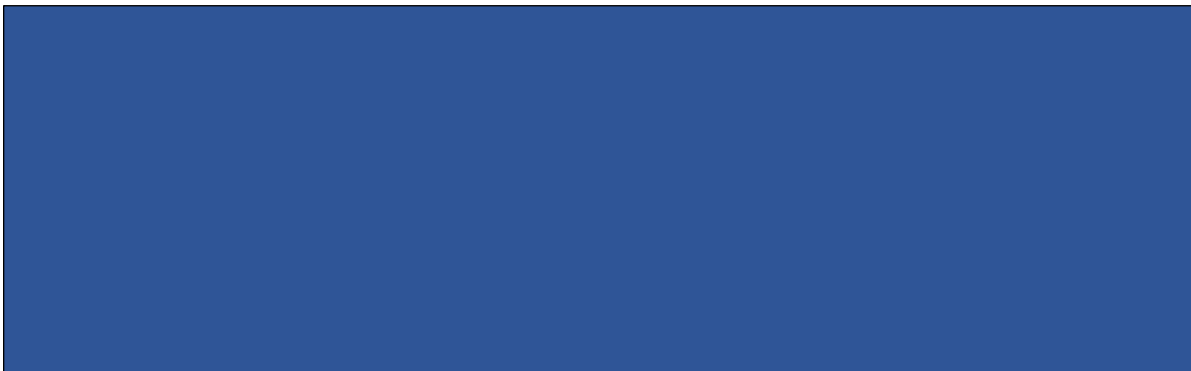


Charleston Area Medical Center Institute of Academic Medicine

Child and Pediatric Post-Doctoral Fellowship Handbook



Welcome & Introduction!

Thank you for your interest in the Charleston Area Medical Center (CAMC) Child and Pediatric Post-Doctoral Fellowship program. This program is designed to equip Fellows in advanced training in health service psychology, and to prepare them for specialty practice in **Child, Adolescent, and Pediatric Clinical Psychology** (as recognized by the American Board of Professional Psychology). This Fellowship is one year in length, starting after completion of doctoral degree (typically July to September start date). The focus of the Fellowship includes both **direct service delivery** to develop advanced competencies and **advanced learning**, achieved by optimal Fellow support with didactic training, supervision, and scholarly mentorship.

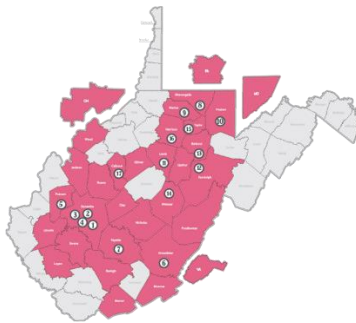
Our Training Site & Institution

This Post Doctoral Fellowship in Clinical Psychology is sponsored by the Charleston Area Medical Center Institute of Academic Medicine (CAMC-IAM). The program is housed within an academic health center and is considered a CAMC Graduate Medical Education (GME) program. CAMC is a teaching hospital hosting many other training programs with medical students, residents, and other healthcare disciplines. As a result, there are opportunities to engage in collaborative learning opportunities with other professionals. Faculty for the Post-Doctoral Fellowship include those employed by the WVU School of Medicine, CAMC, and community partners. The primary locations for the Fellowship program are in the department of Behavioral Medicine and Psychiatry (BMED) at CAMC Memorial Hospital and the department of Pediatrics at CAMC Women and Children's Hospital.



CAMC IAM

- Employs Residents
- Hosts and Funds the Residency Programs
- Research Infrastructure



Vandalia Health

- 17 Hospitals
- 7 CAMC Hospitals
*Memorial, General, W&C



WVU SOM

- Charleston campus hosts ~ 1/3 of WVU SoM 3rd and 4th year Medical Students
- Many Fellowship faculty are WVU faculty.

Program Policies and Procedures

Administrative Policies

Resident Recruitment and Selection

Applications for the Post Doctoral Fellowship will be accepted on a rolling basis starting October 1 of each year. After a preliminary review of materials submitted (cover letter, curriculum vitae, list of three references, list of assessment measures administered), the Program Director will contact the applicant to set up virtual interviews with at least three program faculty. Applicants will also have the opportunity to speak with current Fellows or Child Psychology Track Interns during this process. Offers will be made on a rolling basis starting in January of the training year, and the Common Hold Date for APPIC will be utilized for final offer decisions (usually late February).

Resident Evaluation

Faculty members will use a standard form to evaluate applicants during the interview process. Faculty meet to confer and create a rank list, which will be used to determine the order of offers.

Availability of Policies and Procedures

All policies and procedures relating to the Fellowship are available in the Post-Doctoral Fellowship Handbook and on the CAMC Graduate Medical Education website (<https://www.camcmedicine.edu/residents-Fellows/graduate-medical-education-policies-and-procedures>). Policies are reviewed at the outset of the training year and throughout the Fellowship as relevant.

Maintenance of Records

All information related to a Fellow's record is maintained in a locked file cabinet in the Department of Behavioral Medicine. Additional information as to Fellowship participation is kept in the Graduate Medical Education office. Electronic notation of Fellows' achievement of training milestones is maintained on the New Innovations system available with permission from the GME office, although copied versions reside as well in the saved Fellow physical file.

Program Climate

Cultural and individual differences and diversity. An explicit focus on diversity is infused in all clinical interactions, on the part of the clinician as well as the supervisor. Our duty as psychologists is to recognize and attend responsively to systemic, implicit, and explicit bias. All Fellow lectures and supervision should incorporate issues of diversity and culture.

Resident / faculty / staff relationship climate. Because the post-doctoral training year is a stepping-stone toward autonomous, independent, specialized practice, the faculty explicitly strive to cultivate a climate where Fellows are treated as junior colleagues, offered opportunities to function at this level (e.g., leadership roles with research or teaching other medical learners), and grow in their role as a child clinical psychologist. Staff and psychologist relationships are very respectful, trauma-informed and patient-centered.

Aims, Competencies, Training, and Outcomes

Aims: The aims of the Child and Pediatric Psychology Fellowship at CAMC include:

- Develop broad competencies in the delivery and provision of best practice, evidence-based behavioral treatments for children
- Conduct behavioral screening and brief intervention in an integrated care setting for children
- Function as a treatment team member among interprofessional groups, both in pediatrics and behavioral medicine departments
- Independently conduct psychological assessments for children
- Consider and respond to relevant ethical, legal, and professional issues relevant to the role of a Child Clinical Psychologist
- Learn to meaningfully use scholarship in the provision of evidence-based treatments, effectively review the caliber of research evidence, and consider conducting applied research relevant to children

Program Structure and Training: The year-long Fellowship includes both required and optional rotations with the schedule developed to meet the Fellow’s individual training needs. The required and optional rotations are mixed over the year, so all required experiences do not have to be completed before optional training begins.

Required Rotations:

1. Child and Adolescent Psychological Assessment
2. Outpatient Psychotherapy Rotation
3. Integrated Pediatric Care Rotation

Elective Rotations:

- Disordered Eating Center of Charleston (DECC)
- Specialty Pediatric Clinic Rotation
- EPPP preparation / study time
- Research / scholarship

Rotation Information: Required and Elective Rotations are listed in the graphics above. Depending on the rotation, the Fellows may participate in team meetings, such as through the Disordered Eating Center interprofessional team. Certain rotations have additional seminar/consultation options that Fellows may attend as appropriate. Fellows are actively involved in research projects with faculty and other trainees.

Hours

Total Hours:	2000-hour, full-time
Expected Direct Hours:	500 direct hours (25% of your time should be direct clinical time).
Hours Tracking:	<ul style="list-style-type: none"> • Fellows are expected to track both direct (face-to-face) and non-direct (administrative) hours on time2track while on Fellowship. • Please review the FAQ sheet provided at orientation if you have questions about what counts as direct vs. non-direct hours. • If you continue to have questions, please ask your Program Director for more information. • Please note that your state licensing board may permit you to count activities differently than APPIC/Time2Track. • Fellows are to report these hours to the PD each quarter.
At the completion of the Fellowship, Fellows will be expected to self-certify the number of direct and administrative clinical hours accrued during the Fellowship.	

Clinic Expectations: Fellows are responsible for keeping track of their clinical schedules across EMR systems. Patient appointments should only be scheduled on your clinic days. Please follow clinic procedures for pool messages and follow-up orders.

- Be aware appointments can be added or changed on your schedule.
- You must receive permission for “missed” clinic days in advance when possible.

- You should plan to be in the clinic for the duration of your scheduled clinic days, unless you've been excused by the program director.

Additional Required Experiences

Weekly:

Behavioral Medicine Interdisciplinary Grand Rounds and Didactics: Wednesdays 1:00pm-4:00pm on the 5th floor of the WVU building on the CAMC Memorial campus.

- Fellows are required to attend grand rounds and seminars of general interest to all the professions in the Department of Behavioral Medicine and Psychiatry. A wide variety of topics are presented, including many specialty topics related to health service psychology and treatment/assessment of children.
- Lunch is typically served at 12:30pm.

Monthly:

- Monthly Balint Group: Led by Dr. Scott Fields, this group affords psychology faculty, interns and psychology Fellows in the Department of Behavioral Medicine & Psychiatry the opportunity to participate in a monthly Balint group. The goal of Balint group is to assist clinicians with the emotional issues that often arise when professionals work with patients in difficult or ethically charged situations. Psychology Fellows present a situation at Balint group at least once per academic year, and colleagues provide feedback, support, and validation as it pertains to challenging clinical scenarios.
- A monthly interprofessional child case consultation meeting. This virtual meeting affords the opportunity for both Fellows and child track interns to discuss child cases that present with challenging ethical, assessment, consultation, and treatment considerations. Dr. Hughes guides the team through relevant aspects of case conceptualization across the training year.
- A monthly Scholarly Works and Activities Group: This virtual meeting is focused on child and family research, connecting with institutional resources, producing scholarship, and developing new projects.
- A child developmental seminar precepted by Dr. Mamoonah Mohsin (Child Psychiatrist). The seminar is of special interest for Child Psychology Fellows, first-year residents during their Child Psychiatry Block and Child Track psychology interns. Residents will present on the following topics: developmental theorists, developmental milestones, development of the brain, prenatal development/teratogens, cognitive development, physical development, socioemotional development, neurodevelopmental disorders and developmental considerations for assessment and treatment (both psychological and psychiatric). These teaching sessions include both didactic and interactive / case elements. The seminar will take place during Departmental Didactic trainings. Fellows and psychology interns are welcome to present or co-present on one or more topic areas during their training year. The Fellow will also be provided with a Child Development textbook to reference.

Rotations

Child and Adolescent Psychological Assessment:	
Fellows on the CT will complete at least 3 child or adolescent assessments and integrated reports during the training year. These assessments will be supervised by Dr. Brown, potentially with assistance from Drs. Keener and Weisenmuller (CAMC Behavioral Medicine). An integrated report is operationalized similarly to the APPIC requirements; reports will assess two or more different domains (e.g., cognitive and personality) in the same assessment. To meet competency benchmarks for the three assessments, the Fellow must independently select measures, complete the intake interview, administer tests, interpret results, write the report, and provide feedback to family, with consultation from supervisors. It may be necessary to administer more than 3 assessments to meet full competency.	
Assessment Experiences/Supervisors:	<ul style="list-style-type: none"> ○ Dr. Brown most often receives referrals for younger children (ages 3-9 for assessment of autism spectrum, and ages 6-14 for learning,

	<p>cognitive, and executive function concerns). Dr. Brown also administers the ADOS, among other specialty tools (e.g., WISC, WIAT, WPSSI, DKEFS, Children's Memory Scale, BASC, Child Development Inventory, Adaptive Behavior Assessment System).</p> <ul style="list-style-type: none"> ○ Drs. Keener and Weisenmuller may also supervise assessments of young adults (age 18-22), though only 1 assessment from this age range may be counted toward the three assessment minimum.
Assessments will be scheduled flexibly throughout the training year in the BMED department.	

Outpatient Psychotherapy Rotation: 2 to 2 ½ days per week for entirety of training year	
Fellows on the CT will provide primarily specialized, evidence-based treatments in the CAMC Behavioral Medicine Department. These include Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, Family Based Treatment, and working on interprofessional teams. Supervisors (Drs. Luzier and Hughes) will work with Fellows to ensure training goals are met within the parameters of the treatments we provide in the Department.	
Caseload:	<ul style="list-style-type: none"> ○ Fellows will work with a caseload that includes diversity in age, presenting concern, and treatment modality, with some latitude given Fellow interests and training goals. ○ Typical caseloads will include 10-15 patient session hours per week
Supervisors: Jessica Luzier, PhD, ABPP-CCAP, CEDS-C and Jennifer Hughes, PhD	

Psychological Consultation Rotation: 2 days per week for entirety of training year	
Fellows on the CT will participate in an integrated pediatric care clinic alongside pediatric residents and faculty members in the Familycare Children's Medical Center at the CAMC Women and Children's Hospital. The Fellow will meet with patients using warm-handoffs as well as pre-scheduled appointments, following a primary care model of treatment. CT Fellows will meet regularly with the faculty psychology supervisor to discuss patients, consultation methods, and treatment plans.	
Supervisors: Jessica Luzier, PhD, ABPP-CCAP, CEDS-C and Jennifer Hughes, PhD	

Optional Rotation Descriptions:

Psychological Consultation Rotation – up to half day per week	
Fellows have the opportunity to participate in Pediatric specialty clinics alongside medical specialist colleagues, supervised Drs. Brown and Hughes . This elective rotation is available up to a half-day per week.	
Consultation Clinic Options:	<ul style="list-style-type: none"> ○ FACES clinic for cleft affected children ○ Pulmonology ○ Cystic fibrosis ○ Endocrinology ○ neurology ○ gastroenterology ○ Cardiology ○ Developmental-behavioral pediatrics ○ Adolescent health

Disordered Eating Center of Charleston (DECC) – woven throughout training year in Bmed clinic

This optional rotation is available to the Fellows for the duration of their training year, with their patients in the Bmed department. Fellows who work with eating disorders will learn the following components necessary in providing comprehensive outpatient treatment for youth with Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, OSFED, ARFID, and some feeding disorders:

- Physiological, medical and psychological sequelae of malnutrition or erratic eating
- Assessment of eating disorder symptomatology and progression of the disorder(s)
- Cognitive-behavioral therapy-enhanced (CBT-E) protocol for treatment of eating disorders
- Application of family-based therapy (FBT) family therapy concepts to the treatment of eating disorders
- Heightened awareness of weight, shape, and body bias in medicine
- Coordinating care on an interprofessional treatment team, alongside Registered Dietitians and medical partners

Fellows will be part of the Disordered Eating Center of Charleston (DECC) team. In this capacity, they will work with psychologists, physicians and a registered dietitian to provide comprehensive, wraparound care for patients and families. Fellows will regularly consult with other clinicians to ensure consistency in treatment recommendations. They will attend weekly treatment team meetings, as well as meet regularly with Dr. Luzier for clinical supervision. Fellows have opportunities to work with various physicians (child psychiatrist; adolescent medicine specialist) and the Registered Dietician.

Supervisor: Jessica Luzier, PhD., ABPP-CCAP, CEDS-S

Research Rotation – up to half day per week

The Research Rotation provides Fellows with an opportunity to participate in a variety of ongoing clinically oriented research projects in the Bmed department and Pediatrics department. Fellows may participate at any level of the research process ranging from data collection in experimental studies and serving as assessors or project therapists in clinical trials, to management of research databases and presentation of research results. Fellow progress in the Research Rotation will be based on the extent to which they demonstrate the ability to fulfill their agreed upon roles and goals for the projects in which they participate, and their ability to connect their research activities with the clinical applications of those activities.

Supervisors are faculty mentors chosen by Fellows.

Licensure Preparation Rotation – up to half day per week

The Licensure Preparation Rotation allows the Fellow up to a half-day per week to independently prepare materials and study for licensure examinations, including the EPPP.

Training Competencies and Feedback

The Fellowship program is designed to provide constant direct feedback to the Fellows and is open and responsive to Fellow-to-program feedback. Fellows will receive both formal and informal feedback on their progress throughout their Fellowship training, within clinical rotations and with respect to their performance overall. Formal feedback will include measurement of the competency-based program requirements described above. All competency evaluations are completed via New Innovations.

Fellows' performance will be evaluated in two methods:

- **Fellowship Director/Program Faculty:** a competency evaluation will be completed by the Fellowship each **quarter (September, December, March, June)**. These competency evaluations are completed in collaboration with the Post-Doctoral Fellowship faculty and supervisors and represent the consensus evaluation of the faculty based upon direct observation of clinical services, research, scholarship, and consultation. The training director will schedule a meeting with a Fellow to review findings and collaborate on any areas of growth.

- **Clinical Rotation:** Clinical rotation supervisors complete a formal competency evaluation at **mid-points** and **the end** of each clinical rotation. Depending on the length of the rotation, some Fellows may receive a greater number of rotation-specific competency evaluations than others. The supervisor will meet with the Fellow to review the evaluation and review any areas of growth.

Feedback serves to facilitate growth and provide the Fellow and faculty to collaborate on an independent learning plan to achieve any deficiencies or growth edges.

Feedback from Fellows: At the end of each rotation, Fellows also provide formal evaluations of the supervisor. Fellows are also encouraged to discuss their feedback with the supervisors.

Due Process Procedures: CAMC's Post-Doctoral Fellowship program and CAMC Graduate Medical Education (GME) department affords due process to residents/trainees who are formally disciplined or dismissed from a training program or whose intended career development is altered by a decision of the program as a result of academic or misconduct matters. This ensures that all trainees have appropriate appeal procedures available to the Fellow so they may challenge the program's action if needed.

Academic/Misconduct Behaviors that might warrant action include, but are not limited to:

- Fellow performance below the expected level of competency.
- Inability to attain competence during the course of the Fellowship after intervention.
- Violation of ethical standards as established by the APA, in either clinical and/or research activities.
- Fellow unprofessional and/or problematic behavior.

Management of Problems/Concerns

Informal Review: When a supervisor either directly observes or is made aware that a Fellow's behavior is becoming problematic, the first step in addressing the issue should be for the supervisor to raise the issue with the Fellow directly. The supervisor will collaborate with the Fellow by developing an improvement plan to assist with helping the Fellow meet their learning objectives or action plan for targeting other behaviors.

If during the discussion it is decided that additional feedback or action is required, a meeting will be set up between the Fellow, supervisor, Director of their training track, and Training Director (s). This process will be documented in writing but will not be a part of the Fellow's professional file.

Formal Review: If a Fellow's behavior persists following an attempt to resolve the issue informally, or if a Fellow receives a score below the minimum requirement on a formal evaluation, then a formal review process will take place.

1. The supervisor will meet with the Training Director(s), Director of the training track, and Fellow within 7 days to discuss the problem and determine what action needs to be taken to address the issue. If the Training Director or Director of the training track is the Fellow's direct supervisor, an additional member of the Training Committee will be included in the meeting.
2. The Fellow will have the opportunity to provide a written statement related to their response to the problem.
3. The Fellowship Training Committee will review the information and render a decision.

The Training Committee may decide on the following levels of action:

1. No further action is advised.
2. Make note of the problem and ask for more regular monitoring by supervisors. At this level, there is no paper notification of individuals outside of the Fellowship program.
3. Reprimand/Letter of Deficiency: When a Fellow does not show improvement following the feedback (i.e., verbal, written, structured, or unstructured) a letter of deficiency is prepared and provided to the Fellow. The letter of deficiency is to amplify the need for improvement, clearly articulate the

deficiencies as they relate to their core competencies, adequately describe the expected academic standard; and determine an appropriate monitoring and evaluation process. The purpose of this letter is to develop an independent learning plan that will be discussed and endorsed by the Fellowship director and/or supervisor. A copy of this letter will be placed in their personnel file, and a copy will be sent to the Director of Training at the Fellow's university.

4. Probation: Under this finding, the Fellow will continue to perform their duties, but their performance will be closely monitored. The length of the probation period will depend upon the nature of the problem and will be determined by the Training Committee. The Director of Training and Director of the training track will notify the Fellow orally, a letter will be given to the Fellow (with a copy in their file), and the letter will be sent to their graduate Training Director. A remediation plan that was developed in collaboration with the Fellow will be included. At the end of the probationary period, the committee will review the Fellow's performance and decide whether:
 1. To return the Fellow to non-probationary status.
 2. To continue a one-time additional probationary period.
 3. To proceed with the process for suspension.
 4. To proceed with the process for termination.
5. Suspension: If a problem persists, the Training Committee may decide to temporarily suspend an Fellow's clinical activities while final decisions are being made.
6. Termination: If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the Fellow's placement with CAMC may be terminated. The decision to terminate an Fellow's placement would be made by the entire Training Committee. The Fellow would be informed orally, in writing, and a letter will be sent to their graduate Training Director.

Appeals: If the Fellow wishes to challenge any of the decisions made, they may request a hearing before the Training Committee. This request must be made in writing to the Training Director and Director of training track within 7 days of notification of the decisions made. If requested, a hearing will be conducted by a review panel convened by the Training Committee. The Hearing will be held within 14 days of the Fellow's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The Fellow may be suspended pending the outcome of an appeal process or may be allowed to continue their work if the committee judges that this will no way interfere with patient care.

Grievance Process. It is the policy of the Fellowship training program that psychology Fellows will be treated with dignity and always in a fashion consistent with the guidelines of the APA Ethical Principles of Psychologists and Code of Conduct (www.apa.org/ethics/). Fellows who pursue grievances in good faith will not experience any adverse professional consequences.

When differences arise between a Fellow and a supervisor, the Fellow and supervisor are encouraged to meet to resolve the conflict. If issues continue to arise, then the issue should be brought to the Training Directors and director of the training track. The Fellow may decide to submit a formal grievance in writing to Dr. Luzier. If the Training Director or the Director of training for their track is the object of the grievance, the grievance should be submitted to another member of the Training Committee or the chief of psychology section (Dr. Patrick Kerr). The Training Committee representative will meet with the Fellow and the individual being grieved within 14 days. The goal of the first meeting is to develop a plan of action to resolve the matter. The Fellow and the individual will be asked to report back to the Training Committee representative in writing within 14 days regarding whether the issue has been adequately resolved. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If a grievance arose that could not be solved by members of the psychology section, then the Fellow should provide a written grievance report direction to the Administrative Director of Graduate Medical Education

(GME) office. The Administrative Director of GME will review the written grievance report to ensure that all of the appropriate steps, as indicated above, were followed. If appropriate, a grievance committee will then be formed consisting of, at least, the following individuals: Program Director for the grievant (or separately appointed program director); Designated Institutional Official/DIO (or designee); a Resident not involved with the situation; and any other department representative deemed necessary by management to perform a reasonable investigation.

Upon hearing the grievance, the committee will investigate any and all issues associated with the complaint and will provide a final written decision to the Fellow.

All proceedings and decisions of the grievance committee shall be reported to the Graduate Medical Education Committee and the applicable program director, in a confidential manner.

Program Faculty / Staff

Program Director:

Jessica Luzier, Ph.D. ABPP CEDS jluzier@hsc.wvu.edu Ext: 8-1029 Cell: 440-537-2594 Office#: 5106, Bmed	<ul style="list-style-type: none"> • Full Professor, WVU School of Medicine Charleston Campus • Board Certified Clinical Child and Adolescent Psychologist (ABPP) • Clinical Director, Disordered Eating Center of Charleston (DECC) • Certified Eating Disorder Specialist and Consultant (IAEDP) • Director of Child Psychology • Training Director, Child Clinical Psychology Track, CAMC Post-Doctoral Fellowship
Education: Ohio University, PhD	
Internship: Charleston Area Medical Center; West Virginia University Charleston Division	
Clinical Emphasis/Scholarly Interest Areas: eating disorders, feeding disorders, emotionally dysregulated adolescents, Dialectical Behavioral Therapy (DBT) for adolescents and disordered eating populations, EST's, treatment outcome research, gender equity in academic medicine.	

Fellowship Core Faculty:

Jocelyn Brown, Psy.D.		Faculty Psychologist; Charleston Area Medical Center	
Education: Marshall University			
Internship: The Devereux Foundation			
Postdoctoral Fellowship: Tulsa Center for Child Psychology			
Clinical Emphasis: developmental delays, outpatient individual psychotherapy with children and adolescents, assessment with children and adolescents, social skill development, cognitive-behavioral therapy.			
Scholarly Interest Areas: familial coping with developmental delays in children, parent stress pertaining to atypical child development, rural versus urban access to mental health services.			
Jennifer Storer Hughes, Ph.D.		Faculty Psychologist; Charleston Area Medical Center	
Education: Ohio University			
Internship: Charleston Area Medical Center; West Virginia University Charleston Division			
Clinical Emphasis: youth at risk, trauma recovery, self-injury, emotion regulation, child welfare, women's health, cognitive behavioral and dialectical behavior therapy.			
Scholarly Interest Areas: evidence-based interventions for youth, parenting children with social/emotional/behavioral/developmental challenges, child abuse prevention, and suicide prevention			
Psychiatry and Psychology Faculty:			
James Griffith, MD, FACP		Tiffany Sparks, MD	Hani Nazha, MD
• Department Chair		• Outpatient Psychiatry Director	

<ul style="list-style-type: none"> • PD Psychiatry Residency 		<ul style="list-style-type: none"> • Program Director, Internal Medicine/Psychiatry Residency
Mammoonah Mohsin, M.D. <ul style="list-style-type: none"> • Child Psychiatrist 	Alexandra Schick, MD <ul style="list-style-type: none"> • Child Psychiatrist 	Jessica Talley, M.D. <ul style="list-style-type: none"> • Child Psychiatry and Forensic services
Rebekkah Brown, DO <ul style="list-style-type: none"> • Psychiatry and Forensic Services • APD of Psychiatry Residency 	Chantel Weisenmuller, PhD <ul style="list-style-type: none"> • Vice Chair, Department Bmed • PD Psychology Internship 	Jillian Keener, PsyD <ul style="list-style-type: none"> • Director of Neuropsychology • PD Neuropsychology Fellowship

Administrative Staff:

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Miranda Parks

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Academic Administrative Director

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Bmed Ambulatory Department Manager

Nikki Feldhaus

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Nicole.feldhaus@vandaliahealth.org

Bmed Ambulatory Office Coordinator

Ashton Gambill

304-941-3028

Ashton.gambill@vandaliahealth.org

Important Dates and Information

Gold Card: In West Virginia, Fellows are responsible for applying for and maintaining a “gold card” from the WV Board of Examiners of Psychology during the time they are in training (see <https://psychbd.wv.gov/Pages/default.aspx>).

Fellowship Stipend and Benefits

Stipend:	The annual salary for Fellows during the 2024-2025 academic year is \$60,000.
Insurance:	Fellows are eligible for health and other benefits as a CAMC employee. They are offered the same plan that is made available to all full-time employees
Additional Benefits:	Please refer to camcmedicine.edu/residents-Fellows/resident-compensation-and-benefits for complete details.

Research / Travel Benefits

Psychology Fellows are also able to access \$500 for travel expenses to attend a national or regional conference during their training year. Furthermore, if a Fellow is presenting research and representing CAMC, up to \$3000 in GME funding is available to attend a professional conference.

Benefit Effective Dates* may be changed due to delayed start date in some cases

Benefit	Effective Date
Payroll	1 st Paycheck posts July 12 (pay period June 26-July 5) <i>*state and federal taxes are deducted</i>
Medical Plan	Effective on the date of orientation
Vision Plan	First day of the month following 30 days after orientation
Dental Plan	First day of the month following 30 days after orientation
Short-Term Disability	Effective on the date of orientation
Long-Term Disability	Effective on the date of orientation
Supplemental Life Insurance	First day of the month following 30 days after orientation
Retirement	Automatically enrolled at orientation

Leave (Vacation, Sick, Maternity, Paternity, Other): Psychology Fellows should request planned nonemergency leave at least 4 weeks in advance. Nonemergency leave is subject to approval by program directors. Fellows will be expected to complete a time off request form and obtain the following approvals: Luzier, relevant office staff (either Bmed or pediatric clinic staff), Miranda Parks. There may be circumstances when leave cannot be granted due to patient care needs, unavailable time to cover leave, other conflicts, or falling below needed direct hours and training experiences to complete the Fellowship. If you must call out, please contact Nikki Feldhaus, your rotation supervisor, and your program director.

Vacation Leave	3 weeks. 2 weeks must be taken in 1-week increments; the remaining 7 days can be taken whenever.
Sick Leave	5 days.
Bereavement	3 days for family member; 1 day for relative.
Education	7 days; includes conferences and professional development.
Well-Being Flex Days	3 days.
Medical, Parental, and Caregiver Leave	6 weeks of paid medical, parental, and caregiver leave.
Maternity Leave	Maximum 6 weeks (non-FMLA eligible) or 12 weeks (FMLA eligible). May include combination of sick/vacation/short term disability or time off without pay.

Dress Code: Psychology Fellows should follow dress code guidance provided by CAMC GME office in the residency handbook and orientation. In most settings, Fellows should plan to wear business casual attire, be neatly groomed, and minimize strong colognes/scents that could be difficult for patients with sensory sensitivities or aversions. Fellows are welcome to wear either scrubs or business casual attire while in the pediatric clinics.

Training Resources: Psychology Fellows are provided with a furnished office in the Department of Behavioral Medicine & Psychiatry. Each Fellow is provided with a desk, phone, desktop computer, and secure storage for personal and professional belongings. Clinical records and schedules are maintained in Cerner electronic

records in the Bmed department and Athena in the pediatric department. Fellows will also be assigned clinic rooms for their outpatient clinic days if a special space is needed (e.g., PCIT room).

Medical Library: Fellows have access to WVU Charleston Campus' medical library located on the 1st floor of the West Virginia University education building on CAMC's Memorial Campus. It is open from 8:00am to 4:00pm, Monday through Friday. After hours and on weekends the Residents and medical students have 24-hour access using the CAMC photo ID. The Library web page can be accessed at <https://lib.wvu.edu/charleston/>

Graduation/End of the training year duties: Graduation is a **required** event as this provides both the Fellow and faculty the opportunity to celebrate your accomplishment. You are welcomed to give a brief speech at graduation. Graduation is usually the 2nd Friday in June.

Supervision Policies

Supervision: Supervision is provided by psychology faculty as well as faculty from other disciplines, with a minimum of two hours of individual supervision with psychology faculty each week for each Fellow. While supervision is regularly scheduled, faculty stress the fostering of a sense of professional independence over time and experience. Fellows will be required to demonstrate a certain level of competence in a variety of specific areas of clinical psychology. Informal supervision may also occur during multidisciplinary meetings or between regularly scheduled meetings as needed. Of note, **live observation of the Fellow's clinical and consultation skills** will be regularly implemented throughout the training year, as required by multiple accrediting bodies.

Quarterly Program Director Meetings: Fellows will attend a quarterly scheduled individual meeting with the Program director to track progress related to the trainee's Fellowship goals, discuss issues related to professional development, and monitor progress toward successful completion of the Fellowship.

Telesupervision Policy: Telesupervision is an important component of psychological supervision and clinical training, especially within the context of health service psychology practice following the COVID pandemic and when engaged in multi-site training. Telesupervision can be as effective and rich of a clinical learning experience as in-person supervision (e.g., Perle & Zheng, 2023). Clinical supervisors and Fellows are welcome to incorporate telesupervision into the clinical learning environment and clinical rotations, provided the following guidelines and best practices are observed.

Telesupervision (by audio or audiovisual) must be synchronous and compliant with the telepsychology services guidelines for the Department of Behavioral Medicine and Psychiatry, telehealth guidelines for CAMC, and other federal/state data privacy and security requirements. To meet this standard, telesupervision must:

1. Be conducted using technology that is compliant with HIPAA data security guidelines. In most cases this will be via telephone or via HIPAA-secure virtual meeting technology provided by CAMC.
2. Be conducted in a private location that would meet privacy/security requirements for clinical service delivery.
3. Must be conducted in a stationary location (i.e., not in transit).
4. Must not occur through text-based communication (e.g., email, pager, texting)

Telesupervision should be scheduled and documented in the same manner as synchronous in-person supervision meetings. Any notes or records from telesupervision should be maintained in the same manner that other PHI or protected information from clinical supervision would be maintained.

Telesupervision is a professional clinical psychology service governed by state licensure laws and jurisdiction. This means telesupervision may only be conducted if 1) the Fellow is physically within WV at the time supervision occurs and 2) the clinical supervisor is physically within WV at the time supervision occurs. Fellows and clinical supervisors are advised to arrange for alternate supervision arrangements if either party

will be out of state during a scheduled supervision time, such as for vacation. We encourage and respect time out of office for well-being and encourage faculty supervisors to arrange for alternate clinical supervision coverage (if the supervisor is away) or for Fellows to schedule alternate clinical supervision times within their normal work week if they will be out of office for PTO during a regularly scheduled supervision.

