



THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Isabel Collier Read Medical Campus Postdoctoral Health Psychology Consortium

Postdoctoral Fellowship in Clinical Health Psychology *with a focus in Primary Care*

PROGRAM INFORMATION



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General Information

The Florida State University College of Medicine

HISTORY

The Florida State University College of Medicine (FSU COM), the first new medical school of the 21st Century, was established in June 2000 by the Florida Legislature, with the mission of serving the unique needs of Floridians. Specifically, the college was founded to train physicians with special emphasis on providing health care for medically underserved populations in rural and inner-city areas and to address the needs of the growing geriatric population in the state and nation.

The Florida Legislature created the FSU College of Medicine with clear legislative mandates concerning the structure, mission, and service to the State of Florida. In May of 2001, the inaugural class of 30 students was admitted. Following the initial provisional accreditation in October of 2002, the FSU COM was granted full accreditation by the Liaison Committee on Medical Education (LCME) in February 2005. FSU COM became the first new allopathic medical school established in the United States in over twenty years. In July of 2003, the inaugural class began clerkship rotations in the regional campuses located in Orlando, Pensacola, and Tallahassee. The Sarasota Regional Campus was added in July 2005, along with a Rural Medical Education Program in Marianna, Florida. In July 2006, the Tallahassee Regional Campus expanded to include training for a limited number of third year students in Thomasville, Georgia. In July 2007, the COM's last two regional campuses located in Daytona Beach and Ft. Pierce accepted their first group of third year students. In addition, the FSU-Isabel Collier Read Medical Campus opened in Immokalee, Florida, offering clerkships for third and fourth year medical students from all six regional campuses and rural rotations for residents from the FSUCOM Family Medicine Residency at Lee Health. The campus focuses on serving populations consistent with the FSUCOM mission.

The first postdoctoral fellow was accepted to the Isabel Collier Read Medical Campus in 2008 in affiliation with the Healthcare Network. The Fellowship has expanded into a consortium consisting of primary care clinics at Healthcare Network and the Lee Health System along with the Center for Child Stress & Health (CCSH). The CCSH is an affiliate of SAMHSA's National Child Traumatic Stress Network and serves as a resource, training and research center.

HOW WE'RE UNIQUE

The FSU College of Medicine Model

- **Community-Based.** Most traditional medical schools are anchored by an academic medical center. Such centers are valuable, but their patients usually have diseases not typical of clinician encounters in daily practice. For those reasons, the Florida State University College of Medicine was structured much differently. It focuses on educating outstanding clinicians for practice in community settings. Therefore, community-based clinical education spans the curriculum for both medical students and postdoctoral psychology fellows alike.
- **Mission-Driven.** Our mission is to educate and develop exemplary clinicians who practice patient-centered health care, discover and advance knowledge, and respond to community needs, especially through service to elder, rural, minority and other underserved populations. That process starts with choosing the right trainees – people who will work well with their patients and the entire health-care team. Therefore, we take great care in choosing our trainees. While academic achievement is important, so are other factors. In our selection process, we are interested in learning what motivated them to pursue a career in a helping profession and for a commitment to working collaboratively with others.
- **Primary-Care Focused.** Primary-care is the backbone of our health-care system; accordingly, the principal focus of the College of Medicine is on meeting the primary-care needs of the state of Florida. Focus on care along the lifespan (pediatric, adult, geriatric) along with health promotion and chronic disease management is emphasized.
- **Preeminent Research University.** FSU is designated a preeminent research university in the State of Florida. Fellows have full access to all institutional and research support.

About Our Program

The Florida State University College of Medicine has a two-year postdoctoral fellowship in Clinical Health Psychology with focus on Primary Care. Fellows function as an integral part of a multidisciplinary healthcare team in primary Pediatrics, Family Medicine and Women's Health clinics. Primary duties include health psychology screenings, assessments and interventions, consultations with physicians, prevention and wellness interventions as well as mental health triage and brief interventions. Fellows rotate through all clinics during the two years. Fellows participate in teaching of medical students and residents. The Immokalee Health Education Site is home to the Center for Child Stress & Health. The Center is an affiliate of SAMHSA's National Child Traumatic Stress Network. It serves as a national resource on effective treatment and service approaches for trauma experienced by children. Mentoring and support is available for fellows interested in participating in research.



Training Sites

Fellows train at the Immokalee Health Education Site which encompasses two clinical sites: the Healthcare Network in Immokalee and the Lee Health System in Fort Myers. Individual office space is available for fellows. Both sites have designated areas for classroom/group teaching and state of the art technology, which includes video conferencing capabilities to connect with other FSUCOM campuses and Faculty. This allows Fellows to receive training and support from FSUCOM faculty and staff across each of the college's regional campuses. FSU is designated a preeminent university in the state of Florida.

Central campus provides full institutional support for research endeavors. Fellows have full access to the FSUCOM Maguire Medical Library. All of the medical library's resources are electronic and available 24 hours a day, 7 days a week. Fellows have access to over 2,400 medical and biomedical journals. Evidence-based medicine and mobile resources are especially applicable to the online environment providing access to medical library resources around the clock from any internet-enabled device.



The Immokalee Health Education Site also houses **The FSU Center for Child Stress & Health**, which serves as an integrated primary care resource center for patients, families, and healthcare providers of children exposed to toxic stress, especially children living in rural, minority, and underserved communities. The Center is an affiliate of SAMHSA's National Child Traumatic Stress Network and serves as a national resource on effective treatment and service approaches for child trauma.

The Healthcare Network (HCN) is a Federally Qualified Health Center. The health center includes Pediatrics, Family Medicine, Internal Medicine (including a specialty/HIV clinic), Obstetrics/Gynecology, and Behavioral Health Services. Fellows train within an organizational model that delivers the core functions of primary care including: patient-centered, comprehensive, coordinated care, access, quality and safety. The HCN was founded as a nonprofit organization in 1977 by a group of community leaders in Immokalee, Florida to address the health issues of migrant and seasonal farm workers, rural poor and other citizens in the area. Their first facilities were two small trailers in Immokalee. From the start, the nonprofit was committed to providing basic medical and dental healthcare services at an affordable cost while ensuring dignity and respect to each individual served. The HCN participates in the Accreditation Association for Ambulatory Health Care (AAAHC) accreditation program. Today the Healthcare Network serves a culturally and linguistically diverse population in 14 healthcare sites in Immokalee and Naples.

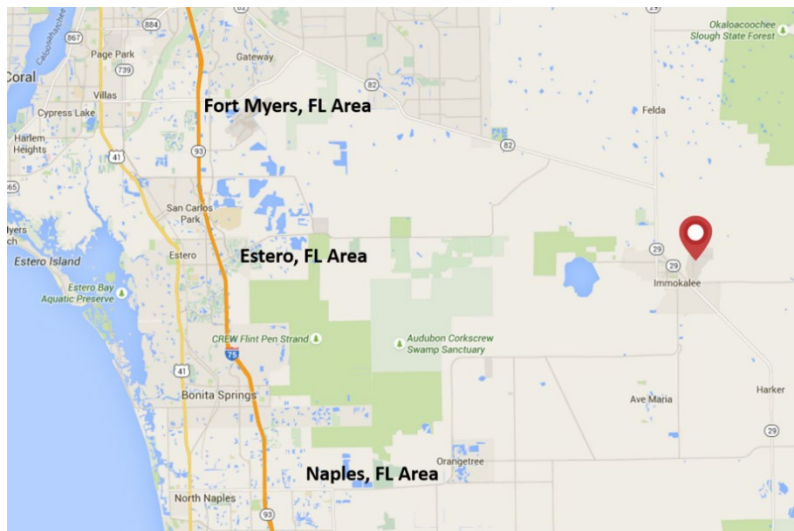


Lee Health was founded in 1916 and is the 5th largest health care system in the U.S. with 1,400 inpatient beds in five hospitals and an average daily census of 900 patients. The system includes the vast majority of all inpatient and outpatient facilities in Lee County. Lee Health is an award-winning health care system with more than a

million patient contacts each year. The staff is routinely recognized for the compassionate and dedicated care they provide to their patients. More than 9,500 employees and 4,500 volunteers are part of Lee Health. The medical staff, totals nearly 1,130 Lee County physicians. The postdoctoral fellows work in outpatient Lee clinics including the FSU Family Medicine Residency Program. Lee Health is committed to meeting the continuum of healthcare needs of the diverse community.



LOCATION & CULTURE



Immokalee is a small rural community in southwest Florida adjacent to and within commuting distance of Fort Myers and a designated Health Professions Shortage Area. The patient population is made up primarily of Latino migrant farm workers but also includes Haitian, African American, and a rural Caucasian population.



The Fort Myers area is well known for its beautiful beaches (Sanibel Island, Captiva, Fort Myers Beach, and many other vacation destinations), historical areas (winter homes of Thomas Edison and Henry Ford), sporting activities (home of spring training for Boston Red Sox and Minnesota

Twins) . The area has numerous biking trails, easily accessible waterways, boating, sports facilities, cultural events, and colleges/universities.



Training Program

Objectives & Competencies

The Postdoctoral Fellowship in Clinical Health Psychology is focused on the training and development of psychologists to work in primary care settings. The two-year training program follows a biopsychosocial model focusing on the interaction of biological, psychosocial and medico-legal variables. Fellows develop skills to function as an integrated member of a primary care team and gain experience in assessment and intervention approaches within the primary care structure.

The training closely follows and is based on the standards set by the American Psychological Association for accreditation for Health Service Psychology. The program is a member of the Association of Psychology Postdoctoral & Internship Centers (APPIC).

Goal - Train psychologists to work in primary care settings.

Objectives:

- Develop skills to work effectively within an interprofessional team.
- Recognize the role of development across the life course in patient care.
- Develop skills to implement evidence-based practices with time efficiency.
- Recognize and work with a population health model of care.
- Demonstrate respect, compassion and integrity with patients.
- Sharpen cognitive-behavioral expertise.
- Acquire knowledge of common medical conditions, procedures, and medications when developing psychological interventions.
- Develop knowledge and skills necessary to practice with underserved, rural populations.
- Utilize advanced skills in behavior change, including enhancing motivation to change.
- Use information technology to support patient care decisions and patient education.

Expected Competencies at Conclusion of Fellowship:

Competencies expected of the Postdoctoral Fellows will target the components established by the APA Interdivisional Committee for a Primary Care Curriculum. The competencies are grouped into six clusters: Science, Systems, Professionalism, Relational, Application, and Education.

The table below presents the six clusters and the competencies associated with each:

Cluster	Competencies
1. Science	Science Related to the Biopsychosocial Approach
2. Systems	Leadership/Administration Interdisciplinary Systems Advocacy
3. Professionalism	Professional Values and Attitudes Individual, Cultural and Disciplinary Diversity Ethics in Primary Care Reflective Practice/Self-assessment/Self-care
4. Relationships	Inter-professionalism Building and Sustaining Relationships in Primary Care
5. Application	Practice Management Assessment Intervention Clinical Consultation
6. Education	Teaching Supervision

Clinical Rotations

The clinical rotations provided by the Fellowship give Postdoctoral Fellows a unique opportunity to train in Clinical Health Psychology within an ***Integrated Primary Care*** setting. Integrated Primary Care is a model that combines medical and behavioral health services for the spectrum of problems that patients bring to primary medical care. Because most patients in primary care have a physical ailment affected by stress, problems maintaining healthy lifestyles, or a psychological disorder, it is clinically effective and cost-effective to make behavioral health providers part of primary care. Patients can feel that for any problem they bring, they have come to the right place. Teamwork of mental health and medical providers is an embodiment of the biopsychosocial model (See www.integratedprimarycare.com).

Postdoctoral Fellows rotate in two 12-month major rotations. Fellows will see patients in ambulatory primary care clinics which include services in Adult & Family Medicine, Women's Health, and Pediatrics.

Placements for Major Rotations:

Lee Health (Ft. Myers)

- Family Medicine Residency Program at Lee Health

- Lee Community Clinic at Lehigh Acres
- Lee Family Medicine Clinic at Plantation

Healthcare Network (Immokalee)

- Family Medicine/Internal Medicine
- Pediatrics
- Women's Health

While the established rotations are standard, the length of time spent at a particular training site may vary slightly from year to year based on the interests of the postdoctoral fellow and the clinical needs of the clinic.

Minor Rotation:

Center for Child Stress & Health

Fellows have the opportunity during second year to choose a clinical or research minor rotation with the Center for Child Stress & Health to increase their knowledge and skills in the area of trauma in children and families.

Sample Schedule

Healthcare Network

	Monday	Tuesday	Wednesday	Thursday	Friday				
8a	Patient Care	Patient Care	Patient Care	Patient Care	Patient Care				
9a									
10a									
11a									
12p									
1p	Lunch	Lunch	Lunch	Lunch	Lunch				
2p	Patient Care	Professional Development	Trainings: Didactics Supervision Case Consultation	Patient Care	Patient Care				
3p									
4p									
5p	Group Therapy for Obesity or Trauma Informed Telepsychology may be scheduled one day per week during this block.								
6p									

Lee Health

	Monday	Tuesday	Wednesday	Thursday	Friday
8a	Patient Care	Patient Care	Patient Care	Patient Care	Patient Care
9a					
10a					
11a					
12p	Lunch	Lunch	Lunch	Lunch	Lunch
1p	Patient Care	Professional Development	Trainings: Didactics Supervision Case Consultation	Patient Care	Patient Care
2p					
3p					
4p					

Program Activities

Clinical Training

The fellow will function as an integral part of a multidisciplinary healthcare team. Primary duties will include providing screenings and diagnostic evaluations, behavioral consultations, and brief interventions with children, adults and families. Services provided by Fellows match the pace and nature of primary care settings. Below is an overview of how services could be rendered by Fellows.

Behavioral Health Service Type	Estimated % of Patient Contacts	Key Service Characteristics
General Behavioral Health Consultation Visit	60—70 %	<ul style="list-style-type: none"> Brief, general in focus; oriented around a specific referral issue from health care provider. Visit length (15-30 min) matches pace of primary care. Designed to provide brief interventions and support medical and psychosocial interventions by the primary care team member. May involve conjoint visit with primary care provider May involve primary focus on psychosocial condition or working with behavioral sequelae of medical conditions.
Behavioral Health Psycho-educational Visit	10—20 %	<ul style="list-style-type: none"> Employs psycho-educational approach in classroom or group modality. Program structure is often manualized, with condensed treatment strategies; emphasis on patient education and self-management strategies.
Telephone Follow-up	10—20 %	<ul style="list-style-type: none"> Brief phone calls to follow-up with patient after a “General Behavioral Health Consultation Visit.

Behavioral Health Case Conference	10%	<ul style="list-style-type: none"> • Reserved for high-utilizers or for patient with problems of high risk/complexity. • Emphasis is on developing and communicating a health care utilization plan to contain excessive medical utilization, and on giving primary care providers effective behavioral management strategies and community resource case management. • Goal is to maximize daily functioning of patient, not necessarily symptom elimination.
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Didactic Training

- *Behavioral Health Seminar*: This is a weekly mandatory attendance seminar for all Fellows that covers various topics to build core knowledge and skills in practicing primary care psychology. Seminar topics emphasize the reciprocal and dynamic influence of biological, psychological and social factors on the etiology, treatment and experience of illness and disease. Issues of diversity and culture are discussed as they pertain to providing culturally appropriate care. Seminars are taught by faculty including psychologists, physicians and pharmacists as well as health administrators, and by community clinicians with experience in integrated healthcare delivery.
- *Consultation Group* – weekly group attended by all fellows and supervised by faculty focusing on cases that have teachable elements for group learning and an opportunity for fellows to practice presentation skills and consultation with colleagues.
- *Doctoring 3 and Residency Didactics*: This is an opportunity for multidisciplinary training/learning between psychology and medical trainees. The overall goal of participation in this course is to enhance Fellows’ teaching skills within an academic health setting. Fellows will be assigned specific topics for presentation to medical students or residents. Presentations will be developed with faculty supervision.
- *Cross-cultural Medicine/Service Learning*: Fellows are expected to participate in service learning experience where fellows are immersed into the community in which they serve for outreach activities to deliver primary care and education. Faculty and trainees from the FSUCOM as well as from other FSU programs and residencies work together on these outreach projects. This experience is designed to prepare fellows to work in underserved areas and to have knowledge of public health and diseases commonly found in such communities. Of emphasis will be psychosocial aspects, culturally appropriate delivery of care, and public health issues resulting from migration and its impact on the healthcare system experience.
- *Case Conferences & Grand Rounds*: All Psychology/Behavior Health staff, as well as providers from multiple disciplines, participate. Cases and special topics are presented on a rotational basis with each fellow presenting at least twice per year to the group.

- *Journal Club*: Fellows gather with Psychology Faculty during Didactics seminar to discuss scientific literature. This is offered as a means for training in clinical research and as a platform for gathering first-hand knowledge on analyzing, evaluating, dissecting, and utilizing the scientific literature. This experience allows Fellows to enhance evidence-based practice and to advance their skills at analyzing the quality, validity, and relevance of available evidence.
- *Research*: Postdoctoral Fellows with research interest may utilize allotted time to carry out short-term original research projects with a research faculty mentor and/or they may participate with ongoing/established research.
- *Committees* – Fellows will participate in medical staff and may be assigned to clinic/health system committees to enhance competencies in administration and systems.

Teaching and Supervision

Postdoctoral Fellows receive training on the teaching of integrated care, supervision of Clinical Health Psychology in Primary Care settings and general medical education. Fellows have opportunities to teach medical students and Family Medicine residents both through patient encounters, and didactic sessions. Fellows also receive instruction on the provision of supervision for psychologists to work in Primary Care settings. During Year 2 of the Program, Fellows may supervise select clinical cases seen by Year 1 Fellows; the supervision process is overseen by an assigned Licensed Psychologist/FSUCOM Faculty Supervisor.

Supervision

Each Postdoctoral Psychology Fellow receives a minimum of two hours of formal, scheduled supervision by a Licensed Psychologist/FSUCOM Faculty Member. One hour is for individual supervision and one hour is live in-clinic consultation. Additionally, all fellows participate in one hour per week of group supervision. Supervisors are assigned to each rotation based on their expertise within that specialty domain and patient population. All supervisors follow an “open door” policy and are readily available for additional and informal supervision session as needed. In fact, the structure and content of supervision in Primary Care often mirrors the pace and structure of the Primary Care setting. Supervision frequently occurs at times outside of, and in addition to, the scheduled supervision blocks. Such supervision is flexible and occurs in real-time. For example, supervisory consultations may include questions regarding diagnostic clarification, treatment planning, care coordination, appropriate triage, and practice management. Furthermore, the content of supervision in primary care is not exclusively about the treatment of patients. Working in primary care adds layers of complexity to interprofessional practice, ethics, and practice management – all of which are addressed during the supervision process. Fellows sign a supervision agreement with the Program Director at the start of the Fellowship. Additionally, in December of Year 2, fellows start to meet monthly with the Program Director

for individual professional development /mentoring in preparation for the transition to independent practice / employment.

Evaluations

Postdoctoral Fellows are formally evaluated mid-year and at the end of each academic /Fellowship year. For each of these evaluations, the Fellow meets with their direct supervisor and with the Program Director to review performance and progress, develop remediation if necessary, and set goals for the next segment of training. The Postdoctoral Fellow is provided with written and oral feedback regarding their performance and progress towards meeting the program objectives, professional development, and expected competencies. At each evaluation point, the Fellow is given an opportunity for self-assessment and also provides feedback to their supervisor and the Program Director about their training experience. At any time that the Fellow may not be meeting expectations, additional reviews of performance with supervisors and/or Program Director may be necessary.

The Florida State University College of Medicine is committed to maintaining a supportive educational environment where fellows are given the opportunity to learn and grow. Faculty are effortful at proactively addressing any performance concerns that arise and providing trainees with the needed support to remediate issues of fellow competence. The Fellowship Handbook includes a Due Process policy that outlines due process for postdoctoral fellows and establishes the procedure for addressing postdoctoral fellows' deficiencies, including notice, hearing, and appeal.

Clinical Health Psychology Postdoctoral Fellow Evaluation

Fellow: _____ Date of Review: _____
Supervisor: _____ Rotation: _____

Feedback for period ____/____ through ____/____

Rating Guide:

- 5 Outstanding – Fellow consistently demonstrates superior performance far exceeding the standards for this position
 - 4 Exceeds Expectations – Fellow significantly exceeds the standards for this position and at times goes above and beyond expectations
 - 3 Meets Expectations – Fellow meets the standards for this position and demonstrates dependable work outcomes
 - 2 Needs Improvement – Fellow performance is below the standards for this position, and some effort is needed to improve and meet position objectives
 - 1 Unsatisfactory – Fellow does not meet the minimum acceptable level for the position
- NA Not Applicable – Fellow does not participate in this activity as part of his/her position

Professional Skills and Competencies:

Below are the dimensions on which Fellows are rated, based upon the program training mission and objectives.

- A. Biological components of Health & Illness
- B. Cognitive & Affective Components of Health & Illness
- C. Behavioral and Developmental Aspects of Health & Illness
- D. Sociocultural Components of Health & Illness
- E. Health Policy & Healthcare Systems
- F. Clinical Assessment & Interventions
- G. Interprofessional Collaboration/Relationship Management
- H. Ethical, Legal & Professional Issues in Primary Care

Biological components of Health & Illness

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Uses scientific literature in the daily PC practice	5	4	3	2	1	NA
2.	Recognizes and names appropriate dosages of medications for commonly occurring medical or psychological/behavioral conditions	5	4	3	2	1	NA

Cognitive & Affective Components of Health & Illness

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Articulates an understanding of health belief models and attitudes regarding help seeking	5	4	3	2	1	NA
2.	Demonstrates knowledge of cognitive factors (i.e., memory, attention) that influence reactions to medical diagnoses and processing of health information	5	4	3	2	1	NA
3.	Demonstrates knowledge of the impact of biological factors on cognitive functioning	5	4	3	2	1	NA
4.	Demonstrates knowledge of affective factors that influence reactions to diagnoses, injury, disability and processing of health information	5	4	3	2	1	NA

Behavioral and Developmental Aspects of Health & Illness

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Demonstrates knowledge of behavioral risk factors, including the effect of coping on health	5	4	3	2	1	NA

2.	Recognizes the effect of acute and chronic illness on physical and mental health of caregivers, siblings, and other family members	5	4	3	2	1	NA
3.	Utilizes knowledge about the effect of the family and other members of the support system on medical regimen adherence	5	4	3	2	1	NA

Sociocultural Components of Health & Illness

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Demonstrates openness to exploring diversity issues with clients	5	4	3	2	1	NA
2.	Seeks consultation related to diversity issues and explores diversity issues in supervision	5	4	3	2	1	NA
3.	Understands the impact of own personal culture on values, relationships and worldview	5	4	3	2	1	NA
4.	Demonstrates an understanding of the psychological impact of privilege, prejudice, oppression, culture, & sociopolitical structures	5	4	3	2	1	NA

Health Policy & Healthcare Systems

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Demonstrates knowledge of population-based approaches to health promotion	5	4	3	2	1	NA
2.	Applies evidence-based approaches to patient care, including use of stepped care approaches to match treatment effort with patient complexity	5	4	3	2	1	NA

3.	Utilizes appropriate screening procedures to inform further assessment	5	4	3	2	1	NA
4.	Employs proactive follow-up to support patient self-management	5	4	3	2	1	NA

Clinical Assessment & Interventions

1.	Gathers adequate and meaningful information from initial interviews & sessions	5	4	3	2	1	NA
2.	Appropriately administers, scores & interprets PC psychological instruments & screening measures	5	4	3	2	1	NA
3.	Works collaboratively with PC team to perform on-going assessment of fluctuations in presenting problem & of emerging problems	5	4	3	2	1	NA
4.	Integrates test/screening data appropriately into intervention strategies and other recommendations	5	4	3	2	1	NA
5.	Demonstrates an understanding of common PC problems and is able to present coherent and meaningful case formulations	5	4	3	2	1	NA
6.	Uses appropriate intervention techniques grounded in theory and a clear conceptual framework	5	4	3	2	1	NA
7.	Understands & reacts therapeutically to relational aspects between self & client	5	4	3	2	1	NA
8.	Evaluates therapeutic progress and alters the approach or strategy as needed	5	4	3	2	1	NA

Interprofessional Collaboration/Relationship Management

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Demonstrates empathy & respect for clients and colleagues	5	4	3	2	1	NA
2.	Is able to form effective therapeutic relationships with clients	5	4	3	2	1	NA
3.	Is open to feedback from others and integrates that feedback usefully	5	4	3	2	1	NA
4.	Demonstrates self-reflection as it relates to relationship management	5	4	3	2	1	NA
5.	Demonstrates an understanding of the potential impact of differences in cultural values, backgrounds, and experiences on developing relationships	5	4	3	2	1	NA

Ethical, Legal & Professional Issues in Primary Care

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Conducts self in a professional and ethical manner	5	4	3	2	1	NA
2.	Seeks consultation and/or supervision appropriately	5	4	3	2	1	NA
3.	Demonstrates understanding of the major ethical dilemmas in PC	5	4	3	2	1	NA
4.	Demonstrates understanding of the distinctive issues related to informed consent & confidentiality related to team-based care	5	4	3	2	1	NA

Didactic/Outreach Participation

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Conducts self in a professional manner [arrives on time; asks relevant/appropriate questions; treats others with respect; stays on topic]	5	4	3	2	1	NA
2.	Demonstrates preparedness for activity [i.e. has needed materials/has read required readings, etc]	5	4	3	2	1	NA
3.	Actively participates in the discussion/activity	5	4	3	2	1	NA

Didactic Teaching

	<i>Item</i>	<i>Outstanding</i>	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Needs Improvement</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
1.	Demonstrates ability to conceptualize cases in a concise manner	5	4	3	2	1	NA
2.	Addresses cultural aspects of clinical cases/uses culturally appropriate techniques	5	4	3	2	1	NA
3.	Lists appropriate references/resources	5	4	3	2	1	NA
4.	Utilizes different teaching mediums to convey information [i.e. group activity, video/audio clips, etc.]	5	4	3	2	1	NA

Additional Comments:

Summary Rating:

<i>Item</i>	<i>Has Met Fellowship Year ____ Expectations</i>	
	YES	NO
Overall Fellow performance		

Fellow Signature

Date

Supervisor Signature

Date

Site Coordinator

Date

Program Director Signature

Date

Sample Self-Assessment Form

Postdoctoral Fellow Competency Self-Rating Form

Ratings: 1 I am Competent
2 I need Improvement or Assistance
3 I have had no *Clinical* Experience

Competency		Technical Skill		Self-Assessment		
				Start	Year1	Final
Clinical Skills in Primary Care	Implementing Interventions through other Providers					
	Motivational Interviewing					
	Case Management					
	Implementing Prevention Interventions					
	Psychological Treatment in Collaborative Care					
	Diagnostics/Assessment					
	Brief Interviewing Methods					
	Therapeutic Alliance					
	Medical Assessment Methods [knowledge of]					
	Program Evaluation					
Temporal Orientation	Brief Treatment					
	Extended Treatment					
Modality	Group					
	Individual					
	Family (in Primary Care)					
Patient Population: Developmental Considerations	Infant					
	Preschool					
	Elementary School					
	Middle School					
	High School/Adolescents					
	Transitional Youth					
	Adults					
	Seniors					
Sociocultural Components of Health & Illness (Patient Diversity Considerations)	Gender					
	Sexual Orientation					
	Disability					
	Low SES					
	Culture (Hispanic/Latino)					
	Culture (Haitian)					
	Culture (Rural)					
	Language (Spanish)					

	Language (Creole)			
	Religion (Santeria)			

Competency	Technical Skill	Self-Assessment		
		Start	Year1	Final
Psychodiagnostics	Child Behavior Checklist			
	Achenbach Teacher/Caregiver Report Form			
	Developmental Profile III			
	Conner's Parent/Teacher Rating Scale			
	Conner's Continuous Performance Test			
	PHQ-9			
	CSBS DP Infant-Toddler Checklist			
	ADOS			
Interprofessional Collaboration in Primary Care	Teamwork			
	Co-Therapy			
	Negotiating Treatment Plans			
	Consultation			
Understanding Biological Components of Health & Illness	Human Anatomy			
	Pathophysiology			
	Physiology			
	Pharmacology			
Knowledge of Cognitive	Health Belief Models			
Components of Health & Illness	Biologic Factors [Impact on Cognitive Functioning]			
	Cognitive Factors [Influence on Reactions to Initial Diagnoses]			

Licensure

The FSU College of Medicine Postdoctoral Fellowship in Clinical Health Psychology aims to provide Fellows with the required supervised experience to meet licensure requirements in the state of Florida. The [Florida Board of Psychology](#) requires a total of 4000 hours of supervised experience. The Board accepts the doctoral level psychology internship in satisfaction of the first 2000 hours of the required experience. Applicants must complete the remaining 2000 hours as post-doctoral supervised experience, which is provided by Year 2 of the Fellowship (this training program exceeds the state licensure requirements for supervised experience).

Faculty

Program Leadership

The Fellowship Program is directed by Elena Reyes, PhD a licensed psychologist with over 40 years of experience training both psychology trainees and medical students and residents in academic health centers. She is the Regional Director for FSUCOM in Southwest Florida and is responsible for the administration of the training program as well as providing direct teaching and supervision of Fellows.

Training Faculty

Elena Reyes, PhD

Professor

Program Director

Director, Center for Child Stress & Health

elena.reyes@med.fsu.edu

Dr. Reyes provides teaching and professional individual supervision to all Fellows. Her area of expertise is in pediatrics, trauma and culturally appropriate care for children from immigrant and rural families and behavioral science education.

Giuliana McQuirt, PsyD

Clinical Assistant Professor

Healthcare Network Training Coordinator

giuliana.mcquirt@med.fsu.edu

Dr. McQuirt provides individual supervision to Fellows rotating through the Family Medicine/ Internal Medicine/ Women's Health, and Pediatrics Departments where she provides direct clinical service. Her focus is on chronic care management in primary care. She is the course director for the weekly Didactics series. Her areas of expertise include behavioral medicine, HIV, immigrant health, rural health, and adult/child psychology.

Natalie Rivera-Morales, PhD

Clinical Assistant Professor

Lee Health Training Coordinator

natalie.rivera@med.fsu.edu

Dr. Rivera-Morales provides direct clinical service at Lee Community Healthcare and the Plantation Primary Care offices. She provides direct supervision at both sites. Her main focus is Integrated Care in Primary Care settings with culturally diverse and underserved populations and in geriatrics.

Javier Rosado, PhD

Clinical Associate Professor

Clinical Research Director Center for Child Stress & Health

javier.rosado@med.fsu.edu

Dr. Rosado provides service in the Healthcare Network Children's primary care clinic where he serves as clinical supervisor to Fellows. He oversees the clinical services and research programs at the Center for Child Stress & Health. His areas of expertise include Latino childhood obesity

and Toxic Stress/Adverse Childhood Experiences among Latino and immigrant children as well as among agricultural families. He particularly focuses on the dissemination and implementation of best practices with adaptations for underserved populations and within integrated behavioral health systems.

Jean Mesidor, PhD

Clinical Assistant Professor

jean.mesidor@med.fsu.edu

Dr. Mesidor provides clinical service and supervision in the Family Medicine and Internal Medicine clinics of Healthcare Network. His work focuses on chronic care management of disease in the Haitian population including diabetes and HIV. His research interests are in trauma, posttraumatic growth, and mental health services within multicultural populations, such as refugees, African Americans, international college students, and Haitians.

Roseanne Illes, PhD

Clinical Associate Professor

roseanne.illes@leehealth.org

Dr. Illes provides individual supervision for fellows at the FSU Family Medicine Residency at Lee Health. Her areas of expertise are multicultural psychology, health psychology, integrated primary care, and medical education.

Jaqueline Hidalgo, PsyD

Clinical Assistant Professor

Jacqueline.hidalgo@leehealth.org

Dr. Hidalgo provides individual supervision for fellows at the FSU Family Medicine Residency at Lee Health. Her areas of interest are: integrated primary care, bridging gaps in behavioral medicine for underserved populations, multicultural issues and health disparities.

Natalia Falcon, PhD

Staff Psychologist

Clinical Assistant Professor

natalia.falcon@med.fsu.edu

Dr. Falcon provides direct service and supervision at HCN Pediatrics clinic. She also provides consultative services, direct treatment and trainings for child trauma related issues. Her area of expertise is in culturally appropriate care with underserved communities, trauma early childhood and infant mental health.

Frances Sanchez-Duverge, PsyD

Licensed Psychologist

Community Clinical Faculty

frances.sanchez-duverge@med.fsu.edu

Dr. Duverge provides individual, clinical supervision for pediatrics cases located at Lee primary care clinics. Her areas of expertise are developmental neuropsychology, pediatric health psychology, and trauma-focused child and adolescent therapy

Fellowship Benefits

Stipend

Postdoctoral Fellows are provided with a stipend of \$55,000 per year.

Health Insurance

The FSUCOM offers Postdoctoral Psychology fellows the same health-insurance benefit plan it offers all full-time employees/faculty members. Supplemental insurance plans, such as dental and vision, are also available options at the Fellows discretion. Please refer to the Florida State University Human Resources Department for update information about available health insurance options. Health-insurance benefits become effective after Fellows on the 1st day of the month following employment date.

PTO (Sick/Vacation)

- Fellows accrue paid time off which can be used for periodic vacations, personal reasons, illness, or other pre-approved reasons.

Typical reasons for time taken due to illness are:

- Personal injury or illness
- Personal appointments with a health care provider
- Exposure to a contagious disease that would endanger others
- The injury or illness of a member of the postdoctoral fellow's immediate family, at the discretion of the supervisor. Immediate family is defined as the spouse, parents, grandparents, brothers, sisters, children and grandchildren of both the postdoctoral fellow and the spouse and dependents living in the household.
- The death of a member of the postdoctoral fellow's immediate family, at the discretion of the supervisor. Immediate family is defined as the spouse, parents, grandparents, brothers, sisters, children and grandchildren of both the postdoctoral fellow and the spouse and dependents living in the household
- PTO maximum balance is 104 hours. Once a postdoctoral Fellow's leave balance reaches 104 hours, no further leave can accrue until leave is taken
- PTO balances are forfeited at the time of separation
- PTO will be recorded using the OMNI timesheet and approved by the supervisor

Professional Development Leave Allowance

Professional development leave is made available to enhance the postdoctoral fellows training, research, or writing. Postdoctoral fellows are allotted a total of 5 days of professional development leave per academic year. A stipend of \$1500 per year is available for professional development such as professional conference attendance.

Professional Liability

Postdoctoral Fellows are covered by the FSUCOM insurance program, which provides comprehensive general liability protection, including professional liability protection.

Application Information

Eligibility: Completion of an APA accredited doctoral program in Clinical or Counseling Psychology (PhD/PsyD) as well as an APA accredited internship. Applicants interested in the Healthcare Network site should be fluent in Spanish OR Haitian Creole. Candidates for either site should be committed to serving an underserved population consistent with the mission of the Florida State University College of Medicine to train clinicians for underserved populations. Completion of background screen, drug screen, and submission of medical background documentation required by clinical sites.

START DATE: September 5, 2023

Applications are accepted through the APPIC Psychology Application system*:

<https://appicpostdoc.liaisoncas.com/>

Application requirements include:

1- Cover Letter

The mission of The Florida State University College of Medicine is to train exemplary clinicians who practice patient-centered health care, discover and advance knowledge, and respond to community needs. That process starts with choosing the right trainees – people who work well with their patients and the entire health-care team. Please address the reason for interest in this program and how your skills and knowledge would fit with the program. Letter should indicate if the applicant has a preference for the Lee Health or Healthcare Network site. Otherwise applications will be considered for both sites. (Note – the Healthcare Network site require bilingual skills in Spanish or Creole).

2- Confirmation of Degree Completion

Include a brief statement from a Director of Clinical Training, Major Professor, or Dissertation Chair confirming that the applicant is expected to complete all degree requirements, including dissertation defense, prior to the fellowship start date.

3- Curriculum Vitae/CV

4- Three Letters of Recommendation

Please submit three letters of recommendation. These should be from clinical internship supervisors and graduate school professors. Letters of recommendation should highlight the strengths and interests of each applicant. Specifically, observations of the applicant's clinical competencies and experiences working within multidisciplinary teams should be included. Letters can be emailed or sent by mail to the address below.

5- Official Copy of Transcript sent to address below:

Address:

Elena Reyes, Ph.D.
Program Director
Florida State University

College of Medicine
Isabel Collier Read Medical Campus
1441 Heritage Blvd
Immokalee, FL 34142

Email:

Elena.reyes@med.fsu.edu

* Applications may also be requested directly from, and submitted to, the Program Manager:

Ashley Butler, Program Manager
ashley.butler@med.fsu.edu
(239) 658-3729