. One formal case presentation, incorporating teaching on key clinical health psychology concepts
3. One job talk on a topic of clinical interest to demonstrate your expertise in a particular patient population and medical condition (see Job Talk Resources folder)
4. Coordinate one outside speaker to give a seminar to our group during the training year on a health psychology topic that would be of interest to the group

Fellows must **complete materials for CE requirements 2 weeks before each presentation** including CV and PowerPoint Presentation including at least 3 learning objectives. Send materials to Amanda (Mandy) Sachs (acolucci@tgh.org).

PROGRAM DEVELOPMENT PROJECT GUIDELINES

- Fellows will identify a project within the first month of their fellowship that aligns with their interests and needs of the program in consultation with the Training Director and Research Lead Psychologist (Hannah Fitterman-Harris).
- **The project should be submitted for poster presentation or publication (at least with manuscript prepared) by the end of fellowship.**
- Fellows also present an overview of their project to the TGH psychology team at the end of their training year.
- The TGH presentation should include a portion of didactics related to the project. Provide a review of the literature related to the topic, cultural and ethical considerations, and clinical applications for our team.
- Examples of projects include developing:
    - Brain Injury Patient Education Workbook
    - Group therapy curriculum for oncology and pain patients
    - Transplant database development and publication
    - Interpretation and translation services needs assessment and training

CASE PRESENTATION GUIDELINES

- Fellows will receive written ratings from attendees and verbal feedback from the psychology team after their presentation. The supervisor of the case and Training Director may also give additional feedback. Case presentations will be considered within the competency rating form.
- Guidelines for the case presentation are outlined below:

Selecting Your Case

Be sure to select a case that:

- You know well, from EVERY angle, because you may be asked about any aspect of it.
- Is rich, including some successes, challenges, and possible unique, diagnostic, ethical, or supervisory issues.
- You have discussed in advance with your supervisor and they will attend the presentation.
- You should be prepared to articulate your cases in a clear, concise, and coherent manner that allows listeners to form an understanding of your clinical approach to the case.
- See “Masculinity After Acquired Disability” mapped in MindLab for a sample presentation.

APA Recommended Sections

- **Introduction:** Provide a brief literature review that presents the background, significance, and aims of the case study presentation, grounding this section in the relevant scholarly literature. Use this section as an opportunity to educate the reader about key issues, theories, or gaps in the field as they inform the case to be presented.

- **Case Context and Method:** Describe the treatment setting, relevant context, and sources of "data" (e.g., notes, patient or therapist self-report measures, diaries or other reporting forms, information from significant others, clinical records, multidisciplinary team information, etc.). Describe the precautions that were taken to prevent disclosure of the patient's identity.

- **Case Description:** Provide details about the treatment context, patient(s), and assessment of presenting problem(s) and situation, including patient history, family history, behavioral health history, medical history, substance use history and other biopsychosocial factors relevant to a clinical health psychology approach. Also include any explanatory models of illness, stressors, strengths, and supports

- **Case Formulation and Treatment Plan**

  - **Case Formulation and Treatment Approach:** Describe the therapist's conceptualization of the case as it guided the treatment approach for the target problem(s). Discuss the theoretical, research, and/or biopsychosocial basis for the approach to treating the target problem(s). Note that the relevant research may include qualitative and quantitative studies on therapeutic processes as well as evidence from empirically supported treatments and other practice-based evidence such as other case studies.

  - **Treatment Plan and Goals:** Present the treatment plan and treatment goals, as appropriate to the therapeutic modality applied.

- **Course of Treatment and Monitoring of Treatment Progress:** Describe specific therapeutic strategies and procedures employed by the therapist, and the client's reaction to them. Methods of monitoring or assessment should be appropriate to the therapy modality applied and may include the use of standardized measures at different time points of the treatment (intake, during treatment, termination), a discussion between the therapist and client regarding treatment gains, homework and goal-tracking sheets, collateral information, etc. If applicable, this section should also include a description of how this monitoring feedback was used to revise the treatment approach. This section may also present confounding factors or unanticipated challenges in the therapy. These may include intrapersonal, interpersonal, or external events.

- **Treatment Outcome:** Describe the outcome of the therapy as it pertains to the client's presenting problems and treatment goals, and any follow-up data if available.

- **Discussion and Limitations:** Provide a critical analysis of the strengths and weaknesses of the case formulation and treatment approach as applied to this particular case. Highlight how the case enhances our clinical, theoretical, and/or cultural understanding of the clinical population, treatment approach, and/or therapy processes. Link the case discussion to the prior literature and relevant research findings. Describe any limitations including availability of assessment data or service characteristics.

- **Cultural and Ethical Considerations:** Present at least two considerations related to the case and related literature.

- **Implications for Clinical Practice and Theory:** Present at least two recommendations for clinicians working with similar cases or problems.

SUPERVISION REQUIREMENT

Formal supervision is at least one hour of formal, face-to-face supervision per week for each rotation. Group supervision is also provided monthly. Fellows are expected to bring cases to discuss in group supervision, as well as questions on the professional development topic assigned for that session. All supervisors are licensed psychologists specializing in Rehabilitation, Health Psychology, or Clinical Neuropsychology. Responsibility for maintaining contact with the supervisor is with both the supervisor and the fellow. Supervision logs will be completed for each individual supervision session.

MENTORSHIP

Fellows meet monthly with the Training Director to check in on progress and provide support as needed. Fellows will also have a professional mentor, typically someone who is not currently supervising them. The mentor is designated as someone to provide support towards professional goals. This mentor can be decided upon mutually between the Training Director and fellow.

FELLOW EVALUATIONS

Evaluation is an ongoing process during the fellowship program. Fellows work with their supervisor at the start of a rotation to develop specific, measurable training goals. Written **evaluations of competencies and training goals will be completed at 3 and 6 months** of the rotation or every 3 months for yearlong rotations. Fellows rate themselves and then have their supervisor rate their progress. These evaluations are reviewed and discussed in individual meetings with the supervisors. Progress is also assessed on an ongoing basis through live observation, detailed reviews of written notes and reports, discussion of case formulations and treatment planning, and informal feedback from the multidisciplinary treatment team. The health competencies are completed by supervisors of rotations in consultation-liaison, oncology and palliative care, pain, sleep, transplant, and GI/bariatric surgery. Below are the following Minimal Levels of Achievement (MLA) expectations for all Level 1-2 competencies. If a resident does not meet the MLAs at any evaluation point (e.g., 3-month, 6-month, second rotation, or end of fellowship), the program initiates a structured remediation process.

Fellows must achieve a minimum of:

- Rating of 3 – Intro to Fellowship competence by the 3-month evaluation of their first rotations
- Rating of 4 – Mid-Fellowship (lower rating) by the 6-month evaluation of their first rotations
- Rating of 5 – Mid-Fellowship (higher rating) by the 3-month evaluation for their second set of rotations
- Majority ratings of 8 – Advanced, by the end of their fellowship and no ratings below Entry to Practice (6) in any profession-wide or specialty-specific competency area.

HOURS TRACKING

Fellows should track face to face and telehealth clinical activity to document for licensure and as a tool to monitor training activities using the Fellow Hours Tracking form. **Tracking forms may be reviewed with the supervisor and discussed with the Training Director as needed.**

PROGRAM EVALUATIONS

Clinical rotations, scope and frequency of didactics, supervisor availability and quality, and research offerings are reviewed at regular training meetings. At each 6 and 12 month evaluation period, the fellow will also complete a supervisor evaluation form for each supervisor with whom the fellow currently works with. These evaluation forms are submitted directly to the Training Director who gives feedback to the supervisors. Comments are collected across multiple years and provided to supervisors to maintain anonymity. Fellows are also encouraged to have ongoing open and honest dialogue with their supervisors and Training Director throughout their training. All evaluation forms completed regarding the supervision of the Training Director are submitted directly to the Director of Psychology/Neuropsychology.

DOCUMENTATION

Forms and resources are available in the Post-Doctoral Fellow Materials One Drive Folder. Fellows will have individual folders that will be available to themselves and their supervisor.

Fellows will save all documentation into their folder:

1. Supervision agreement and training goals at the start of each rotation
2. Individual supervision logs compiled for the month and reviewed with supervisor
3. Signed competency and goal rating forms at 3 and 6 months
4. Hours tracking

CONFLICT RESOLUTION

Should problems occur in supervision, fellows are encouraged to attempt resolution in the context of the supervisory relationship. If such attempts are unsuccessful, trainees are encouraged to contact the Training Director for assistance in problem resolution. Formal grievance policies are maintained by TGH and apply to fellows. Please refer to the Grievance Policy for specific information regarding problem resolution within the supervisory relationship.

ADMINISTRATIVE INFORMATION

ADMINISTRATIVE, TECHNICAL SUPPORT, AND ELECTRONIC SUPPORT

Fellows have office space or access to a workstation at each TGH/TGMG location. Necessary materials, such as copiers, office supplies, and neuropsychological testing materials are available. Fellows are provided with laptops through the hospital which include all necessary programs including Microsoft programs and Epic. There is a hospital IT department that services any equipment and electronic needs (813-844-7490). We use a HIPAA compliant telehealth system built into Epic for telehealth visits. There is an electronic folder with post-doctoral fellow resources, including EPPP study materials. Fellows have access to the hospital's medical library services which can provide most research publications. You may email library@tgh.org to request any articles. Professional funds that may be used for conferences and professional fees may be available, depending on the training year.

ACCRUED TIME OFF (ATO) POLICY

ATO (Accrued Time Off) combines vacation, holiday, and sick pay in one comprehensive time bank. You will accrue 8.31 hours of ATO for each 80 hour pay period worked, for a total of 216 hours (27 days) per year. You are eligible to take ATO after you complete the 90 day probation period per TGH policy.

To request time off, complete a request via Dimensions on the TGH portal (training will be provided). **Time must be requested in advance, after first requesting approval from the supervisor and Training Director.** Put in the comments section in Dimensions when requesting time off that this approval has been granted.

ABSENCE DUE TO ILLNESS

Please do not come to work ill! If you test positive for COVID-19, please follow TGH COVID-19 Guidelines located on the TGH Portal. Currently guidelines are included; however, they are subject to change.

If you are sick (not COVID-19) and unable to come to work, you must:

1. Text Dr. Parke (Training Director)
2. Text or call your supervisor to arrange for clinical coverage
3. Email Department Administrative Assistant (Pam Johnson, pjohnson@tgh.org) who will enter missed time in the timekeeping system

TGH Holiday Calendar

The Psychology Department will be closed for the following identified holidays. **These days come out of your ATO.**

- Thanksgiving Day
- Christmas Day
- New Year's Day
- Memorial Day
- Independence Day
- Labor Day

MEDICAL BENEFITS

Fellows are eligible for benefits available to hospital employees including health, dental, and vision insurance on the 1st of the month, 30 days after employment.

BILLING AND REIMBURSEMENT

Psychologists directly bill for services. Charges are tied to CPT and Health and Behavior codes (Current Procedural Terminology, published by the American Medical Association). Supervisors cannot bill for a fellow's services unless they are present in the room. Supervisors need to be on site any time a fellow is seeing a patient. Fellows cannot complete telehealth visits independently from home.

STANDARDS OF ATTIRE/WHITE COATS/SCRUBS

See the TGH Standards of Attire policy: HR-88

White Coats

You can order a white coat if you choose; this is not required. You can try on coats in the Med Staff office (a staff member would need to go with you). The coat should have the logo, your name and degree, title "Psychology Fellow" and department name "TGH Psychology & Neuropsychology." Please list this on the order form.

The coats cost approximately 35.00.

You can email your information to Kristen at Tanner: Kristent1@verizon.net

FYI - if you go to Uniform City, they might have less expensive white coats with just the logo; however, it can take several weeks to order.

Scrubs

For our service, professional dress is required. Scrubs are optional; you can wear scrubs if you choose. Scrubs may be embroidered with the TGH or TGMG logos. Color of scrubs are assigned to certain professions (green scrubs - therapy, navy scrubs -nursing, red scrubs - PCTs). Please wear black and not these colors as it gets confusing to patients and staff. You can also wear scrub pants and a regular top (color is up to you).



You can also order a black sport jacket with the TGMG logo and department name "Psychology & Neuropsychology." Speak with Pam Johnson, our Department Administrative Assistant, if you would like to order one.

FORMS

SUPERVISION AGREEMENT

Introduction to Supervision Expectations

This Supervision Agreement is intended to establish parameters of supervision, assist in supervisee professional development, and provide clarity in supervisor responsibilities including the responsibility of the supervisor to protect the patient with respect to any fellowship programs with the Psychology and Neuropsychology Services Department at Florida Health Sciences Center, Inc., Tampa General Hospital (TGH) / Tampa General Medical Group (TGMG).

The overarching goals of supervision will be to:

1. Monitor and ensure welfare and protection of patients of the supervisee
2. Serve as gatekeeper for the profession to ensure competent professionals enter
3. Promote development of the supervisee's professional identity and competence
4. Provide evaluative feedback to the supervisee

Supervision Training Program: Start date: _____End date: _____

I. Structure of Supervision

Individual supervision will be provided by the primary supervisor of each major rotation and the supervisor of the minor/elective rotation of the supervisee's choosing. The primary supervisor will provide 1 hour of formal supervision per week and informal supervision as needed. Supervision can include the review of consult/treatment/progress notes, discussion of live observation, instruction, modeling, mutual problem-solving, and role-play. The Training Director and professional mentor will also serve to provide mentoring as needed with respect to patient care and professional development.

Delegation of supervision to other psychologists can occur in the event of the supervisor's absence. Please be aware that there are limits of confidentiality for supervisee disclosures in supervision (e.g., supervisor normative reporting to graduate programs, licensing boards, and training teams, program/Training Directors, upholding legal and ethical standards).

II. Competencies Expectations

1. It is expected that supervision will occur in a competency-based framework.
2. Supervisees will self-assess informally throughout training and rate themselves on competency forms at 3 and 6 months of each rotation.
3. Supervisors will compare supervisee self-assessments with their own assessments based on observation and report of clinical work and supervision.
4. The supervisor and supervisee set goals specific to each rotation. Goals can be developed from the supervisor's observations, rotation requirements, and the supervisee's

developmental needs. These goals will be completed on the competency form and rated at 3 and 6 months.

III. Duties and Responsibilities of Supervisor

1. Assumes legal responsibility for services offered by the supervisee.
2. Oversees and monitors all aspects of patient case conceptualization and treatment planning, assessment, and intervention including but not limited to emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, management of supervisee reactivity or countertransference to patient, and strains to the supervisory relationship.
3. Ensures onsite availability or coverage when the supervisee is providing patient services.
4. Reviews and signs off on all reports, case notes, and communications in a timely manner.
5. Develops and maintains a respectful and collaborative supervisory relationship within the power differential.
6. Practices effective supervision that includes describing supervisor's theoretical orientations for supervision and therapy and maintaining a distinction between supervision and psychotherapy.
7. Assists the supervisee in setting and attaining goals based on competency expectations.
8. Provides feedback anchored in supervisee training goals, objectives, and competencies.
9. Provides ongoing informal feedback and completes competency ratings at 3 and 6 months of the rotation.
10. Informs supervisee when the supervisee is not meeting competency criteria for successful completion of the training experience and implements remedial steps to assist the supervisee's development (which shall be known as a "Training Improvement Plan" as established by the Hospital).
11. Discloses training, licensure including number and state(s), areas of specialty and special expertise, previous supervision training and experience, and areas in which they have previously supervised.
12. Reschedules supervision sessions to adhere to the legal standard and the requirements of this contract if the supervisor must cancel or miss a supervision session.
13. At the supervisor's discretion, maintains documentation of the clinical supervision and services provided.
14. If the supervisor determines that a case is beyond the supervisee's competence, the supervisor may join the supervisee as co-therapist or may transfer a case to another therapist, as determined by the supervisor to be in the best interest of the patient.

IV. Duties and Responsibilities of the Supervisee

1. Respects and understands the responsibility of the supervisor for all supervisee professional practice and behavior.
2. Treats all patients, family members, and supervisor with respect and dignity.
3. Upholds ethical principles to do no harm to patients and immediately inform supervisor of instances where individual morals/biases may interfere with the ability to provide care.
4. Implements supervisor directives, and discloses clinical issues, concerns, and errors as they arise.
5. Identifies to patients their status as supervisee and the name of the clinical supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records) obtaining patient's informed consent to discuss all aspects of the clinical work with the supervisor.
6. Attends supervision prepared to discuss patient cases with case conceptualization, patient progress, clinical and ethics questions, and literature on relevant evidence-based practices.
7. Informs supervisor of clinically relevant information from patient including patient progress, risk situations, self-exploration, supervisee emotional reactivity or countertransference to patient(s).
8. Integrates supervisor feedback into practice and provides feedback weekly to supervisor on patient and supervision process.
9. Seeks out and receives immediate supervision of emergent situations. Supervisor contact information, as provided.
10. If the supervisee must cancel or miss a supervision session, the supervisee will reschedule the session to ensure adherence to the legal standard and this contract.
11. Fellows have the responsibility to maintain behavior within:
    1. the scope of the APA ethical guidelines
    2. the laws and regulations of the State of Florida
    3. the regulations for professional staff of Tampa General
    4. the standards for professional staff outlined in the Hospital policies and procedures.
12. Fellows have the responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff, and agency personnel.
13. Fellows have the responsibility to provide professionally appropriate feedback regarding all aspects of the fellowship experience, including but not limited to, supervision, seminars, individual counseling experiences, consultation, outreach experiences, and staff meetings.
14. If the Fellow does a rotation at the Tampa General Rehabilitation Hospital (Healthcare Facility), fellow understands that health insurance is required by the Healthcare Facility, and they may be required to provide evidence of that coverage upon request by the Healthcare Facility.

V. Expectations

1. Maintain at a minimum, work hours of 8:00am-4:30pm, with flexibility per supervisor and if crisis situations arise.
2. Maintain a caseload as assigned by supervisor (about 10 for outpatient therapy and varies for other rotations).
3. Bring a list of patients, relevant patient issues, and professional development needs to your weekly supervision sessions.
4. Be certain to complete your paperwork in a timely manner. Please refer to Psychology Documentation Policy. Exceptions are to be discussed with your supervisor.
    a. Address all inpatient consults within 24 hours.
    b. Complete documentation for outpatient therapy by end of treatment day, unless discussed in advance with your supervisor.
5. Be responsive and respond timely to communications from supervisors and Training Director.

VI. Evaluation

1. Feedback will be provided in each supervision session and will be related to competency documents and established goals. Feedback may also be provided immediately following provision of clinical care with patients as appropriate.
2. Attainment towards goals will be completed at the beginning, 3 months, and 6 months of the rotation.
3. Written evaluations of competencies will be completed at 3 and 6 months of the rotation.
4. Supervisor notes may be shared with the supervisee at the supervisor's discretion.
5. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee in accordance with a Hospital Training Improvement Plan.
6. If the supervisee continues to fail to meet the criteria required for successful completion, actions shall be taken that are consistent with the Hospital's policies and procedures.

VII. Resolving Differences/Grievances

The following steps outline the process for approaching differences in opinion and/or grievances:

1. Initially, an attempt to resolve differences and/or grievances will be made within the supervision relationship.
2. If a resolution is not able to be reached, the director of training/training committee will intervene in attempt to facilitate a resolution that is acceptable to the supervisor and supervisee.

3. Issues will be escalated to the Hospital's Human Resources department for resolution if the matter is not able to be resolved by the director of training or within the training committee of the Psychology and Neuropsychology Services Department.

These parties acknowledge the expectations and requirements associated with the Psychology and Neuropsychology Services fellowship rotation and program. Further, the supervisee acknowledges that the provisions of this Supervision Agreement are intended to ensure that TGH/TGMG and the supervisee conduct themselves in a manner consistent with the American Psychological Association (APA) Ethical Principles and Code of Conduct as well as all applicable rules, laws and regulations.

_____

Clinical Supervisor Date

_____

Supervisee Date

_____

Director of Training Date

SUPERVISION LOG

Instructions: Copy and paste this template for each supervision session for the month. Make a separate document for the month for each rotation. Fellows save document to their folder.

Today's date:

Note any clinical issues discussed and briefly note any ethical or other significant concerns. (Do not use client initials or other protected health information.)

Please note the competencies addressed in supervision today.

Topics Discussed

- ☐ Professional Values, Attitudes, and Behaviors
- ☐ Individual and Cultural Considerations
- ☐ Ethical and Legal Standards
- ☐ Communication and Interpersonal Skills
- ☐ Research
- ☐ Assessment
- ☐ Intervention
- ☐ Consultation and Interprofessional/Interdisciplinary Skill
- ☐ Supervision
- ☐ Patient Issues
- ☐ Personal Growth
- ☐ Goals
- ☐ Edits to documentation

Please review the log and denote agreement by checking the relevant box below, once the log has been accurately completed:

☒ I, Supervisee, agree that the above log accurately summarizes the supervision session today.

☒ I, Supervisor agree that the above log accurately summarizes the supervision session today.

COMPETENCIES RATING FORM

RATING SCALE							
Internship	**Intro to Fellowship**		**Mid-Fellowship**		**Entry to Practice**		**Advanced**
1	2	3	4	5	6	7	8

	Name	**Evaluation Period**	**Direct Observation Completed**	**Date**	**Signature - Print document to pdf and sign**
FELLOW:		-	-		
SUPERVISOR:		3 Months	*Yes*		

INDIVIDUAL ROTATION GOAL RATINGS
Instructions: The fellow and supervisor will work on monitoring progress toward training objectives and develop specific goals for the rotation. When developing goals, please be as specific and objective as possible. Goals should be reasonable, attainable, constructive, and measurable.

INDIVIDUAL ROTATION GOALS		Fellow Self Eval	Supervisor
1)			
2)			
3)			

COMPETENCY RATINGS

Instructions: The Fellow should carefully consider their performance in each of the numbered areas within each domain and self-rate their overall performance. The supervisor(s) should then similarly review and independently rate the fellow's performance, and meet with them to review specific and overall performance, and discuss differences in ratings and plans to attain training goals within the training period. Ratings will be completed at 3 months and 6 months for each rotation. Supervisors must use direct observation throughout the rotation to verify each competency.

INTEGRATION OF SCIENCE AND PRACTICE		Fellow Self Eval	Supervisor
1)	CRITICAL EVALUATION: Demonstrates the ability to critically evaluate foundational and current research relevant to health psychology practice		
2)	INTEGRATION: Applies current scientific findings and evidence-based principles to assessment, intervention, consultation, supervision, and program development		
3)	KNOWLEDGE: Demonstrates knowledge of common research methodologies used in the study of clinical health psychology and the implications of these methodologies for practice		
4)	INQUIRY: Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting		
Summary of Ratings		**0**	**0**

ETHICAL AND LEGAL STANDARDS		Fellow Self Eval	Supervisor
1)	KNOWLEDGE: Demonstrates knowledge of relevant *Ethical Principles of Psychologists and Codes of Conduct* (e.g., APA)		
2)	ETHICS: Acts in a manner consistent with the *Ethical Principles of Psychologists and Codes of Conduct* across professional and personal interactions and roles		
3)	AWARENESS: Recognizes ethical dilemmas and applies appropriate clinical decision-making to appropriately resolve them		
4)	LEGAL: Engages in professional activities in a manner consistent with the TGH/TGMG policies, and according to Florida laws and statutes related to the practice of psychology		
Summary of Ratings		**0**	**0**

INDIVIDUAL AND CULTURAL DIVERSITY		Fellow Self Eval	Supervisor
1)	AWARENESS: Demonstrates an understanding of how individual background and cultural factors may influence understanding of, an interaction with, individuals from differing backgrounds and cultures, and acts sensitively and in accordance with understanding		
2)	KNOWLEDGE: Displays knowledge of the current theoretical and empirical knowledge base related to individual and cultural factors		
3)	APPLICATION: Integrates awareness and knowledge of individual and cultural factors into professional activities, and demonstrates the ability to work effectively with a range of individuals		
Summary of Ratings		**0**	**0**

ADMINISTRATIVE SKILLS		Fellow Self Eval	Supervisor
1)	DOCUMENTATION: Manages and completes required documentation in an organized, timely, and professional manner		
2)	ATTENDANCE: Attends to office and administrative demands and complies appropriately with established practices and policies		
3)	TIMELINESS: Completes all clinical, training, and professional duties within specified time frame		
4)	BILLING: Demonstrates understanding of payor systems, and nuances of appropriate billing practices, including relevant legal and ethical issues/concerns		
5)	COMMUNICATION: Collaborates effectively with administrative staff and other professionals, including the understanding of roles and the use of efficient and professional communication		
6)	FOLLOW-THROUGH: Follows through with assigned or other professional tasks, and communicates effectively with those involved during and after task completion		
Summary of Ratings		**0**	**0**

RESEARCH		Fellow Self Eval	Supervisor
1)	SCHOLARSHIP: Engages in Clinical Health Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry		
2)	APPLICATION: Applies scientific methods in Clinical Health Psychology activities		
Summary of Ratings		**0**	**0**

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS		Fellow Self Eval	Supervisor
1)	PROFESSIONALISM: Behaves in ways that reflect the values and attitudes of psychology and Clinical Health Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others		
2)	REFLECTION: Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness		
3)	RECEPTIVITY: Actively seeks and demonstrates openness and responsiveness to feedback and supervision		
4)	INDEPENDENCE: respond professionally in increasingly complex situations with a greater degree of independence		
5)	ADVOCACY: Applies scientific knowledge and skills in clinical health psychology to advocate for equity and access to quality care		
6)	IDENTITY: Demonstrates an emerging professional identity consistent with the Clinical Health Psychology specialty		
Summary of Ratings		**0**	**0**

COMMUNICATION AND INTERPERSONAL SKILLS		Fellow Self Eval	Supervisor
1)	RELATIONSHIPS: Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services		
2)	COMMUNICATION: Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. Demonstrates a thorough grasp of professional language and concepts		
3)	INTERPERSONAL SKILLS: Demonstrates effective interpersonal skills and the ability to manage difficult communication well		
Summary of Ratings		**0**	**0**

ASSESSMENT		Fellow Self Eval	Supervisor
1)	ASSESSMENT: Selects and applies evidence-based biopsychosocial assessment methods appropriate for the patient's physical illness, injury, or chronic health condition/disability and collects relevant data using multiple sources and methods appropriate for identified presenting problems and assessment question		
2)	FEEDBACK: Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences		
3)	EVALUATION: Assesses factors that facilitate or inhibit knowledge, values, attitudes, or behaviors affecting health functioning, treatment and treatment adherence and health care utilization of patients, and when applicable, populations		
4)	IMPACT: Assesses the biopsychosocial impact of undergoing medical procedures (e.g., screening, diagnostic, and intervention/prevention procedures)		
Summary of Ratings		**0**	**0**

INTERVENTION		Fellow Self Eval	Supervisor
1)	INTERVENTION: Implements evidence-based biopsychosocial interventions to treat or prevent health and behavioral health-related issues of patients and, when applicable, populations		
2)	MONITORING: Evaluates, selects, and administers appropriate biopsychosocial assessments to monitor and evaluate the process and outcomes of treatment for patients and, when applicable, populations		
3)	ADHERENCE: Monitors adherence to medical treatment and psychological interventions and demonstrates skill in addressing health behaviors to improve adherence		
Summary of Ratings		**0**	**0**

TEACHING/SUPERVISION/MENTORING		Fellow Self Eval	Supervisor
1)	SUPERVISION: Demonstrates knowledge of supervision models and practices related to Clinical Health Psychology		
2)	TEACHING: Teaches and supervises others by accurately, effectively, and appropriately presenting information related to Clinical Health Psychology		
Summary of Ratings		**0**	**0**

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS		Fellow Self Eval	Supervisor
1)	RESPECT: Demonstrates knowledge and respect for the roles and perspectives of other professions		
2)	CONCEPTUALIZATION: Conceptualizes referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively		
3)	CONSULTATION: Applies knowledge of consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior		
4)	COLLABORATION: Engages interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical health psychologists		
5)	EDUCATION: Provides education about Clinical Health Psychology concepts and practices or methods and procedures to other professionals and/or trainees		
Summary of Ratings		**0**	**0**

LEADERSHIP		Fellow Self Eval	Supervisor
1)	LEADERSHIP: Demonstrates leadership within an interprofessional team or organization related to the practice of Clinical Health Psychology		
2)	DEVELOPMENT: Demonstrates the ability to develop or enhance a Clinical Health Psychology practice, educational program, or program of research		
Summary of Ratings		**0**	**0**

OVERALL CONSTRUCTIVE FEEDBACK

Please describe particular areas of strength, and thoughtfully consider and outline areas of growth and further development. Please be as specific possible with a plan to achieve ongoing growth. Relative strengths, areas of growth, and plans should be thoroughly discussed between supervisor and resident, and all questions answered and disagreements collaboratively resolved, if possible. Unresolved disagreements should be brought to the attention of the Training Director.

Comments (Self)

Comments (Supervisor)

SEMINAR EVALUATION FORM

Please evaluate each seminar and meeting:

Post-Doc Seminar – VA Rehabilitation

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Post-Doc Seminar – TGH Health and Rehabilitation

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Group Supervision and Professional Development Seminar

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_____

Psychology Services Monthly Meeting

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Do No Harm Meeting

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Suggestions for other seminar topics or training opportunities

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FELLOWSHIP DUE PROCESS, GRIEVANCES PROCEDURE, AND TERMINATION

Due Process

The primary purpose of the due process is to provide a mechanism to fairly and systematically address postdoctoral fellows' issues regarding evaluation, performance, or because of a violation of the Postdoctoral Program's Standards of Conduct. Supervisors complete two (2) written evaluations (mid-rotation and final rotation) for each postdoctoral fellow that they supervise. However, when a performance deficit or problem is observed at any point during training, the supervisor is encouraged to discuss the issues with the postdoctoral fellow and attempt to arrive at a mutually acceptable solution. Such a situation is not unusual, and in the vast majority of instances would require no further action.

1. All postdoctoral fellows have their progress monitored through monthly meetings with the Postdoctoral Training Director and current supervisors, fellows with the Training Director, as well as quarterly training committee meetings. If the supervisor feels that the performance deficit or problem has not been corrected, or the supervisor and postdoctoral trainee are not able to reach an agreement, the Postdoctoral Training Director is informed by the supervisor and fully apprised of the problem. The postdoctoral fellow is notified that the supervisor has formally shared their concerns with the Postdoctoral Training Director and/or Department Director. The Postdoctoral Training Director will gather information from the primary supervisor and postdoctoral fellow, as well as from other supervisors in positions to provide relevant information.
2. The primary supervisor, other relevant supervisors, Postdoctoral Training Director, and Department Director will develop a remediation plan if fellows are not making progress towards competencies outlined in the competency rating forms. The Postdoctoral Training Director will meet face-to-face with the postdoctoral fellow to discuss the remediation plan and allow the trainee to provide input on the plan; however, the Postdoctoral Training Director has the final decision on the structure. Following this Hearing, the postdoctoral fellow will receive a copy of the final remediation plan in writing, including the required actions that he or she must take, and the possible consequences for failing to do so. The written remediation plan should define specifically (in behavioral terms) the deficits or challenging behaviors in relation to expected standard of performance, required actions or change, the supervisors and time table involved, and method(s) of evaluation noting the criteria for successful completion. A copy of this correspondence will be placed in the postdoctoral fellow file.

3. Based on the timeline and criteria in the original remediation plan, the Department Director and Postdoctoral Training Director will assess if the postdoctoral fellow has successfully completed the remediation plan and corrected the problem. If the postdoctoral fellow has met the criteria, they will receive a letter indicating they have effectively accomplished the remediation plan. If the problem has not been remedied, then either there will be (a) further remediation, or (b) recommendation for termination.
4. If the Department Director and Postdoctoral Training Director believe that the postdoctoral fellow is making progress towards meeting the outlined criteria for successful remediation, but has not quite fulfilled all criteria stated in the remediation plan, an extension for an additional period of time may be granted by the Postdoctoral Training Director, not exceeding 90 days.
5. If the postdoctoral fellow does not meet successful criteria for remediation during the stipulated period, the Department Director and Postdoctoral Training Director can recommend termination. The decision for the determination will be discussed and voted on by supervisors, the Postdoctoral Training Director, and the Department Director. The decision will be forwarded to Human Resources (People and Talent). The Department Director and Postdoctoral Training Director will inform the postdoctoral fellow of the separation from the program and the general grounds of the dismissal. Final decision about termination should be notified in writing to the postdoctoral fellow at a meeting between the administrators and the postdoctoral fellow.
6. The postdoctoral fellow has the right to appeal and follow the conflict resolution, due process, and grievance steps outlined in TGH policy (PT 071). Disagreements should be immediately resolved among the parties whenever possible, as outlined above. Once the Postdoctoral Training Director and Department Director have approved formal remediation, the involved postdoctoral fellow who disagrees with the decision may appeal in writing to the Postdoctoral Training Director within 10 days after receiving the performance or misconduct notice from the Postdoctoral Training Director and Department Director.
7. If the issue cannot be resolved at the Department level, the postdoctoral fellow may also appeal in writing within seven (7) days of the meeting with the Department Director to the next level of hospital administration.

Termination of Appointment

Termination of a Postdoctoral fellow from the Postdoctoral Program involves the permanent withdrawal of all privileges at Tampa General Hospital. Dismissal from the program may result for any of the following reasons:

1. The Postdoctoral fellow has committed a violation of federal or state laws, including HIPAA state statutes regarding professional conduct or a severe violation of the Ethical Principals of the American Psychological Association (APA).
2. Violation of Standards of Conduct including Postdoctoral Training Program's policies, procedures, or professional organization guidelines.
3. There has been little to no progress in the competencies evaluated as deficient by supervisors.
4. The Postdoctoral fellow had failed to show improvements of the criteria included in a remediation plan during a probation period because of unsatisfactory clinical performance or judgement.
5. Attempts at remediation, after a reasonable period of time, have not remedied the competency problems.

The decision to dismiss a Postdoctoral fellow will be made by the Postdoctoral Training Director, the Department Director, and the Director of Rehabilitation Services in consultation with Human Resources. The final decision about termination will be notified in writing to the Postdoctoral fellow at a meeting between Human Resources and the postdoctoral fellow.

Grievances Procedure

The Postdoctoral Program in Clinical Health Psychology in the Department of Psychology-Neuropsychology adheres to Tampa General Hospital Policies and Procedures.

The purpose of the present Grievance Procedure is to provide a prompt and efficient collegial method for the review and resolution of grievances filed by a postdoctoral fellow who is in disagreement with an evaluation, disciplinary action, or has a complaint about a supervisor or postdoctoral fellow. There are two possible stages in the grievance procedure, as follow: Informal Stage and Formal Stage.

Informal Stage

1. Oral discussion between Postdoctoral fellow and the person(s) alleged to have caused the grievance is strongly encouraged. The discussion should be held as soon as the Postdoctoral fellow first becomes aware of the act or condition that is the basis of the grievance. Additionally, or in the alternative, the postdoctoral fellow may wish to

present his or her grievance in writing to the persons alleged to have caused the grievance. In either case, the person alleged to have caused the grievance must respond to the Postdoctoral fellow either orally or in writing.

2. If this first attempt to resolve the complaint is not successful, the Postdoctoral fellow may ask the Postdoctoral Training Director to intervene. In such a case, the Postdoctoral Training Director collects all relevant information from the Postdoctoral fellow and other partied including consultation with supervisors as is appropriate to the specific situation.
3. Subsequently, the Postdoctoral Training Director brings the relevant individuals together and presents a plan for resolution of the problem. The Postdoctoral Training Director then follows up with the postdoctoral fellow and the other relevant parties to determine whether a successful resolution of the problem has been achieved.
4. If the postdoctoral fellow wishes to appeal the Postdoctoral Training Director's disposition, they may bring the problem to the Department Director and/or the Director of Behavioral Health Services. Finally, if an appropriate solution of the concern cannot be achieved within the Department, the postdoctoral fellow may pursue a Formal Grievance Procedure.

Formal Stage

The Formal Stage of the Postdoctoral Program in Clinical Health Psychology in the Department of Psychology-Neuropsychology is in line with the Tampa General Hospital Policies and Procedures, outlined in the Conflict Resolution and Grievance Procedure (Policy HR-71). The grievance procedure is not applicable when addressing dissatisfaction with pay, work schedule, or TGH policies and procedures. Postdoctoral fellows will not be subject to any kind of retaliation as a result of participating in a grievance procedure.

In the event that the postdoctoral fellow considers that the response of the informal discussion is unsatisfactory and feels that the grievance still exists, they should submit a written complaint to the Department Director. The steps in the formal grievance process are as follows:

1. Submit a formal complaint in writing, with all supporting documentation, to the Department Director and Director of Behavioral Health Services.
2. The postdoctoral fellow must support his or her position regarding the grievance by providing evidence of the complaint.
3. All documents considered relevant to the grievant's claim will be reviewed by Human Resources and attached to a written report.
4. The Postdoctoral Training Director and Department Director must provide a written response, forwarded through a Human Resources Consultant, to the Postdoctoral

fellow's grievance within fourteen (14) days after the complaint has been submitted. A meeting will be arranged between the Postdoctoral Training Director, Department Director, a Human Resource Consultant, and the grievant to discuss possible resolution of the grievance.