# Post-doctoral Fellowship in Primary Care Behavioral Health Training Manual

Revised Summer, 2026

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www.healthsourceofohio.org

# PostDoctoral Residency

## HealthSource of Ohio

## Contents

# Overview of Training Program

## About HealthSource

HealthSource of Ohio (HSO) is the largest federally-qualified health center in Ohio, serving upwards of 90,000 people in culturally and economically diverse communities spread across rural and semi-rural areas of southwestern Ohio. We offer a wide range of healthcare services at 15 locations housing 28 offices, including family practice, pediatric primary care, ob/gyn, dental, vision, pharmacy, and primary care behavioral health. HealthSource is very active in the community, partnering with other healthcare organizations, hosting and participating in community wellness events, and raising funds for a wide range of charitable activities via our non-profit organization, the HealthSource Foundation.

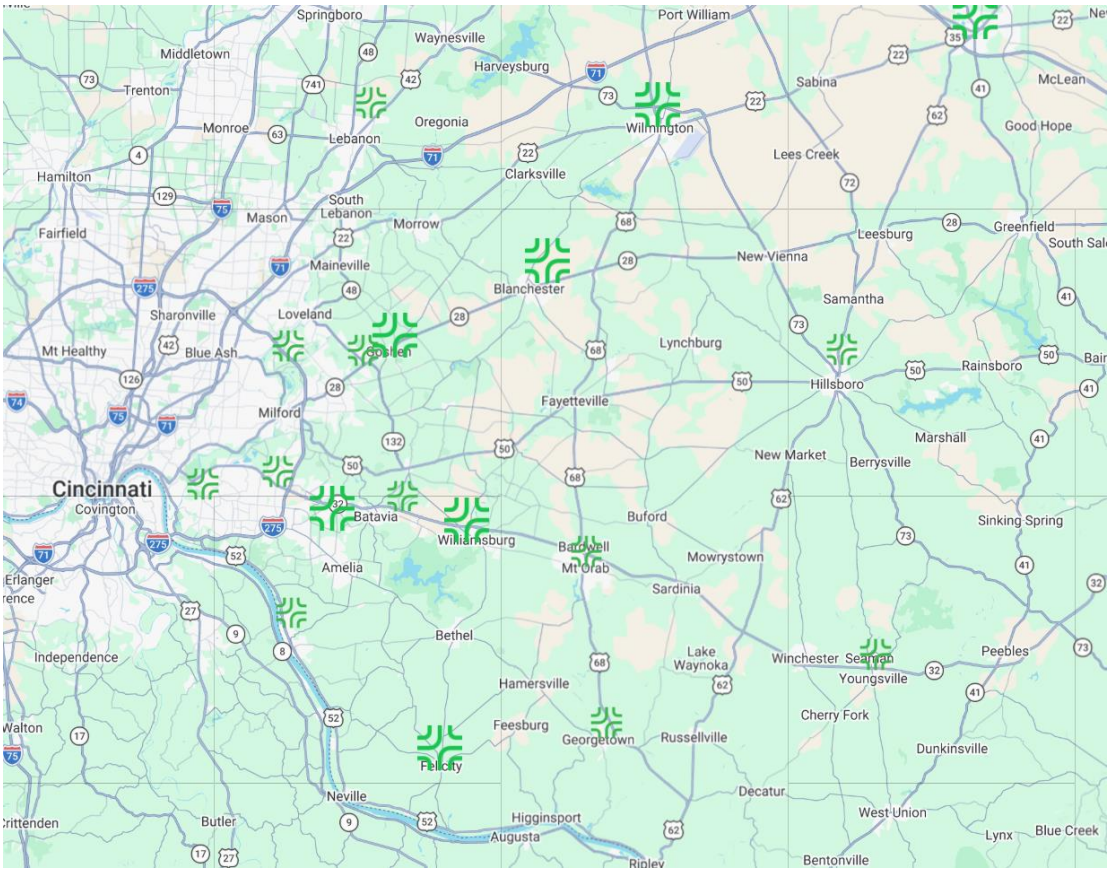
HSO strives to provide quality healthcare through service and education. We are part of a medical residency consortium, housing a 4-4-4 family medicine residency in our Hillsboro office. In addition to our postdoctoral training program in clinical psychology, we provide practicum placements to third- and fourth-year graduate clinical psychology students through partnership with Xavier University. We will also have an APA accredited Internship Fall 2026.

## Patient Population

In 2025, our organization served 60,419 patients representing a diverse population with significant socioeconomic and healthcare needs. Patients were predominantly female (58.4%), non-Hispanic (96.1%), and White (91.17%), while also including individuals from a variety of racial and ethnic backgrounds. We provide care across the lifespan, with more than 32% of patients under age 18 and nearly 15% age 65 and older. Many of the patients we serve face substantial financial barriers to care. Over half reported annual household incomes below $25,000, and 55.7% lived at or below the federal poverty guideline. Medicaid was the primary insurance source for 41.4% of patients, while 5.6% were uninsured. Our organization also serves several underserved populations, including individuals experiencing homelessness, migratory and seasonal agricultural workers, veterans, residents of public housing, patients with limited English proficiency, and more than 8,000 school-based health patients. These factors contribute to a unique patient population that benefits from accessible, comprehensive, and compassionate care.

## HealthSource of Ohio Locations

See website for interactive map with all HSO locations:
https://www.healthsourceofohio.org/locations/




## Location of the Fellowship

HSO's administrative office is located in Milford, Ohio. Our clinical sites are widespread across primarily rural and semi-rural southwestern Ohio, with our most distant site being approximately 1 hour 30 minutes from downtown Cincinnati. Ideally, the bulk of each postdoctoral fellow's experiences will occur at a single site that is chosen jointly between the fellow and PostDoc Primary Supervisor. Many of our locations house multiple practices – for example, Family Practice, Women's Health, Dental, and Pharmacy are offered at our Mt. Orab location – providing potential for broader clinical opportunities if a fellow and Supervisor include such opportunities in the fellow's training plan. Some of the ancillary experiences described in the future sections may occur at sites other than the fellow's primary site.

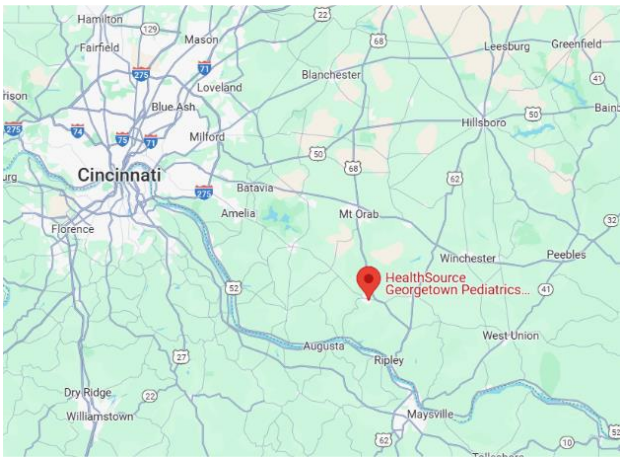
Additionally, Cincinnati is a vibrant city that combines rich history, cultural attractions, and ample green spaces along the scenic Ohio River. Residents enjoy a thriving arts scene, renowned spots like the Cincinnati Art Museum and Zoo, and the lively Over-the-Rhine district filled with trendy restaurants, breweries, and shops. Community spirit runs strong with annual festivals like Oktoberfest Zinzinnati, while sports fans rally for the Bengals and Reds. Centrally located in the

Midwest, Cincinnati offers a dynamic, connected place to call home. To learn more about the Greater Cincinnati area, visit https://cincinnatiusa.com/.

## Training Sites

Primary training sites for Postdoctoral Fellows may change each year due to changing needs of HealthSource and supervisor availability. For 2026-2027, Fellows's primary sites will be Georgetown Pediatrics and Family Practice and Eastgate Pediatrics.

**HSO Georgetown Pediatrics and Family Practice**



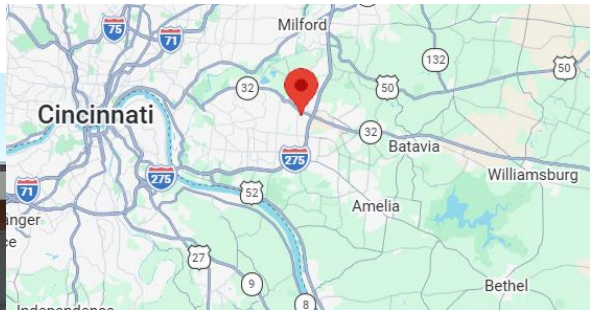

HealthSource of Ohio Georgetown is a combined family medicine and pediatrics clinic located just outside downtown Georgetown, Ohio. It has 7 (3 pediatric, 4 family medicine) medical providers and 20 exam rooms. Currently HSO Georgetown has one postdoctoral fellow in addition to an assigned intern. HSO Georgetown also provides convenient (urgent) care on Saturdays and Sundays, although BHC trainees are not expected to work on these days. HSO Georgetown is approximately a 45-minute drive from suburban Cincinnati and 50 minutes to the HSO administrative office.

Address: 631 E State St, Georgetown, OH 45121

Services: Behavioral Health, Family Medicine, Pediatrics, Clinical Pharmacy

Website: https://www.healthsourceofohio.org/locations/healthsource-georgetown-pediatrics-family-practice/

**HSO Eastgate Pediatrics**


HealthSource of Ohio Eastgate is a Pediatric office located near Route 32, next door to Child Focus. Our pediatric team cares for children from newborns through the teen years. We focus on helping kids grow, develop, and stay healthy—while supporting families every step of the way. It has 5 Pediatric medical providers and many exam rooms. Currently HSO Eastgate has one full time BHC in addition to an assigned fellow. HSO Eastgate is approximately a 15-minute drive from suburban Cincinnati and 15 minutes to the HSO administrative office.

Address: 4627 Aicholtz Road in Eastgate, OH 45244

Services: Behavioral Health, Pediatrics, Vision, and Dental

Website: https://www.healthsourceofohio.org/locations/healthsource-eastgate-pediatrics/

## Our Behavioral Health Program

HealthSource of Ohio (HSO) strives to follow the Primary Care Behavioral Health (PCBH) model. The overarching goal of our fellowship program is for fellows *to gain immersion and expertise in the PCBH model* through clinical practice as a behavioral health consultant (BHC).

An excellent definition of the PCBH model, including a description of the BHC role, is provided by Reiter, Dobmeyer, and Hunter (2018):

> "The PCBH model is a team-based primary care approach to managing behavioral health problems and biopsychosocially influenced health conditions. The model's main goal is to enhance the primary care team's ability to manage and treat such problems/conditions, with resulting improvements in the primary care services for the entire clinic population. The model incorporates into the primary care team a behavioral health consultant (BHC), sometimes referred to as a behavioral health clinician, to extend and support the primary care provider (PCP) and team. The BHC works as a generalist and an educator who provides high volume services that are accessible, team-based, and a routine part of primary care. Specifically, the BHC assists in the care of patients of any age and with any health condition (Generalist); strives to intervene with all patients on the day they are referred (Accessible); shares clinic space and resources and assists the team in various ways (Teambased); engages with a large percentage of

the clinic population (High volume); helps improve the team's biopsychosocial assessment and intervention skills and processes (Educator); and is a routine part of biopsychosocial care (Routine)."

At HSO, BHCs are fully integrated into the primary care site. In addition, our BHCs provide services via telehealth for those sites that do not have an on-site BHC, striving to adhere to the spirit of the PCBH model to the extent possible. As described above, *behavioral health* encompasses any condition that is impacted by behavior, including mental health (e.g., depression, anxiety, trauma, etc.) and medical concerns (e.g., diabetes, hypertension, sleep, headaches, etc.). BHCs work with diverse patients across the lifespan (i.e., children/adolescents to geriatric populations; pre-natal care to end of life concerns). In addition to individual visits and consultation with team members, other clinical BHC services might developing clinical pathways to systematically address specific concerns (e.g., smoking cessation), and providing preventive services such as parenting education and stress management education. In addition, a BHC functions as an educator. In short, fellows will be exposed to any and all problems that fall into the behavioral health/mental health spectrum, from the straightforward to the very complex. There is no better place than a community health center to gain experience with a wide variety of patient health and wellness concerns!

Due to HSO's emphasis on training, a major component of the fellowship will be providing evidence-based interventions. Fellows will have access to tools (e.g., Online Trainings) that will allow them to quickly identify research regarding specific concerns and interventions. HSO's behavioral health department emphasizes contextual behavioral approaches due to the strong evidence for a variety of concerns, focus on functional improvement rather than symptom reduction, and flexibility in delivery format (e.g., brief visits). Orientations such as Acceptance and Commitment Therapy (ACT), Focused Acceptance and Commitment Therapy (FACT), Mindfulness based stress reduction, behaviorism, Motivational Interviewing and Positive Psychology will be encouraged and emphasized throughout the fellowship year.

## Philosophy of Training Program

HealthSource of Ohio seeks to train prospective psychologists to the discipline and practice of clinical psychology by employing an empirically-informed competency-based practitioner-scholar model. The three program aims include the following:

- **Aim 1:** To provide broad and general training in psychology with emphasis on applied empirical knowledge in the primary care setting.
- **Aim 2:** To prepare psychology fellows to competently address the needs of diverse populations, with emphasis on serving an under-severed patient population.
- **Aim 3:** To encourage psychology fellows to utilize critical thinking, problem solving, and meaningful self-reflection to facilitate life-long professional development.

The program utilizes these aims to provide experience in clinical learning environments that are responsive to the changing needs of diverse communities.

As psychological practice is inarguably based on science, the program firmly believes the competent, evidence-based practice of psychology requires an integration of both scientific and professional knowledge, skills, and attitudes. Our training philosophy utilizes the local clinical scientist philosophy with an additional focus on acquisition of core competencies for behavioral health consultants. Specifically, this model not only emphasizes the importance of general training in primary care psychology but also prioritizes the integration of science and practice via implementation of the practitionerscholar as a "local clinical scientist." As described by Trierweiler and Stricker (1992), this perspective emphasizes:

- Being a generalist of knowledge and method;
- Focusing on local realities in which data are gathered as they apply to a particular case but may be limited in the extent to which they generalize to other cases; and
- Developing an active inquiring mind as opposed to concentrating on technical expertise with scientific methods (p. 104).

Fellowship training is guided by values that include:

- Broad and general practice with the opportunities to move into new, emerging areas;
- Multiple ways of knowing, sources of knowledge, and values;
- Commitment to life-long learning;
- Valuing of human diversity;
- Self-awareness, open-mindedness, flexibility, personal integrity, and honesty;
- Guidance by professional ethics and standards of conduct.

These values serve to complement the profession-wide competencies of the Fellowship Program.

| **Profession-Wide Competencies** | |
|---|---|
| **I. Research** | |
| **Behavioral Objectives** | **Evaluation Methods** |

| | |
|---|---|
| 1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. | Psychology Fellow Quarterly Evaluation (Research questions 1-3)<br><br>Weekly Didactics & Readings Discussion<br><br>Quality Improvement/PostDoc Research Project |

| **II. Ethical and Legal Standards** | |
|---|---|
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Be knowledgeable of and act in accordance with each of the following:<br>a. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;<br>b. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and<br>c. relevant professional standards and guidelines.<br>2. Recognize ethical dilemmas as they arise, and apply ethical decision making processes in order to resolve the dilemmas.<br>3. Conduct self in an ethical manner in all professional activities. | Psychology Fellow Quarterly Evaluation<br>(Ethical and Legal Standards questions 4-7)<br><br>Discussion of Ethical Dilemmas in Supervision |

| **III. Individual and Cultural Diversity** | |
|---|---|
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;<br>2. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;<br>3. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work | Psychology Fellow Quarterly Evaluation<br><br>(Individual and Cultural Diversity questions 8-12) |
| effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. | |

| | |
|---|---|
| 4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during fellowship. | |

| **IV. Professional Values and Attitudes** | |
|---|---|
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.<br>2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.<br>3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.<br>4. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. | Psychology Fellow Quarterly Evaluation (Professional Values and Attitudes questions 13-16)<br><br>Solicited Feedback from Interprofessional Staff |

| **V. Communication and Interpersonal Skills** | |
|---|---|
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.<br>2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and<br>3. concepts. Demonstrate effective interpersonal skills and the ability to manage difficult communication well. | Psychology Fellow Quarterly Evaluation (Communication and Interpersonal Skills questions 17-19)<br><br>Solicited Feedback from Interprofessional Staff |

| **VI. Assessment** | |
|---|---|
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Demonstrate current knowledge of diagnostic systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.<br>2. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural). | Psychology Fellow Quarterly Evaluation (Evidence Based Practice in Assessment questions 20-24) |
| 3. Demonstrate the ability to apply the knowledge of functional and | |

| | |
|---|---|
| dysfunctional behaviors including context to the assessment and/or diagnostic process.<br>4. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.<br>5. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.<br>6. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. | Discussion and Review of Appropriate Assessment Selection and Application in Supervision/Chart Review |

| **VII. Intervention** | |
|---|---|
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Establish and maintain effective relationships with the recipients of psychological services.<br>2. Develop evidence-based intervention plans specific to the service delivery goals.<br>3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.<br>4. Demonstrate the ability to apply the relevant research literature to clinical decision making.<br>5. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,<br>6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation. | Psychology Fellow Quarterly Evaluation<br>(Evidence Based Practice in Intervention questions 25-28)<br><br>Discussion and Review of Appropriate Intervention Selection and Application in-Vivo Observation by Supervisor / Chart Review |

| **VIII. Supervision** | |
|---|---|
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. | Psychology Fellow Quarterly Evaluation<br>(Evidence Based Practice in Supervision questions 29-31) |

| | |
|---|---|
| | Umbrella Supervision with Practicum Students |
| **IX. Consultation and Interprofessional/Interdisciplinary Skills** | |
| **Behavioral Objectives** | **Evaluation Methods** |
| 1. Demonstrate knowledge and respect for the roles and perspectives of other professions.<br>2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.<br>3. Demonstrates knowledge and skills in working as a member of a medical team to enhance integrated care. | Psychology Fellow Quarterly Evaluation (Consultation and Interprofessional/ Interdisciplinary Skills questions 32-34)<br><br>Discussion and Observation by Supervisor during Umbrella Supervision |

## Supplemental Primary Care Priorities

In addition to the broad aims of the fellowship, HSO strives to prepare future psychologists to work in multiple roles in the primary care setting. Three distinct priorities of the fellowship are included in the objectives below.

1. **Direct Primary Care Behavioral Health Clinical Services** – HSO will provide experiences that allow fellows to operate efficiently and effectively within the Primary Care Behavioral Health model.
2. **Behavioral Scientist Role with Family Medicine Residency** – HSO will provide experiences that allow fellows to implement a robust psycho-social medicine curriculum within the HSO Family Medicine Residency.
3. **Leadership Role of PCBH Clinical and Educational Programs** – HSO will provide experiences that prepare fellows for leadership roles within PCBH clinical and educational programs.

## Structured Training Sequence

Early training emphasizes onboarding to the PCBH model, clinical workflow, and development of brief intervention and consultation skills within primary care teams. Goals for the first quarter of fellowship include:

- Completion of Focused-Acceptance and Commitment Therapy (FACT) Training
- Structured shadowing experiences (including precepting with supervisors) to ensure foundational clinical skills are at expected level
- HSO on-boarding activities to learn electronic medical record (EMR)

- Discussion of Individual Learning and Training Plan (ILTP)

As the year progresses, fellows assume greater responsibility across multiple roles, including:

- Engagement in high-volume, same-day direct patient care while receiving supervision and support
- Provide consultation and education to interprofessional teams
- Supervise through umbrella supervision of practicum students and Interns with supervision of a licensed Psychologist
- Participate within a family medicine residency program in the role of Behavioral scientist practitioners
- Improve skills as a program developer through a scholarly quality improvement project

Training activities are sequenced in intensity and complexity and include:

- Weekly individual and group supervision (increasing autonomy over time)
- Didactic training with weekly review and application
- Experiential learning (clinical care, consultation, supervision)
- Interprofessional training with medical residents (didactics, Balint groups, shadowing)
- Specialty training opportunities (e.g., pediatrics, women's health, residency training)
- Protected time and support preparation for licensure exams (EPPP & Jurisprudence)
- Scholarly project focused on program development or quality improvement

This sequencing ensures fellows develop mastery in core competencies before progressing to more advanced, independent practice and leadership roles. It is the goal of HSO's fellowship to support all fellows towards successful completion of their fellowship year and meet criteria for licensure in Ohio.

## Big Picture

The PostDoc Fellowship year is a unique period in your training trajectory. After years of coursework, research, practicum, and internship experience, the PostDoc Fellowship serves as the final, formal year of training. We consider it an honor to partner with each fellow, supporting them in this last step before independent licensure.

At the beginning of the fellowship year, the PostDoc Fellowship's Primary Supervisor will meet with each fellow to create an Individual Learning and Training Plan (ILTP). This plan outlines the

assignments necessary to complete the fellowship and includes both required and elective activities tailored for each fellow. In addition to required activities, the ILTP can encompass areas the fellow may want to 'shore up' before licensure. Since training experiences and needs vary, training goals should be customized for each individual.

When meeting with your primary supervisor, we encourage you to 'dream big.' HSO is a large organization with many patient and community needs, and we aim to work collaboratively to identify the best training opportunities for your PostDoc year. To prepare for the ILTP meeting, please consider the following questions:

- In which area(s) would you like to grow most this year?
- Have you received any past feedback that you'd like to incorporate this year?
- Is there a specific modality or manualized treatment you've wanted to learn but haven't had the chance to yet?
- What skills do you want to refine? (e.g., time management, documentation, consultation, concurrent charting, or evidence-based treatments)
- How are you managing work-life balance, and is it sustainable over the next five years?
- What are your early career goals, and do you need additional training to achieve them?
- Think 'beyond intervention.'

## Overview Chart

**HealthSource of Ohio Postdoctoral Fellowship - Training Activities × APA Competencies**

| Activity Domain | Key Training Activities | APA Competencies Addressed |
|---|---|---|
| **Clinical Practice (PCBH Model)** | High-volume same-day care; brief assessment; evidence-based interventions; warm hand-offs | Intervention; Assessment; Consultation & Interprofessional Skills; Communication |
| **Diversity & Population Health** | Care across lifespan; rural/underserved populations; integrated medical-behavioral care | Individual & Cultural Diversity; Professional Values |
| **Supervision** | Individual supervision; group supervision; in-vivo observation; chart review; umbrella supervision of trainees | Supervision; Professional Values; Ethical & Legal Standards; Intervention |

| | | |
|---|---|---|
| **Didactics & Learning** | Weekly didactics; assigned readings; case-based discussion; PCBH and clinical topics | Research; Ethical & Legal Standards; Intervention; Professional Values |
| **Interprofessional Training** | Collaboration with PCPs; shadowing residents; providing feedback; team-based care | Consultation & Interprofessional Skills; Communication |
| **Teaching & Leadership** | Delivering didactics; facilitating Balint groups; team education | Communication; Supervision; Professional Values |
| **Specialty Rotations** | Pediatrics; women's health; family medicine residency experiences | Assessment; Intervention; Individual & Cultural Diversity |
| **Research & QI Project** | Scholarly project; program development; presentation of findings | Research; Communication; Professional Values |
| **Professional Development** | ILTP; EPPP prep; licensure readiness; ongoing evaluation and feedback | Professional Values; Ethical & Legal Standards |
| **Systems & Administrative Practice** | Documentation; workflow improvement; participation in clinic operations | Ethical & Legal Standards; Communication; Consultation |

# Training Opportunities

## Current and Future Training Opportunities

### Medical Residency (Required)

Over the past three years, HSO's Behavioral Health Team has developed a training partnership with HSO's Medical Residency Program, led by Dr. Michael Dietz (mdietz@hsohio.org) and currently based at HSO's Hillsboro clinic. Typically, the program includes a cohort of four medical residents per year, totaling twelve residents across Year 1, Year 2, and Year 3. PostDoc Fellows will be working with Dr. Ciara Incorvati who leads our psychology fellows through their rotation at Hillsboro.

**Current Psychology PostDoc Involvement:**

- Travel to the Hillsboro clinic one Wednesday each month for a full day of training activities.

- Shadow medical residents to provide feedback on communication skills and 'bedside manner' and to educate on mental health or behaviorally influenced conditions or concerns that may arise during patient visits. Start time 8:00 am.
- Deliver didactic training to medical residents from 1:15/1:30 pm to 2:30 pm.
- Co-lead a Balint group with medical residents from 2:45 pm to 3:45 pm.
    - A Balint group is a process-oriented session designed to help medical providers gain greater insight into how their thoughts and emotions influence patient interactions.

## Practicum Student Umbrella Supervision (Developmentally Required)

Each fellow will engage in umbrella supervision with current practicum students. According to the Ohio Board of Psychology, umbrella supervision is:

*'Supervision of a candidate for licensure to help them develop supervisory skills. It occurs when a psychological training supervisee supervises other psychological training supervisees in psychology practices... under the umbrella authority of a licensed psychologist.'*

Umbrella supervision is designed to enhance each fellow's supervisory skills in preparation for licensure. HSO currently employs several practicum students: Full-time (20 hours per week) and Supplemental (10 hours per week) practicum students. Our various Licensed Psychologists serve as primary supervisors for practicum students, while each fellow will be assigned a practicum student to provide additional support. This umbrella supervision includes a variety of activities:

- Reviewing documentation
- Conducting one-on-one supervision sessions to discuss direct patient care

Our current structure includes designated weekly times for both individual supervision and group umbrella supervision. During PostDocs first few weeks at HSO, they will work with their primary supervisor to be assigned a trainee and decide on a specific time weekly to meet with their practicum student. This will depend on schedules and locations.

## Pediatrics (Optional)

All HSO Behavioral Health Consultants (BHCs) treat patients across the lifespan (ages 0– 99). However, we have a unique opportunity to expand our pediatric services. Dr. Suarez-Velazquez has a special interest in pediatric populations and will serve as the primary Supervisor for trainees seeking specialized experience and training with pediatric patients. Our goal is to

continue developing this rotation so that all interested trainees, including fellows, can access additional shadowing and training opportunities. Please discuss your interest with the Director of Clinical Training (DCT) for more information.

### Ob/Gyn (Optional)

The Behavioral Health Team is enhancing its collaboration with HSO's OB/GYN and Women's Health services. Dr. Stephanie Burkhard, leads the expansion of Behavioral Health services within Women's Health. Dr. Burkhard has specialized training and interest in Women's Health. Currently, OB/GYN services are located at the Batavia Clinic, Mt. Orab Clinic, and Loveland Clinic, and Dr. Burkhard divides spends her clinical time at Mt. Orab to strengthen partnerships and facilitate warm hand-offs (WHO) with OB/GYN colleagues. We aim to further develop this rotation, enabling all interested trainees, including fellows, to participate in additional shadowing and training experiences. Please discuss your interest with the DCT for more details.

# Clinical Schedule

## General Expectations & Individualized Plan

**PostDoc Training Hours.** The Post-Doctoral Residency consists of 40 hours per week, including 28 on-site clinical hours. During clinical hours, the Fellow's primary responsibility is to support the primary care team, consistent with the Behavioral Health Consultant (BHC) role and the Primary Care Behavioral Health (PCBH) model. This includes direct patient care, pre-scheduled visits (e.g., planned follow-ups), and on-demand visits (e.g., 'warm hand-offs').

During non-clinical hours, the Fellow will engage in various activities, including but not limited to:

- Supervision
- Didactics
- Case Review (Case Conference)
- Training activities with Family Practice Medical Residents
- Umbrella Supervision with practicum students
- Program development and quality improvement projects (e.g., PostDoc Project)
- Preparation for licensure (e.g., studying for the EPPP and board exam)

- Charting / Documentation

While there may be naturally occurring "down time" during the 28 clinical hours, the Fellow is encouraged to use this time for the above activities as needed. However, the Fellow's top priority during these hours remains supporting the primary care team, including direct patient care or consultation as needed.

Of note, Fellow's clinical schedule will include 8 scheduled patient slots (30 mins each), and 8 open slots (30 mins each) for warm hand offs or other tasks. Fellows will not be incentivize to see more than 10 patients a day, equating to 6 hrs of direct patient care. We will monitor fellow's schedule to ensure they meet the requirement of at least 25% of weekly time in direct patient care.

## Starting Schedule

Each fellow's initial schedule will be determined through discussions with the training team prior to their first clinical day. As HSO continues to grow, we strive to align each fellow's training goals with HSO's needs, aiming to find the best fit for both home clinic and weekly schedule to ensure a successful training year.

As outlined in the general expectations, fellows will complete a total of 3 ½ clinical days each week. Additionally, they will have 1 full day (or two half days) dedicated to administrative time for non-clinical tasks, along with a half day for group supervision, and program development activities.

## Sample Weekly Schedules

See below for reference: *WFH = work from home/admin time

**Options 1 – Full WFH/Admin Day**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| AM Patients | AM Patients | WFH<br>Individual Supervision | AM Patients | Group Supervision<br>PostDoc Didactic Review<br>Umbrella Supervision |
| Lunch | Lunch | Didactics | Lunch | Travel to Home Clinic/Lunch |
| PM Patients | PM Patients | EPPP Studying | PM Patients | PM Patients |

| | | | | |
|---|---|---|---|---|
| | | Charting | | |

**Options 2 – Two ½ WFH/Admin Days**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| AM Patients | WFH – EPPP Study | AM Patients | WFH - Charting | Umbrella Supervision with Prac Students<br>Group Supervision<br>PostDoc Didactic Conversation |
| | Individual Supervision | | Didactics | |
| Lunch | Lunch | Lunch | Lunch | Lunch/Drive to Clinic |
| PM Patients | PM Patients | PM Patients | PM Patients | PM Patients |

## How to Change Weekly Schedule

As the training year progresses, there may be various reasons to request a change in the weekly schedule, such as engaging in a new rotation or training opportunity or finding a better work-life balance for WFH or administrative days. Schedule change requests will be considered on a case-by-case basis.

The fellow should discuss any desired changes with the DCT, who will assist in taking the appropriate steps to submit a formal request with clinic managers or other HSO staff members as needed. While this process may take time to implement, our priority is to balance the fellow's training goals with HSO's operational needs.

## Time Allocation

Psychology fellow's schedule may vary according to site placement and special interests as reflected in Individualized Learning and Training Plan. The following example shows a typical fellow's required assignments and commitments:

| **Required Tasks** | **Time and/or Commitment** |
|---|---|
| Patient Contact | (In clinic) 28 hrs. week – (Direct Patient Care) 20 hrs. |
| Individual Supervision<br>- Complete supervision log during supervision time<br>- Review Fellow Direct Pt Questions<br>- Review Umbrella Prac documentation/ pt updates | 2 hrs./week |
| Other Training Activities<br>- Experiential Learning (i.e. Book Chapter(s))<br>- Charting / Trainee Chart Review / EPPP Study Time | 4 hrs./week |
| Seminar<br>- Didactic Training<br>- Group Research Review<br>- Professional Development Topic | 3 hrs./week (2 hrs independent, 1 hr Friday Morning) |
| Group Supervision | 2 hrs./week |
| Case Conference | 1 hr./week |
| Rounds<br>- Medical Resident Integration | 8 hrs. once a month (average 2hrs. weekly) |

All fellows will be required to participate in the above listed to successfully complete PostDoc Year Requirements.

## Time Off Requests and PTO

HSO has an organization-wide policy that restricts the use of PTO during the first 90 days of employment. Given that the Fellow start date is close to the holiday season, we recommend planning accordingly. If you anticipate needing PTO during your first 90 days, please discuss this

with the fellowship director before signing your contract. We may be able to accommodate such requests on a case-by-case basis, but it is not guaranteed. Outside of emergency circumstance, PTO must generally be requested 6 weeks prior. After the first 90 days, PTO requests are submitted via the following path:

- 1. Check coverage with your practice manager (PM), a minimum of 6 weeks in advance. The PM confirms operational feasibility.
- 2. Request approval from your individual and group supervisors via email (add both to the email) stating.
    - When your proposed PTO is
    - Confirm that you already spoke with your practice manager.
- 3. They will speak and then notify you with questions or approve/deny.
- 4. Once approved, enter PTO in ADP.
- 5. Send a message in a group chat on Teams to the BH PM (Kris) and Dr. Bruner that includes:
    - PM and supervisor confirmation
    - The dates of the PTO
    - That you already put it into ADP
- 5. The BH PM (Kris) will then update it on your NextGen schedule and your Outlook Calendar

**Email/Teams (Based on supervisor preference) to Supervisors Template (Step 2)**

Hi Dr. [Individual Supervisor Last Name] and Dr. [Group Last Name],

I'm writing to request approval for PTO on the following dates (Proposed PTO dates: [Start Date] through [End Date] ([Total # of days])). I spoke with [PM Name] on [Date], and they confirmed coverage is feasible for these dates. During the requested PTO I will miss Supervisor the following activities [List any didactics, group supervision, consults, or meetings that will need coverage or rescheduling — or note "None"]. Please let me know if you have any questions or need additional information.

Thank you, [Your Name] [Training Level — e.g., Predoctoral Intern / Postdoctoral Fellow]

**Teams Message Template (Step 5)**

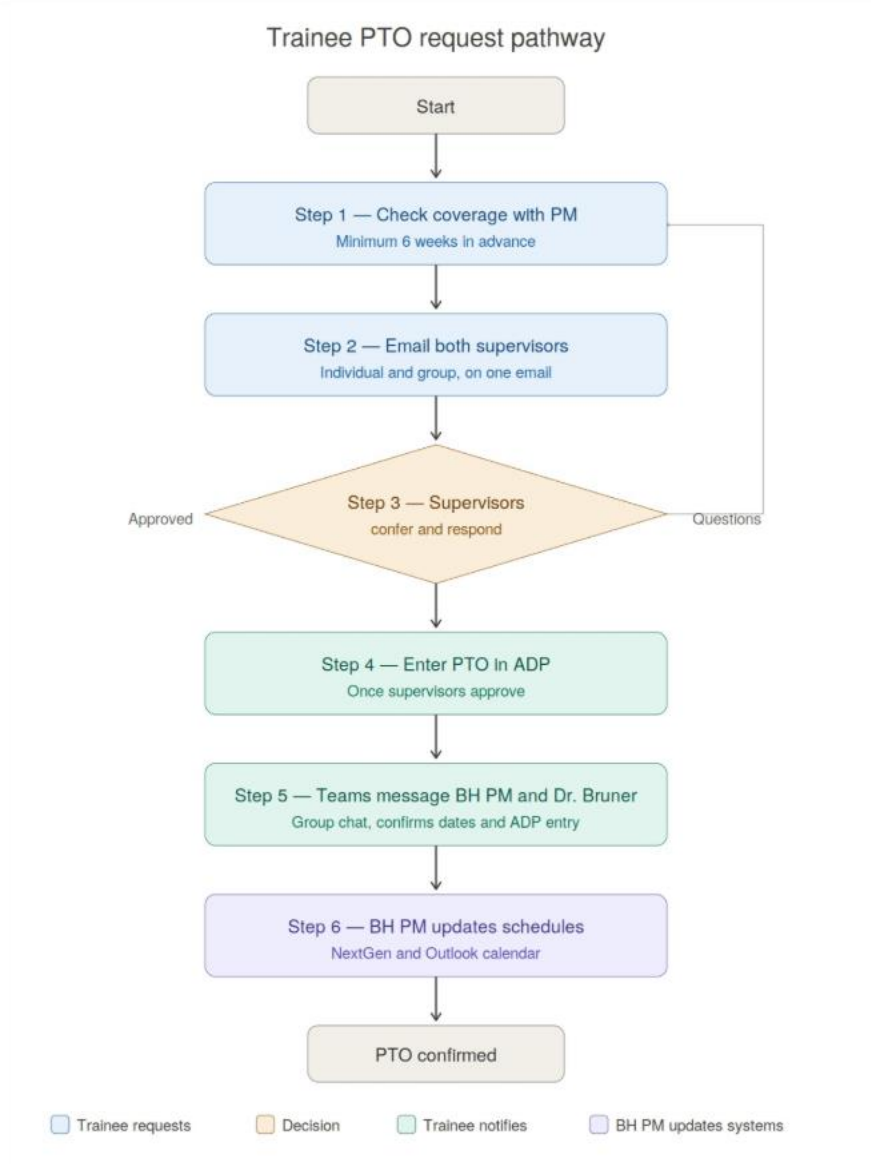
Hi,

I have submitted PTO for [Date to Date]. I spoke with [PM Name] ahead of time to confirm coverage was feasible, and Dr. [Individual Supervisor] and Dr. [Group Supervisor] approved the request on [Date]. I entered the time in ADP on [Date], so everything should be in the system on that end.

Whenever you get a chance, could you update my NextGen schedule and Outlook calendar to reflect these dates? Let me know if anything is missing or if you need me to follow up with anyone else.

Thanks so much, [Your Name]

**Flowchart**



# Supervision

Fellow's primary supervision is solely done by licensed psychologists on staff. The PostDoc Director is responsible for fellow's training. On average, two hours of face-to-face intensive supervision will be provided each week. Additional "curbside consultation" and supervision is provided throughout the week.

In order to facilitate professional development, supervision may at times focus on "self-as-instrument." This refers to a close examination of how the fellow's presence in the intervention room contributes to the therapeutic interaction. Fellows are strongly encouraged to self-evaluate and to share that information with their supervisor. They may find it helpful or necessary to volunteer personal information in supervision (i.e., when discussing counter-transference issues). Disclosure of personal information is only required when the information is deemed to be pertinent to the fellow's ability to render services, is deemed to be interfering with patient interactions, or is thought to pose a threat to the fellow or others.

Supervision requirements of the fellowship program are as follows:

- Average of two hours of individual face-to-face supervision (weekly)
- (At least) Two additional hours in learning activities (weekly)
- Supervision as outlined in Ohio Laws & Administrative Rules CoA Implementing Regulations C-15(b) (available at http://www.apa.org/ed/accreditation/about/policies/index.aspx) •
  Additional supervision, as needed, for specialty assignments (e.g., treating new patient population) when not otherwise addressed in the mandatory individual supervision

## Individual Supervision

In order to successfully complete the fellowship program, fellows must receive a minimum of 200 total supervision hours, with at least 100 of the hours being individual supervision with a licensed psychologist. The remaining 100 hours are completed using any of the methods described in the previous section. Supervision focuses on profession-wide competencies, relationship building, clinical interview and intervention skills, application of theory to practice, and integration of the aforementioned functions with the fellow's developing professional style. Supervision includes in-vivo supervision, video- or audiotaped supervision, progress notes, and case discussion. The form of supervision chosen by the supervisor depends on the particular fellow's supervision needs. While supervision remains intensive throughout the fellowship year,

fellows are afforded more autonomy as their skills progress. The following are examples of topics addressed throughout the fellow's individual supervision:

- Clinical Interview Skills
- Application of theory to practice
- Integration of therapeutic modalities with the developing personal and professional style of the psychology fellow
- Development of consultation skills
- Integration of research data into practice

## Group Supervision Schedule

Friday mornings will be a shared training time for all fellows. Rotating between in person and virtual (every other week). It is the fellow's responsibility to arrive to group supervision promptly and prepared to review the weekly material. Active participation is a requirement to successfully complete HSO's fellowship. The following schedule represents a typical week, however the topics and timeframes are subject to change with program adjustments and trainee needs.

- 8:00 am – 9:00 am - Umbrella Supervision with Fellow & Practicum/Intern
- 9:00 am – 9:30 am – Personal Check In's, EPPP Practice Questions, and/or Umbrella Supervision Review/Debrief
- 9:30 am – 10:30 am – PostDoc Group Review of weekly Didactics with Dr. Burkhard
- 10:30 am – 11:00 am – PostDoc Group Supervision Weekly Topic (Case Review, Medical Resident's Planning, PostDoc Program Updates, Role Play Activities, etc.)
- 11:00– 11:45 am – Additional Individual Supervision with Dr. Burkhard (Rotating Schedule)
- 11:45 – 12:00pm - Review Action Steps & Wrap Up & Travel Time

# Fellowship Learning Activities

## Didactics and More

The fellowship offers several unique program focuses, including direct clinical service with primary care, fulfilling the role of a behavioral scientist within a family medicine residency, and exposure to leadership roles in PCBH clinical and educational programs. HSO provides various activities designed to establish the psychology fellow's competence in engaging in evidence-based practice, serving diverse populations and demonstrating professionalism and ethical decision making. Some of the assignments immerse the fellow in direct service delivery (e.g., brief intervention), while other experiences provide training and support (e.g., individual

supervision or didactics), as well as administrative/leadership training. These training activities are structured in terms of sequence, intensity, duration and frequency, allowing the fellow to develop mastery at each step before progressing to the next.

Fellows are provided with activities and experiences during the fellowship to prepare them to deliver a variety of psychological services. Fellows actively participate in the selection of learning activities with respect to the number and intensity of activities completed. Performance in program assignments is monitored and supported through the individual supervision process.

## Didactics (Seminar)

The focus of didactics is to provide structure training that coincide with our training program aims: (**Aim 1:** To provide broad and general training in psychology with emphasis on applied empirical knowledge in the primary care setting. **Aim 2:** To prepare psychology fellows to competently address the needs of diverse populations, with emphasis on serving an under-severed patient population. **Aim 3:** To encourage psychology fellows to utilize critical thinking, problem solving, and meaningful self-reflection to facilitate life-long professional development.) We have developed a didactic calendar that fosters the opportunity for more in-depth and comprehensive exploration of topics relevant to clinical practice and fellow socialization. Psychology fellows engage in weekly didactic during their non-clinical assigned hours, and meet for group discussion and review with the PostDoctoral Director and/or other HSO staff. A reference list of literature pertinent to the didactic training is provided to fellows during their orientation. Fellows are expected to become familiar with the current literature and be able to enrich the training activity through participation and clarifying questions. At least two hours of predesignated didactic material will be reviewed by fellows during their "admin time." Then a designated didactic debrief session will be scheduled during group supervision. Attendance at the weekly didactic debrief sessions also provides fellows ongoing informal contact with each other so they can share experiences and provide support to each other. Below you will find a non-exhaustive list of possible didactic topics.

Didactic Topics:

- Overview of the Primary Care Behavioral Health model
- Behaviorism, theory and interventions
- Ethics
- Motivational interviewing
- Working with Adolescents
- Sleep education and disorders
- Supervision: Developing your supervision style in primary care
- Treating behavioral health concerns in primary care
- Psychoneuroimmunology
- Trauma informed care
- Nutrition for behavioral concern
- Cultural competence
- Integrating brief assessments in primary care
- Obesity, diabetes, hypertension, and smoking cessation
- Drug/EtOH problems
- ACEs and stress-related illness
- EPPP preparation
- Consultation in medical centers

- Parenting techniques and management of common behavioral issues in children
- Chronic pain, controlled substances issues and interventions
- Acupuncture and natural medicine for depression and anxiety
- Working with residents and medical providers
- **Focused Acceptance and Commitment Therapy**

## Literature Review

Additionally, fellows will engage in weekly literature review (book or journal article) to expand knowledge of various topics. Literature selection will be discussed during orientation and each cohort has the opportunity to inform the literature schedule for their specific fellowship year. HSO will provide each fellow with the required literature throughout the year (Audible credits, book purchase reimbursement, etc.).

## Case Conference

During weekly group supervision, fellows participate in a rotating case conference designed to promote clinical learning and professional development. Each fellow takes turns presenting a current patient case for in-depth discussion, with an emphasis on case conceptualization, evidence-based interventions, diagnostic considerations, ethical issues, and the application of the Primary Care Behavioral Health (PCBH) model. Case conferences provide an opportunity for collaborative problem-solving, peer consultation, and reflective discussion while enhancing clinical knowledge and decision-making skills.

## Other Training Activities

Three additional hours of admin time is dedicated in each fellow's weekly schedule to complete documentation for direct patient care, spend time studying for EPPP and Jurisprudence exam, and working on individual tasks related to their PostDoc project (see below).

## PostDoc Research Project

The HSO fellowship ascribes to a practitioner-scholar model of training. Understanding research is an important part of practicing ethically and competently as a psychologist. As part of this, the fellowship year is an opportunity to develop or utilize research skills to address program development as it impacts clinical practice. Fellows complete a project during their year that focuses on services within their primary clinic or the BHC team. They will work closely with

Primary Supervisor and Director of Training Clinical Research (Dr. Suarez) to discuss their research project as well as address research topics in group supervision meetings. The fellowship project can include quality improvement projects such as evaluating the effectiveness of a clinical measure for a specific population, developing a clinical pathway, or assessing a change in workflow. At least 1 hour is allocated for this project on a weekly basis while the project is being completed. Fellows are expected to give a professional presentation of their findings at the HSO's Annual Symposium (end of June) and/or submit to a local or national conference.

The PostDoc Project is supported by the Director of Training Clinical Research (Dr. Idalise Suarez), who maintains the research and QI infrastructure across HSO's behavioral health training programs. The Director of Training Clinical Research provides:

A tiered project menu organized by training level, so that fellow projects are scoped appropriately and aligned with real clinical and organizational priorities

- Standardized templates for PDSA cycles, project planning, and reporting
- Structured guidance from idea through development to completion
- Consultation on measurement, outcome tracking, dissemination, and/or implementation

The PostDoc director remains the fellow's primary point of contact for the project and for project-related supervision. The Director of Training Clinical Research consults with the PostDoc director and the fellow on project structure, methods, and alignment with the broader training research portfolio. Research topics are also addressed in weekly group supervision meetings.

PostDoc Project Timeline:

- Fall – Project Topic Selection
- Winter – Project Development
- Spring – Analysis & Write Up
- Summer (End of June) – Showcase/Present/Submit

# Evaluations/Observations

Evaluations of psychology fellows are ongoing throughout the training year. The format for all evaluations is provided at the outset of the training year during orientation with the Primary

Supervisor. There are two required evaluation forms per fellow, with additional quarterly evaluation forms as needed. Required forms include: Mid-year (~ 6 months) and the Final Evaluation of Fellow form to be completed at the end of the training year. The Final Evaluation of Fellow form is required for completion of fellowship and may be submitted to OBOP in addition to proof of training hours and completion of the Fellowship.

**RATINGS ON EVALUATIONS**

Ratings are categorical and fellows must achieve a minimum of "Meets Standards" on all items to continue in the fellowship program at 6 months and to successfully complete their fellowship at 12 months. Fellowship is not considered complete and may not be approved by OBOP if the resident does not receive at least a "Meets Standards" by the end of the academic year of the fellowship program.

> **Outstanding**: Consistent, independent high-level demonstration of competency across settings and expertise in a number of areas. Competency and maturity is demonstrated at a level of someone who has expertise or mastery in this domain.
>
> **Exceeds Standards**: Competency is evident in skills as well as maturity in working flexibly across settings. Competency and maturity is demonstrated at a level of someone who is 2-5 years out of training.
>
> **Meets Standards**: Competency is evident in the majority of settings and foundation in the majority of skills present, with early expertise demonstrated in focus area. Resident demonstrates ability to utilize skills within their clinical population and able to manage complex clinical cases and situations with maturity and appropriate interventions. By the end of the residency year, this level represents readiness for entry into the psychology profession at the level of an independent practitioner.
>
> **Below Standards**: Inability to demonstrate appropriate competency as expected for their level of training. Or, development in this competency remains lacking despite focused feedback and frequent review. This level represents continued limited proficiency in this skill and a need for continued supervision.
>
> **No Opportunity to Observe**: This category can be used during any evaluation outside of End of Year Review. It is to indicate the need for further observation to evaluate this individual's competency level.

Fellows must also keep written documentation of all their supervision hours throughout their training year to submit to Ohio Board of Psychology (OBOP) if requested. See appendix for supervision log form.

Fellows also complete two formal evaluations of their supervisor (Mid-Year & Final Supervisor Evaluation Form) to provide feedback on the supervisory relationship and identify areas for

improvement (if necessary). All evaluations are used to inform any necessary changes to the fellowship program.

## Observations

In order to gain appropriate information to complete evaluations, the Primary Supervisor will use a variety of methods to observe each fellow's competency:

Methods for Determining Levels of Competence

- [ ] Direct Observation
- [ ] Discussion of Clinical Interaction
- [ ] Chart Review
- [ ] Reviewing Audio/Video Recording
- [ ] Comments from Staff
- [ ] Co-therapy/Facilitation
- [ ] Case Presentations
- [ ] Supervision Sessions

To facilitate "direct observation," the Primary Supervisor will shadow fellows in visit during orientation and at least once a month.

# Due Process Procedures

At HealthSource, we strive to create a feedback-rich environment. As part of each fellow's training experience, evaluations will be conducted based on specific profession-wide competencies. If a fellow receives a rating of 'Below Standard,' during the time of an evaluation or a problem is identified outside of a formal evaluation that warrants immediate attention, the due process procedure will be initiated.

**Due Process Procedures** are implemented in situations in which a supervisor or other team or staff member raises a concern about the functioning of a postdoctoral fellow. The fellowship's Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

## Rights and Responsibilities

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program; and they carry responsibilities for both.

**Fellows**: The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagrees, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

**Postdoctoral Fellowship Program**: The program has the right to implement these Due Process procedures when they are called for as described below. The program and its team/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

## Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1) the fellow does not acknowledge, understand, or address the problem when it is identified;

2) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;

3) the quality of services delivered by the fellow is sufficiently negatively affected;

4) the problem is not restricted to one area of professional functioning;

5) a disproportionate amount of attention by training personnel is required;

6) the trainee's behavior does not change as a function of feedback, and/or time;

7) the problematic behavior has potential for ethical or legal ramifications if not addressed;

8) the fellow's behavior negatively impacts the public view of the agency;

9) the problematic behavior negatively impacts other trainees;

10) the problematic behavior potentially causes harm to a patient; and/or,

11) the problematic behavior violates appropriate interpersonal communication with agency staff.

## Review Process

***Informal Review***

When a supervisor or other team/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or team/staff member who raises the concern should monitor the outcome.

***Formal Review***

If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a fellow receives a rating below a "Meets Standards" on any learning element on a supervisory evaluation, the following process is initiated:

## Notice

**Notice:** The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

## Hearing

**Hearing:** The supervisor or team/staff member will hold a Hearing with the Training Director (TD) and fellow within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional team member who works directly with the fellow will be included at the Hearing. The fellow will have the opportunity to present their

perspective at the Hearing and/or to provide a written statement related to their response to the problem.

## Outcome and Next Steps

**Outcome and Next Steps**: The result of the Hearing will be any of the following options, to be determined by the Training Director and other team/staff member who were present at the Hearing. This outcome will be communicated to the fellow in writing within 5 working days of the Hearing:

1) Issue an "Acknowledgement Notice" which formally acknowledges:

a) that the team is aware of and concerned about the problem;

b) that the problem has been brought to the attention of the fellow;

c) that the team will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,

d) that the problem is not significant enough to warrant further remedial action at this time.

2) Place the fellow on a "Remediation Plan" which defines a relationship such that the team, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Remediation Plan will be shared with the fellow in writing and will include:

a) the actual behaviors or skills associated with the problem;

b) the specific actions to be taken for rectifying the problem;

c) the time frame during which the problem is expected to be ameliorated; and,

d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the fellow's permanent file. If the problem has not been remediated, the Training Director may choose to move to #3 (suspension) below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3) Place the fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Suspension Plan will be shared with the fellow in writing and will include:

a) the actual behaviors or skills associated with the problem;

b) the specific actions to be taken to rectify the problem;

c) the time frame during which the problem is expected to be ameliorated; and,

d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the fellow on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the fellow's permanent file.

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 within the fellowship program may be terminated. The decision to terminate a fellow's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the fellow within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly-scheduled monthly Training Committee meeting (CCC), whichever occurs first. The TD may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted.

## Appeal Process

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an **Appeals Hearing** before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training team who work directly with the fellow. The fellow may request a specific member of the training team to serve on the review panel. The Appeals Hearing will be held within 10 working 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.

If the fellow is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to HSO's HR department. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The Lead Medical Officer, along with HR, has final discretion regarding outcome.

*All time limits mentioned above may be extended by mutual consent within a reasonable limit. Additionally, if there is a gross misstep of an ethical violation, we can proceed to termination without following the due process.*

## Grievance Procedures

**Grievance Procedures** are implemented in situations in which a psychology fellow raises a concern about a supervisor or other team member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the fellowship program:

***Informal Review***

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the TD in an effort to resolve the problem informally.

***Formal Review***

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to Director of Behavioral Health. The individual being grieved will be asked to submit a response in writing. The TD (or Director of Behavioral health if appropriate) will meet with the fellow and the individual being grieved within 10 working days. In some cases, the TD or Director of Behavioral Health may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and Director of Behavioral Health will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

a) the behavior/issue associated with the grievance;

b) the specific steps to rectify the problem; and,

c) procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or Director of Behavioral Health will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the TD or Director of Behavioral Health in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or Director of Behavioral Health will convene a review panel consisting of themselves and at least two other members of the training team within 10 working days. The fellow may request a specific member of the training team to serve on the review panel. 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 outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

Trainees will be asked to sign the acknowledgement page and return to the fellowship Training Director at the end of orientation. See appendix for example.

Any controversy, dispute, or disagreement arising out of or relating to fellow's employment with HSO shall be subject to good-faith negotiation. If needed, supervisors/TD will consult with Head Medical Director, Head of HR, or additional HSO staff members who will support the implementation of the plan described above, and or initiate the HSO's due process procedures.

*All time limits mentioned above may be extended by mutual consent within a reasonable limit.*

# Applicant Information

## Application Process

Applications are reviewed year-round in the order received, although the deadline for a given fellowship year is **January 1st,** of that year. Offers will be made no later than the end of day Friday before each year's Common Hold Date (Monday). We encourage in-person visits (with travel assistance provided by HSO) but offer virtual interviews as needed. Whether our positions are filled on this date or before it, we will notify other applicants immediately so that they can move on to other fellowship options without delay.

**To apply, please submit the following to Dr. Stephanie Burkhard at** sburkhard@hsohio.org**:**

1. A cover letter detailing your interest in the fellowship and experience with primary care behavioral health or integrated care.

2. An updated curriculum vitae (CV).
3. Three letters of reference.

## Applicant Requirements

To be eligible for HSO's PostDoctoral Fellowship, the following requirements must be met by the start of the PostDoc year:

- Applicants must have completed an APA/CPA accredited doctoral program in Clinical Psychology or School Psychology (Proof of degree with conferral date upon request)
- Applicants must have completed an APA/CPA accredited doctoral internship (Proof of completion certificate upon request)
- Integrated care experience or adjacent experience (exposure to PCBH) documented on CV

- Provide proof of general HR job description requirements by start date (malpractice insurance, BLS training, reliable transportation, etc.) [Applicants are welcome to inquire with PostDoc director for a comprehensive list of these requirements, or see HSO's employee requirement webpage]

# Continuing Education Fund at HSO

To support each fellow's training goals and facilitate the successful completion of their PostDoc year, HSO provides allocated funds for professional development. These funds are available to the fellow upon the start of their training year and are intended to last until they sign a new contract as an independently licensed provider. The current Continuing Education (CE) fund for each fellow is $2,400.

Approved expense items for the CE fund include:

- **CFHA Conference Expenses**: Each fellow is required to join HSO BH team in attending CFHA Conference during their PostDoc year. Funds from your CE can be used to cover registration fee, flights, hotel accommodations, food expenses, and other travel expenses.
- **EPPP**: Successfully passing the EPPP is one of the top training goals for every fellow. HSO is committed to helping every fellow in accomplishing this task by providing time for studying, and approving the use of any CE fund to go towards purchasing study materials or paying testing fees.

- **Literature/Training Activities**: Every fellow is allowed to use CE fund to purchase psychological literature and or additional trainings that would help them in their role as a BHC and Psychologist. Direct supervisor may require prior authorization for purchases related to training activities – discuss with Training Director as needed.

# Requirements for Licensure

HealthSource of Ohio's fellowship program meets the requirements of jurisdiction in Ohio. Ohio requires a doctoral degree in psychology or school psychology from an institution accredited by a "national or regional accrediting agency," and 3,600 hours of supervised training. The board stipulates that supervised hours follow the requirements below:

- Doctoral internship hours include at least 1,500 hrs and no greater than 2,000 hrs accrued in a period of no less than nine months (school psychology doctorates) and no more than 24 months.
- Internship hours subtracted from 3,600, equal the remaining hour requirement to apply for licensure.
    - Ohio Psychology Licensing board includes the following information on their website:
        - "These non-internship hours can be completed either before the internship, after the internship (including post-doc), or in combination. For example, a candidate completing a 2,000-hour internship will need to evidence 1,600 additional qualifying hours to complete the 3,600-hour sequence, while a candidate completing a 1,500-hour internship will need to evidence 2,100 additional qualifying hours to complete the sequence."
        - General Application | Ohio Board of Psychology

HSO provides a 2,000 hr(+) PostDoc experience for all trainees, ensuring hour requirements are met. Additionally, Ohio board asks that non-accredited PostDoc training hours adhere to the following conditions [designated in Form E - Post-Intern Experience]:

- On average, no less than twenty-five per cent of the weekly placement time was scheduled as face-to face patient/client contact
- On average, weekly individual face-to-face supervision devoted to the trainee's cases shall be provided at a ratio of no less than one hour per twenty hours on site
- A minimum of 75% of the individual face-to-face supervision was provided by a supervisor who was a licensed psychologist or school psychologist licensed by the psychology licensing

board in the state, territory, the District of Columbia, or Canadian province in which the supervised experience occurred, or when the psychologist or school psychologist was practicing legally in the jurisdiction (e.g. a federal employee licensed in another jurisdiction).

- No more than 25% of the individual face-to-face supervision was provided by licensed allied mental health professionals as deemed appropriate by the designated doctoral level psychologist or licensed school psychologist specified above in #3, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, a post-doctoral trainee eligible for licensure as a psychologist and conducting supervision under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist
- There was on average at least one additional hour per week in learning activities such as: additional face to-face individual supervision; group supervision; case conferences or grand rounds; didactic consultations with psychologists, school psychologists, or other appropriate mental health professionals; guided professional readings; seminars; or, co-therapy with a licensed psychologist or school psychologist, or other appropriate professional.

Completion of postdoctoral fellowship at HSO meets all requirements for licensure in the state of Ohio. Of note, Ohio is one of the unique states that does not

A note on license mobility and post-doc training supplied by Board of Psychology in Ohio:
"Most states and Canadian provinces continue to require post-doctoral training prior to granting a psychologist license, potentially leading to mobility problems for Ohio psychologists who apply for and receive the license without completing a post-doctoral year of training. A possible unintended consequence when candidates seek the psychology license without completing a post-doctoral year is the risk of not currently meeting licensure requirements in approximately 80% of the states and provinces. The Board encourages applicants for licensure to consider potential licensure mobility barriers."

If a PostDoc wishes to secure licensure at the completion of their PostDoc year, we suggest following the timeline below.

Suggested Timeline for Licensure:

| Suggested Timeline | Step/Instructions |
|---|---|
| Orientation | Calculate acquired Hours<br><br>*To apply for licensure in Ohio, they require proof of at least 3,600hrs (included internship hrs of at least 1,500 and no more than 2,000)* |

| | |
|---|---|
| Within first 2 months **See Cost Details* | Create online application with Ohio Board of Psychology for "Getting Licensed"<br><br>Cost: Application fee $303.50 (HSO reimburses this but Fellows must front the money and submit reimbursement to Jessica Cochran) |
| With first 2 months | Send Form A & F to previous supervisors after you have completed online application<br><br>Form A: APA Accredited Internship DCT<br>Form F: APA Accredited Graduate Program DCT |
| Within first 2 months | Send Graduate Program Transcripts to Ohio Board |
| Within first 2 Months | Get Approved to Schedule EPPP<br><br>Email the Board with Q's @ info@psy.ohio.gov |
| By 3rd Month | Identify EPPP Study Strategy<br><br>Tip: Workshops are offered certain weekends of the year, PsychPrep & AATBS ~ $1,000-$1,500 |
| Before 6 Months<br>*See Cost Details – CE Fund can be used to reimburse | Complete Application to sit for EPPP<br><br>Cost: Scheduling cost including testing center charge ~ $691.<br>*You have 12 months to take your test from the time you pay for registration. |
| Goal: 9 Months | Successfully Pass EPPP (Score => 500)<br><br>Aspirational Goal: We understand that passing this test can be very difficult for a variety of reasons. Work with DCT for adjusted timeline as needed. |
| By 10 Months | Complete All Necessary Steps to get Scheduled for Jurisprudence Exam<br><br>Board Requirements: Submit all required forms verifying 3,600 training hours; Complete Background Check (can take 30 days for Board to receive) Cost ~$70; Download, Sign, and Submit Copy of Oral Prep Manual; then Schedule Exam (recommended study time ~ 1 month (30-50 hrs) |

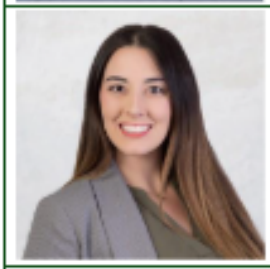
| | |
|---|---|
| By 11 Months | Complete Jurisprudence Exam<br><br>Oral Exam (via Zoom): successfully answer 5 questions (1 from each Domain, 2 from Professional Conduct); Receive notice from the board within 2-5 business days with issued license |
| Last Month of PostDoc | Discuss New Contract & Complete Paperwork to Get Credentialed for Independent Provider |

# Training Team

**Name: Michael Bruner, Psy.D.**
**Center**: Loveland
Joined HealthSource in 2018. *HSO BH program founder
**Education**: Xavier University
**Role(s)**: BHC, Behavioral Health Director, Supervisor (Practicum, Postdoc)
**Clinical Interests**: Generalist behavioral health, Population health, Serving the underserved, Functional contextualism, Implementation of the PCBH model

**Name: Stephanie Burkhard, Psy.D.**
**Center**: Mt. Orab
Joined HealthSource in 2023. *Prior postdoctoral fellow at HSO
**Education**: George Fox University
**Role(s)**: BHC, Supervisor (Practicum, Postdoc)
**Clinical Interests**: Integration of Behavioral and Medical Health Services, Health Behaviors, Women's Health and Ob/Gyn, Trauma Informed Care

**Name: Kane Carlock, Ph.D.**
**Center**: Mt. Orab
Joined HealthSource in 2024. *Prior postdoctoral fellow at HSO
**Education**: Indiana University-Bloomington
**Role(s)**: BHC, Supervisor (Internship)
**Clinical Interests**: Chronic Illness and pain, Suicide prevention, Health behaviors, Substance use, Grief, Acceptance and Commitment Therapy, Contextualism



**Name: Ciara Incorvati, Psy.D.**
**Center**: Batavia and Hillsboro
Joined HealthSource in 2022. *Prior practicum student and postdoc at HSO
**Education**: Xavier University
**Role(s)**: BHC, Supervisor (Practicum), Behavioral Scientist Faculty of HSO Residency
**Clinical Interests**: Trauma, Population Health, Chronic Pain, Functional Contextualism, Focused Acceptance & Commitment Therapy, Anxiety, Depression

**Name: Idalise Suarez-Velazquez, Ph.D., M.A.**
**Center**: Eastgate Pediatrics
Joined HealthSource in 2023. *Prior postdoctoral fellow at HSO
**Education**: Ponce Health Sciences University
**Role(s)**: BHC, Supervisor (Practicum)
**Clinical Interests**: Integrated Primary Care, Health Psychology, Pediatrics, Play-Based Interventions, Developmental Psychology, Anxiety, Panic Disorders, ADHD, Anger Management, Culture-Informed Care, Program Development, Research.

# Appendix

## Appendix A: Supervision Log

| Healthsource of Ohio Postdoctoral Fellow Weekly Supervision Log | | | |
|---|---|---|---|
| **Fellow: FELLOW NAME** | | **Supervisor: X SUPERVISOR** | |
| **Week of:** | **Week #:** | **Hours of Supervision: X HOURS** | |
| **Skills Practiced/Materials Used:** | | **Supervision Topics:** | |
| ☐ Review direct patient care<br>☐ Discuss professional issues<br>☐ Reading assignments<br>☐ Practice EBP skills | ☐ Case review<br>☐ Direct observation<br>☐ Review recordings<br>☐ Advocacy | ☐ Research<br>☐ Ethical/Legal standards<br>☐ Professional issues<br>☐ Communication / Interp. skills | ☐ Assessment<br>☐ Intervention<br>☐ Supervision<br>☐ Management |
| **Summary of Supervision Topics (including areas of growth & strengths)** | | | |
| **Pts discussed:** | | | |
| **How were cultural factors reviewed?** | | | |
| Dr. X was mindful of how cultural factors impact direct patient care and supervision. | | | |
| **Plans for Items to be Completed Before Next Supervision** | | | |
| | | | |
| **Total Hours:** | **Total direct hours:** | **Total supervision hours:** | |

| Healthsource of Ohio Postdoctoral Fellow Weekly Supervision Log | | | |
|---|---|---|---|
| **Fellow: FELLOW NAME** | | **Supervisor: X SUPERVISOR** | |
| **Week of:** | **Week #:** | **Hours of Supervision: X HOURS** | |
| **Skills Practiced/Materials Used:** | | **Supervision Topics:** | |
| ☐ Review direct patient care<br>☐ Discuss professional issues<br>☐ Reading assignments<br>☐ Practice EBP skills | ☐ Case review<br>☐ Direct observation<br>☐ Review recordings<br>☐ Advocacy | ☐ Research<br>☐ Ethical/Legal standards<br>☐ Professional issues<br>☐ Communication / Interp. skills | ☐ Assessment<br>☐ Intervention<br>☐ Supervision<br>☐ Management |
| **Summary of Supervision Topics (including areas of growth & strengths)** | | | |
| **Pts discussed:** | | | |
| **How were cultural factors reviewed?** | | | |
| Dr. X was mindful of how cultural factors impact direct patient care and supervision. | | | |
| **Plans for Items to be Completed Before Next Supervision** | | | |
| | | | |
| **Total Hours:** | **Total direct hours:** | **Total supervision hours:** | |

# Appendix B: PostDoc Weekly Cheat Sheet

**PostDoc Weekly Cheat Sheet**

**Options 1 – Full WFH/Admin Day**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| AM Patients | AM Patients | WFH<br>Individual Supervision | AM Patients | Group Supervision<br>PostDoc Didactic Review<br>Umbrella Supervision |
| Lunch | Lunch | Didactics | Lunch | Travel to Home Clinic/Lunch |
| PM Patients | PM Patients | EPPP Studying<br>Charting | PM Patients | PM Patients |

Time Allocation

| **Required Tasks** | **Time and/or Commitment** |
|---|---|
| Patient Contact | (In clinic) 28 hrs. week – (Direct Patient Care) 20 hrs. |
| Individual Supervision<br>- Complete supervision log during supervision time<br>- Review Fellow Direct Pt Questions<br>- Review Umbrella Prac documentation/ pt updates | 2 hrs./week |
| Other Training Activities<br>- Experiential Learning (i.e. Book Chapter(s))<br>- Charting / Trainee Chart Review / EPPP Study Time | 4 hrs./week |

| | |
|---|---|
| Seminar<br>- Didactic Training<br>- Group Research Review<br>- Professional Development Topic | 3 hrs./week (2 hrs independent, 1 hr Friday Morning) |
| Group Supervision | 2 hrs./week |
| Case Conference | 1 hr./week |
| Rounds<br>- Medical Resident Integration | 8 hrs. once a month (average 2hrs. weekly) |

## Appendix C: Due Process Procedures Acknowledgement

I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the HealthSource of Ohio Fellowship Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

_____

Print Name

_____

Signature

_____

Date