



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

**Isabel Collier Read Medical
Campus
Postdoctoral Health Psychology
Consortium**

*Postdoctoral Fellowship in
Clinical Health Psychology
with focus on primary care*

**P O S T D O C T O R A L
F E L L O W S
H A N D B O O K**

The Florida State University College of Medicine *Clinical Health Psychology Postdoctoral Fellowship Handbook* is published annually. Information contained in this handbook is subject to change.



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Introduction

The Handbook for Postdoctoral Fellows provides an overview of the history and administrative structure of the Postdoctoral Fellowship and the University and also presents information on various processes and procedures Fellows will encounter in their role. The processes outlined in this handbook are those of direct relevance to Fellows; however, Fellows are also subject to the larger organizational policies that guide The Florida State University and the FSU College of Medicine.



Institution Information

College of Medicine: Mission and Vision Statements

MISSION

The mission of the Florida State University College of Medicine is to educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge and are responsive to community needs especially through service to elder, rural, minority and underserved populations.

VISION

The FSU College of Medicine will lead the nation in preparing compassionate physicians to deliver the highest quality 21st Century patient-centered medicine to communities of greatest need, advancing the science of this care, and developing innovative educational programs in these communities.

Clinical Health Psychology Postdoctoral Program: Mission and Vision Statements

MISSION

The mission of the Postdoctoral Fellowship in Clinical Health Psychology is to develop health psychologists who can provide culturally and linguistically appropriate care within integrated primary care settings and who have the knowledge and skills to work in academic medicine.

VISION

The FSU College of Medicine will lead the nation in preparing compassionate, culturally diverse health psychologists to provide care for communities in greatest need and advance the science of this care within an interprofessional delivery system.



History of the FSU College of Medicine and the Health Psychology Fellowship Program

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. 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 FSUCOM Isabel Collier Read Medical Campus in 2019 . The Isabel Collier Read Medical Campus is home to the FSU Center for Child Stress & Health, established in 2016 . The Center is part of SAMHSA's National Child Traumatic Stress Network and serves as a resource, training and research center .



Training Setting

Fellows train at the Isabel Collier Read Medical Campus which encompasses two clinical sites: the Healthcare Network in Immokalee and the Lee Health System in Fort Myers as well as the FSU Center for Child Stress & Health. 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 from regional campuses across the state. 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 Isabel Collier Medical Campus houses:

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 Behavior Health Services. The HCN is a Patient-Centered Medical Home (PCMH). PCMH status allows Fellows to train within an organizational model that delivers the core functions of primary care including: patient-centered, comprehensive, coordinated care, access, quality and safety. All clinics work within an integrated model of care with Fellows, faculty psychologists and physicians working collaboratively in patient care. 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, and the Lee Community Clinic at Lehigh. These clinics provide experience working within Federally Qualified Health Center and Patient Centered Medical Home models of care. All clinics work within an integrated model of care with Fellows, faculty psychologists and physicians working collaboratively in patient care. Lee Health is committed to meeting the continuum of healthcare needs of the diverse community.



The FSU Center for Child Stress & Health, is 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 a SAMHSA National Child Traumatic Stress Initiative (NCTSI) Category II, Treatment and Service Adaptation Center and serves as a national resource on effective treatment and service approaches for child trauma experienced by children from immigrant and rural families. During their 2nd year, Fellows have elective options to work with faculty on a research project or provide services for children/ families who have experienced trauma.



Program Leadership Structure

The Fellowship Program is one of several training and research programs of FSU at the Isabel Collier Read Medical Campus. Elena Reyes, PhD is a licensed psychologist with over 35 years 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 all the training programs including oversight of faculty and affiliation agreements. She serves as the Program Director. Giuliana McQuirt, Psy.D serves as Director of Clinical Training. Dr. McQuirt is a licensed psychologist with expertise in integrated primary care and cross cultural care. She is responsible for admissions, training activities, evaluations, maintaining Fellows' records and overall integrity of the standards of the program consistent with APPIC membership. Dr. McQuirt is also responsible for the day-to-day training activities at Healthcare Network. Natalie Rivera-Morales, Ph.D. a licensed psychologist with experience in cross cultural integrated primary care, serves as training coordinator at the Lee Health clinics. Under the supervision of the Program Director, licensed psychologist faculty supervisors are located at all teaching clinics. Additionally, interprofessional faculty from the College of Medicine participate in the Didactics series complimenting the medical content and medical humanities perspectives and are available for consultation.



Orientation of New Fellows

Introduction

FSUCOM recognizes the importance of an orientation program to provide professional support and familiarity with the mission, infrastructure, policies, and procedures of the COM and its partner clinical sites.

Fellows will be given a hardcopy of the Fellows Handbook on the first day of Orientation. An electronic version can be accessed on the program's [website](#). Fellows will be given a checklist of tasks to complete so that they are fully prepared to work in the clinical setting and to function within the academic program.

Before Arrival

- Complete all Employment Forms required by Human Resources, including a background check.
- Provide required documentation for credentialing at the clinical sites.
- The Program Coordinator, Ashley Butler serves as the liaison between the Fellow and the required documentation from the university and clinical sites. She can be reached at ashley.butler@med.fsu.edu or (239) 658-3729.
- Glendy Perez, Campus Program Manager serves as the liaison between Fellows and the FSU HumanResources Office throughout the two years of the fellowship. She can be reached at Glendy.perez@med.fsu.edu or (239)658-3117.

Orientation

- All Fellows participate in a formal Orientation to the program as well as orientation to their clinicalsites.
- Structured orientation includes:
 - Philosophy and Mission of the College of Medicine,
 - Requirements of the postdoctoral program,
 - Introduction to faculty,
 - General introduction to integrated primary care
 - Orientation to the clinical sites and required specific site training
 - Review of handbook which includes general expectations for performance, competencies and evaluations.
 - Training of electronic medical records used at placement sites
 - Meetings with primary supervisors to sign supervision contracts.



Training Program

Overview

The Postdoctoral Fellowship in Clinical Health Psychology is a training program of the FSU College of Medicine. The Fellows train at clinical sites affiliated with FSUCOM along with medical students and medical residents. It 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 serving patients across the lifespan. Focus is on, assessment and intervention approaches consistent with patient presentations within a 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).

Objectives & Competencies

Program Aim- Train psychologists to provide culturally appropriate integrated care in primary care settings with emphasis on underserved populations.

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.
- Develop skills to address chronic disease management.
- Demonstrate respect, compassion and integrity with patients.
- Apply cognitive-behavioral approaches to assessment and treatment in a primary care setting.
- Acquire knowledge of common medical conditions, procedures, and medications when developing psychological interventions.
- Develop knowledge and skills necessary to practice with underserved and rural populations.
- Utilize advanced skills in behavior change, including enhancing motivation to change.
- Use information technology to support telepsychology, patient care decisions and patient education.
- Develop knowledge and skills in medical education in preparation for teaching in an academic medical environment.



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, Relationships, 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 Research/Evaluation
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	Interprofessionalism 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)

- FSU Family Medicine Program at Lee
- Lee Community Clinic at Lehigh

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. Fellows have the option to provide telepsychology services, participate in Center outreach activities and research.



Sample Schedule

	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					

Program Activities

Clinical Training

The fellow functions as an integral part of a multidisciplinary healthcare team in Primary Care Pediatrics, Family Medicine, Internal Medicine and Women’s Health/Obstetrics departments. Primary duties 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 example of how services could be rendered by Fellows.

Behavioral Health Service Type	Estimated % of Patient Contacts	Key Service Characteristics
General Behavioral Health Consultation Visit / Psychotherapy	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 behavioral interventions by the primary care team member. · May involve conjoint visit with primary care provider · May involve primary focus on mental health 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.



Productivity Expectations: Postdoctoral fellows are *trainees* and are also clinicians who are being compensated for the delivery of behavioral health services at each clinical site. The first priority is the training need of each Fellow. Productivity expectations will be mindful of fellows’ trainee status while gradually preparing fellows to meet the level of performance expectations seen in typical primary care settings. Below is a range for the number of patient encounters a fellow is typically expected to complete

		Year 1			Year 2		
		Period 1		Period 2 March-August	Period 3		Period 4 March-August
		A Sept-Nov	B Dec-Feb		A Sept-Nov	B Dec-Feb	
Patients per Hour Expectation		.375 Patients per scheduled clinical hour	0.5 Patients per scheduled clinical hour	0.75 Patients per scheduled clinical hour	0.5 Patients per scheduled clinical hour	0.75 Patients per scheduled clinical hour	0.875 Patients per scheduled clinical hour
	Expected patients/8 hour day	Min 3 pts/day	Min 4 Pts/day	Min 6 Pts/day	Min 4 Pts/day	Min 6 Pts/day	Min 7 Pts/day
	EHR Template	4 slots (1 new pt, 3 f/u)	5 slots (2new pts, 7f/u)	8 slots (3new pts, 5f/u)	5 slots (2 new pts, 3f/u)	8 slots (3 new pts, 5f/u)	10 slots (3new pts, 7f/u)

In addition to these productivity expectations, Fellows may receive periodic “care reports” from each clinical site outlining several other clinical performance measures (i.e., patient satisfaction scores, documentation time, etc.). These help in the training of systems competencies.

Training Experiences

- *Behavioral Health Didactics* 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. Journal Club sessions review the latest literature on up to date topics. 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. Fellows are responsible for one case presentation and participate in a group presentation yearly.
- *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 participate /teach in the Doctoring 3 course and in the Residency Didactics to enhance their teaching skills within an academic health setting. Fellows are assigned specific topics for presentation to medical students or residents. Presentations are developed with faculty supervision. Fellows also receive instruction on the provision of supervision for psychologists to work in Primary Care settings.

- Fellows participate twice per month in a group experience where interesting cases are discussed highlighting issues commonly seen in primary care and/or consistent with cross cultural issues. Fellows practice presentation skills as well as supervision / consultation skills. The group is led by the same faculty member throughout the year to facilitate evaluation of progress.
- *Cross-cultural Medicine/Service Learning:* Fellows are expected to participate in service learning experience where fellows are immersed in the community in which they serve for outreach activities. Participants in these activities include: faculty and trainees from the FSUCOM as well as from other FSU Colleges, such as the College of Nursing as well as residents and Global Health Fellows from the FSU- Lee Family Medicine residency. The learning experiences include presentations, small group discussions, visits to community farms and other agencies and community clinical work. Assigned readings and/or videos on cross cultural care are utilized to engage groups in discussions about culture and general healthcare issues pertinent to the community. This experience is designed to prepare fellows to work in rural and underserved areas and to have knowledge of public health and community engagement.
 - *Research:* Postdoctoral Fellows with research interest may utilize allotted time to carry out short-term research project and/or participate with ongoing/established research with a faculty mentor at the Isabel Collier Read Medical Campus. This is an optional activity and typically takes place during the 2nd year.
 - Committees – Fellows will participate in medical staff and meetings and may be assigned to clinic/health system committees to enhance competencies in administration and systems.



Supervision

Each Postdoctoral Psychology Fellow receives a minimum of two hours weekly of formal supervision by a Licensed Psychologist/FSUCOM Faculty Member. One hour is for individual review of cases and one hour is live in-clinic one-to-one consultation. Additionally, all fellows participate in twice per month case consultation seminar where they are supervised on presentation skills for medical settings and case consultations. 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 supervision/consultation sessions, as needed. In fact, the structure and content of supervision in Primary Care often mirrors the pace and structure of the Primary Care setting. Such supervision is flexible and often-time occurs in real-time. For example, supervisory consultations may include questions regarding diagnostic clarification, treatment planning, care coordination, appropriate triage, and practice management. All medical documentation in the medical record is co-signed by a supervisor who provides ongoing feedback / supervision regarding case conceptualization, diagnosis, treatment plan and documentation. 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 Director of Clinical Training at the start of the Fellowship. The agreement is co-signed by all supervisors. Additionally, starting in December of Year 2, fellows meet monthly with the Program Director for individual professional development / mentoring in preparation for the transition to independent practice / employment.



Sample Supervision Contract

Postdoctoral Fellowship Supervision Agreement

This agreement is entered into by Fellow and (Director of Clinical Training) on Start Date regarding the Postdoctoral Psychology Fellowship at The Florida State University College of Medicine. The agreement is effective from Year 1 to Year 2.

Licensed Supervisors will include:

Supervisor 1	FL License # _____
Supervisor 2	FL License # _____
Supervisor 3	FL License # _____

Purpose of the Agreement:

This document is designed to establish the parameters and responsibilities of the supervisory relationship. The purpose of supervision is to facilitate personal and professional growth of the trainee, to monitor and evaluate student progress and activities, and to ensure quality services are provided to clinic patients. Specific guidelines and expectations regarding the process of supervision will be discussed in detail during our initial meeting.

Description of the Program:

The Florida State University College of Medicine offers a two-year Clinical Health Psychology Postdoctoral Psychology Fellowship. The Fellowship Program will have an emphasis on Primary Care Psychology. Trainees in the program will provide clinical services under the supervision of licensed psychologists, as named above. The training program is designed to meet licensure requirements for psychologists in Florida. Trainees will attend the training site(s) five days per week and agree to commit 40 hours per week to working at the site(s) [40 hours are required educational activities]. Specified times will be determined collaboratively based upon fellow, supervisor, and training site needs and requirements.

Roles and Responsibilities

Both supervisor and supervisee are expected to be on time and organized when attending regularly scheduled supervision meetings. If a trainee is unable to attend a supervision session, the supervisor should be notified via e-mail or phone as soon as possible. Missed sessions due to holidays, illnesses, or emergencies can be rescheduled based on supervisor’s availability. During the course of supervision, trainees can expect to receive didactic assignments relevant to the activities and goals experienced during evaluation and treatment of patients. All supervision assignments are designed to increase the professional development of the trainee.



While supervision will be used to complete some limited site administrative tasks and to review notes and other paperwork, supervisors will ensure ample time each week during supervision sessions designated to answering trainee questions and improving the effectiveness of therapeutic interventions. Supervisors are also committed to being available when needed between supervision sessions and to being fully invested in the trainee's skill development, growth, and learning. Supervisees can contact their supervisors accordingly if questions or concerns arise between weekly meetings. In the case of emergencies, trainees should call their direct supervisor first. If the supervisor is unavailable, trainees should contact the alternate supervisor or contact the Site Training Coordinator. The Director of Clinical Training is also available to cover emergencies.

Supervision and Conflict

Sometimes in the course of supervision, conflicts may arise. Initially Fellows should make every effort to resolve conflicts or concerns within the context of the supervision. However, if the trainee's efforts to resolve conflicts or concerns directly with the supervisor do not resolve the problem, he/she should contact the Director of Clinical Training and/or the Program Director.

Legal and Ethical Issues

During the course of supervision, trainees will inform all patients that they are working under supervision and that certain information may have to be disclosed in supervision. Trainees will provide the name and contact information of their supervisor to patients. Trainees are able to share confidential patient information with the supervisor for the purpose of ensuring quality care. Supervisors make every effort to maintain the confidentiality of trainee personal information that may be relevant to clinical work and discussed in the course of supervision; however, there may be situations in which a supervisor seeks consultation from other supervisors, the Director of Clinical Training or the Program Director and may share limited information. Supervisors will make every effort to communicate with trainees about any information that may be shared.

Trainees are expected to abide by the APA Ethical Principles of Psychologists and Code of Conduct as is any clinical staff at the training site and ethical violations may result in disciplinary action or termination of the supervisee's training contract.

Training Plan

Primary Training Objectives:

Supervisor and Trainee jointly determine objectives for the training year. Please list each of these below, as well as activities that will demonstrate the achievement of each objective.



SAMPLE TRAINING PLAN

Objective	Activities
1. Biological Components of Health & Illness: Understand the biological components of health, illness, and disease and the interaction between biology and behavior.	<ul style="list-style-type: none">• Identify a primary care physician and arrange for consultation about the biological aspects of the illness of a particular patient.• Research and discuss the potential biological and behavioral effects of medications used to treat the illness of a particular patient.
2. Cognitive Components of Health & Illness: Understand how learning, memory, perception, and cognition can influence health and health behavior.	<ul style="list-style-type: none">• In supervision, describe your own family illness history and how this affects your health beliefs.• As you work with Primary Care Providers, identify medical illnesses that can affect cognitive functioning.• When working with families in Primary Care, make note of family beliefs about illness and their beliefs about the cause of illness and its most appropriate treatment.
3. Affective Components of Health & Illness: Understand how emotions and motivation can influence health and health behavior.	<ul style="list-style-type: none">• List 5 medical problems that might present as depression or anxiety, and then consult with a primary care physician who is assessing and/or treating one of those diagnoses. Discuss the differential diagnosis.
4. Behavioral and Developmental Aspects of Health & Illness: Understand behavioral aspects of health, help-seeking behavior, response to illness and treatment, and prevention.	<ul style="list-style-type: none">• Work with patients from different stages of the life cycle to understand their experiences of health and illness, including preventive behaviors, help-seeking behaviors, coping and adaptation to the stress of illness, and compliance with treatment regimens.



Objective	Activities
<p>5. Sociocultural Components of Health & Illness: Understand social and cultural factors in the development of health problems, access to health care, and adherence to treatment and prevention.</p>	<ul style="list-style-type: none"> • Participate in the Spring Cross Cultural Medicine Outreach where you will have an opportunity to visit and interview patients of different ethnicities, religions, and class to learn the impact of such social factors on their health beliefs.
<p>6. Health Policy & Healthcare Systems: Understand how health policy and healthcare systems affects health.</p>	<ul style="list-style-type: none"> • Attend the meeting of the medical staff or quality improvement committee. • As you work with patients investigate their specific medical plan and what coverage it provides for health and mental health. • As you work with patients, note the different medications they take and go to the pharmacy to learn the total costs per month and what portion the patient is responsible for; compare that to the average household income in that particular community.
<p>7. Common Primary Care Problems: Acquire knowledge concerning the biological, cognitive, affective, behavioral and interpersonal aspects of most common conditions seen in primary care.</p>	<ul style="list-style-type: none"> • Participate in Doctoring 3, Resident Didactics sessions or with Resident Preceptors • Talk with a physician about his/her evaluation and treatment of common primary care problems. • Attend Primary Care Behavioral Health Seminars.
<p>8. Clinical Assessment of Common Primary Care Conditions: Acquire knowledge and expertise in the assessment of relevant cognitive, affective, behavioral, relational, social and psychophysiological components for all common conditions seen in primary care.</p>	<ul style="list-style-type: none"> • Utilize the Conner's Rating Scales, The Developmental Profile II, The Child Behavior Checklist and the PHQ-9 as you evaluate and work with patients in the primary care setting. • Work with other Primary Care Professionals to plan and coordinate assessments.
<p>9. Clinical Interventions in Primary Care: Acquire knowledge and skill in implementing empirically supported and awareness of other clinically supported interventions for the treatment and prevention of most common conditions in primary care.</p>	<ul style="list-style-type: none"> • Develop intervention plans that are collaborative with other Primary Care Professionals. • Design behavioral treatment plans for patients who are seen for brief treatment (vs. long-term treatment). • Work with a physician who is prescribing stimulant medication to develop effective ways to determine if the medication is indicated and to help measure the response to different dosage levels.



Objective	Activities
10. Interprofessional Collaboration in Primary Care	<ul style="list-style-type: none"> • Provide consultation to Women’s Health, Internal Medicine, and Pediatric providers • Provide behavioral health services for pediatric, internal medicine, and women’s health patients
11. Ethical Issues in Primary Care: Identify the distinctive ethical issues encountered in primary care practice.	<ul style="list-style-type: none"> • Participate in Doctoring 3 Ethics & PACE Sessions and Didactics Seminar • Attend Behavioral Health Seminar on Ethics
12. Legal Issues in Primary Care: Identify the distinctive legal issues often encountered in primary care practice.	<ul style="list-style-type: none"> • Attend Behavioral Health Seminar on Legal Issues in Primary Care • Consult with the Medical Records Department to learn about the legalities behind medical records and their release
13. Professional Issues in Primary Care: Be aware of and skilled in the special professional issues found in primary care practice.	<ul style="list-style-type: none"> • Consult with your supervisor(s) as there are opportunities to collaborate between on-site and off-site practices/providers. • Work with the site coordinator/Director of Behavioral Health to learn about strategies for seeking reimbursement for psychoeducational groups and collaborative sessions. • Review APA Advocacy Statements related to the inclusion of psychological services in primary care.

Assignments:

Average number of hours weekly Trainees will engage in the following:

Year 1

Intervention in Primary Care/Consultation, Assessment and Follow-up	32
Clinical Supervision	2
Didactics / Seminars	2-4
Professional Development & Other Activities	2-4

Year 2

Intervention in Primary Care/Consultation, Assessment and Follow-up	31
Clinical Supervision/Professional Development Supervision	2-3



Didactics / Seminars

2-4

Research / Project

3

Other Activities:

Ongoing (based on trainee interest)

Research/Program Evaluation

Program Development/Design

Ongoing (based on trainee interest)

Providing Training/Presentations

Minimum 2 per year

Community Engagement/Outreach

*FSUCares/Center for Child
Stress & Health 1-2x/year*

Clinical Teaching of Medical Students/Residents

Ongoing

Statement of Agreement

My signature on this document indicates my understanding and acceptance of the roles, expectations, and responsibilities described in this document for supervisees and clinical supervisors, and I agree to participate in supervision and the Postdoctoral Training Program at The Florida State University College of Medicine in accordance with these guidelines.

Postdoctoral Psychology Fellow

Date

Clinical Supervisor Signature

Date

Director of Clinical Training Signature

Date



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 rotation supervisor and with the Director of Clinical Training to review performance and progress 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 Director of Clinical Training about their training experience. At any time that the Fellow may not be meeting expectations, additional reviews of performance with supervisors and/or Director of Clinical Training may be necessary.

A Psychology Postdoctoral Fellowship Competencies Fellow Evaluation Form is utilized for all formal evaluations. Overall ratings are provided to measure Fellows' performance in each competency area. Overall performance ratings provided are based on the following scale:

- 1 = Unsatisfactory (fail)
- 2 = Needs Improvement (Specific Remediation REQUIRED; performance below level of training)
- 3 = Meets Expectations (Performance and Recommendations equal to Level of Training)
- 4 = Exceeds Expectations (Performance greater than Level of Training)
- 5 = Outstanding (Exceptional Performance significantly above Level of Training)

Failure to meet expectations may trigger a Remediation Plan as outlined in the Due Process Policy.



Sample Evaluation Form

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
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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
5.	Completes documentation in a timely manner and follows prescribed protocols for charting	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 1 Expectations</i>	
Overall Fellow performance	YES	NO

Fellow Signature

Date

Supervisor Signature

Date

Director of Clinical Training Signature

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			
Interprofessional Collaboration in Primary Care	ADOS			
	Teamwork			
	Co-Therapy			
	Negotiating Treatment Plans			
Understanding Biological Components of Health & Illness	Consultation			
	Human Anatomy			
	Pathophysiology			
	Physiology			
Knowledge of Cognitive Components of Health & Illness	Pharmacology			
	Health Belief Models			
	Biologic Factors [Impact on Cognitive Functioning]			
	Cognitive Factors [Influence on Reactions to Initial Diagnoses]			



Postdoctoral Awards and Professional Opportunities

Postdoctoral Awards

Fellows have opportunities to be recognized for special achievements during their training. Awards are presented at the time of presentation of certificates for program completion.

Mission & Service Award: this award recognizes the Fellow who has distinguished herself/himself through exemplary activities and service in line with the Mission of the FSUCOM, which focuses on the practice of patient centered health care that is responsive to community needs. Examples of exemplary activities and service might include:

- Community outreach (participation in health fairs, facilitating psychoeducational sessions outside of clinical site)
- Exemplary patient care (compassionate care, excellent patient-satisfaction scores)
- Exceptional response to identified needs (volunteering to serve on workgroups, committees, or facilitating professional development activities for other healthcare workers)

Outstanding Early Investigator Award: this award recognizes the Fellow who demonstrates outstanding productivity in research as an early investigator as evidenced by any of the following:

- Presenting research findings at a state/national/international meeting
- Developing a research plan/project (this can include community-based research, project within clinical site, etc.)
- Other measures of outstanding research productivity or promise as a researcher

Professionalism Award: this award recognizes a Fellow who has gone beyond the expected performance with complex patient situations, collaboration and/or helping peers or contributing to the clinics and program success. Trainees present themselves and the program in an exemplary professional and ethical fashion.

Selection: The Program Director Chairs a Selection Committee which includes the Director of Clinical Training and Site Training Coordinators. Any faculty member can nominate a Fellow for an award by providing a statement of why the Fellow is worthy of recognition. Faculty are welcome to nominate trainees during the annual faculty retreat so all faculty can comment/discuss. The Selection Committee will evaluate the credentials of Fellows active during the academic year and will make a selection for each of the available awards. Not all awards are presented every year.



Benefits

Health Insurance Coverage Information

A benefit provided to Fellows includes the selection of a health insurance programs for the Fellow, as well as spouses and children through the State Employee's Preferred Provider Organization (PPO) plan or a Health Maintenance Organization (HMO).

Health insurance coverage begins the 1st day of month following enrollment / hire date. The fellow has 60 days from the hire date to enroll. The Campus Manager will give the fellow direct contact in the FSU HR department so that the fellow can be fully informed about this benefit. It is strongly encouraged that the fellow complete enrollment as soon as possible.

Paid Time Off (PTO)

- Fellows accrue paid time off which can be used for periodic vacations, personal reasons, illness, or other pre-approved reasons.
- 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
- Time off taken due to medical reasons may require a physicians note, if the clinical site requires it.

Professional Development Leave Allowance

Professional development leave is made available to enhance the postdoctoral fellows training, research, writing or other forms of professional development. This form of leave is typically utilized to attend meetings, trainings and conferences to enhance the Fellow's training consistent with a Clinical Health Psychology framework. Postdoctoral fellows are allotted a total of 5 days of professional development leave per academic year. All professional development leave is subject to approval by the Director of Clinical Training. NOTE – all requests for leave should be made at **least one month** in advance to allow time to adjust clinic schedules

Use of Professional Development Leave /Funds

Fellows are allotted \$1,500 per fiscal year for professional development. The same process utilized for PTO should be followed when requesting leave for professional development. If a travel stipend is being requested from any available College of Medicine funds, approval is required from Supervisor, Director of Clinical Training and Program Director. NOTE – all requests for funds should be made at **least one month** in advance to allow time for processing.



Attendance and Leave

Attendance Expectations

Postdoctoral fellows are expected to work a minimum of 40 hours per week, but may be scheduled more than 40 hours per week for special outreach activities per year (not to exceed two per year). However, the professional obligations and learning activities of each postdoctoral fellow are comprised of both scheduled and non-scheduled activities. Normally, time is allowed within the normal workday for all activities outlined in the postdoctoral fellow's Supervision Agreement. Fellows are expected to engage in adult learning seeking to supplement their classroom/supervision learning with review of materials suggested by faculty and making use of the medical library.

When leave requests are being made, the postdoctoral fellow should be mindful of scheduled educational activities and should make every effort to plan around such activities as they are an essential part of the training experience. Similarly, the postdoctoral fellow should be mindful of his/her responsibilities to patient care and be considerate of how leave requests will impact care delivery – making every effort to plan ahead and to coordinate as needed to minimize any interruptions to patients' treatment.

All requests for PTO are to be submitted by the postdoctoral fellow to the Site Training Coordinator as a minimum of one month prior to desired leave and after consultation with the immediate supervisor. Approval of the dates on which a postdoctoral fellow wish to take PTO is at the discretion of the Director of Clinical Training. Once the leave request has been approved, the postdoctoral fellow should also notify other clinical staff to ensure that the proper procedures are followed, in terms of patient care, during the fellow's absence. It will also be the postdoctoral fellow's responsibility to reschedule any individual supervision sessions that will be missed during his or her leave, notify the supervisors and notify the Course Director if Didactics Seminar will be missed.

Note: Fellows provide clinical coverage during FSU holidays when clinics are operating. Faculty are available for supervision. Fellows will be allowed to make up their holiday time on an alternative date. Holiday coverage are prepared by Director of Clinical Training in collaboration with Site Training Coordinator who will use a rotating schedule to maximize equity.

Leave Requests

Unless there are special circumstances, leave requests should be made at least **one month prior** to desired time off. A Leave Request form is completed and signed by the immediate supervisor. It is the Fellow's responsibility to secure coverage for clinical work before securing signature from their immediate supervisor. Once approved by supervisor(s), the form should be sent to the Site Training Coordinator for approval/signature. The Director of Clinical Training has the ultimate authority to approve time off. It is the responsibility of the Fellow to have the Leave Form completed and secure all required signatures.

Family Medical Leave Act (FMLA) - Fellows needing to take Family Leave due to pregnancy or other qualifying event, should notify the Director of Clinical Training. The FSU HR department policies and procedures are followed. Glendy Perez - Campus Program Manager will guide the Fellow on how to work with FSU Central Campus HR. Note that time off taken may result in extension of Fellowship to



complete all requirements. A plan should be completed with the Director of Clinical Training as soon as possible to make accommodations with assigned clinical sites and academic work.

Time off Impact on Program and Licensing Requirements

PTO will be approved by the Director of Clinical Training depending on the individual Fellows' needs. Once a Fellow exceeds 104 hours of PTO per academic year, he/she may be required to make up missed time to fulfill program and licensing requirements

A continuous period of PTO commences with the first day of absence and includes all subsequent workdays until the postdoctoral fellow returns to work. For this purpose, Saturdays, Sundays, and official holidays observed by the University are not counted unless the postdoctoral fellow is scheduled to work on such days.

When an unanticipated need to use PTO due to illness occurs, the postdoctoral fellow should notify both the Site Training Coordinator and the immediate rotation supervisor. If the fellow's planned activities for that day involve patient care, the fellow should also directly contact management at the clinical site (in addition to notifying the supervisor and Site Training Coordinator) in order to facilitate coverage for patient care. Management should be contacted via a telephone call in addition to email or other forms of communication (i.e., text messages) – this will ensure that the clinical site is informed of the absence with sufficient time to contact patients who may need to be rescheduled. The fellow will be responsible for reviewing his/her clinical schedule to ensure there is proper clinical coverage, making arrangements for any urgent/high-risk patients scheduled for that date and/or making arrangements with a colleague to cover other scheduled tasks (e.g., on-call calendar, in-baskets). Below is a summary of the steps to follow should there be an unanticipated need to use PTO due to illness:

- Notify the Immediate Supervisor and the Site Training Coordinator
- Notify the FSU Program Managers [Ashley Butler and Glendy Perez (email is acceptable)]
- When scheduled to be in clinic:
 - notify management at the clinic (via telephone call allowing sufficient time to contact patients whose appointments will be affected by the absence)
 - review patient schedule and make coverage arrangements with a colleague for any urgent/high-risk patients, on-call calendar, and in-baskets. Be sure to notify management at the clinic site of such arrangements (i.e. nursing staff leader).



Dress Code

The Florida State University College of Medicine is committed to presenting a professional image for the patients and families served at our clinical training sites. Fellows represent the FSUCOM to the individuals served and can contribute to the organization's image by taking pride in their personal appearance and respect for patients.

Outlined below are general guidelines for professional attire that are consistent with community norms for psychologists.

Dress Standards

1. Fellows are expected to wear professional attire:

For men, or those who identify as male, professional attire consists of slacks, a collared shirt and dress or casual shoes (no sport shoes or sandals). Shirts should be tucked in at all times. Ties may be optional in clinical situations; however, when presenting, such as Grand Rounds, they would be appropriate. Any jackets/sweaters should be in line with professional attire (i.e., avoid team sport jackets, etc.).

For women, or those who identify as female, professional attire consists of slacks or a conservative length dress or skirt with a blouse or sweater. Skirt edge should rise no higher than 2" above the top of the knee during all clinical care and should not be tight-fitting. Heels more than 3" in height are never appropriate in clinical settings. Generally, shirts and blouses should be tucked in at all times unless the style of the shirt/blouse (e.g. some tops or women's blouses) is designed to be worn over slacks or skirts.

2. Jeans/denim, shorts, leggings, skorts, tanks, T-shirts, backless/strapless tops or dresses, low necklines or midriff-baring clothes, sweat shirts, logo tee shirts, spandex, revealing or tight clothing, see-through fabrics and sheer attire are not acceptable work attire.

At the discretion of the Regional Director, FSUCOM may support the "Casual Friday" norm (e.g. during football season or special occasions). On these days, fellows may wear jeans (if accepted at the clinical site) accompanied by a business blouse or sweater or an FSU polo shirt. No sports T-shirts without collars are allowed. No holes or torn or skin-tight jeans. No canvas or sports shoes. Shirts should be tucked. The overall appearance should remain business casual.

3. Shoes must be clean and in good repair. Footwear that violates a safety or infection control regulation is prohibited. In compliance with OSHA regulations, closed-toed shoes are required in all clinical settings. Flip-flops are not acceptable footwear.
4. Jewelry worn in the workplace should be modest. Large earrings or loose jewelry are distracting and in some clinical settings may be dangerous. Pins, rings or studs may not be worn in the nose, eyebrows, tongue, or in or around the lips.
5. All tattoos must be covered during all work activity. This includes any outreach in which fellows engage in outside of the clinic rotations.



6. FSUCOM name tag must be worn inside FSUCOM/Lee Health buildings and when engaged in activities representing FSUCOM (e.g. health fairs).

Use of White Coats during times of declared Health Emergencies requiring PPE.

Fellows may use white coats only if they are issued by their clinical site.

No scrubs are permitted to be worn by FSU employees in the Fellowship program.

White coats must be maintained neat and clean.

All FSU personnel **must** abide by their own clinic rules (including wearing any and all PPE that is required).

Grooming Standards

1. Hair must be neat and clean. Hairstyles that obstruct eye contact and/or extreme colors or styles are not acceptable. For example, long-spiked or Mohawk haircuts are not acceptable.
2. Facial hair must be neatly groomed or clean shaven.
3. Strong perfumes are to be avoided for patient comfort.

The established "norms" of certain clinical settings may modify these standards for professional attire, but any variations in professional attire must be approved by the supervisor. Fellows should consult the rotation supervisor to clarify expectations.



Email Content and Signature Policy

Purpose

FSU College of Medicine faculty, students, residents and staff are expected to use appropriate and professional language in all communications, including electronic medium. E-mail content reflects on the sender and the college. Users are expected to be courteous and not pass on off-color stories or jokes, religious diatribes, political statements, slogans, urban legends, chain letters or other content that is not likely to be of interest to the recipient. Though there are laws and rules governing the disposition of confidential information, there are also laws and legal proceedings that provide access to e-mail records.

Policy

Users should not say or portray anything in an e-mail that they would not want to see on the front page of a newspaper. In addition, e-mail signatures should be used to provide email recipients with the sender's contact information. The following guidelines should be followed to help users decide what is and is not appropriate:

- Limit the length of the signature to 12 lines
- Pictures and wallpaper/background images are not appropriate for message formats and signatures
- Signatures should be limited to contact information. Examples include: full name, position title, phone number, and address. Some people also include the department and organizations that they belong
- E-mail content and signatures should not include philosophical and religious phrases, slogans, pictures, etc. that do not relate to the overall content and intended purpose of the message.

Considering many e-mails within our environment are public records, users should use the following statement as a footer:

“Please note: Florida has very broad public records laws. Most written communications to or from state/university employees and students are public records and available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.”



Voice Mail Guide

It is imperative that fellows' office voice mail box message include instructions for the caller to follow in case of an emergency. Fellows should consult with their main rotation supervisor for voice mail protocol for fellows' assigned location.

Wellness

The Fellowship Program is committed to the health of all trainees. Activities are scheduled throughout the year to encourage Fellows in self care. Fellows are encouraged to ask the Director of Clinical Training or Program Director or their supervisors for referrals to local physicians and mental health providers. Additionally Fellows are encouraged to support their fellow trainees and to talk to the Director of Clinical Training or Program Director whenever a health concern is present. The FSUCOM Wellness Committee regularly send emails updating information on wellness events for the FSUCOM community.

MISTREATMENT Policy

The FSUCOM strives to provide an environment that is supportive of all trainees. Fellows are encouraged to discuss any incident of mistreatment with their supervisor, Training Site Coordinator and/or Director of Clinical Training, and/or Program Director. Additionally, Discrimination, Bias or Related Incidents can be reported to the Council on Diversity & Inclusion - <https://med.fsu.edu/councildiversityinclusion/reporting>

Additionally, Fellows help to teach medical students and residents in their clinical sites. Fellows are expected to follow all FSU policies when interacting with these trainees.

The Florida State University publishes two separately bound documents, the General Bulletin, Graduate Edition and the Student Handbook, that outline policies with regard to:

- 1. Equal Employment Opportunity and Non-Discrimination**
- 2. Persons with Disabilities**
- 3. HIV/AIDS Policy**
- 4. Sexual Harassment Policy**
- 5. Values and Moral Standards**

The "Equal Opportunity and Non-Discrimination Statement" reads, in part:

Florida State University (the University) is an equal employment opportunity employer and educational provider committed to a policy of non-discrimination on the basis of race, creed, color, sex, religion, national origin, age, disability, veteran or marital status, or any other protected group status. This policy applies to faculty, staff, students, visitors, applicants, and contractors in a manner consistent with applicable federal and state laws, regulations, ordinances, orders and rules, and the University's policies, procedures and processes.



In pursuing its mission of excellence as a comprehensive, graduate-research university with a liberal-arts base, the University strives to create and maintain a harmonious, high-performance work and educational environment.

It is the expectation that all members of our community are provided equitable opportunities to succeed and enrich the strength, skill, and character of the University. It is also expected that all members of our community will help create a work and educational environment that promotes fairness, respect, trust, and is free from discrimination or harassment. Behavior that may be considered offensive, demeaning, or degrading to persons or groups will not be tolerated.

The University will continue to reinforce its commitment of non-discrimination to all groups protected by state and federal law. We will continue to monitor our methods of recruitment, retention and advancement of qualified faculty, staff and students and annually examine our affirmative action plan, as prescribed by federal guidelines, to measure whether our campus is reflective of the community we serve.

The University further recognizes that forms of discriminatory or harassing behavior may create an unwelcomed or hostile environment and lead to an uncomfortable situation. As a result, the University has established internal complaint procedures available to all who believe their experience on any of our campuses has been less than appropriate. (Florida State University Bulletin, Graduate Edition)
<https://report.fsu.edu/>.

The Florida State University College of Medicine is committed to maintaining an academic environment in which faculty and students can work together freely to educate and develop exemplary physicians who provide the highest level of patient-centered healthcare, discover and advance knowledge, and are responsive to community needs especially through service to elder, rural, minority, and underserved populations. The College of Medicine recognizes that each member of the medical school community should be accepted as an autonomous individual and treated in a civil and humane manner without regard to his or her race, religion, sex, sexual orientation, national or ethnic origin, age, disability or any other factor irrelevant to participation in the activities of the College of Medicine. Diversity in background, outlook and interest among faculty, students and patients inherent in the practice of medicine, and an appreciation and understanding of such diversity is an important aspect of medical training. The development and nurturing of professional and collegial attitudes for effective caring and compassionate healthcare requires mutual respect among members of the College of Medicine community (faculty, staff, and students) and between these members and patients and their families.

Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual harassment, or inappropriate discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments, or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, staff, or students consensually disapproved of by society and by the academic community as either exploitative or punishing.



Unacceptable types of mistreatment are:

- Public belittlement or humiliation
- Threats of physical harm or actual physical punishment
- Requirements to perform personal services, such as shopping
- Being subjected to unwanted sexual advances
- Being asked for sexual favors in exchange for grades
- Being denied opportunities for training because of gender, race/ethnicity or sexual orientation
- Being subjected to offensive remarks/names directed at you based on gender, race/ethnicity or sexual orientation
- Receiving lower grades or evaluation based on gender, race/ethnicity or sexual orientation
- Physical punishment or physical threats
- Sexual harassment
- Discrimination based on race, religion, sex, sexual orientation, national or ethnic origin, age, disability
- Repeated episodes of psychological punishment of a student by a particular superior (e.g. public humiliation, threats and intimidation, removal of privileges)
- Grading used to punish a student rather than to evaluate objective performance
- Assigning tasks for punishment rather than to evaluate objective performance
- Requiring the performance of personal services
- Taking credit for another individual's work
- Intentional neglect or intentional lack of communication.

Reporting Harassment and/or Abusive Treatment

Fellows who believe they have been subject to abusive treatment may report the allegations to the Director of Clinical Training, and/or Program Director, Assistant Dean for Student Affairs and Diversity at Central campus, or the Council on Diversity and Inclusion or any faculty or staff member in the College of Medicine. If the Fellow contacts a College of Medicine staff or faculty member, that individual should report the incident to the Associate Dean for Student Affairs. The Associate Dean for Student Affairs reviews the circumstances as reported, reviews relevant documentation and conducts an investigation of the complaint. The Dean of the College of Medicine may be informed of the findings of the investigation and may further act on them accordingly.

Any student, staff or faculty member who witnesses mistreatment of a COM student, or any student who experiences mistreatment, should report the event using the **Report of Mistreatment of a Student** form at <https://intranet.med.fsu.edu/sites/academicaffairs/Pages/Mistreatment.aspx> The report can be made anonymously if desired.

Reporting Discrimination, Bias, or Related Incidents to the Council on Diversity and Inclusion

The Council on Diversity and Inclusion (CODI) offers a reporting service available to all members of the College of Medicine community, including students in all programs, residents and fellows, as well as



faculty and staff at the Central Campus and all Regional Campuses. Please note this form is for individuals who have an affiliation with the College of Medicine and can be accessed at <https://med.fsu.edu/councildiversityinclusion/reporting>.

If the claim involves sexual harassment, the University's policies regarding reporting are followed as outlined at <https://regulations.fsu.edu/sites/g/files/upcbnu486/files/policies/president/FSU%20Policy%202-2.pdf>.



Chemical Dependency Policy

The Florida State University College of Medicine recognizes that chemical dependency represents a problem of national proportions and medical students, faculty and staff may be at increased risk. The Florida State University College of Medicine recognizes that chemically dependent students, faculty and staff may potentially bring harm to themselves or the public they serve and that chemical dependency can impair a student's academic progress and a faculty or staff member's ability to fulfill his/her professional responsibilities. Furthermore, the Florida State University College of Medicine recognizes that chemical dependency, including alcoholism, is a treatable disease. The College of Medicine is, therefore, committed to providing wellness education programs through professional education and prevention programs concerning chemical dependency and alcohol use, to identifying and assisting students, faculty and staff who may be chemically dependent, and to providing access for students, faculty and staff to confidential chemical dependency treatment that will not jeopardize their professional career goals.

Definitions

Impairment is defined as recurring trouble associated with alcohol or drug abuse; the trouble may occur in any of several domains, including interpersonal (family or other relationships), educational, legal, financial, or medical. Examples include the range of behaviors from absence from class, clinical clerkships, or other professional academic, scholarly or administrative responsibilities; repeated lateness in the initiation or completion of assigned responsibilities; binge drinking; violence while under the influence of chemicals; traffic accidents and arrests for driving while under the influence; receipt of criticism about alcohol and/or drug use from fellow students or colleagues, and most especially, the students, faculty or staff member's continued drinking and/or drug use in spite of being informed of adverse consequences. Substance abuse is characterized as insidious, progressive, chronic, malignant, primary, family-centered and treatable. The medical consequences resulting from impairment from substance abuse range from a mild hangover to death due to bleeding, infection or trauma.

University Disciplinary Sanctions for Alcohol and Drug Offenses

Students, residents, faculty or staff in violation of state laws, local ordinances or university policies relating to the unlawful possession, use or distribution of illicit drugs or alcohol may be subject to sanction by the University. Such sanctions may include suspension, expulsion or dismissal of students or suspension, sanction, non-renewal or termination of residents, faculty and staff.



Emergency Operations Plan

Emergency Operation Plans by site may vary. Fellows are to follow the plan at their clinical site. Fellows should speak with site supervisor about disaster protocol at their assigned location. Additionally, the Program Director will send updates of any campus closures due to weather conditions. **Emergency contact information has to be submitted to the Program Manager, Glendy Perez.**



Due Process Policy

PURPOSE

The Florida State University College of Medicine is committed to the maintenance of a supportive educational environment in which fellows are given the opportunity to learn and grow. The position of the fellow represents the dual aspect of learner in postgraduate education, while actively participating in the delivery of patient care. It is expected that all trainees will demonstrate appropriate professionalism and motivation to improve performance.

RIGHTS AND RESPONSIBILITIES

The purpose of a Postdoctoral Fellowship is to provide Fellows with training and mentorship for the purpose of advancing their skills in line with their plan for career development. Postdoctoral training helps Fellows acquire the professional skills needed to pursue their career goals. Fellows have a shared responsibility to make the mentorship relationship work effectively. Fellows are expected to comply with all established policies of the Fellowship Program and with the policies of the Florida State University College of Medicine and of the Clinical Site where psychological services are rendered.

Fellow rights include:

- Clear terms of appointment, including performance expectations, clearly defined policies and procedures, and clearly defined benefits.
- Supervision: Fellows should always have an assigned supervisor(s) with routinely scheduled meeting times and instructions for how to seek supervision outside of scheduled sessions; Fellows should receive periodic evaluations (including formal annual evaluations) and faculty's full support to address and remedy any identified areas for improvement.
- Right to appeal the actions taken by the program in regards to any identified problem behavior(s).
- Right to a grievance process that includes an opportunity for an external review of a Fellow's appeal by individuals not directly responsible for the Fellows supervision.
- Mentorship: sympathetic professional guidance to foster growth.

The Postdoctoral Fellowship Program is responsible for providing an atmosphere that is conducive to learning and professional growth. This includes providing opportunities for supervised clinical practice that are balanced in terms of setting fair and obtainable productivity goals.

Academic Standards

A fellow's continuation in the training program is dependent upon satisfactory performance as a learner, including the maintenance of satisfactory professional standards in the care of patients, interactions with others on the health care team, and maintenance of medical records. The fellow's academic evaluation will include assessment of American



Psychological Association core competencies, including conduct that reflects professional standards, ethics, and collegiality. Disqualification of a fellow as a learner or as a member of the health care team from patient care duties disqualifies the fellow from further continuation in the program. In order to continue as a fellow in the FSU College of Medicine Postdoctoral Fellowship in Clinical Health Psychology program, the fellow must meet eligibility criteria for appointment as a fellow at the participating clinical institution. Continuation to Year 2 is based on successful achievement of Year 1.

Due Process Procedure

Postdoctoral Fellows are formally evaluated at the middle and at the end of each academic Fellowship year. 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 the Director of Clinical Training about their training experience.

Should problems be identified with the fellow's professional behavior or in meeting the expected competency level during the formal evaluation or at any other time in the program, the following procedures will be implemented:

NOTICE:

1). The Fellow will be notified that a problematic behavior / deficiency has been identified through the following incremental steps:

1. Verbal Advisement. The Postdoctoral Fellow is verbally informed of the observed problem and is made aware that corrective action should be taken. This will be in the form of advising/supervision from the faculty member / supervisor during individual supervision. While it is the responsibility of the supervising faculty, in consultation with the Director of Clinical Training, to determine the length of time to resolve the problem, two to four weeks is the typical duration of this step of the due process. The supervisor will then inform the Fellow during supervision when the problem has been resolved and the Fellow continues with the normal program progression.
2. Written Notice. If after the verbal advisement period the problem behavior and/or deficiencies have not been resolved, the Postdoctoral Fellow receives a written notice, from the Director of Clinical Training, documenting the area of deficiency and notifying the Fellow of the Program's intention to develop a Remediation Plan. The notice will set a time within 5 business days for a hearing.

HEARING:

A hearing is a meeting called by the Director of Clinical (DCT) to gather information to help clarify the reason(s) for the Fellow's deficiency(ies) and the possible need for a Remediation Plan. Feedback from all supervisor(s) will be sought by the DCT, evaluations



forms will be reviewed with the Fellow who will be asked to share any other information that may be helpful for the program to understand why the difficulties exist or whether the Fellow is in disagreement that there are deficiencies. The meeting will be attended by the direct supervisor and the Director of Clinical Training. Based on all input, if the DCT decides that a Remediation Plan is warranted, a Plan will be discussed and developed with input from the Fellow. Upon completion of the meeting, the Director of Clinical Training will send the Fellow in writing within two business days a written copy of the Remediation Plan and a Notice will be filed in the Fellow's file. If the Fellow disagrees with the need to proceed with a Remediation Plan, the Fellow can proceed to the step of APPEAL.

REMEDICATION PLAN

If a Remediation Plan is warranted after the Hearing, a written notice will be sent to the Fellows and will include the following disclosures:

- a. A copy of the written notice will be placed in the Fellow's file
- b. The Director of Clinical Training in consultation with the supervisor will work with the Fellow to further develop a Remediation Plan to rectify the problem.
- c. A Remediation Plan form will be attached to the Written Notice. The Remediation Plan will outline (1) the specific deficiencies, (2) the specific goals of the remedial plan, (3) measures to evaluate whether these goals are met, and (4) the time frame within which these goals are expected to be met, which may be a 2-4 week period.
- d. The written notice will include notification that if the problem is not resolved within the specific amount of time, a Written Warning will be issued.
- e. After the remediation plan has been completed and the problem has been resolved, the Fellow will be notified by the Director of Clinical Training and a note will be placed in the Fellow's file reflecting the resolution.

Written Warning: If the problem behavior and /or deficiencies identified persists beyond the time frame developed in the Remediation Plan, the Fellow will receive a Written Warning within three business days, from the Director of Clinical Training. The Written Warning will include the following information:

- a. Detailed description of the Postdoctoral Fellow's unsatisfactory performance
- b. Specific actions needed by the Postdoctoral Fellow in order to effectively resolve the problem behavior and deadline for resolution.
- c. Consequences to be applied if the problem behavior is not resolve which may include placement on probation.
- d. Timeframe for complying with specified actions, which can be a two- to four-week period.
- e. The Fellow will meet with the Director of Clinical Training to review



- the Written Warning and both the Fellow and the Director of Clinical Training will sign an attestation that the meeting took place and the Fellow is aware of requirements to stay in the program. The fellow will have an opportunity to respond to the concerns, including choosing to include a written response in their file within 5 business days of receiving the Written Warning.
- f. Resolution of the problem will be communicated in writing to the Fellow by the Director of Clinical Training. A copy of the notice will be placed in the Fellow's file.
 - g. If the Fellow fails to rectify the identified problem after the Written Warning, the Director of Clinical Training will review the Fellow's problems / deficiencies with the Program Director as well as the steps that have been taken to resolve the problem. The Director of Clinical Training will notify the Program Director of the recommended next step -placement on probationary status. The Fellow will be notified in writing of the decision within 5 business days from the end of the Written Warning period and a notice will be placed in the Fellow's file outlining the problem, the failure to achieve remediation and the decision to place on probation. The terms for completion of probation are to be outlined.
 - h. Upon satisfactory achievement of the probationary term, the Fellow will be notified within 5 business days that they return to good standing in the program and a note will be placed in the file.
 - i. If the probationary terms are not met, the Director of Clinical Training will meet within 5 days with the Fellow to review the reason for failure to meet the terms of probation. If the Director of Clinical Training decides there are grounds for dismissal or non-renewal, the Fellow will be informed in writing within 3 days.
 - j. The Directory of Clinical Training will notify the Program Director of the decision to not renew or dismiss
 - k. The program Director will notify the FSU Human Resources department.

Non-renewal and Dismissal: In the event that the Director of Clinical Training decides not to renew a Fellow's appointment at the end of Year 1, or to dismiss a Fellow, the Director of Clinical Training will notify the decision to the Program Director. In the case of non-renewal, the Fellow will be provided written notice no later than two months prior to the end of the Fellow's contract. If the primary reason(s) for the non-renewal occurs within two months prior to the end of the agreement, Fellows will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. The notice of intent will include a statement specifying the reason(s) for non-renewal. In the event of a decision to dismiss the Fellow from the program, the Fellow will be notified in writing within 3 days of the end of their unsatisfactory probationary period.

APPEAL

An Appeal is an opportunity for the Fellow to express their disagreement with any actions taken by the program as a result of problem behaviors or failure to achieve competencies. A fellow may request a meeting with the Director of Clinical Training to express their disagreement with an action of a supervisor. If



they are not satisfied with a resolution, they may place a written notice in their file. They may also request a meeting with the Program Director to discuss their disagreement with actions taken. If after meeting with the Program Director, no resolution is found, the Fellow may appeal the decision to the Associate Dean for Medical Education and Academic Affairs of the College of Medicine. They should notify the Dean in writing of their intention to appeal a decision within three days of being notified of the decision. This appeal must be made in writing to the Dean for Medical Education and Academic Affairs within 10 business days from the Fellow's receipt of the decision. Failure to file such an appeal within 10 business days will render the decision of the person suspending the Fellow the final agency action of the Florida State University College of Medicine.

If an appeal is filed with the Associate Dean, the Associate Dean will inform the Program Director of the appeal. The Program Director will provide the Dean with a copy of the decision and accompanying documents and any other material submitted by the Fellow or considered in the appeal process. The Associate Dean will refer the appeal to a Special Committee appointed by the Associate Dean consisting of three College of Medicine faculty members who have not previously been involved in the appeals process for the Fellow. The purpose of the Special Committee is to ensure that the Fellow's due process rights have not been violated and that the decisions of the Director of Clinical Training and the Program Director are consistent with the policies and procedures of the Program and of the FSUCOM. The Special Committee must meet and make a recommendation to the Associate Dean within 10 working days upon receiving the charge from the Associate Dean to consider the appeal. The Associate Dean then makes the final decision to grant or deny the appeal based upon the recommendation of the Special Committee. The Associate Dean will use his/her best efforts to render a decision within 5 working days of the Special Committee's recommendation, however, failure to do so is not grounds for reversal of the decision under appeal. The Dean will notify in writing the Program Director and Fellow of the decision

Suspension of Clinical Responsibilities: In the event that the actions of a Fellow are considered to interfere with patient safety, the following individuals are authorized to suspend a Fellow from patient care responsibilities immediately: the Program Director, the Dean of the FSU College of Medicine, the Senior Associate Dean for Medical Education and Academic Affairs, or the Chief Medical Officer at the clinical institution to which the Fellow is assigned. The Fellow will be informed of the reasons for the suspension and will be given an opportunity to provide information in response.

The Fellow suspended from patient care may be assigned to other duties as determined appropriate and approved by the Director of Clinical Training. The Fellow will either be reinstated (with or without the imposition of probation or other conditions) or dismissal proceedings will commence by the Fellowship Program within 15 days of the date of suspension. Any suspension and reassignment of the Fellow to other duties may continue until final conclusion of the decision-making or appeal process.



Grievance Policy

The Program strives to provide a healthy and safe environment for all Fellows. Fellows are routinely requested by the Program to provide anonymous feedback on the strengths and opportunities for program improvement. Additionally, Fellows are encouraged to seek out any faculty to discuss any individual concerns or complaints about the Program or clinical sites at any time during the course of their two years of training. As part of professional mentoring, faculty have an open-door policy that encourages open discussion about concerns and mentoring for resolution of conflicts or other issues of concern. Fellows are also encouraged to discuss problems or complaints with the Director of Clinical Training who will try to help the Fellow find solutions or guide the Fellow on how to appropriately file a formal complaint. If the Fellow has a complaint that is not resolved by seeking out counsel from their supervisor or Director of Clinical Training, they should immediately make an appointment to meet with the Program Director. The Program Director serves as FSU's representative with the affiliated clinical sites and will take up any issues /complaints with the leadership of the sites. The Program Director will provide a response to the Fellow about the complaint after meeting with appropriate site official no later than 10 business days after the Fellow has shared the complaint. If the complaint involves a faculty, the Program Director can help the student resolve the issue with a mediation meeting with the faculty within 5 days of the Fellow's complaint. If the Fellow does not feel comfortable with mediation and the situation warrants a formal complaint (e.g. inappropriate behavior by faculty) the Program Director will help the Fellow to immediately direct the complaint to the FSU Office of Human Resources for further follow-up and HR protocols are then followed.

Postdoctoral Fellow Remediation Plan

Goal	Plan (Remediation/Accommodation)	Measured Success	Time Frame for Reaching Goal	Comments

Fellow Signature/Date: _____

Supervisor Signature/Date: _____

Plan Review Date Set for: _____