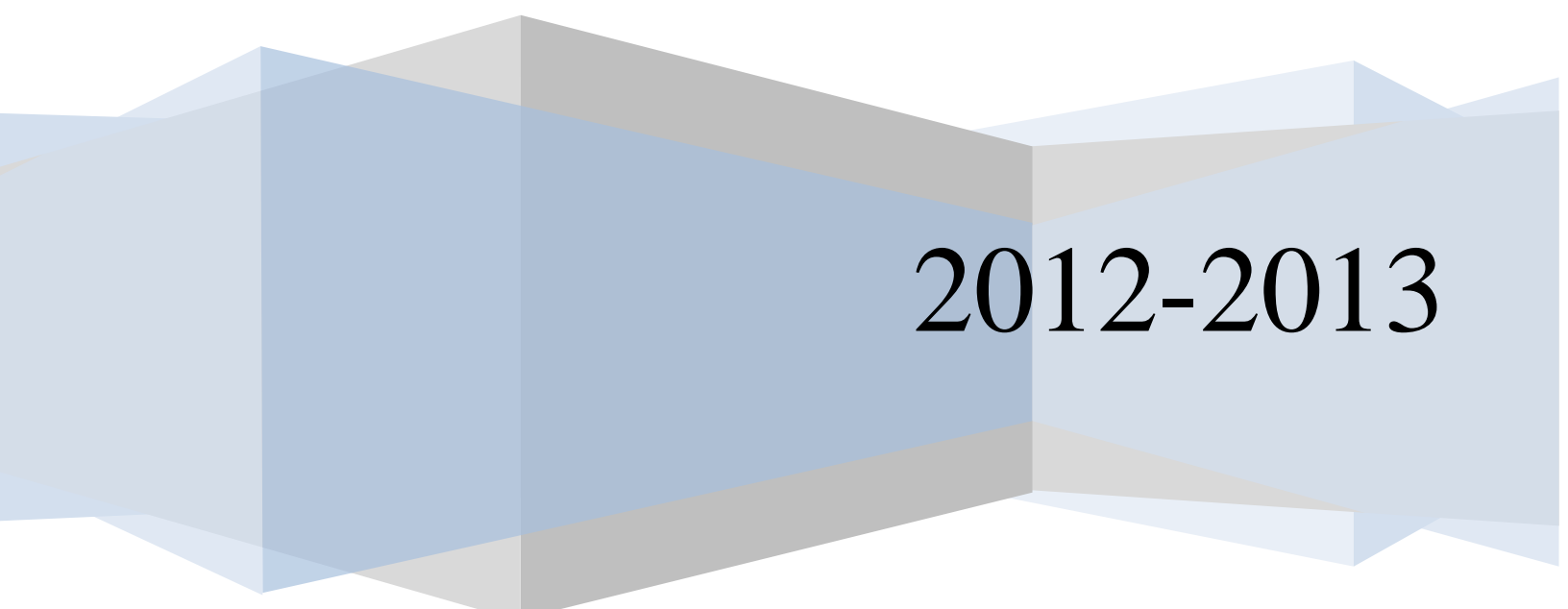


University of Mississippi Medical Center

DEPARTMENT OF FAMILY MEDICINE

**Manual for the Postdoctoral Fellowship
Program in Health Psychology
Program Policies and Procedures**



2012-2013

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Welcome

We would like to welcome you to the Department of Family Medicine at the University of Mississippi Medical Center. This manual is designed to orient you to the fellowship program and to serve as a guide throughout your time with us. As a training faculty, it is our hope that you will also feel comfortable consulting us with any questions.

Mississippi, nicknamed the Magnolia State, is home to over two million citizens residing in its nearly 49,000 square miles. Bordered by Alabama on the east, Tennessee on the north, Arkansas and Louisiana on the west, and Louisiana and the Gulf of Mexico on the south, Mississippi is the 31st most populous state in the United States. Her name is thought to come from an Indian term meaning "great river." Indeed the mighty Mississippi River runs almost the entire western boundary of the state. The state boasts a diverse cultural heritage with a long list of famous residents from writers and musicians to physicians and statesmen.

Mississippi's climate is primarily warm, with long humid summers and mild winters. Temperatures average 82° in summer and 48° during the winter months. Although snow fall may occur in the northern parts of the state, the capital city of Jackson sees only occasional amounts.

Jackson is home to some of the state's premier museums, e.g. Art, History, Natural Science, and the Mississippi Crafts Center. She also maintains a system of 27 parks and recreation areas- many within a short drive from Jackson. Also, the Atlanta Braves minor league team, the Mississippi Braves, is located only a short distance away in Pearl, MS.

Many sights and sounds await you in the Magnolia State, from the Delta Blues Festival to the Canton Flea Market. Select the link below to find out more about the Great River state!

For more information go to [Visit Mississippi](http://www.visitmississippi.org) at www.visitmississippi.org.

Department Mission, Values and Principles

MISSION STATEMENT

The UMMC Department of Family Medicine will provide exemplary patient-centered care, training and research with competence, compassion and integrity.

PRIMARY VALUE

We respect the dignity of our patients.

CORE PRINCIPLES INCLUDE:

Education:

Train physicians who practice family medicine with competence, compassion and superior knowledge; communicate effectively; and coordinate system resources to provide optimal care.

Patient Care:

Provide exemplary patient care that is delivered impartially, practiced with compassion and guided by best practices.

Leadership:

Provide visionary leadership in family medicine throughout the state, the nation and the world.

Research:

Expand the body of basic and applied knowledge with compassion and integrity through family medicine research in clinical and community settings.

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Fellowship Program Description

PROGRAM PHILOSOPHY

The Postdoctoral Fellowship in Health Psychology within the Department of Family Medicine at the University of Mississippi Medical Center is based on a scientist practitioner model. The training faculty strongly adheres to the belief that scientific evidence guides treatment. We view overall health, wellness and the development/progression of illness from a biopsychosocial model. Therefore, patient evaluation, assessment, and treatment should focus on the biological, psychological and social factors that influence health and behavior. Our training faculty has a cognitive-behavioral theoretical orientation. However, it should be noted that our faculty are flexible and open to other methods of conceptualizations if they are evidenced based (i.e., derived from systematic, peer-reviewed and reputable research).

PROGRAM TRAINING GOALS

The fellowship seeks to train psychologists in the specialty area of Health Psychology within a primary care setting. Fellows will have a well-rounded experience in research, teaching and clinical practice. The fellowship offers numerous clinical training experiences that can be generalized to a variety of settings but focuses in depth on treating with patients who experience acute/chronic health complaints that often present in primary care settings. Therefore, fellows can expect to work with hypertension, diabetes, obesity, insomnia, chronic pain, endocrine disorders, etc. In addition, fellows will have the opportunities to manage a variety of Axis I and II disorders that are often co-morbid with these health complaints. The fellowship program seeks to provide fellows with a breadth of experiences in diagnoses while providing in-depth training on brief interventions and short-term therapy. Furthermore, fellows will be expected to engage in research and will be provided with opportunities to collaborate on existing projects and initiate original research. Finally, fellows supervise and teach medical residents and students in a variety of topic areas such as communication and interview skills, recognition of Axis I and II disorders, physician impairment/wellness, etc. Fellows will be prepared to pursue positions within but not limited to academic medical centers, hospitals/medical centers, and primary care clinics.

SUPERVISION

Fellows have a minimum of 2 hours individual supervision per week and 2 hours of group supervision per week. Fellows have both a primary and secondary supervisor. Individual supervision with the primary supervisor focuses on clinical contacts while the secondary supervisor focuses on matriculation through the fellowship and professional development. Group supervision provides opportunities to share unique clinical experiences, discuss relevant literature, and to focus on professional development topics.

It should be noted that although supervision is scheduled, fellows have access to their supervisors at all times.

FELLOW EXPECTATIONS

General

Fellows are expected to strive for excellence in all aspects of research, patient care and educator. Therefore, professional behavior and demeanor is required with patients, faculty and staff. Fellows are expected to be neat, well groomed, and dressed in a professional manner. Other UMMC guidelines on professional appearance should be followed (See Appendix A).

Discussion of patients should follow HIPAA guidelines and should be respectful in nature. Fellows should not leave patients under their care unattended, misuse confidential information, or release confidential information to unauthorized sources. Furthermore, fellows should not falsify patient or personal records.

Use of UMMC property for personal activities should be avoided. For example, utilizing the fax machine, computer, copy machine, and telephone for personal business is prohibited. Utilization of UMMC resources should be in direct relationship to job requirements.

Fellows are expected to follow UMMC Institutional policies regarding substance use. Fellows are not to be in possession of non-prescribed controlled or illicit substances, under the influence of alcohol or drugs while on campus at UMMC, or otherwise under the influence of any substance that could impair judgment or impact clinical care while at UMMC.

Fellows should not provide services (teaching/clinical) under circumstances of physical/mental and emotional lack of fitness in that it would impact or potentially impacts patient care services or training of others. Fellows have the responsibility to also identify and notify appropriate personnel if impairment is noted among staff and faculty.

Fellowship Program Benefits

COMPENSATION

Junior Fellow - \$39,300/year and Senior Fellow - \$47,800/year

Appointment date is usually between July 1st and September 1st with some flexibility.

LEAVE

The fellows receive 18 days personal leave and 12 days sick leave each year, as well as 10 holidays. Administrative leave is also provided for professional activities, such as conference, continuing education, and job interviews.

UNIFORMS

Two monogrammed white lab coats are provided by the department at no charge.

PARKING

Free parking is provided at the Family Medicine Outpatient clinics, UMMC, and at the community hospital, MS Baptist Medical Center (MBMC).

EDUCATIONAL RESOURCES



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All new fellows are provided with an educational allowance to assist with purchase of a smart phone or other needed educational materials. Books and journal articles are provided throughout the fellowship. Email, Internet access, and full library access to journals are provided at no cost through UMMC Intranet Services.

Examination for Professional Practice in Psychology (EPPP) materials, including CDs and books, are provided to fellows to aid in preparation for written licensure examinations.

The department has consistently generously funded conference expenses and travel for individuals in both years of the fellowship.

HEALTH INSURANCE

Fellows are eligible for comprehensive health insurance for a nominal fee and have the opportunity to purchase additional insurance for family members. There are additional insurance benefits for purchase, as well. For more details visit:

<http://hr.umc.edu/benefits.html>.

CERTIFICATES

Each year the departing fellows receive certificates indicating the length and scope of training at the University of Mississippi Medical Center. The certificates are issued at the request of the fellow's training program.

VERIFICATION OF TRAINING

The fellowship keeps a record of each fellow's appointment, including summary evaluations of performance for each program year. This information is used to fill out verification of training forms.

MALPRACTICE INSURANCE

Malpractice and professional liability insurance for fellows is provided by the University's insurance program for activities that are required by the training program. There is NO coverage for professional activities outside the scope of approved duties in the training program or outside professional employment. Inquiries related to this coverage should be directed to Marilyn Wilson of Legal Affairs (601-984-1985).

University Resources and Services

BOOKSTORE

The Bookstore offers a comprehensive selection of collegiate wear, health science products, software, references, textbooks and office supplies to the faculty and students on our campus as well as to health care providers across the state. It is located on the first floor of the Norman C. Nelson Student Union and on-line at www.umcbookstore.com.

CAMPUS CALENDAR

A master calendar for the campus and the year is maintained in the Division of Public Affairs. All special events and/or special lectures are to be coordinated to avoid conflict with other activities or ongoing education and patient care programs. Departments are urged to consult the master calendar before establishing a date for a special event. Public Affairs is housed in the Holmes Center.

CAMPUS POLICE

The Campus Police department uses advanced equipment and techniques for crime prevention and to carry out a number of programs and services to promote campus safety and security. State law grants the Medical Center police the power to enforce the general criminal laws of the state and traffic regulations. Officers are certified in compliance with state law to assist them in providing effective campus security. The department works in conjunction with local law enforcement authorities. All reports of criminal activity will be handled and investigated in an appropriate and professional manner. The Campus Police department is located in trailer #14, in front of the Hardy Building. Campus Police provides 24-hour assistance to students, employees and the public. An escort service is available at night and on weekends. To request the service, call (601) 984-1360 or contact one of the officers on duty. Police officers may ask to check a package, purse or briefcase of an employee leaving the Medical Center. Signs are posted at entrances throughout the campus advising that routine package checks are conducted. An employee must comply with an officer's request to check a package.

CASHING OF CHECKS

Automated teller machines (ATM), located near the cafeteria, gift shop area and in the Hardy Building walkway, and near the first floor access corridor to the Methodist Rehabilitation Center, provide access to checking, savings and credit card accounts. Persons may access the tellers with a bank or credit card issued by members of the Cirrus or Pulse systems which include many Mississippi banks. Employees and students may cash checks in the Bookstore for \$10 with a minimum purchase price of \$1. Checks for a maximum of \$20 may be cashed in the student accounting and cashier's office in room N222. A 50 cent fee is charged for this service.

CHAPEL

A small, all-faiths chapel near the central core elevators on the adult hospital second floor is open at all times for the use of patients and their families.

CHAPLAIN

The University Hospital's director of pastoral services may be contacted by pager. The chaplain's office is on the second floor of the hospital.

COMPUTER SERVICES

The function of Information Systems at the University of Mississippi Medical Center is to combine state-of-the-art computer technology and related computer expertise and knowledge to efficiently operate and manage the institution, to create an environment for the accomplishment of education, research and training for our students, faculty and staff, and to present a unified approach to computing at the University that recognizes the diverse needs and requirements of the various departments and disciplines. To find out about all of the service options or to initiate a service request visit: <http://dis.umc.edu...>

EMPLOYEE ASSISTANCE PROGRAM

The Medical Center maintains an Employee/Student Assistance Program (ESAP) which is administered by Employee/Student Health Services which provides completely confidential help to employees who suffer from alcohol or drug abuse and other personal/emotional problems. However, it is the responsibility of each employee to seek assistance from Employee/Student Health Services which provides completely confidential help to employees who suffer from alcohol or drug abuse and other personal/emotional problems.

EMPLOYEE/STUDENT HEALTH

Employee/Student Health is located in Room N-128. The hours of operation are: **Monday-Friday 7:30 a.m. - 4:00 p.m.** They are closed all official UMMC holidays. If students should become ill or sustain injury after hours, they are encouraged to seek care at the UMHC emergency Department if necessary. Our phone number is: **(601) 984-1185.**

Students may receive Nursing Care, first aid, and over-the counter medications on an as-needed basis during all hours of operation. Standard Sick-Call hours are staffed by the Chief Medicine Residents, who are board-eligible/certified Internal Medicine Physicians. Students may be seen by these physicians without an appointment.

The Sick-Call Hours are:

8:30 a.m. - 9:30 a.m.

10:30 a.m. - 11:30 a.m.

1:30 p.m. - 2:30 p.m.

In case of class conflicts, appointments can be scheduled by calling (601) 984-1185. If a student is sick and a physician is not immediately available, the Nursing staff of Employee/Student health will make arrangements to have them seen by a physician.

FOOD AND NUTRITION SERVICES

The main cafeteria is open for business 24 hours a day. Specific meal times are as follows:

Breakfast: 6:00 a.m. -10:00 a.m.

Lunch: 11:00 a.m. - 2:00 p.m.

Dinner: 4:30 p.m. - 7:00 p.m.

Short orders are available 24-hours a day. Operating hours on a specific cafeteria line in the University Hospital or in the Wiser Hospital may vary relative to the time of day and day of the week. The Faculty/Staff Dining Room serves lunch only Monday through Friday from 11:00 a.m. to 1:30 p.m.

FOOD COURT

The Commons Food Court, located in the Norman C. Nelson Student Union offers a wide variety of branded fast food items. Regular hours are Monday through Friday from 7 a.m. to 2 p.m.

GIFT SHOP

The Medical Center has two gift shops. One is located near the central core elevators on the first floor of the University Hospital. The other is in the Wiser Hospital. The gift shops serve the general public and Medical Center personnel and operate as an auxiliary enterprise.

HUMAN RESOURCES

This department is responsible for employment for all personnel except faculty and other contractual employees in accordance with procedures in the personnel section of this handbook. All Medical Center personnel are strictly enjoined from contracting, interviewing, or offering employment to potential employees outside of the Department of Human Resources channel with the exceptions stated for faculty and department heads. The department maintains personnel records on all Medical Center employees; handles matters pertaining to benefits; orients new employees; is responsible for wage and salary administration, and for adherence to the Affirmative Action Plan and equal

employment opportunity. The department's offices are located on the first floor, north wing, of the School of Medicine. Visit <http://hr.umc.edu/> for more information.

INSTITUTIONAL RESEARCH

The Department of Institutional Research, located on the second floor of the Holmes Learning Resource Center provides a variety of services to support faculty and staff. The department maintains a databank of information about the institution, which is available for report writing purposes and also produces the annual Fact Book. The department scores classroom tests and analyzes, interprets and reports results; assists with formal and informal evaluations related to schools, departments, research projects, and accreditations; provides services in planning, formatting, assembling, and distributing surveys, and provides scoring, analyzing, and interpretation of the results. An educational technologist is available to support the efforts of faculty and staff to expand the institution's technology enhanced instruction capabilities. The department also schedules use of the School of Medicine classrooms and amphitheatres, the computer labs and the Institutional Research conference room. Find out more information at <http://research.umc.edu/>.

KEYS

Keys may be obtained from Physical Facilities by written request over the signature of the department head except in hospital departments. Requests for hospital facilities keys should be submitted to hospital administration which forwards approved requests to Physical Facilities.

LIBRARY

The Rowland Medical Library is located in the Verner S. Holmes Learning Resource Center. All services are fully automated by an integrated computer system named ROMEO (Rowland Medical Online). Users are assessed a nominal fee for some of these services. Access to the collection is provided by ROMEO's online catalog available by remote access as well as by terminals within the library. Fines are charged for all overdue materials. UMC faculty, staff and students have full library privileges which include circulation of books and journals, interlibrary loan borrowing services, reference assistance, computer online and CD-ROM literature searching and orientation and instruction. Other individuals who need access to the collection may come in and use the material, but they may not check out materials.

As a resource library within the National Network of Libraries of Medicine, Southeastern/Atlantic Regional Medical, the library lends materials to other individuals through the interlibrary loan program through a local public library or a college or university library. Additional information may be obtained from the library director at extension 4-1290.

Access to the online catalog, literature and full text databases, electronic journals, UMC Patients education materials and other digital information services is provided through the

library web site (<http://www.library.umc.edu/>) available at all terminals in the library and all those connected to the campus network as well as by remote connections through the internet and dial services.

LOST AND FOUND

The Department of Campus Police in Trailer 14 provides lost and found services to the Medical Center.

MULTICULTURAL AFFAIRS

The Division of Multicultural Affairs supports the Medical Center's efforts to train a diverse healthcare workforce for the state of Mississippi. The Division's overarching mission is to foster an environment that recognizes the benefits of diversity and inclusiveness through academic preparation, instruction, community outreach, and professional development. It also seeks to disseminate valuable resources and research on cultural competency, quality and equity in healthcare to the UMMC community. See <http://mca.umc.edu/>.

POSTAL SERVICE

The Medical Center Post Office is located in the basement of the adult hospital. The post office is assigned center wide responsibilities for mail services including U.S. mail and campus mail. A satellite post office is located on the first floor of the School of Dentistry building.

Medical Center Mail. Mail is ready for distribution by 10 a.m. Monday-Friday. Outgoing mail leaves the building at 8:30 a.m., 12:30 p.m. and 5 p.m. It must be in the post office by 3:45 p.m. to go out on the day received. No departmental delivery and pickup service is provided.

Drop Box. A U.S. Post Office drop box at the west front of the main complex may be used for weekend, holiday and after-hours mailing.

STUDENT UNION

The Norman C. Nelson Student Union houses the campus bookstore, a food court, student government offices as well as a large conference center. A recreation room, lounge area, a study room and a state-of-the-art fitness center also are available to students. To reserve a meeting room, call the union director's office.

CAMPUS NEWS

UMMC has a publication department that specializes in keeping medical center employees up-to date (<http://publicaffairs.umc.edu/>). This Week is the University of Mississippi Medical Center's e-newsletter, delivered to the inboxes of email receiving employees. It is printed and posted for those employees without email. The e-newsletter contains announcements, new faculty releases, Department of Information Systems notices and campus events for the week. It also includes links to the master calendar, IHL

News, new faculty information, campus menus, bulletin board, UMMC studies and event photos. If you have questions or need would like to submit items for This Week email [Bruce Coleman](mailto:Bruce.Coleman).

CenterView is published every other week, and is the internal publication of the University of Mississippi Medical Center (UMMC). Content features news of interest for and about Medical Center faculty, staff, and students. Content may be reprinted with appropriate credit.

TICKETS TO ATHLETIC EVENTS

The Athletic Department on the Oxford campus mails ticket information to Medical Center faculty and staff that may place orders by mail. Students may purchase tickets in the Alumni Office.

TOURS

Guided tours of facilities at the Medical Center are offered on the second Wednesday of each month. Tours are arranged individually to meet the needs of the requesting group and are coordinated by Public Affairs. All requests for tours should be referred to that office.

UMMC VAN

The Medical Center van may be used for transportation of personnel (not materials) on official Medical Center business by request to Physical Facilities on the approved trip request form. Requests must originate with a faculty member or department head, indicating the desired date, time of departure and return, destination and purpose. Overnight or out-of state trips require approval of the associate vice chancellor for financial affairs. Keys and courtesy cards for the purchase of gas, oil and minor repairs are issued from and returned to Physical Facilities in Trailer 1 between 8 a.m. and 4:30 p.m., and from the boiler room duty office outside of office hours.

Fellowship Training Program Policies and Procedures

FELLOW TRAINING EXPECTATIONS

Purpose:

The fellowship training staff has outlined the above general expectations of professional behavior. This section will focus on expectations that will establish an acceptable level of competency within the area of Health Psychology in Primary Care.

Policy:

Professional skills and competences, professional standards and behavior, and academic competences are the three broad domains in which fellows are evaluated. Specific behaviors and characteristics of these three domains are further delineated in the Fellow Evaluation (see Appendix B). Although it is not explicitly stated under each of these domains, issues surrounding knowledge, recognition of, and sensitivity to diversity is embedded within each of these domains.

1. Clinical Skills and Competencies

Fellows are expected upon graduation to have a “satisfactory” level of skills that will allow them to independently practice in the specialty area of Health Psychology. Fellows are expected to progress towards mutually developed goals in the areas of diagnosis, assessment, treatment/interventions, documentation and consultation. These goals will be determined by evaluations and discussed areas of growth as determined by supervisors and the fellow. Fellows are expected to be able to clearly articulate their philosophy and model of training and theoretical orientation and how these apply to their clinical care of patients.

2. Professional Standards and Behavior

Fellows are expected to abide by the guidelines set forth by the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct. Furthermore, fellows are expected demonstrate an integration of knowledge of the code by applying the code to their clinical and professional delivery of services. It is not sufficient to merely have knowledge of the APA Ethics Code. Furthermore, fellows are held to the standards of behavior set forth in this manual. If fellows do not meet or exceed expectations ratings within the domain of professional standards and behavior, policies related to due process will be applied.

3. Scholarly Competencies

Fellows should integrate current research into practice; seek out current guidelines and research, and to be able to articulate these in their research/scholarly activity, teaching, and supervision.

EVALUATIONS

Purpose:

This section describes the process for evaluation.

Policy:

Fellows will be formally evaluated at least two times per year (second and four quarters). However, Fellows may be evaluated more frequently if supervisors determine that it would be beneficial to training. The evaluations will focus on fellow’s progression through the program and the skill level within the domains of professional skills and competencies, professional standards and behavior, and academic competencies. Upon arrival, fellows will be given a blank evaluation form (See Appendix B) in order to familiarize themselves with specific expectations within these areas (See Appendix C).

Furthermore, the fellowship director will review and negotiate with the fellow training expectations for their years within the fellowship.

Procedure:

1. Supervisors will complete online evaluation forms of the fellow at the end of the second quarter and the beginning of the fourth quarter (formative/summative evaluations).
2. The fellow and supervisor will meet to discuss ratings and the fellow will be provided with written and verbal feedback on suggestions and recommendations. Then, the fellow will be asked to sign the evaluation.
3. A copy of the fellow's evaluation(s) will be placed into their training file and held for verification of training purposes.
4. If the fellow is in disagreement with the ratings, the fellow will have the opportunity to provide a statement to be attached to the evaluation form in their file indicating their disagreement with the ratings and the rationale for their disagreement.

TRAINING PROGRAM RESPONSIBILITIES

Purpose:

This section describes the responsibilities of the program on behalf of its trainees.

Policy:

It is the responsibility of the training program to provide the fellow with opportunities to advance in the domains of professional skills and competencies, professional standards and behavior, and academic competencies. Furthermore, the training program will provide the fellow with feedback about their progress in these areas at least three times per year. If there are areas in which the fellow needs guidance or additional training, the training program will facilitate access to the opportunities needed to gain those learning experiences. The training program will clearly communicate if there are deficiencies in training that would require remediation or implementation of due process policies. The training program will provide all policies related to training (evaluations, grievances, due process, impairment, leave, etc.) to the fellow at the beginning of his/her training. The training program will also review the contents of this manual every 3 years to ensure that our policies and procedures are current.

FELLOW EVALUATION OF THE FACULTY AND PROGRAM

Purpose:

This section describes the requirements for evaluation of the fellowship program.

Policy:

The fellows are expected to provide semi-annual evaluations of their supervisors and training program. Fellows are encouraged to engage in direct feedback to their

supervisors to facilitate training. If the fellow indicates significant concerns about his/her training or supervision, these should be discussed with the Fellowship Director. If the Fellow is unable to discuss these with the supervisor/Fellowship Director, the Chair of the Department of Family Medicine may be consulted and should meet with the fellow and Fellowship Director to alleviate any fears associated with providing the evaluation.

Procedure:

An online evaluation form for the supervisor and program will be completed by both fellows. These evaluations are anonymous and the scores of both evaluations of supervisors and the fellowship program will be averaged and comments combined in an effort to provide increased comfort with providing honest feedback.

LICENSURE

Purpose:

This section provides guidelines for Fellows who obtain licensure during the fellowship and the impact of this accomplishment on training.

Policy:

It is expected that fellows will obtain licensure during their tenure in the fellowship program. Although the state license allows practitioners to practice independently, fellows will continue to participate in individual and group supervision activities and document their supervision hours. Supervision of fellows allows for training in the specialty area of Health Psychology.

Procedure:

Failure to actively participate in supervision following licensure will result in communication with the fellow regarding the importance of supervision. If the fellow continues to either be an inactive participant in supervision or fails to attend supervision sessions, the due process policy will be enacted.

RECRUITMENT AND SELECTION

Purpose:

To describe the process in which applicants are recruited and accepted into the Fellowship Program.

Policy:

The Fellowship Program seeks to recruit fellows who are interested in pursuing a career in Health Psychology. The recruitment process is designed to comply with all Equal Employment Opportunity standards.

Procedure:

1. Applicants must have completed an APA/CPA approved training program and pre-doctoral internship. Candidates from outside of the United States will be expected to demonstrate equivalent training and experience.
2. Applications to the fellowship will be accepted until an appropriate candidate is found.
3. Each applicant is required to submit a statement of interest, curriculum vitae, official transcripts and three letters of recommendation. These materials should be submitted to the fellowship director.
4. An in-person interview is required. Invitations to interview are sent following the review of the completed application. The review of the application is subjective.
5. Applicants are typically interviewed by the fellowship director, supervisors, current fellows, Department Chair, and other Department training faculty. Each interviewer rates applicants on a rating form and provides summative comments.
6. If selected, an applicant will receive an invitation of acceptance. If the applicant accepts the invitation, a formal letter of invitation and acceptance will be sent to the applicant and a copy placed in the applicant's folder.
7. A copy of the completion of internship and evidence of a post-graduate degree (diploma or letter from program fellowship director stating when the degree will be granted) must be received prior to the start of the fellowship.
8. The fellowship program abides by the UMMC policy on EEOC.
9. Accepted fellows must complete all UMMC Human Resource requirements 30 days before start date (such as urine drug screen, background check, ID badge, etc.)

EXIT PROCEDURE

Purpose:

To describe the process in which fellows matriculate through and exit the Fellowship Program.

Policy:

The Fellowship Program ultimately seeks to provide fellows with training in Health Psychology and to facilitate their transition into positions/employment settings that will be mutually beneficial to the fellow and the field of Psychology. At times, fellows may need to have an exit date from the fellowship that is earlier than their fellowship start date or may not secure employment before their exit date from the fellowship. The procedure below outlines how the fellow should navigate this process.

Procedure:

1. Fellows should begin thinking about their job search within the fourth quarter of their first year and should initiate this process within the first quarter of their second year.
2. It is expected that during the second and third quarters of the fellow's second year that interviewing for a position will take place. If the fellow has not secured employment or been successful within the job search by April 1st, a meeting will

- be held with the fellowship director and secondary supervisor to further assist the fellow in their search.
3. An exit date from the fellowship is required by April 20th and must be approved by the fellowship director. This date will be placed on the fellow's diploma for graduation in May.
 4. It should be noted that once an exit date is selected and approved this date will serve as the last day of employment with UMMC.
 5. Unless approved by the fellowship director, fellows are expected to remain in the fellowship until July 31st of their second year.

LEAVE

Purpose:

To provide further information regarding types of leave and usage. If there are irregularities, the UMMC policy regarding leave should apply.

Definitions:

1. Personal Leave: This category will accrue at the rate of 18 days per year (12 hours per month). Personal leave can be used for personal business and/or vacation leave.
2. Sick Leave: This category will accrue 12 days per year (4 hours per month). Sick leave is to be utilized for illness and/or medical issues. UMMC policy applies that after three (3) consecutive days of sick leave that a treating provider's excuse from work be submitted.
3. Leave of Absence: This is defined as nonattendance at work for greater than ten (10) consecutive work days. This leave type also includes Family and Medical Leave Act/Intermittent Family and Medical Leave Process (FMLA/IFML).
4. Holiday Leave: UMMC defines holidays granted for a particular year. There are typically ten (10) holidays observed by the institution. See UMMC calendars for more information: <http://www.umm.edu/intranet/index.php/>.
5. Professional/Education Leave: This type of leave is utilized when there are educational and professional conferences or events that directly impact the fellow's career and positively impact the fellowship.

Policy/Procedure:

1. Personal/Annual Leave: The fellowship director and clinic scheduling staff should be made aware as soon as possible of any leave to be requested to avoid impact to patient care and other clinical duties. Personal/Annual Leave may be taken at any time during the fellowship as per UMMC policy guidelines. An advanced leave schedule should be completed yearly and placed in file.

2. Sick Leave: It is understandable that illness is not predictable. However, the fellowship director and clinic personnel should be notified of the need for sick leave as soon as possible in order to limit the impact to patient care and other clinical duties. Per UMMC policy, 8 hours of personal leave must be used prior to using sick leave hours.
3. Leave of Absence: The process for requesting a leave of absence will be undertaken by the fellow. As this may impact the training process, the fellowship director and department chair should be notified as soon as possible if an application for leave of absence is submitted. The fellowship director should have a meeting with the fellow to discuss how the leave of absence will impact training and the results of this meeting should be documented and placed in the fellow's file. If a leave of absence is requested by the fellowship director by way of fellow impairment, the fellow remains responsible for completion of documentation of this leave type.
4. Holiday Leave: The fellow should abide by UMMC policy regarding holiday leave.
5. Professional/Education Leave: The granting of professional and educational leave is at the discretion of the fellowship director. Fellows should discuss the issues surrounding this type of leave with the fellowship director.

Due Process, Impairment, Disciplinary, and Grievance Policy and Procedures

DUE PROCESS

Purpose:

This policy attempts to inform fellows of the right to have adequate notification of any deficiencies or training needs and right to have an opportunity to correct or improve in these areas.

Policy:

Fellows will be given proper notification and information regarding the fellowship program's policies and procedures. They will also be informed in a timely manner if there is corrective action that needs to be taken on their part. Due process is also a protective action for the fellows in that they are not acted upon with undue reason or for retribution. Evaluations are standardized and all policies apply to both fellows equally.

Procedure:

1. During the orientation period, fellows will be presented with policies and procedures. Grievance procedures, policies for evaluation and for disciplinary action will be review and documented.
2. Impairment policies will be reviewed during the orientation process and a documentation of understanding will also be completed.
3. Supervisors should communicate often and document their informing the fellow of any difficulties that are suspected.
4. The policy for remediation should be enacted for any deficiencies that noted as soon as possible. The remediation process should be clear and the fellow will have an opportunity to be involved in the process.
5. The fellow will have the ability to appeal remediation plans. The fellow does not have the ability to appeal performance evaluations and placement on probation.
6. Fellows will have sufficient time to respond to any action taken against them by the program.

The fellow has the right to receive documentation regarding any actions taken by the program and its rationale

FELLOW IMPAIRMENT POLICY

Purpose:

The purpose of this document is to provide policy and procedural guidelines for managing disruptive behavior and/or impairment among health psychology fellows in the Department of Family Medicine.

Definition:

Disruptive behavior and impairment may be defined as any behavior that impedes the fellow in clinical practice within the fellowship program and/or impairs the fellow's ability to work with other faculty, supervisors and staff. Disruptive or impaired behavior may include but is not limited to substance abuse/dependence, serious emotional or psychological disorders, APA ethical violations, conviction of a felony, or other unprofessional conduct.

Policy:

Any allegations of disruptive behavior or impairment will be investigated by the fellowship director. The fellowship director will attempt to assess the presence, nature, and severity of alleged impairment. The fellow will be informed of any allegations made against him/her and have an opportunity to address these concerns. If allegations are substantiated, the fellowship director will initiate the steps toward remediation or dismissal of the fellow based upon the nature and severity of the situation. This policy should not be substituted for any other applicable policy for impairment developed by the University of Mississippi Medical Center.

Procedure:

1. Any allegation of impairment or disruptive behavior will be taken seriously and investigated. Allegations may be received by faculty, staff, residents, and/or other fellows.

2. When there is a threat to patient welfare, damage to the reputation of the institution, and/or concerns that warrant serious disciplinary action (limitations to clinical privileges, leave of absence, dismissal, etc.), and the allegation will be immediately reported to both the chair and director of fellowship.
3. If a supervisor or faculty member believes that a fellow is endangering patients, the faculty member should immediately request that the fellow refrain from all patient care and contact the director of the fellowship and chair of the department.
4. When disruptive behavior and impairment is determined to be mild to moderate in degree, an informal plan for remediation and timeline for completion will be discussed with the fellow.
5. The fellowship director will determine when informal remediation is completed and the matter will be considered resolved at that time.
6. If an informal remediation plan is not successful, a meeting with the fellow will be scheduled with both the department chair and fellowship director where the fellow will receive written communication of the failure of informal remediation, receive a written formal remediation plan, and all of this communication will be placed in the fellow's file.
7. When a written remediation plan is unsuccessful or contested by fellow, the fellow may request a formal hearing with the department chair and fellowship director and another designated faculty member.
8. Resolution options at the formal hearing may include but is not limited to:
 - a. Considering the remediation complete
 - b. Continued remediation
 - c. Referral for action under UMMC rules and regulations conduct policy or EAP action
9. Recommendations for any remediation, reinstatement, and graduation will be determined on a case-by-case basis. Plans may include but are not limited to:
 - a. Increased supervision
 - b. Recommending evaluation and treatment
 - c. Reducing workload or requiring specific academic course work or training
 - d. Recommending a leave of absence
 - e. Limited endorsement with detailed information on the environment in which the fellow can function appropriately
 - f. Recommending and assisting with career shift
 - g. Termination in accordance with UMMC policy
10. Written summary of the deliberation and decision will be placed in file and copy given to fellow
11. Actions may be communicated to the appropriate State Board of Psychology and APA as required by licensing statutes and practice, and this report will be made by the fellowship director.

HARASSMENT

Purpose:

This section provides information on UMMC's stance on and penalties associated with harassment.

Policy:

Any fellow who engages in conduct defined in the UMMC Employee Handbook as constituting sexual harassment is subject to discipline, up to and including immediate discharge. This policy applies to men and women.

DISCIPLINARY ACTIONS

Purpose:

This section seeks to provide the fellow with understanding of the circumstances under which disciplinary, remediation, probation and termination may be enacted and the process for each of these actions.

Policy:

The fellowship program seeks to give fellows the opportunity to take corrective action if any deficiencies are noted. The fellow is entitled to due process (see above). However, in the event of need for corrective action, this policy and procedure provides clear guidelines for how the training faculty and fellow navigate this process and the consequences for inappropriate or uncorrected behaviors. There are five (5) categories of consequences including remediation, probation, immediate termination, termination after probation, and leave of absence due to impairment. After due process has been documented, these consequences may be instituted. It should be noted that these actions are not punitive but are enacted for the adequate training of fellows and the safety and well-being of patients, staff and faculty.

Procedure:

Remediation

Remediation allows a fellow to take appropriate action to eliminate any training deficiency. If a fellow has been identified as having a training deficiency, this will be reviewed with training committee. This may result in:

1. No further action taken because the deficiency was easily correctible
2. An informal remediation plan may be required
 - i. The supervisor and fellowship director will determine if the deficiencies were successfully remediated.
 - ii. If successful, no other action will be taken
 - iii. If unsuccessful, a formal remediation plan must be submitted (See section c below)
3. The fellow and supervisor must submit a written, formal remediation plan for how to correct the deficiency as well as a timeline for remediation. This plan will be placed in the fellow's training file.
 - i. The supervisor and fellowship director will determine if the deficiencies were successfully remediated.

- ii. If successful, the fellow will continue within the fellowship and the matter will be closed.
- iii. If unsuccessful, the fellow will be placed on probation and the department chair notified.
- iv. The fellow may appeal the remediation plan. The fellow will be required to submit in writing a formal appeal and request a meeting with the training director and department chair.
 1. The department chair will appoint another faculty member to be present at the meeting and to review all matters related to the appeal.
 2. The potential outcomes can be:
 - a. Recommending no remediation is needed
 - b. Revising remediation plan
 - c. Acceptance of plan as presented
 3. Based upon the outcomes detailed in section 1.c.iv.2, the fellow may choose to:
 - a. Participate in the remediation plan
 - b. Request in writing approval for withdrawal from the fellowship
 - c. If neither option is chosen, the fellow will be placed on official probation and a recommendation for termination will be submitted.

Probation

Fellows placed on probationary status will be considered in danger of being terminated from the fellowship program. Fellows should have had at least one remediation attempt prior to being placed on probationary status. Written notification will be provided explaining the specific reasons for probationary status, improvement plan, and time limit. The supervisors, fellowship director and department chair will review the document with the fellow and all members will sign the document indicating review and understanding. At the end of the designated probationary period, the committee (supervisors, fellowship director, and department chair) will notify the fellow in writing of:

1. Removal of probationary status
2. Extension of probationary status with specific reasons for the extension and plan for that period of time.
3. Recommendation of termination from the fellowship

Immediate Termination

Immediate termination can occur as a result of a fellow's practice that put patients or other faculty/staff at risk. These may include but are not limited to professional misconduct such as, obtaining a fraudulent license, practicing fraudulently or beyond scope of practice, severe impairment, engaging in harassment, engaging in illegal or criminal behavior, etc. The notification of termination of a fellow will be provided in writing, state the reasons for such an action, and must be reviewed by the fellow, who must sign and date the notification indicating that it has been reviewed with them.

Termination after probation

If a probationary period is unsuccessful, the fellowship supervisor(s), director and department chair may choose to terminate the fellow's position. The fellow will be notified in writing and in a meeting with those personnel listed above.

Leave of Absence due to Impairment

The fellowship director and department chair may determine that a fellow's impairment requires treatment that would require the fellow's full-time participation. In such instances, fellows would be granted a leave of absence to seek such treatment. Policy and procedure would then be followed regarding fellow impairment upon his/her return.

GREIVANCE PROCEDURES

Purpose:

This policy provides guidance when a fellow perceives that he/she needs to respond to, act upon, or dispute decisions made on his/her behalf in the fellowship.

Policy:

When a matter cannot be resolved between a secondary supervisor, primary supervisor, and/or fellowship director, fellows have the option of following the grievance procedures. The procedure section details the steps fellows should follow.

All trainees at the University of Mississippi Medical Center will receive both formative and summative evaluation on a periodic basis. Supervisors are expected to provide feedback and constructive criticism on all aspects of the fellow's performance, including but not limited to, clinical judgment, medical knowledge base, data gathering skills (history taking, assessment, record review, etc.), procedural skills, humanistic attributes, professionalism, over-all patient care skills as well as all behaviors that demonstrate competency. *Fellows should expect direct constructive criticism and suggestions for improvement.* The Training Program Director or his/her designee will meet individually at least semiannually to review each fellow's overall performance and progress in the training program.

Per the University of Mississippi Medical Center*, the following issues are considered "grievous":

- Complaints against faculty;
- Disciplinary actions, including dismissals, demotions and suspensions;
- Application of personnel policies, procedures, rules and regulations, ordinances and statutes;
- Acts of reprisal against employees using the grievance procedure;
- Complaints of discrimination on the basis of race, color, creed, political affiliation, religion; age, disability, national origin, sex, marital status, veteran status; or
- Any matter of concern or dissatisfaction to an employee if the matter is subject to the control of institutional management.

Likewise, the following issues are considered “non-grievous”:

- Scheduling and staffing requirements;
- Issues which are pending or have been concluded by direct appeal through an administrative or judicial procedure;
- Temporary work assignments which do not exceed 90 calendar days;
- Budget and organizational structure, including the number of assignment of employees or positions in any organizational unit;
- The measurement and assessment of work through performance appraisal, except where the employee can show that the evaluation was discriminatory, capricious, or not job related;
- The selection of an individual by a department head or designee to fill a position through promotion, transfer, demotion, or appointment unless it is a violation of UMC or Board of Trustees policy;
- Internal security practices established by the institution, department head or designee;
- Termination or layoff from duties because of lack of work, reduction of the work force, or job elimination;
- Voluntary resignation by an employee bars action under the grievance procedures;
- Any matter not within jurisdiction or control of the institution;
- Content of published UMC policies or procedures;
- An action by the institution pursuant to federal or state law or directions from the Board of Trustees of State Institutions of Higher Learning; or
- Establishment and revision of wages and salaries, position classification and general benefits.

*(Employee Handbook, The University of Mississippi Medical Center)

Procedure:

Supervisor

If the fellow is performing at a low satisfactory or unsatisfactory level, the substandard performance should be brought to the fellow’s attention as soon as possible. Performance problems should be documented with clear suggestions regarding appropriate conduct for such situations in the future. In addition to discussing the problem directly with the fellow, the supervisor should notify the program director (preferably in writing) of the nature of the problem as soon as possible. In some cases, changes in routine supervision on patient care services may be warranted. If a trainee is unhappy with an evaluation or feels it is unfair, he/she is encouraged to discuss the evaluation in detail with the supervisor. It is advisable that the fellow initial and date all documentation to signify his/her awareness of the opinions and actions recorded.

Program Director

If after additional discussion, the fellow feels the evaluation is unjustified, he/she is asked to put his/her complaint in writing and discuss the evaluation in detail with the program

director, who will serve as a mediator. In most cases, after seeking input from all involved parties and reviewing the situation in detail with both the supervisor and the fellow, the program director will dictate a report to be included in the fellow's file along with the original evaluation and the fellow's rebuttal and explanation. In some cases, the supervisor may wish to file an amended evaluation. In all cases, the trainee is asked to define specific ways in which the behavior can be changed or improved. In the setting of continued marginal or unsatisfactory performance, a fellow may have clinical privileges revoked by the program director, and be asked to function in a remedial role in which all aspects of patient care must be immediately supervised by psychologist including countersignature of all patient orders and notes. In general, a remedial program will be established which includes reading assignments and didactic conference attendance, (and in some cases language classes) in an effort to improve performance. A specific probationary period will be defined.

Department Chairman

Unsatisfactory fellow performance may result in the dismissal from the fellowship program. This decision will be made by the program director in consultation with the chairman of the department. If a fellow wishes to contest the program director's decision for termination from the training program, appeal for review can be addressed to a constituted Departmental Grievance Committee composed of selected peers and faculty.

Appeal From Departmental Chair

Fellows may appeal grievous matters by petitioning in writing to the Vice Chancellor for Health Affairs within fourteen calendar days of notice of termination from the program director or chairman exclusive of University of Mississippi Medical Center holidays. Upon receipt of a formal written request from a resident for review of a department chair's / *program director's* action, the Vice-Chancellor will select a faculty member of the Graduate Medical Education Committee to chair an appeals committee. The appeals committee chair will appoint an appeals committee of four (4) additional GMEDC *or* RRSC members, including at least 1 (one) member of the program staff. The appeals committee chair will promptly convene the committee to hear the appeal, generally within ten (10) business days of the Vice-Chancellor's appointment of the appeals committee chair. The decision of the appeals committee will be submitted to the Vice Chancellor. The decision of the Vice Chancellor shall be final in accordance with the by-laws and policies of the Board of Trustees of State Institutions of Higher Learning.

Appendices

Appendix A

University Physicians Professional Appearance Policy and Procedure

Policy:

All University Physicians employees must follow the professional appearance guidelines.

Definitions:

1. Professional Appearance – inclusive of dress codes, attire, and behavior related to one's professional appearance in the work environment.
2. Internal Customers – persons who are employed or contracted by University Physicians and provide services offered by University Physicians. Persons who volunteer their time and services are internal customers.
3. External Customers – patients, families of patients, visitors, vendors, and other persons who benefit from the services provided by University Physicians.
4. University Physicians Employees – persons who are employed by University Physicians and provide services at University Physicians clinical practice sites.
5. Clinical Practice Sites – any location where University Physicians delivers patient care.
6. Non-Patient Care Staff – personnel whose tasks support University Physicians but these tasks are not administered to patients and/or their families and visitors in patient care areas.

Guidelines:

Appearance always counts. In the health care setting, uniforms and professional clothing frequently identify an individual's role on the health care team. For this reason, professional clothing and accessories should be chosen with care and with the knowledge that one's appearance can define one's role and convey an attitude to observers. Personal grooming and cleanliness, important in all professionals, is essential in an environment in which infection control is a concern.

Each individual assumes the responsibility for his or her professional appearance and personal grooming while on duty at University Physicians clinical practice sites; however, should a question arise about the appropriateness of an employee's dress or grooming, the supervisor will decide if the employee complies with the dress code. When necessary, reasonable accommodations may be made to those with a disability or on the basis of religious tenants.

- A. In the interest of safety and of maintaining a neat and orderly appearance, the following are not acceptable for any University Physicians employee:
1. Skirts – Skirts should be no shorter than two inches above top of knee to no longer than top of shoe. Skirts should not be made of leather. An appropriate split skirt will look like a skirt, from the front and back, when the wearer is standing. Split skirts should have a loose-fitting appearance.
 2. Pants - Pants should be no shorter than ankle-length. Jean-style pants of any color denim or pants made of leather or spandex are not allowed.
 3. Shirts – Backless and sleeveless garments that expose the shoulders, underarms and back or are above the waist should not be worn.
 4. Slogan T-Shirts, Jackets, and Sweatshirts – T-Shirts, jackets and sweatshirts are not appropriate for the workplace. Exceptions may be made for special days or occasions which have prior approval by University Physicians administration.
 5. Sports Wear – Garments such as sweat suits, jogging suits, camouflage or any type of pants and top worn for sportswear are not appropriate for the workplace.
 6. Garments and accessories designed for social occasions or formal wear are not appropriate.
 7. Tattered, Frayed or Wrinkled Clothing is not appropriate for the workplace.
 8. Hosiery/Socks – Hosiery and socks should be free of runs and/or holes. Opaque hosiery or tights worn under skirts or slacks are fine when coordinated with garments. Visible undergarments or undergarments visible through clothing and see through garments made of fabrics such as voile, lace, crochet, loose-knit or chiffon are not allowed. Lined garments or garments worn as accessories are fine.
 9. Shoes – Flip-flops and house shoes should not be worn. In patient care areas, shoes cannot have holes or be open toed or made of a fabric.
 10. Sunglasses or other darkly tinted glasses should not be worn within the facility while on duty.
 11. Eating and Drinking – Employees should eat and drink in designated areas only. Doing so in unauthorized areas can contribute to unsafe and

unsanitary conditions. Eating or drinking in patient care areas is not permitted.

12. Gum Chewing – The chewing of gum is not permitted while on duty.

For all University Physicians employees, the following are acceptable:

1. Clothing – Professional clothing and accessories should be chosen with consideration given to the mobility needed to accomplish University Physicians tasks and the role of appearance in inspiring confidence in oneself and the University Physicians health care team. For non-uniformed personnel, conservative and coordinated colors are preferred. All clothing should be neat, clean and pressed.
2. Identification Badges – University Physicians policy requires that employees wear their identification badges at all times while on duty. The badge should be worn with the name and photo clearly visible on the front, upper torso affixed to a collar, pocket, lapel or displayed on a short break-away neck strap close to the face. Professional pins, services pins, or department pins may be worn on badge holders, but are not to be placed on the employee's badge.

Employees who come to work without their identification badge may be subject to disciplinary action up to and including termination. Employees who lose their ID badge should report the loss immediately to University Physicians Human Resources. A new badge will be issued at the employee's expense.

3. Grooming/Hygiene Standards-The cleanliness and personal hygiene of employees is very important.
 - a. Fragrances – Many individuals are allergic to cosmetics, perfumes and lotions. Moderation is encouraged in all work areas. Employees in direct patient care should avoid scented products.
4. Hair – Hair should always be clean and well groomed and styled so the face is visible. Extreme hair color or style distracts from a professional appearance and is not acceptable. The length or height of one's hair can sometimes interfere with job responsibilities. Medium to long hair, for example, could pose a safety or infection hazard to both employee and patient, so it should be styled in a manner that prevents contact with customers, food, medication or equipment. Certain work areas may require that hair be worn under a hair net, cap or tied back from the face.
 - a. Hair Accessories – University Physicians employees may wear conservative hair accessories that do not distract from a

professional appearance. Uniform headwear, is of course, acceptable, but scarves, caps, hats, sweatbands or other head wear should not be worn while on duty unless one's religion or culture requires it.

5. Facial Hair – Employees who wear mustaches, beards or sideburns should keep them trimmed appropriately and well groomed. Those who shave their facial hair should make every effort to maintain a clean shaven look.
6. Make-Up – Due to the special nature of a health care setting, dramatic, eccentric or flashy colors, sequins, glitter or heavy applications of make-up are inappropriate.
7. Fingernails – Hands are a highly visible part of everyone's professional image. Fingernails should always be cleaned and neatly trimmed. If polish is worn, it should be smooth and un-chipped and a single color. Specific clinics should take into consideration occupation-specific and profession-specific requirements pertaining to safety and infection control in specifying guidelines for fingernail length, use of nail polish and artificial nails. In the health care setting, the length of fingernails should be modest, not exceeding one-quarter inch beyond the end of the finger. Artificial nails are restricted in all patient care areas.
8. Jewelry and Accessories – Employees are expected to exercise good judgment in selecting jewelry and accessories to be worn on the job. Body or facial jewelry or visible tattoos are inappropriate in the professional health care setting – as is jewelry or accessories with slogans, symbols, advertising, logos or unprofessional designs. With the exception of ear piercing, visible jewelry associated with body piercing is not acceptable. This includes, but is not limited to, eyebrows, nose, lips and tongue. Visible tattoos are not acceptable. If tattoos are unable to be covered by clothing, then they must be covered with a bandage or make-up.
 - a. Ear Jewelry – One earring per lobe (matched set) of the stud or flat style that fit close to the earlobe is preferred. The following are also acceptable – hoop and stud earrings (no larger than one and one-half inch) worn at the bottom of the earlobe.
 - b. Bracelets – Bracelets should not make noise, interfere with tasks, or pose a safety or infection control hazard.
 - c. Necklaces – Conservative neck jewelry that is kept to a minimum is approved. Necklaces which interfere with tasks or pose a safety and inflectional control hazard may not be worn.

- d. Holiday Jewelry – Holiday jewelry appropriate to the season and special occasion pins may be worn, but they should be conservative in style and amount and should not interfere with tasks or pose a safety and infection control hazard.
9. Footwear – Shoes must provide safe, secure footing and offer reasonable protection from hazards to the employee. Shoes should be clean, conservative and kept in good repair. Shoe laces should be the same color as the shoes and tied for safety.
- a. Clinical Practice Site Footwear – For the employee’s protection, shoes must be constructed of materials that are impervious to liquids and contaminated materials. They should provide reasonable protection against heavy or sharp objects. Woven materials such as fabric, mesh or other loosely-woven fibers that do not prevent penetration are hazardous in the health care environment.
 - b. Sandals and Open-Toed Shoes – For clinical practice sites, sandals and open toed shoes are not acceptable. For non-clinical practice sites, sandals and open toed shoes are acceptable.
 - c. Socks/Hose – Must be free of runs and/or holes. In addition, it is recommended that socks, stockings, etc. be worn with all shoe types.
10. Costumes – Costumes for special occasions may be worn for University Physicians approved events with prior approval only from University Physicians administration. All other costume-like clothing and makeup is inappropriate while on duty.

Procedure:

During orientation, each new employee will read and receive instruction on the professional appearance policy. Supervisory enforcement is essential to maintaining a professional image in the work environment. University Physicians administrative staff are responsible for enforcing professional appearance guidelines. Appropriate action will be taken as needed. Refusal to comply with this policy will result in disciplinary action up to and including termination.

Appendix B

FELLOWSHIP TRAINING PROGRAM PERFORMANCE EVALUATION

FELLOW NAME: _____

SUPERVISOR NAME: _____

DATES COVERED BY THIS EVALUATION: _____

Please complete this evaluation form for the above-named trainee and return to *Angela Powell* .

Please describe briefly your relationship to this trainee (e.g., supervisor – primary).

How long have you been working with this trainee? _____

Evaluation Instructions

This form is designed to allow the supervisor to evaluate the trainee's performance across a range of professional domains. Each of the relevant areas should be discussed and the trainee given suggestions for improving his/her performance. Using the performance of a typical trainee at this level of experience as a base, evaluate the relevant items using the following ratings:

5	Outstanding	Trainee's performance consistently surpasses expectations of his/her position.
4	Exceeds	Trainee's performance significantly exceeds expectations of his/her position.
3	Meets	Trainee's performance meets expectations of his/her position.
2	Needs Improvement	Trainee's performance is below the expectations of his/her position.
1	Inadequate	Trainee's performance does not meet the minimum acceptable level for his/her position.
N/A	Not Applicable	Not applicable to this supervisor

1. CLINICAL SKILLS AND COMPETENCIES

A. DIAGNOSTIC AND ASSESSMENT SKILLS

1. Diagnostic Planning (i.e., develop an assessment plan that addresses the clinical question and is appropriate to the setting/patient population) _____
2. Ability to routinely consider the influence of cultural factors (age, gender, racial, ethnic, national origin, religious, sexual orientation, disability, and socioeconomic factors) _____
3. Formulation of diagnosis and treatment planning _____

4. Understanding of common medical/pharmacological issues in behavioral presentation and assessment _____
5. Ability to gather relevant medical, psychiatric and social information through review of records, contact with providers, and/or contact with relevant family members. _____
6. Interviewing skills _____
7. Ability to assess patients at risk for violence or suicide. _____
8. Ability to integrate multiple levels of assessment information into a comprehensive, coherent and useful oral and written report _____
9. Ability to select, administer, score, and interpret a broad range of objective measures _____
10. Ability to integrate test findings into a comprehensive, coherent, and useful report that includes consideration of cultural factors _____
11. Ability to give appropriate feedback and consultation to referral sources, professionals, patients, and/or families based on assessment findings _____

B. TREATMENT, CONSULTATION AND ADMINISTRATIVE SKILLS

1. Ability to identify a patient's treatment needs and strengths _____
2. Ability to contribute effectively to a multidisciplinary treatment plan and to engage in collaborative, interdisciplinary approaches to care _____
3. Ability to use psychological theory to conceptualize a case _____
4. Ability to integrating issues pertinent to the patient's age, gender, race, ethnicity, language, national origin, religion, sexual orientation, disability, or socioeconomic background, as appropriate _____
5. Ability to integrate different theoretical orientations and techniques to meet each patient's individual needs _____
6. Ability to form and maintain appropriate therapeutic relationships _____
7. Ability to implement therapeutic interventions with individuals _____
8. Ability to conceptualize therapeutic interventions from a family systems perspective and to implement family interventions as appropriate _____
9. Ability to understand the role of the consultant and engage in the consultation process with patients, healthcare providers or community-based service providers. _____
10. Ability to work effectively in primary care settings, understanding the special needs of primary care clinicians and patients. _____
11. Ability to identify and work effectively with transference and counter transference issues in psychotherapy, including family of origin and other 'self-of-the-therapist' issues _____

- 12. Ability to work effectively with patients from diverse backgrounds _____
- 15. Ability to make interventions that are appropriate to the patient's age and stage of development _____
- 13. Ability to understand and integrate termination issues into the therapy _____
- 14. Ability to effectively treat patients at risk for violence or suicide _____
- 15. Ability to provide supportive education and counseling _____
- 16. Ability to effectively incorporate evidence-based methods into care and treatment, based on knowledge of the literature pertinent to trainee's professional goals (e.g., children and adolescents, older adults, families, severely and persistently mentally ill, and deaf people). _____
- 17. Ability to develop and/or evaluate clinical programs and services _____

2. PROFESSIONAL STANDARDS AND BEHAVIOR

A. ETHICAL UNDERSTANDING AND BEHAVIOR

- 1. Demonstrate mastery of ethical principles (APA Ethic's Code) _____
- 2. Apply ethical principles to all realms of professional practice _____

B. PROFESSIONAL DEVELOPMENT AND Demeanor

- 1. Consistently maintain professional appearance (e.g., attire, grooming) _____
- 2. Execute professional responsibilities in a timely fashion (e.g., appointments, paperwork) _____
- 3. Relate to patients, staff, faculty, and other trainees in a professional and respectful manner _____
- 4. Work collaboratively with members of other disciplines and with peers _____
- 5. Demonstrate commitment to multicultural learning as a lifelong process that includes growing awareness of the influence one's own cultural background on views of mental health and illness _____
- 6. Demonstrate commitment to understanding the experiences of persons from other cultural backgrounds _____
- 7. Demonstrate commitment to attaining competence in working with individuals from other cultural backgrounds _____
- 8. Communicate effectively regarding clinical work in written form: progress notes, diagnostic reports, clinical summaries, treatment plans _____
- 9. Communicate effectively regarding clinical work in oral form, including case presentations and discussions _____
- 10. Function effectively as a consultant to other professionals _____
- 11. Obtain consultation from other professionals when appropriate _____
- 12. Demonstrate initiative in accessing scientific literature and other relevant sources of information to inform clinical practice _____

- 13. Work with supervisors in an open, non-defensive manner and integrate supervisory input into one's existing knowledge base and clinical strategies _____
- 14. Demonstrate industry and initiative in the training process _____
- 15. Give constructive feedback to supervisors, Training Director, and other faculty about the training experience _____
- 16. Develop the ability to make professional decisions independently _____
- 17. Develop confidence in one's abilities and awareness of one's own limitations _____
- 18. Develop one's identity as a psychologist and early career focus _____
- 19. Meet expectations regarding clinical case load. _____

3. SCHOLARLY COMPETENCIES

A. TEACHING AND SUPERVISION

- 1. Demonstrate initiative and competence in conducting supervision and/or didactic or small group teaching of medical students, medical residents and fellows, other psychology trainees, or trainees from other mental health disciplines, staff or faculty _____
- 2. Recognize and utilize informal educational opportunities with medical students, medical residents, trainees of other disciplines, staff or faculty (IPC, Precepting, etc.) _____

B. SCHOLARSHIP AND RESEARCH

- 1. Identify an emerging area of clinical and/or scholarly expertise and incorporate it into one's role as a psychologist engaged in the promotion of evidence-based practice; e.g., role modeling among one's peers, professional colleagues and/or students. _____
- 2. Demonstrate progress in academic writing skills, e.g., clinical papers, grants or other scholarly products _____
- 3. Present at least one paper or poster at a local, regional, national, or international conference during the postdoctoral fellowship _____
- 4. Shows initiative in developing research, serving on research projects, and/or seeking to inform one's self on up-to-date research/clinical topic areas. _____

Global Evaluation Instructions

This portion is designed to allow the supervisor to evaluate the trainee’s overall performance along a developmental continuum (ranging from emerging to advanced competence). At the highest level (5), the trainee has attained advanced competence or expertise as demonstrated by:

- Readiness for independent practice
- Efficiency, productivity and initiative at the level of junior psychology faculty or staff
- Well-defined professional identity and career direction
- Capability for managing clinical and ethical complexities
- Ability to supervise other professionals in the designated area of advanced competence

(Circle the number corresponding to your overall impression of this trainee at his/her current level of training)

5	Graduating Postdoctoral Fellow	Trainee’s performance consistently meets or surpasses minimum acceptable level for a graduating postdoctoral resident (i.e., advanced, ‘expert’ level of competence).
4	Mid-Level Postdoctoral Fellow	Trainee’s performance is moving consistently toward the minimum acceptable level for a graduating postdoctoral resident (i.e., demonstrates emerging expertise).
3	Beginning Post-doctoral Intern	Trainee’s performance meets the minimum acceptable level for a beginning postdoctoral fellow (i.e., emerging expertise, demonstrates steady competence with a minimum of supervision).
2	Remedial	Trainee’s performance is consistently at or slightly below the minimum acceptable level for a graduating predoctoral intern (i.e., demonstrates beginning competence).
1	Inadequate	Trainee’s performance does not meet the minimum acceptable level and requires additional training...

Please summarize this trainee’s particular strengths and weaknesses, being careful to mention those areas in which he or she should work to improve:

This evaluation was discussed with the trainee	Date	
Supervisor’s signature _____	Date	
Trainee’s signature _____	Date	

Appendix C

This form is intended to provide a framework for structuring the tasks associated with the postdoctoral experience. This form may be collaboratively individualized by faculty and postdoctoral fellow. This form will be used to monitor progress, but not to generate a grade.

*Quarter 1: August 1-November 1 (Fall); Quarter 2: November 1-February 1 (Winter)
Quarter 3: February 1-May 1 (Spring); Quarter 4: May 1-August 1 (Summer)*

YEAR #1 EXPECTATIONS*

Education requirements:

- Establish a written timeline for becoming licensed (*Quarter 1*)
- Develop review plan to prepare for licensure examination (EPPP) (*Quarter 1*)
- Apply for written licensure examination (*Quarter 2*)
- Submit application for Mississippi licensure (*Quarter 2*)
- Complete assigned readings, including reading in ethics and clinical supervision (*Quarter 1,2,3,4*)
- Develop topic outline and reading list for remainder of Year #1 (*Quarter 2*)

Professional Development Experiences:

- Present one research rounds (*Quarter 2*)
- Present one clinical case (*Quarter 2*)
- Prepare a CV (*Quarter 3*)
- Develop and/or Revise presentation for CORE, FMO, and UPDATE (*Quarter 1,2,3,4*)

Teaching Experiences:

- Give one lecture to medical students and faculty (e.g. CORE) (*Quarter 2*)
- Present or co-lead FMO/CORE presentations (*Quarter 1,2,3,4*)
- Present campus wide lectures (wellness/impairment) (*Quarter 2,3,4*)

Research Experiences:

- Complete NIH Protection of Human Subjects on-line tutorial (*Quarter 1*)
- Attend IRB meeting (*Quarter 1*)
- Present a poster at a local conference (e.g., UMC Research Day) (*Quarter 3,4*)
- Present one poster at a state or national conference (*Quarter 3,4*)
- Submit at least one manuscript for publication (*Quarter 2,3,4*)
- Other:

Clinical Experiences:

- Document 2000 hours of clinical contact (*Quarter 1,2,3,4*)
- Design plan for developing advanced clinical skills in one or more areas of practice (*Quarter 2*)

YEAR 2 EXPECTATIONS*

Professional Development Experiences:

- Present one Grand Rounds/Family Medicine Update/Equivalent (*Quarter 1,2,3*)
- Participate in a mock one-on-one and/or group interview in preparation for oral licensure examination and/or job interview (*Quarter 1,2*)
- Obtain Mississippi or other state licensure (*Quarter 1,2*)
- Undertake job search (*Quarter 1,2*)

Teaching Experiences:

- Provide supervision for a psychology extern, if available (*Quarter 1,2*)
- Present FMO, CORE or UPDATE lectures (*Quarter 1,2,3,4*)
- Give a clinical or empirical presentation to a public group or agency (*Quarter 1,2,3*)

Research Experiences:

- Participate in ongoing research with your supervisor (*Quarter 1,2,3,4*)
- Submit either a Grant proposal, or other research project (*Quarter 1*)
- Present at least two posters or one symposium presentation at a national conference (*Quarter 2,3*)
- Submit two manuscripts for publication (*Quarter 2,3*)

Clinical Experiences:

- Assume primary responsibility for conducting a clinical service in your area (e.g., Assessment; leading a group) (*Quarter 1,2,3,4*)
- Continue other clinical work consistent with training goals (*Quarter 1,2,3,4*)
- Develop clinical exiting plan to transfer and/or terminate patient care delivery (*Quarter 2,3,4*)

ADDITIONAL EXPECTATIONS - YEARS 1 & 2*

Education experiences:

- Attend 25% of Grand Rounds (*Quarter 2*)
- Attend one local conference (e.g., UMC Research Day) (*Quarter 2*)
- Attend one state or national conference (e.g., MPA; AABT; SBM) (*Quarter 2*)
- Attend pertinent UMMC or local CE programs (*Quarter 2*)
- Complete written documentation of clinical contact and clinical supervision hours (*Quarter 2*)

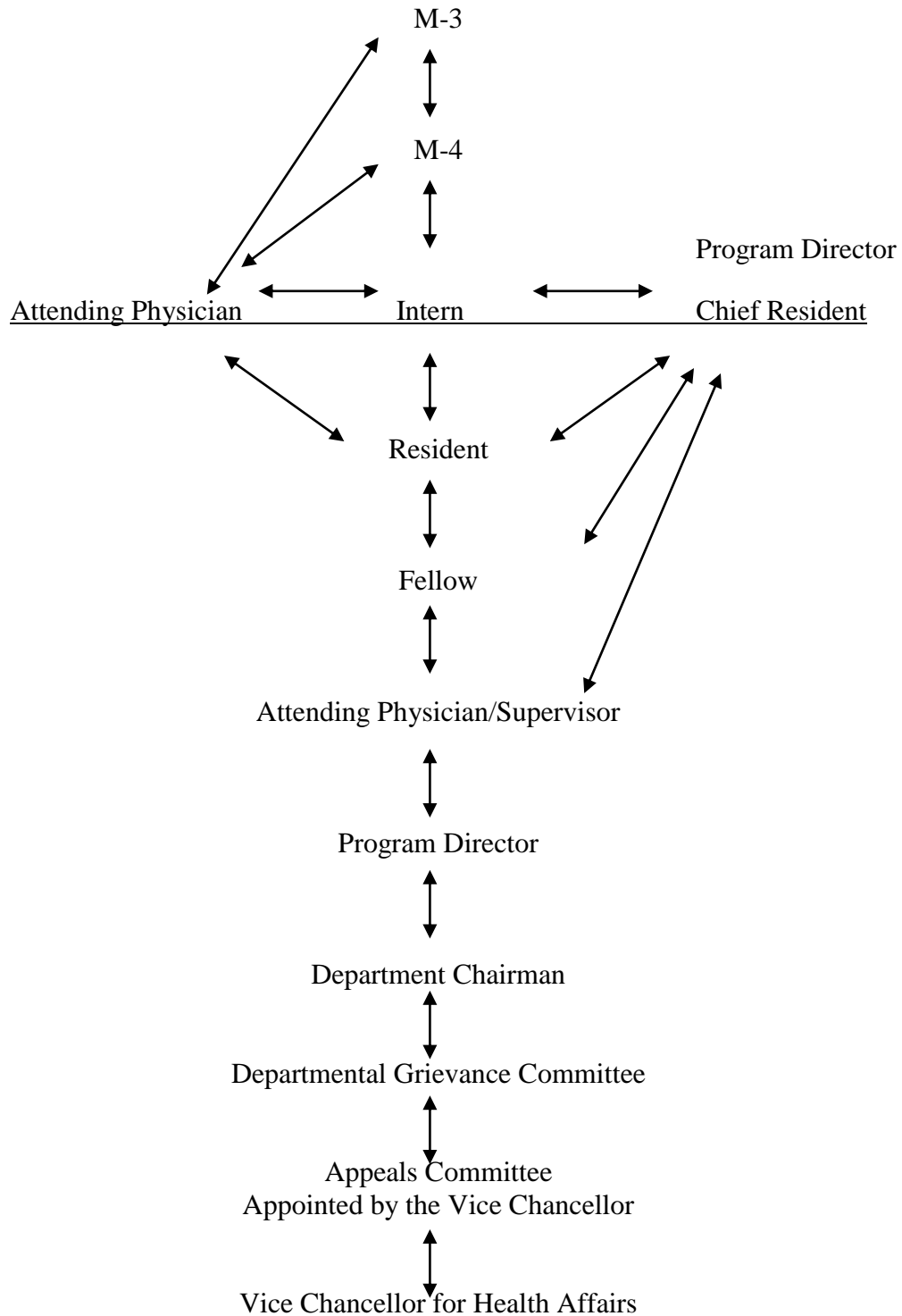
Research experiences:

- Participate in manuscript reviews as available (*Quarter 2*)

*These are expected goals unless otherwise discussed and agreed upon by the fellowship director

Appendix D

TRAINEE GRIEVANCE ALGORITHM



APPENDIX F

FELLOW NAME: _____

LEAVE

Please list preferences for vacation weeks and any conference/meeting dates that you anticipate attending.

NOTE: All vacation requests are subject to service, patient care and educational needs. Generally, only one week of vacation is approved within a month. Requests for longer periods of time will be considered with special explanation for the request; however, no more than two (2) weeks may be requested in any one month regardless of leave type (vacation or conference) and no more than two (2) weeks may be requested at one time. Only one 2-week period of vacation will be granted in any academic year.

VACATION:

Week 1:

Week 2:

Week 3:

CONFERENCES/MEETINGS:

Other dates you know you will be requesting leave (birthdays, anniversaries, etc.).

Give specific dates:

PLEASE RETURN TO ANGELA GRANDERSON BY Monday, September 12, 2001.
THANK YOU.

APPENDIX F

ACKNOWLEDGEMENT OF RECEIPT OF Department of Family Medicine Postdoctoral Fellowship Manual

This is to acknowledge that I have received my copy of the **Department of Family Medicine-Postdoctoral Fellowship Manual** (date: _____), and that I have been given an opportunity to review the materials it contains. I further acknowledge that I have an obligation to read, understand and abide by the policies set forth in the Handbook.

Print

date

Fellow signature

Director

date