

FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE
Immokalee Health Education Site

*Postdoctoral Fellowship in
Clinical Health Psychology*

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



TABLE OF CONTENTS

Table of Contents

Introduction.....	4
Institution Information	5
College of Medicine: Mission and Vision Statements	5
Clinical Health Psychology Postdoctoral Program: Mission and Vision Statements	5
Immokalee Health Education Site	7
Immokalee Health Education Site – Organizational Chart	8
Orientation of New Fellows	9
Training Program	10
Overview	10
Objectives & Competencies	10
Clinical Rotations.....	12
Sample Schedule	13
Program Activities.....	14
Clinical Training.....	14
Didactic Training.....	15
Teaching and Supervision	16
Supervision.....	17
Sample Supervision Contract	18
Evaluations	24
Sample Evaluation Form	25
Sample Self-Assessment Form.....	31
Postdoctoral Awards and Professional Opportunities.....	33
Health Insurance Coverage Information	35
Policies & Procedures	36
Attendance and Leave	36
Sick Leave	36
Annual Leave.....	37
Leave & Template Change Request Form	39
Travel Request Form	40



Dress Code 44

Email Content and Signature Policy 46

Voice Mail Guide 47

Chemical Dependency Policy 48

Operations Plan 49

Due Process & Grievance Process 50

 Due Process 50

 Grievance Process..... 51



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

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 some clerkships for third and fourth year students. The FSU-Isabel Collier Read Medical Campus, a rural clinical-training site in Immokalee, a migrant farm community on the edge of the Everglades in south Florida. There, third- and fourth-year students from the six regional campuses have the option to take required or elective rotations in a setting with a strong tie to the college's mission of working with the medically underserved. The first postdoctoral fellow was accepted to the Isabel Collier Read Medical Campus in 2008.

In 2010, as it celebrated the 10-year anniversary of its creation, the college reached its maximum expected enrollment of 480 students (120 per class).



Immokalee Health Education Site

The Immokalee Health Education site opened in 2007 as a rural clinical-training site in partnership with the [Healthcare Network of Southwest Florida](#) (HCN). The facility includes a 29,000-square-foot center with clinical/patient-care areas, research space, and individual office space for each Fellow, as well as designated areas for classroom/group teaching. The center has state of the art technology, which



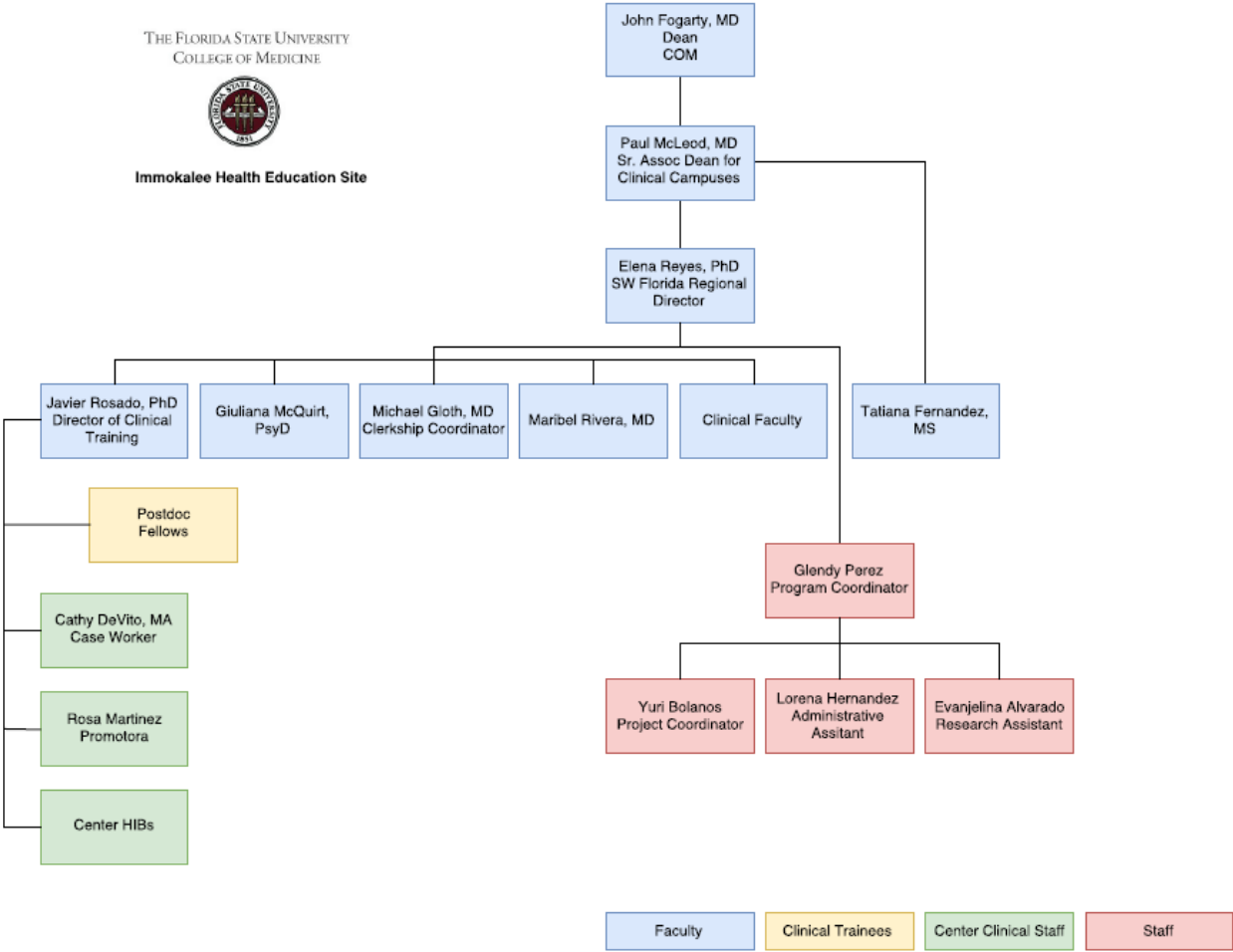
includes video conferencing capabilities to connect with other FSUCOM campuses and Faculty. This allows Fellows to receive training support from FSUCOM Faculty across each of the college's regional campuses. FSUCOM Faculty have a wide array of expertise that Fellows can benefit from, thus allowing for networking with other professionals, despite the rural location of the training site. Main campus provides full support for research endeavors. The Immokalee Health Education Site is a part of the OneFlorida Clinical Research Network. The facility includes full access to the FSUCOM Maguire Medical Library. 99.9% 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 Healthcare Network of Southwest Florida is a Federally Qualified Health Center. The health center includes Pediatrics, Family Medicine, Internal Medicine (including a specialty/HIV clinic), Dental, 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. 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 of Southwest Florida serves a culturally and linguistically diverse population in 14 healthcare sites in Immokalee and Naples.



Immokalee Health Education Site – Organizational Chart





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 the Healthcare Network of Southwest Florida.

Fellows will be given a hardcopy of the Fellows Handbook on the first day of employment. 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. The Program Coordinator, Glendy Perez is the contact person for this. She can be reached at glendy.perez@med.fsu.edu or (239) 658-3117.
- Provide a brief bio sketch to the Director of Clinical Training

Week 1

- Meet with Director of Clinical Training and with Program Director for an Information Session
- Sign-out Laptop and Complete Basic IT Orientation
- HR Orientation and OMNI Training with Program Coordinator
- Orientation of Health Care Network of Southwest Florida: HIPPA/OSHA Training
- Submit Credentialing Application to Director of Clinical Training or to Program Coordinator
- Complete Immokalee Tour with Promotora
- Take FSUCOM [virtual tour](#).
- [Watch the Video](#) about the Founding of the FSU College of Medicine.

Week 2

- Complete training for use of Electronic Medical Record
- Shadow Primary Care Office visits and Behavioral Health Office Visits
- Meet with Primary supervisor for orientation and with the Director of Clinical Training to sign supervision contract



Training Program

Overview

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

Objectives & Competencies

The training curriculum closely follows and is based on recommendations from the APA Interdivisional Committee for a Primary Care Curriculum and emphasizes inter-professional collaboration and the following factors of health and illness: biological, cognitive, affective, behavioral & developmental, and sociocultural.

Goal - Train psychologists to work in primary care settings.

Objectives:

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



Expected Competencies at conclusion of Fellowship:

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

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

Cluster	Competencies
1. Science	Science Related to the Biopsychosocial Approach
2. Systems	Leadership/Administration Interdisciplinary Systems Advocacy
3. Professionalism	Professional Values and Attitudes Individual, Cultural and Disciplinary Diversity Ethics in Primary Care Reflective Practice/Self-assessment/Self-care
4. Relationships	Interprofessionalsim Building and Sustaining Relationships in Primary Ccare
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)

Fellows also train within the context of ***The Patient-Centered Medical Home (PCMH)***. PCMH refers to an organizational model to deliver the core functions of primary care, including: patient-centered, comprehensive, coordinated care, access, quality and safety.

Postdoctoral Fellows will alternate between two 12-month rotations from the following:

Rotation 1: Rural Primary Care

Training Site: Pediatrics ("Children's Care Immokalee" at the Healthcare Network of Southwest Florida)

Rotation 2: Behavioral Medicine & Chronic Disease Management & Prevention

Primary Training Site: Women's Health ("Women's Care Immokalee"/Obstetrics at the Healthcare Network of Southwest Florida)

Secondary Training Site: Family Medicine/Internal Medicine (at the Healthcare Network of Southwest Florida)

While the established rotations are standard, the length of time spent at a particular training site (i.e., department within the Healthcare Network of Southwest Florida) may vary slightly from year to year based on the interests of the postdoctoral fellow and the clinical needs of the agency.



Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8a	No Clinical Hours	Patient Care	Patient Care	Professional Development	Individual Supervision
9a					Patient Care
10a	Group Therapy		Patient Care	Patient Care	
11a					
12p	Patient Care		Patient Care	Patient Care	
1p	Lunch	Lunch	Lunch	Lunch	Lunch
2p	Patient Care	Patient Care	Training: -Seminars -Treatment Team -Journal Club -Doctoring	Patient Care	Patient Care
3p					
4					
5	Group Therapy: Obesity Program	Individual Supervision			
6					
7		No Clinical Hours			



Program Activities

Clinical Training

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

Behavioral Health Service Type	Estimated % of Patient Contacts	Key Service Characteristics
General Behavioral Health Consultation Visit	60—70 %	<ul style="list-style-type: none">· Brief, general in focus; oriented around a specific referral issue from health care provider.· Visit length (15-30 min) matches pace of primary care.· Designed to provide brief interventions and support medical and psychosocial interventions by the primary care team member.· May involve conjoint visit with primary care provider· May involve primary focus on psychosocial condition or working with behavioral sequelae of medical conditions.
Behavioral Health Psycho-educational Visit	10—20 %	<ul style="list-style-type: none">· Employs psycho-educational approach in classroom or group modality.· Program structure is often manualized, with condensed treatment strategies; emphasis on patient education and self-management strategies.
Telephone Follow-up	10—20 %	<ul style="list-style-type: none">· Brief phone calls to follow-up with patient after a “General Behavioral Health Consultation Visit
Behavioral Health Case Conference	10%	<ul style="list-style-type: none">· Reserved for high-utilizers or for patient with problems of high risk/complexity.· Emphasis is on developing and communicating a health care utilization plan to contain excessive medical utilization, and on giving primary care providers effective behavioral management strategies and community resource case management.· Goal is to maximize daily functioning of patient, not necessarily symptom elimination.



Productivity Expectations: While postdoctoral fellows are *trainees*, they are also clinicians who are being compensated for the delivery of behavioral health services at each clinical site. 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 across the different stages of training:

	Year 1			Year 2		
	Period 1		Period 2	Period 3		Period 4
	A	B		A	B	
	Sept-Nov	Dec-Feb	March-August	Sept-Nov	Dec-Feb	March-August
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, you will receive periodic “care reports” from each of your clinical sites outlining several other clinical performance measures (i.e., patient satisfaction scores, documentation time, etc.).

Didactic Training

- **Behavioral Health Seminar:** This is a seminar 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. Seminars are led by psychology faculty, appointed physicians, health administrators, and by community clinicians with experience in integrated healthcare delivery.
- **Doctoring 3:** This is a year-long course that allows for multidisciplinary training/learning between psychology and medical trainees. The overall goal of participation in this course is to provide Fellows with coursework that enhances their medical clinical knowledge. It also provides opportunities to explore issues related to the College of Medicine’s mission of reaching the underserved. Primary care psychologist must have a basic understanding of diseases because they routinely work with medical professionals and collaborate to address cognitive, affective, behavioral, developmental, and sociocultural components of health and illness. Participation in this course is important for fellows to keep informed of advances in current medical treatments.



- *Cross-cultural Medicine/Service Learning:* This is a week-long service learning experience where fellows are immersed into the community in which they serve for outreach activities to deliver primary care and education. Faculty and trainees from the FSUCOM as well as from other FSU Colleges participate – such as the College of Nursing and the College of Law. The learning experience includes lectures, small group discussions, and community clinical work. Assigned readings 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 disease commonly found in such communities. Of emphasis will be psychosocial aspects, culturally appropriate delivery of care, and public health issues resulting from migration and its impact on the healthcare system experience.
- *Case Conferences & Grand Rounds:* All Psychology/Behavior Health staff, as well as providers from multiple disciplines, including Psychiatry, participate. Cases and special topics are presented on a rotational basis with each fellow presenting at least twice per year to the group.
- *Journal Club:* During monthly journal clubs meetings, Fellows gather with Psychology Faculty to discuss scientific literature. This is offered as a means for training in clinical research and as a platform for gathering first-hand knowledge on analyzing, evaluating, dissecting, and utilizing the scientific literature. This experience allows Fellows to enhance evidence-based practice and to advance their skills at analyzing the quality, validity, and relevance of available evidence.
- *Research:* Postdoctoral Fellows with research interest may utilize allotted time to carry out short-term original research projects with a research faculty mentor and/or they may participate with ongoing/established research at the FSUCOM Immokalee Health Education Site.

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 both informally through patient encounters, and formally by co-facilitating Doctoring 3 sessions during Year 2 of the Fellowship Program. Fellows also receive instruction on the provision of supervision for psychologists to work in Primary Care settings. During Year 2 of the Program, Fellows supervise select clinical cases seen by Year 1 Fellows; the supervision process is overseen by an assigned Licensed Psychologist/FSUCOM Faculty Supervisor.



Supervision

Each Postdoctoral Psychology Fellow receives a minimum of two hours of formal, scheduled supervision by a Licensed Psychologist/FSUCOM Faculty Member. Supervisors are assigned to each rotation based on their expertise within that specialty domain and patient population. All supervisors follow an “open door” policy and are readily available for additional and information supervision session as needed. In fact, the structure and content of supervision in Primary Care often mirrors the pace and structure of the Primary Care setting. Supervision frequently occurs at times outside of, and in addition to, the scheduled supervision blocks. Such supervision is flexible and 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. 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.



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, Immokalee Health Education Site in Immokalee, FL. 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 agency clients. 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 Behavioral Health 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 inclusive of 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 regular, weekly, 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 clients. 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. Your 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, call Dr. Rosado directly first. If he is unavailable, trainees should contact an alternate supervisor or the 24-hour clinic line at 239-658-3000.

Grievance Policy and Due Process

Sometimes in the course of supervision, conflicts may arise. Initially students 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 supervision, he/she should contact the Director of the Immokalee Health Education Site.

Legal and Ethical Issues

During the course of supervision, trainees will inform all clients 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 clients. Trainees are able to share confidential client information with the supervisor toward 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 or the Chief Psychologist 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.

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
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.	<ul style="list-style-type: none"> • Participate in the Spring Cross Cultural Medicine Course 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.
6. Health Policy & Healthcare Systems: Understand how health policy and healthcare systems affects health.	<ul style="list-style-type: none"> • Attend the Community Medicine Seminar led by Community Health Center Administration and Legal Counsel. • 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, not 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.
7. Common Primary Care Problems: Acquire knowledge concerning the biological, cognitive, affective, behavioral and interpersonal aspects of most common conditions seen in primary care.	<ul style="list-style-type: none"> • Participate in Doctoring 3 sessions. • Talk with a physician about his/her evaluation and treatment of common primary care problems. • Attend Primary Care Behavioral Health Seminars.
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.	<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.
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.	<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 • 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 Chief Psychologist 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
Planned Didactics	2
Professional Development & Other Activities	4

Year 2

Intervention in Primary Care/Consultation, Assessment and Follow-up	31
Supervising Trainees	1
Clinical Supervision/Professional Development Supervision	2
Planned Didactics	2
Professional Development & Research Project	4



Other Activities:

Research/Program Evaluation	Ongoing (based on trainee interest)
Program Development/Design	Ongoing (based on trainee interest)
Providing Training/Presentations	Minimum 2 per year
Community Engagement/Outreach	FSUCares (Spring)
Participating in Didactic Trainings	Weekly

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, Immokalee Health Education Site in accordance with these guidelines.

Postdoctoral Psychology Fellow

Date

Clinical Supervisor Signature

Date

Program Director Signature

Date



Evaluations

Postdoctoral Fellows are formally evaluated at the end of each academic year/Fellowship year and also receive evaluative feedback mid-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. Fellows will also have an informative mid-year evaluation meeting with their supervisors each year. The intent of this session is to provide trainees with feedback on their performance and progress.



Sample Evaluation Form

Psychology Postdoctoral Fellowship Competencies Fellow Evaluation

Fellow: _____

Date of Review: _____

Supervisor: _____

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



Clinical Assessment & Interventions, *Continued*

5.	Demonstrates an understanding of common PC problems and is able to present coherent and meaningful case formulations	5	4	3	2	1	NA
6.	Uses appropriate intervention techniques grounded in theory and a clear conceptual framework	5	4	3	2	1	NA
7.	Understands & reacts therapeutically to relational aspects between self & client	5	4	3	2	1	NA
8.	Evaluates therapeutic progress and alters the approach or strategy as needed	5	4	3	2	1	NA

Interprofessional Collaboration/Relationship Management

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



Ethical, Legal & Professional Issues in Primary Care

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

Training Director Signature

Date



Sample Self-Assessment Form

Postdoctoral Fellow Competency Self-Rating Form

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

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



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



Postdoctoral Awards and Professional Opportunities

Postdoctoral Awards

Fellows have opportunities to be recognized for special achievements during their training. Two awards are given:

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

Selection: The Director of Clinical Training will Chair a Selection Committee. The committee will include 3-5 members who are either FSUCOM faculty or staff from the clinical sites where Fellows are placed. 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.



Professional Opportunities

Each academic year, Fellows are encouraged to apply for the Chief Fellow position. The Chief Fellow takes a leadership role and serves as an advocate and mentor for fellow trainees. In this position the Fellow is also a liaison with program faculty. The Fellow selected for this position shows initiative and enthusiasm along with a commitment to service. The Chief Fellow is not intended to function as a supervisor for the other Fellows, but rather as a liaison to program faculty and one who facilitates comradery among the class. Duties and responsibilities of the Chief Fellow may include:

1. Provide leadership to Fellows
2. Organize activities for Fellows (i.e., lunch or study groups)
3. Assist in planning and participate in interview days
4. Assist in arranging orientation activities for new Fellows
5. Solicit and compile feedback from Fellows about their training experience, along with recommendations for program faculty to consider

Candidates can nominate themselves for the position and will be selected by program faculty at the beginning of each academic year.



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). These plans provide hospitalization, physician and pharmaceutical coverage. Changes to coverage are not permitted unless there is a "Qualifying Status Change Event" (QSC). These events include, but are not limited to:

- Marriage or divorce
- Death of a spouse or child
- Birth or adoption of a child
- Employment or termination of the insured or spouse
- Transfer to a non-eligible employment classification
- Child(ren) become eligible or ineligible for coverage due to a change in age and/or education status
- An HMO member moves out of the HMO service area
- Commencement or return from a medical or unpaid leave of absence
- Change in status from part-time to full-time for insured or spouse
- Change in status from full-time to part-time for insured or spouse

Coverage changes must be made within 60 days from the time the event occurs; otherwise, employees must wait until the annual open enrollment period.

Health-insurance benefits become effective after Fellows have completed 2-months of employment.



Policies & Procedures

Attendance and Leave

Attendance Expectations

Postdoctoral fellows are expected to work a minimum of 40 hours per week, and therefore scheduled hours do not normally exceed 40 hours per week. 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.

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.

Sick Leave

Sick Leave Allowance

Sick leave will be approved by the Director of Clinical Training depending on the individual fellows' needs. Once a fellow exceeds 40 hours of sick leave per academic year, he/she may be required to make up missed time.

Uses of Sick Leave

A postdoctoral fellow is authorized to use sick leave if he or she is unable to perform his or her duties for the following reasons:

- Personal injury or illness
- Personal appointments with a health care provider
- Exposure to a contagious disease that would endanger others
- The injury or illness of a member of the postdoctoral fellow's immediate family, at the discretion of the supervisor
- The death of a member of the postdoctoral fellow's immediate family, at the discretion of the supervisor

Immediate family is defined as the spouse, parents, grandparents, brothers, sisters, children and grandchildren of both the postdoctoral fellow and the spouse and dependents living in the household. Use of reasonable amounts of leave should not be unreasonably withheld.



A continuous period of sick leave 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.

A postdoctoral fellow needing to use sick leave should notify the Director of Clinical Training as soon as possible. When planning to use sick leave in advance, the postdoctoral fellow should complete a Leave Form and turn it into the Director of Clinical Training. When an unanticipated need to use sick leave occurs, the postdoctoral fellow should notify both the Director of Clinical Training and the Program Coordinator immediately. 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 Program Coordinator) in order to facilitate coverage for patient care. Management should be contacted via a telephone call instead of 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 (i.e., on-call calendar). Below is a summary of the steps to follow should there be an unanticipated need to use sick leave:

- Notify the Director of Clinical Training and the Program Coordinator
- As a courtesy, notify colleagues and other FSU staff (email is acceptable)
- When scheduled to be in clinic:
 - notify management at the Healthcare Network of Southwest Florida (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
 - review calendar and make coverage arrangements with a colleague for other urgent tasks (i.e., coverage for on-call calendar) and be sure to notify management at the clinic site of such arrangements

Annual Leave

Annual Leave Allowance

Postdoctoral fellows are allotted a total of 80 hours of annual leave per academic year.

Use of Annual Leave

All requests for annual leave are to be submitted by the postdoctoral fellow to the Director of Clinical Training as far in advance as possible. Approval of the dates on which a postdoctoral fellow wishes to take annual leave is at the discretion of the supervisor and is subject to the consideration of departmental and organizational scheduling. The postdoctoral fellow should complete a Leave Request Form and should submit the form to the Director of Clinical Training. Once the leave request has been approved, the Program Coordinator will notify any clinical sites where the postdoctoral fellow would typically be present. 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 supervision sessions that will be missed during his or her leave.

Note: At times, the university campus is closed during the Winter Break, typically for a 4 to 5-day period; should such an action be taken by the university president, days the postdoctoral fellow is scheduled off will not be deducted from the annual leave allowance.

Professional Development Leave

Professional Development Leave Allowance

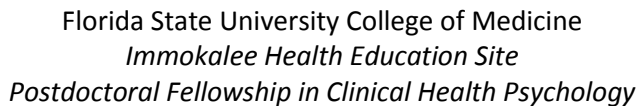
Professional development leave is made available to enhance the postdoctoral fellows training, research, writing or other forms of creative activity. This form of leave is typically utilized to attend meetings and conferences related to the fellows training. Postdoctoral fellows are allotted a total of 5 days of professional development leave per academic year.

Use of Professional Development Leave

The same process utilized for annual leave (outlined above) should be followed when requesting leave for professional development. If a travel stipend is being requested from any available College of Medicine funds, in addition to completing a Leave Request Form, the postdoctoral fellow should also complete and submit an FSU COM Travel Form.

Bereavement Leave

In the event of a death in the immediate family of a fellow, the fellow is entitled to two days paid bereavement leave to attend to necessary arrangements and appropriate observances.



Name: _____ Date: _____

Leave Request:

Leave Dates: _____

Will return on: _____

Number of hours taken: _____

Type of Leave Requesting:

☐ Annual (vacation) ☐ Professional (conferences) ☐ Sick ☐ Other: _____

Explanation (if needed):_____

Coverage (please specify who will cover clinical care in your absence):

Patients: _____ Teaching (when applicable): _____

Template Change Request:

Please explain what changes you are request and an explanation for the change:

[illegible]

Employee Signature: _____

Approved_____ NOT Approved_____ Explanation: _____

Supervisor Signature: _____



Travel Request Form

(For Professional Development Leave)

FSU COLLEGE OF MEDICINE PRE-TRAVEL/LEAVE REQUEST FORM

TRAVELER

Date of Request _____
Request ID (optional) _____
Last Name _____
First Name _____
OMNI ID _____

DISCLOSURES (must be completed by traveler)

Outside Entity to Pay Honorarium? ☐ Yes ☐ No
Conflict of Interest? ☐ Yes ☐ No
Any Reimbursement Being Waived? ☐ Yes ☐ No

COM BUSINESS PURPOSE

Conference/Meeting _____

Location (City, State) _____
Date/Time (Return/Depart) _____
Hotel _____

Is hotel over \$149? ☐ No ☐ Yes (provide justification below)

Benefit to COM/Justification (Required by Dean)

LEAVE FROM COM (describe time away from COM)

Total Business Days Away from COM _____
☐ AOR (No Personal Leave Days Required) _____
Prof. Leave Days Used (per Faculty Handbook) _____
☐ Prof. Leave Days Balance (Prior to Request) _____
☐ Annual Leave Days Used for Trip _____
☐ Sick/Bereavement/ Admin _____

AUTHORIZATION

Traveler's Signature _____ Date _____
Dept. Chair's Signature _____ Date _____ ☐ Approved ☐ Not Approved
Dean's/Designee's Signature _____ Date _____ ☐ Approved ☐ Not Approved

Comments

FUNDING SOURCE (check all that apply)

DEPTID/FUND/PROJECT _____
☐ PROF Allowance (Bal:\$ _____) ☐ OME Funded _____
☐ COMTR (Dean's Approval Req'd) ☐ Grant Funded _____
☐ DEPTTR (Chair's Approval Req'd) ☐ STARTUP Funds _____
☐ Other (specify) _____ ☐ No Funds Requested _____
☐ Paid by Outside Entity ☐ Practice Plan _____

Recap of Charges (see attached Travel Expense Worksheet)

Registration Fee	\$ 0.00
Airfare/Baggage Fees	\$ 0.00
Hotel	\$ 0.00
Avis Rental Car/Fuel	
Personal Car/Mileage	\$ 0.00
COM Van/Fuel	\$ 0.00
Meals	\$ 0.00
Per Diem	\$ 0.00
Miscellaneous	\$ 0.00

TOTAL COST

\$ 0.00

COM Van

Van Reserved ☐ Yes ☐ No
Tag Number _____

COVERAGE (arrangements for business days missed)

☐ CLC _____
☐ Lecture/Small Group _____
☐ Clinical Services _____
☐ Research Lab _____
☐ Other _____

FOR DEPARTMENT USE AS NEEDED

☐ Added to Calendar _____
☐ Budget _____
☐ T-Card _____
☐ Copy Returned to Traveler _____
☐ Copy to Funding Source _____



FSU COLLEGE OF MEDICINE TRAVEL EXPENSE WORKSHEET

DATE						
TIME						

	TYPE							T-CARD	EXP RPT
REGISTRATION	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
RENTAL CAR	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TAXI	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PARKING	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
FUEL	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
AIRFARE	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
BAGGAGE	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HOTEL	T-Card	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
MAP MILES	Exp Rpt								\$ 0.00
VICINITY MILES	Exp Rpt								\$ 0.00
TOLLS	Exp Rpt								\$ 0.00
PORTAGE	Exp Rpt								\$ 0.00
BREAKFAST \$6	Exp Rpt								\$ 0.00
LUNCH \$11	Exp Rpt								\$ 0.00
DINNER \$19	Exp Rpt								\$ 0.00
PER DIEM	Exp Rpt								\$ 0.00
MISC.	Exp Rpt								\$ 0.00
								SUBTOTAL	\$ 0.00
								TOTAL	\$ 0.00

INSTRUCTIONS FOR COLLEGE OF MEDICINE TRAVEL EXPENSE WORKSHEET

- In the DATE boxes at the top, enter the dates that the traveler will be out of the office.
- Select the TYPE of expense, either T-Card or Expense Report, for those items which include a drop-down arrow. (Only items with a drop-down are allowable T-Card expenses - all other expenses will be submitted on an Expense Report)
- Enter the amount of each expense incurred under each corresponding date of travel. For mileage, enter the number of miles under each date of travel.
- Under each corresponding date of travel, enter the amount paid for each meal by the traveler. (Domestic: \$6/Breakfast, \$11/Lunch, \$19/Dinner)
- Enter the anticipated Per Diem amount, less any meals provided by the host organization, usually the last date of travel. (see chart)
- Totals will automatically be calculated under each expense type.

Daily Per Diem - \$80 per full day (\$20 per quarter, see pie chart below).



Totals will automatically be entered under the Recap of Charges on the preceding Pre-Travel Form.

Reference Guide for Travelers/Travel Reps



INSTRUCTIONS FOR COLLEGE OF MEDICINE PRE-TRAVEL REQUEST

FORM WHY DO WE NEED TO USE THIS FORM?

- ✓ This form has been designed in accordance with the Dean's wishes to ensure all travel is approved and paid from the correct funding source. It can also be a very useful tool for support staff who must quantify travel expenses prior to submitting a T-Auth in OMNI or reimbursement request to FMPP.

WHEN SHOULD THIS FORM BE USED?

- ✓ This form is required for all types of travel by main campus faculty and staff. Regional campuses have received separate instructions on when this form is required.

HOW DO I COMPLETE THIS FORM?

TRAVELER

- ✓ **Date of Request** - Travel must be approved **prior to** submission of T-Auth in OMNI
- ✓ **Request ID number (Optional)** - Departments may develop numbering convention in order to track approvals
- ✓ **OMNI Employee ID** - Travelers must be present in the OMNI system prior to travel

FUNDING SOURCE – Many types of funding require the express approval of the Chair or Dean. Chartfields noting the funding source must be utilized to ensure proper posting to 360 reports. Approvers have been trained to push back T-Auth's if chartfields are blank or incorrect.

DEPTID/FUND/PROJECT - Most travel including PROF (professional development allowance), DEPTTR (departmental travel), and STARTUP will be charged to departmental budget ID's, however, see instructions below for other deptid's.

- ✓ **PROF (Professional Development Allowance)** – Departmental budgets reflect an allowance for each full-time state funded faculty member. Departments are expected to track these allowances – this is easily accomplished through the use of chartfields and can be monitored on 360 account.
- ✓ **COMTR (COM Travel)** – When faculty are directed by the Dean to travel, costs of travel will often be charged to dept 200000 210. The Pre-Travel Form should be submitted to the Associate Dean for Finance & Administration for approval prior to T-Auth input.
- ✓ **DEPTTR (Dept Travel)** – Chairs/Dept heads have annual discussions with the Dean to determine travel allocations required to represent the department.
- ✓ **OTHER** – examples of other funds include SRAD accounts, FSU Foundation accounts, PI Support accounts, and some departments have a discretionary allocation which can also be used for approved travel. When using departmental discretionary CF 2 should be DISCRETION.
- ✓ **Paid by Outside Entity** – This form must be completed even when costs are paid by an outside entity as the business purpose of the trip must be documented in order to determine correct type of leave to be used and to provide various insurance coverage for the traveler. Various COM responsibilities must be covered during this absence and use of discretionary professional development leave or annual leave must be documented. Outside employment and conflict of interest policies may need to be considered when travel is paid by outside entities.
- ✓ **OME Funded** - Travel related to faculty development workshops will be charged to 202004 with appropriate approvals. Forms should be routed to OME for approval.



- ✓ **Grant Funded** – Travel related to a sponsored project.
- ✓ **STARTUP (Start Up Funds)** – Some faculty are allocated “start up” funds upon hire from Carry Forward (ie use regular deptid with Fund 240) - Departmental support staff are expected to track these allocations facilitated through the use of chartfields.
- ✓ **No Funds Requested** – This form replaces the historic salmon colored “No Funds Requested” Form. The business purpose of the trip must be documented in order to determine type of leave to be used and provide various insurance coverage for the traveler. For instance, this category is indicated if the traveler will be out of town for only one day. Same day travel is considered “Class C” travel by statute and does not qualify for meal reimbursement. Also, various COM responsibilities must be covered during this absence and use of discretionary professional development leave or annual leave must be documented.
- ✓ **Practice Plan** – Departments with clinical activity receive quarterly distributions from the Florida Medical Practice Plan (FMPP). When these funds are requested and approved, information is **not** entered into the OMNI system. Instead, a FMPP disbursement request form must be completed.

DISCLOSURES – The following three disclosures must be obtained for all travel:

- ✓ **Honorarium** – This box should be checked any time an honorarium will be paid, whether to traveler or another entity. Note: Travelers who receive honorariums personally should take annual leave.
- ✓ **Conflict of Interest** – Review FSU Faculty Handbook as well as FSU COM Faculty Handbook to learn of restrictions with respect to Conflict of Interest activities.
- ✓ **Reimbursement Waiver** – If you are waiving any reimbursement allowable by statute. Examples include expenses in excess of a lump sum approved by supervisor, no per diem on last day of travel, etc.

COM BUSINESS PURPOSE – This section includes destination, dates out of office, and justification of travel means and purpose. The Dean has asked for expanded justification to be provided when travel is paid by outside entity or no funds are requested, and has noted that presentations to audiences do not automatically qualify as a business purpose. Also, a legitimate business purpose is always required according to Florida Statute, and the FSU mandate for “mission critical” travel remains intact.

TRANSPORTATION / ACCOMODATIONS / MEALS OR PER DIEM / MISCELLANEOUS – These sections of the form have been designed to account for all costs related to transportation and should automatically perform mathematical functions.

TOTAL REIMBURSEMENT REQUEST – This amount should reflect the **total** estimated cost of the travel including registration fees.

LEAVE FROM COM – Travelers may be required to take annual leave or professional development leave (up to 10 days per fiscal year) for certain types of travel; supervisors can assist with this determination. Departmental support personnel are expected to track professional development leave. **AOR** = Assignment of Responsibility; each year faculty receive a AOR form – some travel (departmental and COM travel) may be required to fulfill job responsibilities.

COVERAGE – The Dean has instructed travelers to provide alternate coverage for their designated assignments while traveling. Chairs and Department Heads have full authority to deny travel requests if the timing presents undue hardships on departmental or COM activities.

AUTHORIZATIONS – Travelers signature and Dept Chair signatures are always required. The dean’s signature (or that of a designee) is required when COM Travel is indicated as funding source, and for travel of the Dean’s direct reports.

COMMENTS – Available for department use.

FOR DEPARTMENT USE – Not required but available for departmental use.



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 one's personal appearance.

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, 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 sports jackets, etc.).

For women, 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 fitting 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, you may wear jeans 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. The FSUCOM and the Healthcare Network of Southwest Florida, require that tattoos be covered during all work activity. This includes any outreach in which we engage outside of the clinic.
6. FSUCOM name tag must be worn while in the building and when engaged in activities representing FSUSCOM (e.g. health fairs).



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. All tattoos should be covered by clothing.
4. 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. Consult your 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 are strongly encouraged to 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 your office voice mail box message include instructions for the caller to follow in case of an emergency. The front staff at each Healthcare Network site has been instructed to avoid any blind transfers of phone calls to a provider's direct office line. If a patient calls the main line and requests to speak with a Behavioral Health provider, the PSR will ask if the call is in regards to an appointment first – if it is, he/she will schedule the appointment. If the patient is requesting to speak with the Behavioral Health provider about another matter, the PSR will try to locate the provider and confirm if he/she is available to take then call – and then will either transfer the call or take a message after having spoken with the provider.

In case a patient calls your extension directly, please make sure that your voice message provides instructions in the event of an emergency. Please update your greeting to include the information below:

- Instruct the caller to hang-up and dial 911 if they have an emergency.
- Instruct caller to dial 239-658-3173 if they need an appointment with you.
- Instruct caller to dial 239-658-3011 if they need to speak with a nurse and/or if they need to speak with a receptionist.

As long as the above is included, you can personalize your VM as you'd like.



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.



Operations Plan

Purpose

To adequately prepare for and respond to disaster situations that may impact the FSU College of Medicine regional campuses.

Situations and Assumptions

The success of dealing with a disaster and its aftermath is dependent on planning for incidents that could impact the regional campus to such a degree that will cause for the campus dean to make the decision to close the campus. The FSUCOM Immokalee Health Education Site will typically follow the closing policy of the Healthcare Network of Southwest Florida; however, only the FSU President and Provost have authority to close campus. The Immokalee Health Education Program Director or the Program Coordinator will keep all Fellows posted on the status of site/campus hours in an emergency.

Fellows may want to also reference the official Healthcare Network Storm Number for updates: 239-658-3080.



Due Process & Grievance Process

POLICY: DUE PROCESS: PROCEDURE FOR NOTICE, HEARING AND APPEAL

PURPOSE

The Association of Psychology Postdoctoral and Internship Centers requires each program to have a policy that outlines due process for postdoctoral fellows and establishes the procedure for addressing postdoctoral fellows' deficiencies, including notice, hearing and appeal. The position of the fellow represents the dual aspect of learner in postgraduate education, while actively participating in the delivery of patient care. 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. It is expected that all trainees will demonstrate appropriate professionalism and motivation to improve performance.

POLICY

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 resident 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.

Due Process

Postdoctoral Fellows are formally evaluated 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 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 from the faculty member / supervisor.



2. Written Notice. If after the verbal advisement the problem behavior has not been resolved, the Postdoctoral Fellow receives a written notice documenting the area of deficiency. The written notice includes the following disclosures to the Fellow:
 - a. The Director of Clinical Training will receive a copy of the written notice
 - b. A copy of the written notice will be placed in the Fellow's file
 - c. The Director of Clinical Training will work with the Fellow to develop a plan to rectify the problem
3. Written Warning. If the problem behavior identified persists beyond the Written Notice the Postdoctoral Fellow will receive a Written Warning from the Director of Clinical Training indicating the need to address the area of concern. 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 resolved

HEARING

Fellows who receive a Written Warning will meet with the Director of Clinical Training to review the Written Warning. The fellow will have an opportunity to respond to the concerns, including choosing to include a written response in their file.

Failure of the Fellow to rectify the identified problem after the written warning may result in placement on probationary status, suspension, non-renewal or dismissal.

APPEAL:

An Appeal is an opportunity for the Fellow to appeal the actions taken by the program in regards to the identified problem behavior.

Grievance Process

Grievances: A grievance is defined as dissatisfaction when a Fellow believes that any decision, act or condition affecting his/her participation in the Fellowship program is arbitrary, illegal, and unjust or creates unnecessary hardship. Such grievance may concern, but is not limited to, the following: performance expectations; mistreatment by any peer, staff, or faculty member; records errors; discipline (other than suspension, non-renewal or dismissal) and discrimination because of race, creed, color, gender, religion, national origin, age, disability, veteran's or marital status, or any other protected group status.

A Fellow who has a complaint or grievance may discuss this with the Director of Clinical Training. If, after discussion, the grievances cannot be resolved, the Fellow may contact the Program Director and submit a written complaint along with any pertinent supporting documents. The Program Director will meet with the Fellow and will review the grievance. The decision of the Program Director will be communicated in writing to the Fellow.



Suspension: The following individuals are authorized to suspend a Fellow from patient care responsibilities: 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 Program Director. 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 thirty (30) 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.

Non-renewal: In the event that the Program Director decides not to renew a Fellow's appointment at the end of Year 1, the Fellow will be provided written notice no later than three months prior to the end of the Fellow's contract. However, if the primary reason(s) for the non-renewal occurs within three 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.

If requested in writing by the Fellow, the Program Director will meet with the Fellow; this meeting should occur within 10 working days of the written request. The Fellow may present relevant information regarding the proposed non-renewal decision. The Fellow is not entitled to legal counsel during the meeting. If the Program Director determines that non-renewal is appropriate, he/she will use his/her best efforts to present the decision in writing to the Fellow within 10 working days of the meeting; the Fellow will be informed of the right to appeal to the Senior Associate Dean for Medical Education and Academic Affairs.

Dismissal: In the event the Program Director concludes a Fellow should be dismissed prior to completion of the program, the Program Director will inform the Senior Associate Dean for Medical Education and Academic Affairs of this decision and the reason(s) for the decision. The Fellow will be notified and provided a copy of the letter of proposed dismissal; and, upon request, will be provided previous evaluations, complaints, counseling, letters and other documents that relate to the decision to dismiss the Fellow.

If requested in writing by the Fellow, the Program Director will meet with the Fellow; this meeting should occur within 10 working days of the written request. The Fellow may present relevant information regarding the proposed dismissal. The Fellow is not entitled to legal counsel during the meeting. If the Program Director determines that dismissal is appropriate, he or she will use his/her best efforts to present the decision in writing to the Fellow within 10 working days of the meeting.

Appeal: If the Fellow appeals a decision for suspension, non-renewal or dismissal, this appeal must be made in writing to the Senior Associate Dean for Medical Education and Academic Affairs within 10 working days from the Fellow's receipt of the decision of the person suspending the Fellow. Failure to



file such an appeal within 10 working days will render the decision of the person suspending the Fellow the final agency action of the Florida State University College of Medicine.

The Senior Associate Dean for Medical Education and Academic Affairs will appoint an ad hoc committee to conduct a review of the action, and review the documents or any other information relevant to the decision. The Fellow will be notified of the date of the meeting of the ad hoc committee; it should occur within 10 working days of the Senior Associate Dean's receipt of the appeal. The Senior Associate Dean, along with the committee, will conduct an investigation and uphold, modify or reverse the recommendation for suspension, non-renewal or dismissal. It is the prerogative of the ad hoc committee to determine whether the Fellow will be requested to appear before the committee. The ad hoc committee will make a recommendation to the Senior Associate Dean. The Senior Associate Dean will make a final determination and notify the Fellow and the Program Director in writing of the decision. If the decision is to uphold a suspension, the decision of the Senior Associate Dean is the final agency action of the University. If the decision is to uphold the non-renewal or dismissal, the Fellow may file within 10 working days a written appeal to the Dean of the College of Medicine. Failure to file such an appeal within 10 working days will render the decision of the Dean the final agency action of the University.

If an appeal is filed with the Dean, the Dean will inform the Director of Clinical Training (DCT) of the appeal. The DCT 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 Dean will refer the appeal to a Special Committee appointed by the 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 insure that the Fellow's due process rights have not been violated and that the decision of the Senior Associate Dean is consistent with the policies and procedures of the Program and of the FSUCOM. The Special Committee must meet and make a recommendation to the Dean within 10 working days upon receiving the charge from the Dean to consider the appeal. The Dean then makes the final decision to grant or deny the appeal based upon the recommendation of the Special Committee. The 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 Senior Associate Dean, the Program Director and Fellow of the decision.

The decision of the Dean in all appeals is final unless the President of the University or the President's designee agrees to hear a further appeal. The Fellow must notify the Dean and submit the appeal to the President's Office within 10 working days after receiving notification of denial of appeal from the Dean of the College of Medicine.