

# BAYLOR SCOTT & WHITE HEALTH

## *Postdoctoral Fellowship Program in Health Service Psychology (Clinical)*



Baylor Scott & White Medical Center--Temple, Texas



Baylor Scott & White Mental Health Center—Temple, Texas

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Accredited, American Psychological Association Committee on Accreditation (CoA)

<https://BSWHealth.med/PsychologyFellowship>

# **Brochure**

## **Baylor Scott & White Health**

### ***Postdoctoral Fellowship Program in Health Service Psychology (Clinical)***

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## INTRODUCTION

Welcome and thank you for your interest in the **Baylor Scott & White Health's Postdoctoral Fellowship Program in Health Service Psychology (Clinical)**, an APA-accredited and APPIC-member postdoctoral fellowship affiliated with Baylor Scott & White Health, the largest nonprofit healthcare system in Texas. With hospital and clinic facilities concentrated in Temple, Texas, our postdoctoral fellowship program features **two (2) positions**, with your option to select one of **three (3)** unique training tracks.

- a) **End of Life Care, Grief and Bereavement**
- b) **Consultation/Liaison Health Psychology**
- c) **Integrated Primary Care Psychology**

We seek individuals who are well-educated in academic knowledge of clinical psychology evidenced by having **completed a doctoral degree** in clinical or counseling psychology from a university-based program (PhD or PsyD) accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and **finished a one-year pre-doctoral internship** that is APA- or CPA-accredited, or its substantial equivalent, i.e., an APPIC-member internship program. (Note: These two requirements demand that the applicant's *dissertation is completed* at the time the Fellowship begins.) Additionally, we seek individuals who communicate well orally and in writing, and who are curious, flexible, and show initiative. We provide fellows with broad-based clinical experiences in a supportive, encouraging learning atmosphere augmented by supervision and didactic instruction designed to enhance one's professional development toward a career in health service psychology.

In the next section of this brochure, you will find a **bullet point summary of our program which will give a "snapshot" overview of our Postdoctoral Fellowship**. Following this summary, you will find brief descriptions of our three program training tracks followed by more detailed program/site information.

***Please note that all 2025-2026 applicant interviews will be conducted virtually using video conferencing technology.***

## BULLET POINT SUMMARY

- APA accredited through Committee on Accreditation (CoA)
- APPIC-member postdoctoral fellowship in health service psychology (clinical)
- Located in Temple, Texas, a medium-sized city on I-35 between Waco and Austin
- All facilities part of Baylor Scott & White Health care system
- Affiliated with Baylor College of Medicine
- Offers two (2) postdoctoral fellowship positions
- Option of three (3) unique training tracks:
  - a) End of life care, grief & bereavement
  - b) Consultation/liaison health psychology
  - c) Integrated primary care psychology
- 52-week contract (with orientation) from Aug. 25, 2025, through Aug. 28, 2026
- Year-long experience in outpatient Mental Health Center

- Deployment to track specific training sites, approximately two days (2) per week
- Two hours (2) of individual supervision per week
- Seminar Series on Tuesday afternoons, (2-3 hours per week)
- Faculty diverse in theoretical orientations and research/scholarly interests
- Competitive stipend = \$55,796 annually, paid biweekly (24 payments)
- Health Insurance, Vacation, Sick leave, Bereavement, Professional Education leave
- Program Director: MaryKatherine Clemons, PsyD, ([Mary.Clemons@BSWHealth.org](mailto:Mary.Clemons@BSWHealth.org))
- Program Administrator: Keyla Kolls ([Keyla.Kolls@BSWHealth.org](mailto:Keyla.Kolls@BSWHealth.org))
- Link to website: <https://BSWHealth.med/PsychologyFellowship>

### **TRACK 1 – END OF LIFE CARE, GRIEF and BEREAVEMENT (brief description)**

Facing the inevitable end of life can be problematic in a health care system (and society) focused on continuing treatment, cures, or “heroic” measures aimed at extending a person’s natural life. Health care professionals need to know when/how to acknowledge approaching death and reduce suffering whenever possible. They must know how to help patients/families prepare appropriately, maintain quality of life, accept death when it is inevitable, and adjust after bereavement.

The Postdoctoral Fellowship track in End-of-life care, Grief and Bereavement is designed to provide a high-quality training experience for a future psychologist interested in the relatively under-represented subspecialty of dying, death, and bereavement (also called *thanatology*, the study of death and of psychological mechanisms for coping with death).

Specifically, Fellows work with the Palliative and Supportive Care Team in the medical-surgical hospital (1 day a week) and with the Hospice Interdisciplinary Team (1 day a week), including home visits. Combined with outpatient work, these experiences enable Fellows to assist and intervene with patients who are approaching death, with patients and families at the time of death, and with bereaved survivors following death.

During individual supervision as well as during formal seminar instruction, Fellows are exposed to both theoretical and research-based information on the critical “body of knowledge” in the field of thanatology as designated by the Association for Death Education and Counseling (Servaty-Seib & Chapple, 2021), an international and interdisciplinary professional organization devoted to promoting excellence in the care of the dying and the bereaved. These six critical areas include the dying process, end-of-life decision making, bereavement, assessment/intervention, traumatic death, and death education.

Servaty-Seib, H., & Chapple, H. S. (2021). *Handbook of thanatology: The essential body of knowledge for the study of death, dying and bereavement, 3<sup>rd</sup> Edition*. Minneapolis, MN: Association for Death Education and Counseling, The Thanatology Association.

### **TRACK 2 – CONSULTATION/LIAISON HEALTH PSYCHOLOGY (brief description)**

Psychologists have much to offer patients both in medical-surgical inpatient settings and through interdisciplinary surgical and medical teams. The Consultation/Liaison Health Psychology track offers a practitioner-scholar model with hands-on experience complemented by knowledge of relevant psychological science. Our intent is to prepare Fellows to deploy competently across a variety of health service psychology settings and to use a wide range of clinical skills. Graduates of our program are competitively prepared to work in settings such as university-based teaching or private hospitals, private psychology practice with medical specialization, academic psychology departments, or primary care settings.

Based in a nationally recognized academic medical center, Fellows in the Consultation/Liaison Health Psychology track encounter a diverse patient population presenting a broad spectrum of medical problems and physical disorders. Our philosophy is to provide broad clinical experience through performing psychology consultations in the medical-surgical hospital together with an opportunity to concentrate in a specialized area by joining a specific multi-disciplinary care team, e.g., Heart Transplant, Headache Clinic, Sickle-cell Team, psycho-oncology.

At the Mental Health Clinic, Fellows see outpatients with acute and chronic medical and/or psychological needs. Patients may include mature adolescents, adults, elderly patients, and their families. Fellows provide psychological evaluation, psychometric testing, and behavioral health interventions with psychiatric patients as well as patients referred from pain management, bariatric surgery, transplant teams, and primary care. Providing consultation to other professionals in the Department of Psychiatry & Behavioral Sciences and in other medical departments is considered a crucial skill for a health service psychologist. Fellows receive careful individual supervision as well as didactic instruction related to a broad range of health psychology topics.

### **TRACK 3 – INTEGRATED PRIMARY CARE PSYCHOLOGY (brief description)**

Integrated Primary Care Psychology, often referred to as Integrated Behavioral Health, focuses on developing a diverse and comprehensive treatment plan to address the biological, psychological, and social needs of patients in the primary care setting. This coordinated care approach reduces depression, enhances access to services, and improves overall quality of care while lowering health care costs (American Psychological Association, 2016). Baylor Scott and White Health endorses such holistic care, believing that psychologists add unique value to our primary care teams not only by collaborating in direct patient care but also by teaching our physicians and residents a wide array of beneficial skills and techniques that they otherwise would not have the opportunity to learn.

The Integrated Primary Care Psychology track is embedded within our Baylor Scott and White Health Family Medicine Residency Program. Psychology Fellows spend two days per week training alongside their medical colleagues. They encounter a wide range of health problems across the life span as well as provide hospital consultation alongside the Family Medicine inpatient team. Fellows also collaborate with a second- or third-year Family Medicine Resident on a quality improvement research project. In addition to the Fellowship's didactic instruction on Primary Care psychology, Fellows

participate in weekly Family Medicine didactics, including specialized attention to psychopharmacology.

In the primary care setting, Fellows treat mental illness, chronic medical illness, poor compliance, and health behavior disorders. Interventions range from “warm handoffs,” triage care, brief solution-focused psychotherapy, group medical interventions to more in-depth psychotherapy when appropriate. Services are provided in a flexible and creative manner to complement medical management while reducing the care burden on the primary care physician.

Together with exposure to traditional psychiatric patients while working at the Baylor Scott & White Health Mental Health Center, our goal is to develop psychologists who are competent to provide a variety of evidence-based psychological interventions in a primary care setting. As medicine moves from a fee-for-service model to quality-of-care models, psychologists well versed in behavioral health service delivery will be highly marketable in many health care systems.

American Psychological Association. (2016). Resolution on psychologists in integrated primary care and specialty health settings. Retrieved from <https://www.apa.org/about/policy/integrated-primary-care>

## **PROGRAM DESCRIPTION**

Baylor Scott & White Health's Postdoctoral Fellowship Program in Health Service Psychology (Clinical), with three tracks (End-of-Life Care, Grief & Bereavement; Consultation/Liaison Health Psychology; and Integrated Primary Care Psychology), is designed to provide a high-quality training experience for future psychologists interested in making a clinical and academic contribution to the field. The program embraces the practitioner-scholar model by valuing both clinical work and academic endeavors within its curriculum structure.

Postdoctoral Fellows gain the additional clinical experience and supervision needed to qualify for licensure and prepare for the independent practice of psychology. Baylor Scott & White's Postdoctoral Fellowship Program provides the necessary post-doctoral training hours (2000 hours) currently required for licensure to practice psychology independently in the state of Texas.

Our Postdoctoral Fellows follow a carefully planned training curriculum combining 2 hours per week of individual supervision, 2-3 hours per week of formal seminars, 12-14 hours per week of clinical work in an outpatient mental health clinic, up to 16 hours per week in track-specific clinical settings, and 4 hours per week of administrative time for research/scholarship.

In embracing the **practitioner-scholar model**, we require supervised clinical work, a scholarly/research contribution, and activity as an educator. All three of these endeavors are deemed essential to incorporating the Theory-Research-Practice triad into career functioning as a clinical psychologist in health services. Hands-on clinical experience is complemented by study of relevant psychological science, modeled by

faculty via supervision/mentoring, and enhanced by research/scholarly activity and teaching.

## **AIMS & COMPETENCIES**

The program's structure ensures that Postdoctoral Fellows attain Level 1 advanced profession-wide competencies and Level 2 advanced program specific competencies fundamental to the practice of health service psychology. Our unique track offerings also enable future psychologists to learn domain specific skills pertinent to end of life care, grief and bereavement, consultation-liaison health psychology, or integrated primary care psychology.

### Level 1 Profession-Wide Competencies:

#### Aim #1 Science to Practice

Fellows demonstrate the ability to integrate science, i.e., psychological theory and research, with the practice of health service psychology.

- Critically evaluates research findings in health service psychology.
- Actively seeks scientific information and research findings pertinent to cognitive, affective, behavioral and developmental aspects of health and illness as well as knowledge related to physical disease and medical conditions.
- Applies existing psychological theory/research knowledge to solve problems and devise effective treatment plans and referrals.
- Disseminates research/scholarly information in podium presentations to fellow trainees/staff.
- Effectively conveys scientific psychology to trainees/staff during informal “curbside” situations, clinical supervision, and didactic seminars.
- Progresses toward timely completion of a scholarly/research project.

#### Aim #2 Individual and Cultural Diversity

Fellows demonstrate respect for all peoples by adopting an attitude of cultural humility and by constantly developing their awareness/knowledge of cultural diversity and individual differences in others whom they encounter.

- Recognizes how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrates knowledge of the current theoretical and empirical scholarship base as it relates to diversity considerations in all professional activities: research, training, supervision/consultation, clinical service.
- Applies a theoretical framework or systematic strategy for dealing with diversity factors not previously encountered.
- Integrates self-awareness with sensitivity to/knowledge of individual/cultural differences in order to work effectively with patients/families/staff whose group membership, demographic characteristics, or worldviews differ from their own.

### Aim #3 Ethical and Legal Standards

Fellows demonstrate personal and professional integrity in upholding and safeguarding the ethical and legal standards of the profession of psychology.

- Demonstrates a working knowledge of and performs according to APA's Ethical Principles of Psychologists and Code of Conduct.
- Demonstrates a working knowledge of and performs according to the Texas State Board of Examiners of Psychologists' (TSBEP) rules and regulations governing the practice of psychology.
- Demonstrates a working knowledge of and performs according to relevant Federal (e.g., HIPAA), state, local, and institutional (e.g., BSWH) laws, regulations, and policies.
- Recognizes ethical dilemmas as they arise in the course of clinical practice or professional activity and applies sound decision-making processes to resolve those dilemmas.
- Articulates and employs a credible model for ethical decision-making.
- Conducts self in an ethical manner in all professional activities.

### Level 2: Program Specific Competencies

#### Aim #4 Assessment

Fellows demonstrate advanced competence in psychological assessment, including both clinical and instrument-based strategies.

- Effectively conducts diagnostic and intake interviews in a variety of clinical settings, e.g., ambulatory clinic, bedside in hospital/care facility, or in patient's home (hospice), taking care to adjust the process/approach as indicated.
- Gathers information from multiple sources, including the electronic medical record and other treatment teams.
- Attends to diversity characteristics of the patient which may influence the nature, experience, or presentation of the presenting problem(s).
- Selects, administers, scores, and interprets psychometric instruments which reflect best clinical practices in assessment and measurement.
- Accurately diagnoses psychological disorders in a health service psychology population, following criteria defined by the *International Statistical Classification of Diseases and Related Health Problems* (ICD-11) and *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition* (DSM-V), including specialized knowledge of conditions, problems, and diagnoses particularly relevant to medical patients.
- Integrates both clinical and instrument-based information in an accurate biopsychosocial formulation of the patient's problem(s) and provides treatment recommendations based on that case conceptualization.
- Communicates findings both orally and in written reports/documents intended for a range of audiences.



### Aim #5 Intervention

Fellows demonstrate advanced skills in applying evidence-based psychological intervention within the scope of health service psychology.

- Develops rapport and establishes/maintains a therapeutic alliance with patients/families, even when resistance is encountered.
- Devises an evidence-based treatment plan tailored to the unique needs of the patient/family with respect to clinical considerations and cultural factors.
- Provides a broad array of psychotherapeutic interventions to medical and psychiatric patients, including crisis intervention, brief/focal psychotherapy, illness prevention, health promotion, grief therapy, individual psychotherapy, and couples or family therapy, articulated from a theoretical/empirical approach.
- Provides effective consultation/liaison services to other health care professionals and interdisciplinary treatment teams by elucidating the psychological and behavioral responses associated with medical illness and/or psychiatric disorders.
- Manages transference and counter-transference phenomena that may arise in the course of psychotherapy interventions.
- Performs ongoing evaluation of intervention effectiveness.
- Documents the nature and results of psychological interventions in a timely, comprehensive manner.

### Aim #6 Professional Skills

Fellows demonstrate excellence in communication skills, collaboration ability, and professional demeanor with supervising faculty, colleagues, staff, and patients/visitors.

- Communicates clearly in oral and written expression, demonstrating an ability to explain psychological constructs in plain, accessible language.
- Respects the unique skillsets/contributions brought to the care of patients/families by every member of the health care team.
- Collaborates with other health care professionals and interdisciplinary teams in providing comprehensive biopsychosocial treatment to patients/families.
  - Track 1 (End of Life, Grief, and Bereavement)—Represents health service psychology in a helpful, collaborative manner both with the Supportive & Palliative Care Team and the Hospice Interdisciplinary Team.
  - Track 2 (Consultation/Liaison)—Participates effectively in interdisciplinary treatment teams (e.g., heart transplant) and bases expertise on research/theory regarding psychological factors pertinent to the disorder/condition addressed.
  - Track 3 (Primary Care)—Develops collaborative relationships with professionals from various disciplines as members of a primary care team.
- Advocates for the role of health service psychology in the operation of broader health care systems.
- Demonstrates resilience and “grace under pressure” when clinical, workplace, personal, or societal stresses present themselves.

- Uses supervision in a collegial, non-defensive manner as a vehicle for learning/refining clinical skills and establishing/consolidating professional identity.
- Engages in accountable, honest self-reflection regarding professional and personal functioning.

## FACILITIES

BSWH's Postdoctoral Fellowship Program in Health Service Psychology is organizationally located within the Department of Psychiatry & Behavioral Science and physically housed in the Mental Health Center on Baylor Scott & White Health's Central Division campus in Temple, Texas. The Department of Psychiatry & Behavioral Sciences is a core department of the Baylor College of Medicine. Under the direction of Interim Chair, Dr. R.K. Kambhampati, the Department of Psychiatry & Behavioral Science employs over 40 full time clinicians including psychiatrists, physician assistants, nurse practitioners, psychologists, social workers, licensed professional counselors, and licensed chemical dependency counselors. A collegial atmosphere prevails within this multi-disciplinary department in which each professional's training and expertise is respected and valued.

Fellows are provided with a private office in the Baylor Scott & White Mental Health Center, fully equipped with computer, Internet service, dictation equipment, telephone, audiovisual recording capacity, and furniture. These offices function as the Fellows' home base of operation even when working in one of the other venues noted below. Didactic seminars are primarily taught in the conference rooms of the Mental Health Center. Supervision takes place in faculty offices, including at the Mental Health Center, the Family Medicine Clinic at Santa Fe, and in Internal Medicine. Fellows' offices in the Mental Health Center are located on the same hallway as the supervising psychologists, or just around the corner, so that needed help is never more than a few steps away.

Clinical activities take place in several BSWH venues within the city of Temple. All practice locations are part of the Baylor Scott & White Health system and all training activities occur under the administrative aegis of the Department of Graduate Medical Education (GME) as well as the clinical control of the Departments of Psychiatry & Behavioral Science, Internal Medicine, and Family Medicine.

Specific training facilities include the following venues.

- **Baylor Scott & White Mental Health Center** (a recently renovated outpatient, ambulatory setting) where Fellows see adult patients (18 years and older) specifically seeking specialty care for a variety of mental health related problems/complaints. The Mental Health Center is a busy clinic logging approximately 22,400 patient visits annually. A single-story facility with 19,708 square feet, the Mental Health Center features 49 clinician offices, and 5 group/conference rooms. Ample patient and staff parking is immediately adjacent to the building and only a few steps from any respective entrance.
- **Baylor Scott & White Family Medicine (Santa Fe Clinic)** is a primary care setting where front-line health is delivered in the context of a *medical home*. The Santa Fe Clinic is a chief training site for Fellows in the Integrated Primary Care

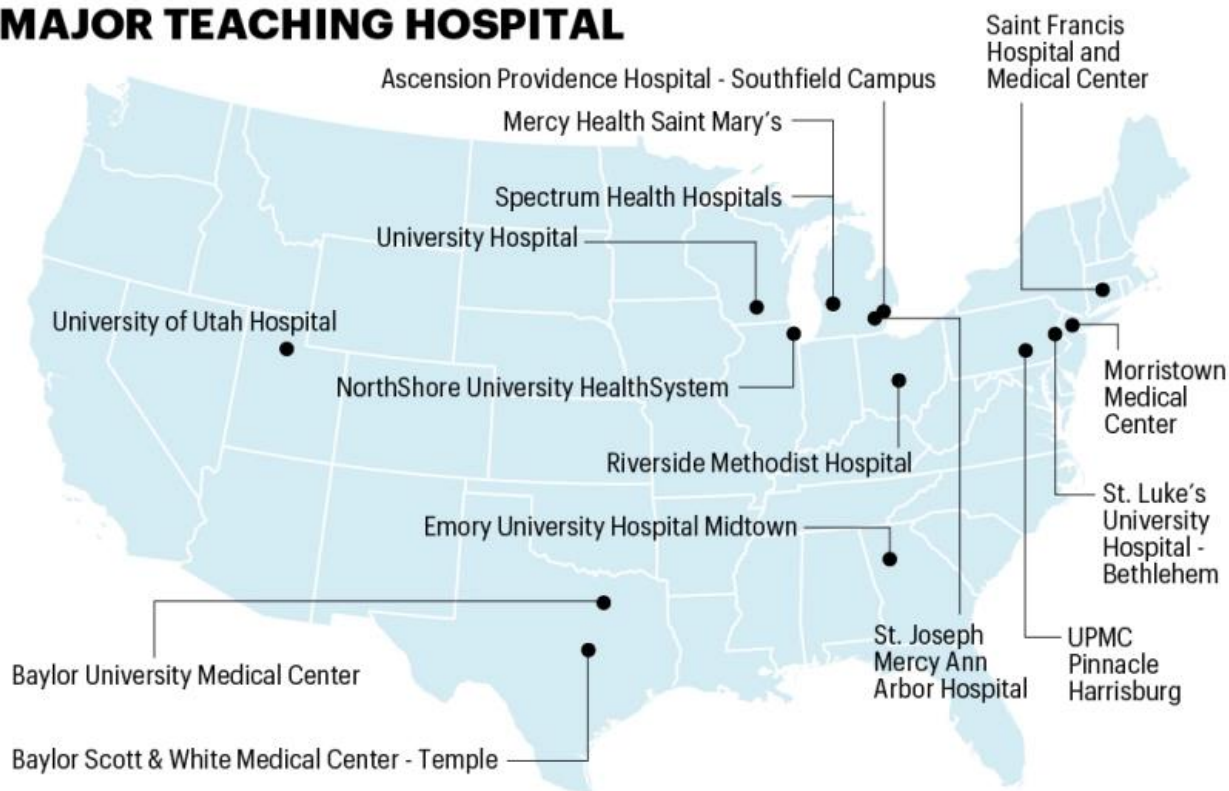
Psychology track. Fellows provide services to primary care patients who present with mental health needs or whose medical conditions are influenced by psychological factors and/or behavioral elements related to non-compliance or health enhancement. Approximately 24,800 patient visits occur each year at the Santa Fe Clinic. The facility consists of 13,244 square feet featuring 29 exam rooms for physicians/clinicians as well as onsite laboratory and X-ray services. Ample surface level parking is immediately adjacent to the building. Fellows see patients in designated treatment rooms in the primary care clinic.

- **Baylor Scott & White Health clinics** (including various medical clinics associated with our multidisciplinary group practice, such as Neurology Clinic, Pain Center, Pulmonary/Sleep Center, Cancer Treatment Center, OB-GYN Clinic, Surgery Center) where specialty care is provided, and Fellows participate in clinical care of patients whose disorders involve psychological components to symptom presentation or whose treatment requires an integrated, biopsychosocial approach.
- **Baylor Scott & White Medical Center--Temple** (a 640-bed tertiary-care medical-surgical hospital, emergency department, and Level One Trauma Center featuring several multi-disciplinary teams, e.g., Supportive & Palliative Care and organ transplant teams, as well as the Psychology Consult Service and the Psychiatry Consultation-Liaison service) constitutes an inpatient medical setting where Fellows typically respond to requests for consultation by providing evaluation and treatment at bedside. In instances where family intervention/therapy is needed, these meetings also often occur in the patient's (private) room, or in a designated meeting room reserved on each floor. Our Medical Center hospital comprises approximately 1.5 million square feet and records approximately 29,400 patient admissions per year. Our inpatient hospital is a key training location for Fellows in the Consultation/Liaison Health Psychology track via the Psychology Consult Service and for Fellows in the End of Life, Grief, and Bereavement track by virtue of the Supportive and Palliative Care Team. Baylor Scott & White Medical Center—Temple is an award-winning facility listed on FORTUNE/IBM WATSON's Top 100 Hospitals in the US for 11 years. In 2021, our medical center was designated #2 among the top 15 major teaching hospitals in the country, as shown on the map below. Also, BSWH is the most awarded non-for-profit health system in Texas according to U.S. News & World Report 2021-2022 Best Hospitals list. BSWH-Temple was recognized as one of the top 15 hospitals in Texas in 2024.
- Baylor Scott & White Health **Long-Term Acute Care (LTAC) Hospital** provides skilled nursing care and extended rehabilitation services in a modern 26,000 square foot facility. Our Long-Term Acute Care Hospital records approximately 600 patient admissions per year. Fellows generally perform consultations at bedside in the patient's (private) room. Again, when family intervention/therapy is needed, these meetings can occur in the patient's room, or in a designated meeting room reserved on each floor.
- **Baylor Scott & White Hospice** is a non-residential program where Fellows deliver clinical care in patients' homes or in nursing care facilities where Hospice patients reside. Average daily census for our Hospice program is 225 patients. Approximately 1,130 patients and their families are served annually by our

Hospice Interdisciplinary Team (IDT). Hospice is a key service program for Fellows in the End of Life, Grief, and Bereavement track.

As a major teaching facility of Baylor College of Medicine, the Temple campus of Baylor Scott & White Health features the outstanding Richard D. Haines Medical Library with a full array of leading journals and essential texts, electronic access to a myriad of pertinent databases, interlibrary loan services, and the assistance of a marvelous staff of highly trained medical librarians.

## MAJOR TEACHING HOSPITAL



**FORTUNE**

Populations served at Baylor Scott & White Health facilities include severely medically-ill patients (including those with terminal illnesses), surgical patients, medical patients with psychiatric issues/chemical dependency, ambulatory medical and psychiatry outpatients, and pre-surgical candidates (as well as organ/tissue donors). As a healthcare organization, Baylor Scott & White Health does not discriminate whom it serves and makes no distinctions according to race, ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, primary language, age, disability, genetic information, veteran status, or any protected characteristic under applicable law. As a not-for-profit organization, Baylor Scott & White Health is committed to providing treatment pro-bono to disadvantaged individuals with urgent health problems who are truly in need.

## PROGRAM ACTIVITIES

To enable Fellows to meet the aims and competencies of our training program, Baylor Scott & White Health's Postdoctoral Fellowship Program in Health Service Psychology (Clinical) is structured to include four key curricular components.

- **Individual supervision**
- **Clinical experience**
- **Didactic seminars**
- **Research/scholarly opportunities**

### Individual Supervision

Regular **individual supervision** (2 hours per week) is considered a *sine qua non* of our Postdoctoral Fellowship program. Each fellow is assigned a primary supervisor identified with the specific training track they have selected. That supervisor meets face-to-face with the fellow for one hour each week throughout the training year, typically in the supervisor's office. Primary supervisors are duly trained and licensed doctoral-level psychologists who maintain overall responsibility for the training activities of the fellow, review and co-sign all evaluation and treatment entries in the electronic health record, as well as formal correspondence, and provide necessary oversight of Fellows' clinical activity. Fellows are expected to be active collaborators in their supervision by helping identify supervisory goals, contributing to a constructive supervisory alliance, coming prepared for supervision sessions, cooperating with live/video observation, and monitoring their own progress.

In addition, each fellow has a secondary supervisor (for one hour each week) to provide guidance and mentoring needed for Postdoctoral Fellows to progress toward semi-autonomy in implementing assessment procedures and designing/executing effective treatment strategies/techniques. Typically, the secondary supervisor changes after the first six months, thereby enabling Fellows to benefit from the different professional styles/perspectives of other members of the faculty.

### Clinical Experience

Initially, Postdoctoral Fellows will first have the opportunity to observe licensed psychology supervisors conduct psychological assessment, treatment, and consultation in order to familiarize themselves with and acclimate to Baylor Scott & White's practice environment. In addition, Fellows receive individualized instruction in organizational standards, clinic/hospital protocol, the electronic medical record (Epic), and the M-Modal voice recognition dictation system. Generally, this orientation process takes 1-2 weeks to complete.

The heart of our Fellowship experience consists of focal opportunities for **direct patient care** provided under the aegis of a licensed psychology supervisor. Throughout the year, fellows provide clinical care in both outpatient and inpatient settings. All Fellows are assigned a private office in the Baylor Scott & White Mental Health Center as a physical home base and carry a modest patient panel there as an integral part of their training experience. Psychiatry outpatients seen in this setting present with a variety of psychopathology including mood disorders, anxiety disorders, cognitive/neurodegenerative disorders, substance-related disorders, and psychoses as

well as a range of other presentations (e.g., personality disorders, somatoform disorders, sexual disorders, couple/family problems, grief/loss). Also, opportunities for psychological assessment funnel through the Mental Health Center and these cases may include pre-surgical evaluations, transplant/donor suitability, or differential diagnosis (e.g., attention disorders, complex presentations, learning-related problems), thus offering valuable experience in assessment/consultation activity in concert with various medical teams.

The Psychology faculty housed in the Department of Psychiatry & Behavioral Science maintain a Psychology Consult Service in the Baylor Scott & White Medical Center— Temple and the Baylor Scott & White Long Term Acute Care Hospital. All Fellows have the opportunity to participate in performing these hospital consults which can include the Emergency Department, intensive care units, labor and delivery, COVID-19 isolation units, and general medical-surgical floors.

In addition, depending on the specific training track chosen by the Fellow, core clinical experience is gained in track-specific settings.

Track 1—End of Life, Grief and Bereavement. Approximately two days per week are designated for service with Baylor Scott & White Hospice and with the Supportive & Palliative Care Team operating within the Department of Internal Medicine.

Thursday is Hospice day. Fellows join Hospice's Interdisciplinary Team (IDT) and generally play two fundamental roles. First, attendance at weekly IDT meetings on Thursday mornings allows the Fellows to identify patients/families where psychological service may prove beneficial. During IDT meetings, Fellows can also provide psychological input and expertise during deliberation of cases and help formulate a coordinated biopsychosocial-spiritual approach to care. Because psychologists are not typically included in hospice teams, this arrangement enables Fellows to receive invaluable experience with a patient cohort where comfort care and quality of life, not curative care, are the primary considerations.

Second, Fellows provide direct psychological services to hospice patients by making clinical visits to private residences or nursing facilities where the patients reside. Here again, the experience of making "home visits" constitutes a unique opportunity to operate in a setting not typically accessed by psychologists. Sometimes the intervention is focused on the dying patient while at other times the focus is on the family/caregivers. Clinical encounters during home visits often make an enduring impact on Fellows whose learning is galvanized by the exigencies of the moment. Some Fellows even choose to attend funeral/memorial services for a particular hospice patient—if they have "joined" the family in a manner that renders such attendance appropriate—an experience that extends learning about the entire grief trajectory leading up to, during, and immediately following a patient's death.

Fellows in the End of Life track also join the Supportive and Palliative Care Team which operates in the medical-surgical hospital. Approximately one day per week is devoted to Palliative Care. On Wednesday mornings, Fellows attend the Palliative Care Team meeting wherein they have an opportunity to identify patients who may benefit from

psychology services and also provide consultation and psychological expertise to the team as it develops a care plan for the patients being served. Thereafter, Fellows may round with various members of the Palliative Care Team and/or perform direct care with patients/families where indicated. A common dilemma involves helping patients and families deliberate about advance directives or about a potential transition from curative care to comfort care or hospice.

The Theory of Grief and Bereavement Seminar is designed to deliver the content knowledge required for a Fellow to be effective with Hospice and the Supportive & Palliative Care Team, including exposure to empirically supported treatments in end of life care and for complicated grief. Combined with timely supervision, it is intended that the Fellow will be able to consolidate learning through the praxis of clinical application.

A final note is in order about the clinical caseload from the Mental Health Center for Fellows in the End-of-Life track. While extending Fellows' overall range of experience, an intentional effort is made to concentrate their caseload with a preponderance of pathology involving grief and loss. Thereby, cases of complicated or prolonged grief are sought in order to provide a clinical opportunity for Fellows to apply what they are learning in seminar about grief therapy. This work done in the bereavement interval following the death/loss, sometimes even years later, compliments the clinical experiences gained on Supportive & Palliative Care and Hospice where grief is either anticipatory to or more proximal to the death itself.

Track 2—Consultation-Liaison Health Psychology. Intentional scheduling is used at the Mental Health Center to ensure that Fellows in the Consultation-Liaison track evaluate a wide range of problems, including psychometrically-based evaluations of pre-surgical candidates, transplant/donor suitability, or differential diagnosis. Treatment protocols based on Cognitive-Behavioral Therapy (CPT), Interpersonal Therapy (IPT), and Acceptance and Commitment Therapy (ACT) are emphasized in ongoing psychological treatment.

Fellows in the Consultation-Liaison track prioritize service on the Psychology Consultation team. Approximately two half-days per week (Monday and Wednesday afternoons) are designated as time to conduct hospital consultations. In coordination with Dr. Blackburn, Fellows on the Consultation-Liaison track help monitor incoming consults and triage them according to urgency and problem type. Because all psychologists in Mental Health are part of this Psychology Consultation service, sometimes a particular case will be directed to a specific faculty member (e.g., labor and delivery case to Dr. Clemons; complicated grief cases to the End of Life Fellow or to Dr. Gamino; sleep-related problems to Dr. Romers). Learning how to manage the flow of cases, allocate time strategically, communicate clearly with referring physicians and treatment teams, accomplish patient care effectively, and complete documentation in a timely manner (i.e., same day) are all part of the challenge.

In addition, Fellows in the Consultation-Liaison track are expected to develop a specialty emphasis within the medical center that reflects both their professional interests and the needs of the BSWH care system. Typically, one day per week will be devoted to this specialty emphasis with a combination of direct patient care and

participation with an inter-disciplinary care team. Historically, Fellows have taken the opportunity to develop this intensive training experience in a variety of ways, e.g., Headache Clinic, Sickle Cell Anemia team, Heart Transplant team, Sleep Disorders Clinic, Obstetrics-Gynecology/Labor and Delivery.

With regard to the seminar sequence, the seminars in Consultation/Liaison Psychiatry, Psychopharmacology, Health Psychology, and Primary Care Psychology are designed to provide Fellows with comprehensive exposure to those medical disorders and problems most frequently inviting Psychology's participation as part of a biopsychosocial approach to treatment. Again, in combination with timely supervision, it is expected that Fellows will be able to work fluidly and effectively with a diverse patient population exhibiting a wide range of medical pathology.

Track 3—Integrated Primary Care Psychology. Fellows in the Primary Care training track are embedded two days a week in a primary care setting in order to focus on developing and deploying diverse and comprehensive treatment plans designed to address the biological, psychological, and social needs of patients seen in the Family Medicine Department.

Fellows in the Primary Care track operate in tandem with Family Medicine physicians as well as with resident doctors in the Family Medicine Residency Program. This parallel training environment makes for a rich experience in forming collaborative and collegial relationships with a specific medical team and representing what psychology has to offer in this all-important, front-line aspect of health care. Psychology Postdoctoral Fellows and Family Medicine Residents learn with, and from, each other in a vibrant educational atmosphere. In addition to the Fellowship didactic seminar series, Fellows in the Primary Care track participate in weekly Family Medicine didactics, including specialized attention to psychopharmacology. Fellows also collaborate with a second- or third-year Family Medicine Resident on a quality improvement research project.

In the primary care setting, Fellows contribute to holistic care by treating mental illness, chronic medical illness, poor compliance, and health behavior-related disorders. Interventions range from warm handoffs, triage care, brief solution-focused psychotherapy, group medical interventions, and to more in-depth psychotherapy when appropriate. Psychological services are provided in a flexible and creative manner to complement medical management while reducing the treatment burden on the primary care physician. The goal is to develop psychologists who are competent to provide a variety of evidence-based psychological interventions in a primary care setting because, as medicine moves from a fee-for-service model to quality-of-care models, psychologists well versed in behavioral health service delivery will be highly marketable in many health care systems.

As with the Consultation-Liaison Health Psychology track, the didactic seminars in Consultation/Liaison Psychiatry, Psychopharmacology, Health Psychology, and Primary Care Psychology are designed to provide Fellows with comprehensive preparation for treating a wide range of health problems across the life span.



## WEEKLY SCHEDULES

### *END OF LIFE TRACK*

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:00</b>	Patients - MHC	Administrative	Palliative Care	Hospice IDT & Home Visits (MHC Unavailable)	ADMIN
<b>9:00</b>	New Patient	Supervision--Gamino			
<b>10:00</b>	Patients - MHC	Patients--MHC			
<b>11:00</b>			Palliative Care Group Supervision		
<b>12:00</b>	Lunch	Lunch	Lunch	Lunch	Grand Rounds
<b>13:00</b>	New Patient	Seminar-Admin.	Palliative Care	Hospice IDT & Home Visits (MHC Unavailable)	ADMIN
<b>14:00</b>	Patients -- MHC	Seminar			Supervision--MHC
<b>15:00</b>		Seminar-Admin.	Patients - MHC		ADMIN
<b>16:00</b>		Seminar-Admin.			

### *CONSULTATION/LIAISON HEALTH TRACK*

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:00</b>	Patients Mental Health Center	Admin	Patients Mental Health	Specialty Rotation Day	ADMIN
<b>9:00</b>	New Patient	Supervision Dr. Blackburn	New Patient		
<b>10:00</b>	Patients Mental Health Center	Patients Mental Health Center	Patients Mental Health Center		Clinic Mental Health Center
<b>11:00</b>					
<b>12:00</b>	Lunch	Lunch	Lunch	Lunch	Grand Rounds
<b>13:00</b>	New Patient Mental Health Center	Seminar-Admin.	Inpatient Consults	Specialty Rotation Day	Supervision MHC
<b>14:00</b>	Inpatient Consults	Seminar			ADMIN
<b>15:00</b>		Seminar-Admin.			
<b>16:00</b>		Seminar-Admin.			

**PRIMARY CARE TRACK**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:00</b>	Patients Mental Health Center	Rounds: Family Medicine Hospital Service	Mental Health Center	Family Medicine Clinic	ADMIN
<b>9:00</b>		Inpatient Consults			
<b>10:00</b>		Family Medicine Triage Patient	Inpatient Consults FM and/or C/L		Patients Mental Health Center
<b>11:00</b>		Health Behavior Group			
<b>12:00</b>	Lunch	Lunch	Lunch	Family Medicine Noon Conference	Grand Rounds
<b>13:00</b>	New Patient Mental Health Center	Seminars	Family Medicine Clinic	Supervision- FM Dr. Adcock	Supervision - MHC
<b>14:00</b>	Patients Mental Health Center			Admin	Family Medicine Triage
<b>15:00</b>					
<b>16:00</b>					
<b>4th Monday, 12:00 - 1:00 pm      Psychology Case Conference</b>					

Once Fellows begin regular office hours of practice, they can expect to spend approximately 18-24 hours per week in direct patient care in the various settings, depending on their specific track.

From an institutional perspective, supervisors will be professionally responsible for the clinical work done by Postdoctoral Fellows and will counter sign any documentation of case reports, progress notes, or correspondence. This arrangement allows for a safety net to double check all clinical work conducted by the Postdoctoral Fellows to ensure that it conforms to the highest clinical and ethical standards of the profession. Supervisor responsibility also incorporates professional liability coverage through Baylor Scott & White Health's risk management program.

**Didactic Seminars**

BSWH's Postdoctoral Fellowship Program in Health Service Psychology provides Fellows with 2-4 hours per week of formal seminar instruction (averaging 2.5 hours per week over the course of the Fellowship year). Our formal educational activities are designed to closely parallel the clinical opportunities which Fellows have and equip them with the theoretical/empirical knowledge necessary to perform the work at an advanced level of competence. Active participation in the seminars typically requires approximately two hours per week of reading scholarly articles/chapters so that Fellows are prepared for interactive learning, discussion, and case application. A schematic overview of our year-at-a-glance didactic series is provided next.

## YEAR AT A GLANCE DIDACTIC SERIES

Psychology Postdoctoral Fellowship Didactic Seminar Series for 2024 - 2025												
Psychology	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Tuesday	1pm	Baylor Scott & White Orientation Seminar Faculty (4 wks.)	Professional Development & Ethics Faculty (4 wks.)	Health Psychology Dr. Blackburn & Dr. Romers (24 wks.)						Teaching & Supervision of Psychology Faculty (4 wks.)	Career in Professional Psychology Dr. Blackburn (4 wks.)	
	2pm		Theory of Grief & Bereavement Dr. Gamino (24 wks.; also PGY 4s)						Diversity in Healthcare Dr. Clemons (12 wks; also PGY3s)			
	3pm	Consultation Liaison Psychiatry (4 wks)	Integrated Primary Care Psychology Dr. Adcock (10 wks)			Couples & Family Therapy Dr. Gamino (12 wks.; also PGY3s)						
	4pm		Psychoactive Medicine for Non-prescribers (8 wks.)								Teaching Psychology tba (4 wks.)	Teaching Psychology tba (4 wks.)
Psychology Case Conference every 4th Monday of the month: 12:00-1:00 pm												

In our Post-Doctoral Fellowship Training Program, developing cultural sensitivity to diverse populations and utilizing cultural awareness in the professional practice of psychology is essential. Fostering an attitude of cultural humility is an ongoing process addressed systematically and continuously throughout our topical seminars, including the Diversity in Health sequence, as well as in supervisory sessions. Considerable attention is devoted to cultural diversity and implications for understanding, working with, and treating individuals different from oneself.

At the beginning, the Didactic Seminar Series provides orientation to the Baylor Scott & White Health system/culture and prioritizes information critical for initial clinical activity. These topics include the following.

- Baylor Scott & White Orientation**—4 weeks (2 hours per week = 8 hours) provides initial information about clinic/hospital protocol (Aim #6 Professional Skills), use of the electronic health record (Epic) and voice recognition software as well as specific procedures for specialty evaluations such as differential diagnosis of ADHD, suitability for weight loss surgery, and pre-transplant evaluations (Aim #4 Assessment). The seminar concludes with executive coaching on work-flow, time management, and work/life balance (Aim #6 Professional Skills).
- Consultation-Liaison Psychiatry**—4 weeks (1 hour per week = 4 hours) addresses issues often encountered in hospital settings, such as dementia, delirium, and capacity for medical decision-making (Aim #4 Assessment). Fellows are invited to round with Psychiatry's Consultation-Liaison service to familiarize themselves with clinical problems among medical-surgical patients

where Psychiatry is consulted and to facilitate cross-disciplinary collaboration (Aim #6 Professional Skills).

- **Psychoactive Medicine for Non-Prescribers**—8 weeks (1 hour per week = 8 hours), provides foundational information on psychoactive medicines needed by Fellows for working effectively in a medical setting. The major categories of psychoactive therapeutics used in contemporary medical practice, i.e., anti-depressants, mood stabilizers, antipsychotics, stimulants, and anxiolytics, are reviewed in terms of indications for use, therapeutic advantage, and side effects. Problems related to substance abuse, prescribing in inpatient medical-surgical settings, and interaction effects are discussed (Aim #1 Science to Practice).
- **Professional Development and Ethics**—8 weeks (1 hour per week = 8 hours) starts by introducing the professional stance of cultural humility as a model for approaching any clinical/interpersonal encounter, particularly with patients/others different from oneself (Aim #2 Diversity). The seminar continues the emphasis on preparing Fellows for clinical practice with consideration of informed consent, confidentiality, and professional competence. APA's Ethical Principles of Psychologists and Code of Conduct as well as TSBEP's rules and regulations governing the practice of psychology are reviewed (Aim #3 Ethics). In addition, Fellows are taught how to deploy a credible decision-making model when confronting ethical dilemmas as well as investigation of various ethical challenges common in end-of-life care and as a result of multiple relationships. Fellows are challenged to recognize "blind spots" and cultivate a personal plan for maintaining ethical standards (Aim #3 Ethics).

Next, the Didactic Seminar Series shifts to Fellows pursuing advanced knowledge in theory and treatment modalities across a broad range of areas in health service psychology. Specifically, seminar instruction conveys the knowledge base needed for success and addresses specific challenges inherent in the respective tracks where Fellows work in order to practice at an advanced level of competence. These seminars focus on the following topics.

- **Theory of Grief & Bereavement**—24 weeks (1 hour per week = 24 hours) surveys key contributors in the evolution of grief theory and research, from Freud to current empirically-supported treatments, in order to build a conceptual framework for contemporary practice, particularly with cases of complicated grief. Models and paradigms for treatment of the dying and the bereaved are discussed, including consideration of cultural/spiritual factors which may influence the patient's experience (Aim #2 Individual and Cultural Diversity). Trainees' own clinical provision of empirically-informed treatment is emphasized based on exposure to empirically-supported treatment protocols available in the field (Aim #4 Assessment and Aim #5 Intervention). Finally, appropriate self-care is stressed for professionals working clinically with end of life, grief, and bereavement (Aim #6 Professional Skills).

- **Integrated Primary Care Psychology**—10 weeks (1 hour per week = 10 hours) reviews the biological components of health and illness, including the pathophysiology of commonly occurring medical and psychological conditions (e.g., diabetes, hypertension, depression, autoimmune disorders). Treatment of common physical and mental health problems experienced by patients and families across the lifespan through short-term intervention, risk reduction, and health promotion is emphasized (Aim #5 Intervention). Particular attention is paid to diversity differences in primary care linked to gender, sexual preference, and gender identity.
- **Health Psychology**—24 weeks (1 hour per week = 24 hours) surveys the most commonly encountered medical and psychological conditions for which health service psychologists may be consulted in a medical-surgical setting. Approaching the spectrum of conditions according to organ system, instruction targets those medical complaints/disorders carrying a psychological component or whose treatment optimally employs psychological methods and techniques to reduce risk/morbidity, promote health, and ameliorate distress/pathology. Current empirically-supported treatments are emphasized (Aim #4 Assessment and Aim #5 Intervention).
- **Couples & Family Therapy**—12 weeks (1 hour per week =12 hours) focuses on how to understand couples and families as interpersonal systems and teaching intervention methods that accommodate couples or families as the unit of care. Special emphasis is given to the Gottman approach for treating distressed couples (Aim #5 Intervention).
- **Diversity in Healthcare**—12 weeks (1 hour per week =12 hours) addresses awareness of disparities in health care delivery as affecting treatment and outcomes, consideration of some special populations (e.g., HIV/AIDS, LGBTQ, transgendered persons), and how to cultivate an atmosphere of acceptance and inclusion (Aim #2 Diversity).

Finally, as the training year progresses, topics shift toward those pertaining to future endeavors as health service psychologists. These later seminars engage Fellows in questions related to professional identity and professional practice after licensure when supervision is no longer required. Topics include the following.

- **Teaching & Supervision of Psychology**—8 weeks (1 hour per week for 4 weeks on instruction = 4 hours; 1 hour per week for 4 weeks teaching other trainees = 4 hours) explains different teaching formats and explores various supervision styles. Each Fellow takes responsibility for designing and teaching a seminar sequence on a psychology topic that reflects an area of interest/expertise (under the direction of the primary supervisor). The “students” in this seminar may be 4<sup>th</sup> year Psychiatry Residents, residents/faculty in Family

Medicine, or trainees in some other clinical department (Aim #1 Science to Practice).

- **Career in Professional Psychology**—4 weeks (1 hour per week for 4 weeks = 4 hours), including consideration of various practice models and work settings, academic/scholarly endeavors, career trajectory, and ways of contributing to the profession (Aim #6 Professional Skills). The topic of diversity is revisited in terms of career-long aspects of learning/gaining as a result of interfacing with others different from self (Aim #2 Diversity).

Fellows from all tracks of the Postdoctoral Fellowship Training Program attend seminars specific to the content area of the other tracks in the interest of broadening their educational exposure and providing a richer, more interactive learning environment. In addition, some seminar instruction consists of joint training with third- and fourth-year Psychiatry Residents on topics of mutual interest (e.g., Theory of Grief & Bereavement, Couples & Family Therapy; Diversity in Healthcare), an arrangement expected to provide additional benefits of promoting cross-disciplinary interaction. Similarly, the fellow in the Integrated Primary Care Psychology track will have opportunities to co-learn with Family Medicine Residents.

At this time, all didactic seminars are taught by BSWH staff or by selected outside consultants. While almost all seminars are conducted in person, a small number of sessions are taught by live presenters in real time using video-based technology such as Microsoft Teams, or WebEx. We do not utilize distance learning, online programs, or other electronically-mediated educational methodologies, except as one-off learning opportunities which supplement, but do not replace, in person/real time seminar instruction.

Psychology Case Conferences. On the fourth Monday of the month (10 times a year), Psychology Case Conference is held. This activity provides a collegial forum for faculty and Fellows together to grapple with an interesting/challenging clinical case that presents a unique aspect of individual or cultural diversity (Aim #2 Diversity). Participants take turns as presenter, with faculty presenting earlier in the training year and Fellows presenting later. The interactive discussion emphasizes clarity and accuracy of a biopsychosocial formulation as well as creative ideas for empirically-supported treatment plans that take into account diversity elements. Case conferences are intended to model a horizontal peer supervision process. This format helps Fellows cultivate a healthy respect for the notion that professionals at all levels of experience can benefit from consultative input, and learn how to provide such perspective in an objective, non-pejorative manner.

Grand Rounds. Post-Doctoral Fellows will have access to biweekly Grand Rounds sponsored by the Department of Psychiatry & Behavioral Science, as well as other clinical departments—a rich opportunity to enhance their professional knowledge. Grand Rounds are intended to be of interest to an interdisciplinary audience of mental health professionals working a medically-oriented environment. These experiences allow Post-Doctoral Fellows to interact with staff representing other professional disciplines and further hone their ability to communicate and collaborate effectively with

an interdisciplinary treatment team. Additionally, each Postdoctoral Fellow is expected to deliver a Grand Rounds presentation to the Department of Psychiatry & Behavioral Science during their training year as a milestone demonstrating advanced competence in linking science to practice (Aim #1 Science to Practice).

### Research/Scholarship

Finally, **research/scholarly opportunities** constitute the third arm of the Theory-Research-Practice triad and provide a unique avenue for professional learning and growth as a practitioner-scholar of clinical health psychology. Approximately 10% of the Postdoctoral Fellow's time is made available for scholarly and academic endeavors. Postdoctoral fellows are expected to have an active, ongoing interest in clinical research together with demonstrated drive and determination to make a scholarly or empirical contribution to professional literature.

Postdoctoral fellows may come to the training year with an original idea or interest that could be developed into a formal project utilizing the considerable resources available through Scott & White's Research and Education Division. Alternately, postdoctoral fellows may be interested in extending the Scott & White Grief Study research program and its previously published findings by using archival data, participate in one of the other research projects going on within the Department, or work on a scholarly article for publication. In either case, it is expected that postdoctoral fellows would complete an academic/scholarly endeavor of reasonable scope and design during the course of their training year, including preparation of a manuscript for submission to a professional periodical. Mentorship grants may be available to support trainee research initiatives when paired with an appropriate faculty mentor.

The results of the Postdoctoral Fellow's research investigation may be the topic of the Grand Rounds presentation to the Department of Psychiatry & Behavioral Sciences toward the end of the training year. In addition, following through with presentation of findings at an appropriate professional meeting (e.g., annual conference of a state or national professional association) is desirable.

### **ACCREDITATION STATUS**

On August 7, 2023, the BSWH Postdoctoral Fellowship Program in Health Service Psychology (Clinical) was accredited for 10 years by APA's Committee on Accreditation. We are also an APPIC-member program.

### **EVALUATION**

Our training philosophy in the Baylor Scott & White Health's Postdoctoral Fellowship Program in Health Service Psychology (Clinical) is that evaluative feedback is a continuous and bilateral process that goes on throughout the training year. Fellows should be able to tell where they stand at all times, in the faculty's estimation, based on case supervision, seminar participation, and informal interactions.

Evaluation of Fellows is based on their performance on each of the six advanced competencies on which our curriculum is based.

- Science to Practice
- Individual and Cultural Diversity
- Ethical and Legal Standards
- Assessment
- Intervention
- Professional Skills

At the beginning of the training year, with input from their primary supervisor and the Program Director, an Individual Training Plan (ITP) is developed for Fellows that reflects additions to or specifications to the indicators in these six advanced competencies. These ITPs are used in tandem with a formal evaluation tool to assess the progress Fellows are making toward advanced competency along each of these six aims.

The formal evaluation process occurs semi-annually (i.e., after the first 6 months in the program and at the end of the program) and incorporates both Fellows' ITPs and the program's evaluation tool. Fellows are encouraged to evaluate themselves and are evaluated by training faculty according to their progress toward the program's target competencies. These parallel evaluations are discussed in face-to-face meetings with the Program Director and the primary supervisor. If training faculty have provided timely feedback throughout the year as intended, the results of such written evaluations should not be a surprise.

At the conclusion of the training year, Fellows formally evaluate the program and address critical comments to the Program Director. Also, Fellows are invited to evaluate formally their key training faculty and to discuss their impressions with the Program Director. These efforts are part of an ongoing process of internal self-evaluation of the Baylor Scott & White Postdoctoral Fellowship Program. Verification of Fellows' training hours will be forwarded to the appropriate licensing board in the jurisdiction where Fellows intend to practice and/or to the Association of State and Provincial Psychology Boards (ASPPB).

Approximately six-months after completion of the Postdoctoral Fellowship, graduates are asked to respond to an Alumni Survey providing their ratings of and reflections on their Fellowship year, particularly in comparison with the training experiences of other entry level professionals with whom they associate. This information is employed in our annual program review activities. Data collected from these surveys indicates a very favorable appraisal of the training program by our graduates.

## **DIVERSITY INITIATIVES**

Baylor Scott & White Health is committed to advancing the principle that our workforce truly represents the societal fabric of the communities we serve. That means opportunity and open doors to "...*everyone who wants to serve.*" In recruitment and hiring—both



faculty and trainees—BSWH promotes fairness, equal treatment, and open communication.

At a system level, our BSWH employment landing page (<https://jobs.bswhealth.com/us/en/diversity>) stresses our belief in welcoming everyone.

*Hiring a diverse workforce is essential to achieving our goals both as a business and as a provider of superior, patient-focused healthcare. Equally important, we must manage this diverse workforce by creating a professional environment in which all our employees can grow and prosper. We always strive to understand and respect cultural differences, and help that understanding reach all employees, throughout every area of Baylor Scott & White Health. Our goal is to welcome people of every culture as a full participant, with the freedom to communicate openly and effectively. And to make certain that everyone — colleagues, patients, our business partners, and our communities — are universally treated as vital constituents of our Mission and deserving of our best.*

The Department of Graduate Medical Education (GME) which oversees our Fellowship Program and the Department of Psychiatry & Behavioral Science which houses our program collaborate with our partners in Human Resources to ensure that all applicants are evaluated objectively and given every due consideration in the hiring process. Integral to our non-discrimination policy means “opening our doors to everyone...and working hard to make sure all who walk through those doors feel welcomed, supported, listened to, and understood.”

## **FACULTY**

Baylor Scott & White Health is a robust organization with several key faculty contributing to the Postdoctoral Fellowship Program in Health Service Psychology (Clinical).

Training Committee faculty for the Postdoctoral Fellowship have primary responsibility for clinical supervision, didactic teaching, operational management, and program evaluation.

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| • MaryKatherine Clemons, PsyD    | Program Director                  |
| • Louis A. Gamino, PhD, ABPP, FT | End of Life Track                 |
| • David Blackburn, PhD           | Consultation/Liaison Health Track |
| • Amy Adcock, PsyD               | Primary Care Track                |
| • Cinamon Romers, PhD            | Health Psychology                 |
| • Judy Embry, PhD                | Program Evaluation                |

Other agency/institutional supervisors include the following individuals.

- |                        |                         |
|------------------------|-------------------------|
| • Michael Strand, PsyD | Primary Care Psychology |
| • Benjamin Klein, PsyD | Primary Care Psychology |
| • Austin Kelly, PsyD   | Health Psychology       |
| • John Manning, MD     | Primary Care            |

- Laurel Kilpatrick, MD Supportive & Palliative Care
- Autumn Stratton, MD Supportive & Palliative Care
- Aval Green, MD Hospice

Several other contributors play key roles in didactic teaching, focal supervision, and consultation to the Training Faculty.

- R.K. Kambhampati, MD Consultation/Liaison Psychiatry
- Jim Bob Airhart, MD Consultation/Liaison Psychiatry
- Maria Medina, PsyD Cross-Cultural Issues; Psychotherapy
- Alan Barker, JD Legal/Risk Management
- Nakesha Lopez Interim Chief Diversity Officer
- Eric Hammer, MDiv Clinical Pastoral Education

Many support personnel assist Fellows in their training and clinical activities. As part of the administrative aegis of the Graduate Medical Education (GME), Program Administrator, Keyla Kolls, aids with recruiting and training activities. The Departments of Psychiatry & Behavioral Science, Internal Medicine, and Family Medicine provide secretarial support and the assistance of patient care coordinators to handle receiving/greeting patients, scheduling appointments, billing, and telephone contacts.

## APPLICATION REQUIREMENTS

Applicants for the Scott & White Postdoctoral Fellowship Program in Health Service Psychology (Clinical) must have **completed a doctoral degree** in clinical or counseling psychology from a university-based program (PhD or PsyD) accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and **finished a one-year pre-doctoral internship** in Health Service Psychology that is APA- or CPA-accredited, or its substantial equivalent, i.e., an APPIC-member internship program. (Note: These two requirements demand that the applicant's *dissertation is completed* at the time the Fellowship begins.)

Individuals wishing to apply for the Scott & White Postdoctoral Fellowship Program in Clinical Health Psychology must submit the following materials:

- **Curriculum Vitae;**
- **Letter of Intent** (1-2 pages) outlining the specific training track (i.e., End of Life Care, Grief & Bereavement; Consultation/Liaison Health Psychology; or Integrated Primary Care Psychology) for which one is applying and why;
- **Three Letters of Recommendation** (one letter should be from the Internship Director of Clinical Training/Supervisor, one letter from the applicant's graduate program, and another letter from a professional familiar with the applicant's academic and clinical training);
- **Attestation statement from the applicant's graduate school** Director of Clinical Training indicating the applicant's status in the program and projected completion of the requirements for the doctorate prior to the fellowship year (waived for those who have already earned a doctorate);
- **Official Transcript** from Graduate Program;

- Copies of **Two Clinical Reports** (de-identified), one assessment/evaluation report and one psychotherapy intervention note.

BSWH's Postdoctoral Fellowship Program in Health Service Psychology does NOT adhere to a specific religious affiliation or purpose that influences its admission or employment policies. In recruitment and selection of Fellows for our Postdoctoral Training Program, we do not discriminate according to religious creed, spiritual affiliation, or faith practices/membership. Similar to our non-discrimination policies with regard to patients served described in Section I.B.1, BSWH does not exercise preferential hiring practices related to race, ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, primary language, age, disability, genetic information, veteran status, or any protected characteristic under applicable law.

Applicants may choose to apply through APPIC's centralized postdoctoral application system (APPA CAS) to complete an application. Alternately, application materials may be submitted directly via email to [keyla.kolls@BSWHealth.org](mailto:keyla.kolls@BSWHealth.org). **Applications are accepted beginning October 1, 2024, and the application deadline is January 6, 2025.**

Review of completed applications will commence immediately once they are received or no later than January 6, 2024. For this reason, **earlier submission is preferred**. Typically, applicants are interviewed first by telephone as an initial screening step to ensure that an applicant's aspirations can be met at our training site. Promising applicants will then be invited to participate in formal interviews with several faculty as well as current Postdoctoral Fellows.

In an effort to make the interview process accessible for all promising applicants, **we will conduct formal interviews virtually using video conferencing technology. Two dates have been set aside for applicant interviews.**

- **January 20, 2025 (Monday)**
- **January 24, 2025 (Friday)**

Those applicants invited to participate in formal interviews can select either date to interview. (Special arrangements will be considered for applicants invited to interview should extenuating circumstances make these pre-selected dates problematic.)

Our Postdoctoral Fellowship Program respects the Common Hold Date (CHD) set by APPIC. Philosophically, we approach the selection process like a job hiring interview. Once all interviews have been completed, we begin making offers immediately after our ranking conference. If our top candidates also view our program highly, the hiring decision is usually immediate. Should we extend offers to candidates who prefer a different program and who want to hold their offer until the CHD, we will honor such a request. Once our two positions have been filled and contracts of employment duly signed, we notify all remaining applicants that the positions are no longer available. If our positions are not filled at the time of the CHD, we will likely reopen the application process for a finite period of time in order to seek qualified applicants. Questions about this arrangement may be forwarded to the Program Director, [Mary.Clemons@BSWHealth.org](mailto:Mary.Clemons@BSWHealth.org)

## **COMPENSATION AND BENEFITS**

Annual salary for the Scott & White Postdoctoral Program in Health Service Psychology (Clinical) is \$55,796.00 plus fringe benefits provided through Baylor Scott & White Graduate Medical Education (GME).

### Leave

- 15 vacation days per year
- 13 sick leave days per year
- 5 days educational leave per year
- Maternity and paternity leave: combinations of all PTO (Paid Time Off) and FMLA as allowed by Graduate Medical Education
- Bereavement, military, and interview leave also available

### Miscellaneous Benefits

- Health insurance coverage with discount for dependents
- Free parking
- Fees paid for initial life support certification onsite course, i.e., BLS
- Multimedia computers provided for each training program
- Computer training available
- Funding provided (on a limited basis) for research presentations at state and national research conferences
- Residents' gym available on-site

The financial viability of the Postdoctoral Fellowship Program in Health Service Psychology (Clinical) is insured through a cooperative internal funding agreement involving the Departments of Psychiatry & Behavioral Science, Internal Medicine, and Family Medicine as well as Graduate Medical Education (GME), and Baylor Scott & White Hospice.

## **GRIEVANCE POLICY**

The Postdoctoral Fellowship Program in Health Service Psychology (Clinical) follows Baylor Scott & White Health institutional guidelines in its use of a systematic Grievance Policy should Fellows believe they have been subjected to unfair treatment or have complaints/concerns about the training program. Our Grievance Policy comes from the Graduate Medical Education (GME) Department which has administrative aegis over our training program and this policy aligns with those used in other Residency and Fellowship training programs within BSWH.

In order to aid prompt and constructive problem solving, Postdoctoral Fellows shall be provided with the opportunity to present grievances through a formal procedure. In using this procedure, Postdoctoral Fellows are expected to work constructively toward resolution of the problem.

1. Baylor Scott & White Health encourages Postdoctoral Fellows to bring to the attention of their Program Director any concerns or complaints about work-related conditions. Many problems result from misunderstandings or lack of information and can generally be resolved by discussing them with the Program Director as a first step.
2. If formal discussion with the Program Director does not result in a satisfactory solution to the issue, Fellows should submit the problem in writing to the Program Director as a second step. The Program Director will meet again with the Fellow to discuss the issue and will present a written reply as soon as possible.
3. If the Fellow is not satisfied after receiving the Program Director's written reply, the Fellow can request a meeting with the Chair of the Department of Psychiatry & Behavioral Science as a third step. The Fellow shall provide (a) the original description of the issue, (b) the Program Director's reply, and (c) a written explanation as to why the Program Director's reply was not satisfactory. This process must be accomplished within two weeks from the date of the written reply to the Postdoctoral Fellow from the Program Director. The Chair will respond in writing after interviewing the Fellow about the matter. The Chair may choose to interview other individuals including the Program Director.
4. If the issue is not satisfactorily resolved at this point, as a fourth step the Postdoctoral Fellow may pursue further action by providing copies of all written materials as well as a written response to the Chair's letter to the Designated Institutional Officer (DIO)/Director of Graduate Medical Education within two weeks of the Chair's reply. The DIO/Director of GME will further evaluate the complaint and, if he/she so chooses, form an ad hoc committee of the Graduate Medical Education Committee (GMEC). The committee shall review all pertinent information and conduct interviews necessary to reach a decision about the grievance. The committee's recommendations will be forwarded to the Designated Institutional Officer (DIO)/Director of GME for final resolution.

**There will be no unfavorable action on the part of Baylor Scott & White Health against any Postdoctoral Fellow as a result of submitting a grievance.** All information concerning the Postdoctoral Fellow's problem/complaint should be received in confidence and the issue should be discussed only with those parties involved in the process or with individuals who can provide necessary information.

Complaints of discrimination or harassment may be addressed through this Grievance procedure or by contacting the Director of Employee Relations in Human Resources.

### **Confidential Grievance Procedure**

Should a Postdoctoral Fellow have concerns that are outside the Program Director's jurisdiction, or which involve allegations concerning the Program Director, or for which

the Fellow does not wish to include the Program Director or Department Chair, an alternate procedure is available. The Postdoctoral Fellow may communicate concerns to an institutional ombudsperson outside the Department of Psychiatry & Behavioral Science who is designated by the Office of Graduate Medical Education (GME). The ombudsperson may report to the Designated Institutional Officer (DIO)/Director of GME who may follow the aforementioned procedure of choosing an ad hoc committee to review the concerns and reach a solution.

All Fellows are provided a copy of our Grievance Policy as part of the Program Handbook issued at the start of the training year. Anyone interested in learning more about the details of our Grievance Policy may contact Dr. Clemons, Program Director, [Mary.Clemons@BSWHealth.org](mailto:Mary.Clemons@BSWHealth.org).

## **DUE PROCESS**

The Postdoctoral Fellowship Program in Health Service Psychology (Clinical) follows Baylor Scott & White Health institutional guidelines regarding Due Process should concerns arise about the professional competence or unsatisfactory conduct of a Postdoctoral Fellow. Our Due Process procedure comes from the Graduate Medical Education (GME) Department which has administrative aegis over our training program and this policy aligns with those used in other Residency and Fellowship training programs within BSWH.

### **Process**

Postdoctoral Fellows whose professional competence or conduct is not satisfactory will be subject to disciplinary action initiated by the Program Director and endorsed by the Chair of the Department of Psychiatry & Behavioral Science.

The Postdoctoral Fellow in question will meet with at least two senior staff members of the Department of Psychiatry & Behavioral Science. One of the departmental representatives should be the Program Director, unless prohibited by extenuating circumstances. During the meeting, a written document including a detailed, itemized description of the issues regarding professional competence or conduct, and any prior evaluations of the Fellow, will be presented. If the issues of concern predate the last formal written evaluation, those issues should be documented in that evaluation. The written material(s) should describe the following elements.

- Nature of concern about either professional competence or conduct.
- Disciplinary action taken which could include: remediation; probation; suspension; or dismissal.
- Duration of action (if other than dismissal) or effective date (if dismissal).
- Required remediation (see below) by the Postdoctoral Fellow, if other than suspension or dismissal.
- Description of methods and conditions of enhanced monitoring of the Postdoctoral Fellow's clinical and/or academic activities if his/her performance suggests an inability to render an appropriate level of patient care and/or exhibit appropriate

personal or professional conduct. By definition, “enhanced monitoring” should include (1) specific goals/objectives developed for the Fellow and (2) periodic, written assessments of the Fellow during the specified time period.

- Discussions and written documents pertaining to the issues regarding professional conduct should center on specific behaviors. This process of meeting with two Departmental representatives constitutes both **notice** to the Postdoctoral Fellow of concerns and the opportunity for **hearing**, i.e., Fellow listening to and responding to stated concerns.

A copy of documentation supplied to the Postdoctoral Fellow shall be marked “CONFIDENTIAL” and forwarded to the BSWH Designated Institutional Officer (DIO)/Director of Graduate Medical Education. The Designated Institutional Officer (DIO)/Director of Graduate Medical Education may initiate a review process of the disciplinary action if the action is felt to be inappropriate. For the review, the Designated Institutional Officer (DIO)/Director of Graduate Medical Education may appoint a committee that consists of a program director from another program, a department head from a different department, an advanced trainee from another program, and the GME ombudsperson to review both the merit and the procedures and make recommendations. The role of the ombudsperson is to ensure fair treatment for the Postdoctoral Fellow. The committee may request that the Fellow, the Program Director, or others involved in the case meet with the committee to discuss the issues before a recommendation is made. The decision of the involved program and the committee recommendations will be reported to the Designated Institutional Officer (DIO)/Director of Graduate Medical Education for final approval.

Suspension of the Postdoctoral Fellow from program activities for the duration of the disciplinary process may be initiated by the Program Director. Suspension may also be reviewed by the committee described above.

If a Postdoctoral Fellow is dismissed, he/she will be paid for unused PTO on a prorated basis, i.e., if due ten (10) weekdays of annual PTO and he/she has participated in the training program for six (6) months, the Fellow would be paid for five (5) weekdays of PTO.

## **Appeal**

**Within 10 working days of the receipt of written notice either of intent to discontinue the Postdoctoral Fellow’s employment or to impose conditions of remediation for continued employment, the Fellow may request an *ad hoc* review committee,** composed of the membership of the committee described above. The Designated Institutional Officer (DIO) will coordinate the appeal process and function as a non-voting member of the various committees or councils involved. The ad hoc committee will be charged with reviewing the circumstances of the disciplinary action to assess both the merits of the action and the procedures (i.e., the extent to which the action followed appropriate procedures and whether the Postdoctoral Fellow was treated in a fair manner). The review committee may request related documentation and invite testimony from the Fellow and Program Director involved. The ad hoc review committee will make

recommendations to the Designated Institutional Officer (DIO)/Director of Graduate Medical Education who will review their recommendations and take action if necessary. The Designated Institutional Officer (DIO)/Director of Graduate Medical Education (GME) will serve as the final authority.

All Fellows are provided with a copy of our Due Process procedure as part of the Program Handbook issued at the start of the training year. Anyone interested in learning more about the details of our Due Process procedure may contact Dr. Clemons, Program Director, [Mary.Clemons@BSWHealth.org](mailto:Mary.Clemons@BSWHealth.org).