

Behavioral Health Education and Training

**PROGRAM GUIDE
2023 – 2025**



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Introduction: Baptist Health



Baptist Health is North Florida's most comprehensive healthcare system, providing unparalleled access to quality care at every stage of life. Founded in 1955, Baptist Health is the area's only locally owned and governed healthcare provider. Baptist Health provides a full range of inpatient, outpatient, and home-based health care services to the families of our region.

Baptist Health is a faith-based, not-for-profit health system comprised of five nationally accredited hospitals, with 1,398 beds, including Baptist Medical Center Jacksonville, Wolfson Children's Hospital, Baptist Medical Center Beaches, Baptist Medical Center Nassau, Baptist Medical Center South, and Baptist Clay Medical Campus. Baptist Health also includes 56 primary care offices, as well as home health, behavioral health, pastoral care, rehabilitation services, occupational health, and urgent care. Baptist Health is the region's most preferred health system. More than 1,300 physicians are on staff at our hospitals, representing virtually all medical specialties. Baptist Health serves a diverse population drawn from urban, suburban, and rural settings.

Baptist Health: Mission and Core Values (CARES)

It is the mission of Baptist Health to continue the healing ministry of Christ by providing accessible, quality health care services at a reasonable cost in an atmosphere that fosters respect and compassion. This is accomplished through the health system and its employees exemplifying specific core values, which are also referred to as CARES:

Community Advocacy - Promote the health of the community and individuals in need through responsible action and charitable service.

Respect - Treat those we serve and each other with dignity, compassion and integrity and foster a culture of inclusiveness that celebrates the diversity of all individuals.

Excellence - Exceed the quality and service expectations of those we serve through inclusive and innovative efforts, constant evaluation of results and celebration of achievements.

Stewardship - Render cost effective, compassionate, quality health care through responsible management of resources.

Joint Commission and Community

Baptist Health has received national and regional recognition for its quality healthcare. As an accredited hospital system, Baptist Health is constantly striving to improve patient care and safety. To that end, The Joint Commission updates the National Patient Safety Goals (NPSG) annually.

Recognized Nationally and Regionally: Quality, Safety, Top Employer

✓ Magnet-designated hospitals
ANCC

✓ "A" Hospital Safety Grades
Leapfrog

✓ Healthiest Companies
Worksite Wellness Council

✓ Best Employers for Diversity
Forbes

✓ Best Places to Work in IT
Computerworld



Baptist Behavioral Health (BBH)

Since 1976, Baptist Behavioral Health has provided high-quality mental health care for adults, children, and families. Baptist Health and Baptist Behavioral Health value the importance of mental and emotional status as vital components of overall health. We provide a full continuum of mental health care services, including outpatient, inpatient, day stay programs, and crisis management. Our behavioral health practitioners are integrated into primary care, oncology and hematology, neurology, bariatric care, sleep medicine, and beyond.

Individuals treated at BBH experience the full spectrum of psychiatric disorders, from the relatively mild and acute, to those more severe and chronic in nature. The clientele is ethnically and racially diverse, spanning developmental stages, from pediatrics through geriatrics. Comprehensive and specialty services are available, ranging from brief psychotherapy, assessment, medication management, to intensive stabilization of serious mental illness (SMI). In accordance with Baptist Health's mission and core values, Baptist Behavioral Health delivers ethical and evidence-based psychological support to meet each patient's unique needs.

Baptist Behavioral Health is currently comprised of 24 locations, including outpatient and inpatient centers, region-wide. This network is continually expanding its geographical scope of practice in order to service areas with limited mental health resources. In addition to the department's accessible community healthcare locations, BBH staffs approximately 100 multidisciplinary behavioral healthcare providers to skillfully assess and treat a multitude of emotional concerns, psychiatric symptoms, and diagnoses. Our interdisciplinary team includes psychologists, psychiatrists, psychiatric nurses and nurse practitioners, mental health counselors, recreational therapists, art therapists, clinical social workers, psychometricians, crisis-management staff, and mental health technicians. With this expansive framework, BBH is equipped to provide treatment for all mental health populations across the lifespan.



Baptist Behavioral Health

Location and Contact Information

Inpatient Services

1 Adult Inpatient - Baptist Medical Center Jacksonville

800 Prudential Dr., Jacksonville, FL 32207
904.202.7900

Pediatric Inpatient - Wolfson Children's Hospital

800 Prudential Dr., Jacksonville, FL 32207

2 Behavioral Health Unit

904.202.0403 direct line to unit desk

Pediatric Day Stay - Wolfson Children's Hospital

820 Prudential Dr., Unit 510, Jacksonville, FL 32207

Behavioral Health Unit

904.202.0403 direct line to unit desk

3 Adult Partial Hospitalization Program and Intensive Outpatient Program

820 Prudential Dr., Ste. 510

Jacksonville, FL 32207

Outpatient Services - 904.376.3800

4 841 Building

841 Prudential Dr.
10th Floor
Jacksonville, FL 32207

5 AgeWell Center for Health - Beaches

1370 13th Ave. S.
Bldg. A, Ste. 118
Jacksonville Beach, FL 32250

6 AgeWell Center for Health

841 Prudential Dr.
Ste. 180
Jacksonville, FL 32207

7 Airport Office

524 Skymarks Dr.
Unit 5
Jacksonville, FL 32218

8 Baptist Behavioral Health - Bariatrics Counseling

836 Prudential Dr.
Ste. 1006
Jacksonville, FL 32207

9 Baptist Health Bridge Program

836 Prudential Dr.
Pavilion Bldg., Ste. 1506
Jacksonville, FL 32207

10 Baptist HealthPlace at Nocatee

400 Colonnade Dr.
Ste. 230
Ponte Vedra, FL 32081

11 Baptist MD Anderson Cancer Center

1301 Palm Ave.
Ste. 4A017
Jacksonville, FL 32207

12 Baptist Jacksonville

820 Prudential Dr.
Howard Bldg., Ste. 510
Jacksonville, FL 32207

13 Baptist South

14540 Old St. Augustine Rd.
Medical Office Building 2
5th floor, Ste. 2591
Jacksonville, FL 32258

14 Beaches Office

900 Beach Blvd.
Ste. 930
Jacksonville Beach, FL 32250

15 Clay Office

1747 Baptist Clay Dr.
Ste. 350
Fleming Island, FL 32003

16 Neptune Beach

302 3rd Street
Ste. 3
Neptune Beach, FL 32266

17 Oakleaf

8355 Merchants Gate Dr.
Jacksonville, FL 32222

18 Southbank Office

1660 Prudential Dr.
Ste. 410
Jacksonville, FL 32207

19 Tapestry Park

4844 Deer Lake Dr. West
Ste. 101
Jacksonville, FL 32246

20 Yulee Office

87010 Professional Way
Yulee, FL 32097

21 Wolfson Children's Bridge Program

836 Prudential Dr.
Pavilion Bldg., Ste. 1507
Jacksonville, FL 32207

22 Wolfson Children's Behavioral Health - Baptist HealthPlace at Nocatee

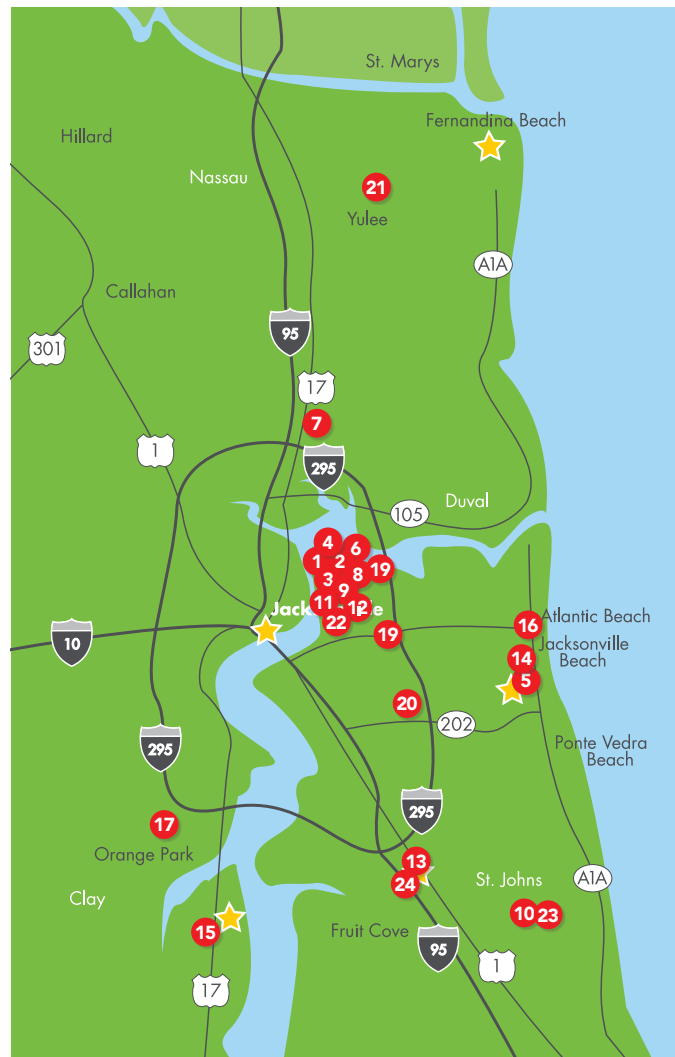
400 Colonnade Dr.
Suite 200
Ponte Vedra, FL 32081

23 Wolfson Children's Behavioral Health - Bartram Park

13241 Bartram Park Blvd.
Ste. 1901
Jacksonville, FL 32258

24 Wolfson Children's Behavioral Health - Southbank

1650 Prudential Dr.
Ste. 210
Jacksonville, FL 32207



Outpatient Services

Baptist Behavioral Health has a wide range of convenient outpatient options and conducts approximately 75,000 visits annually. Through the outpatient venue, we provide personalized and evidence-based mental health services that focus on the needs of the whole person. Baptist Behavioral Health offers psychological, psychiatric and counseling services on an outpatient basis for adults, adolescents, and children. We offer psychological testing, individual therapy, family therapy, and medication management. Our multidisciplinary team of clinicians expertly assesses and treats a variety of concerns and clinical disorders including:

- Mood Disorders (Depression, Bipolar Disorder)
- Anxiety, Obsessive Compulsive Disorder (OCD), Phobias, and Panic Disorders
- Neuropsychological Disorders, Dementias, Traumatic Brain Injury (TBI)
- Sleep Problems/Disorders
- Couples/Marital Counseling and Family Therapy
- Grief Counseling
- Eating/Feeding Disorders
- Bariatric Surgery Counseling
- Child and Adolescent Concerns
- Behavioral Issues/Anger Control/ODD
- Neurodevelopmental/Learning Disorders
- Autism Spectrum Disorders (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Substance Use/Addictions
- Post-Traumatic Stress Disorder (PTSD), Trauma, Abuse/Neglect
- Perinatal/Postpartum Mood Disorders
- Aging/End of Life
- LGBTQIA
- Medical Concerns/Terminal Disease/Palliative Care
- Pain Management
- Suicidality/Self-Harm
- Psychoses/Schizophrenia

Treatment Modalities and Evaluations

- Medication Management
- Individual and Group Therapy
- Telehealth
- Electroconvulsive Therapy (ECT)
- Transcranial Magnetic Stimulation (TMS)
- SPRAVATO (esketamine)
- Applied Behavior Analysis (ABA)
- Parent Child Interaction Therapy (PCIT)
- Diagnostic Evaluations
- Psychological Testing
- Bariatric Pre-Surgical Evaluations



Neuropsychological Testing

We offer a variety of testing services including adult and pediatric neuropsychological assessment, learning disorder evaluations, and academic performance testing. Our adult and child neuropsychologists are proficient in assessing the relationship between brain functioning and behavior for issues such as:

- Acquired Brain Injury (Traumatic – Open/Closed; Non-Traumatic Brain Injury – Stroke, Anoxia, Infections/ Metabolic Disorders, Tumors)
- Neurodegenerative Disease (Alzheimer's Disease, Vascular Dementia)
- ADHD evaluations
- Academic Accommodations for ADHD and Learning Disorders
- Gifted testing

Employee Assistance Programs

Personal problems and stress can undermine an employee's health, happiness, job satisfaction, and work performance. Baptist Behavioral Health contracts with companies throughout Northeast Florida to provide a full range of Employee Assistance Programs. Our clinical staff provide excellent resources for managers and supervisors who face employee distress, concern and productivity issues. Examples of problems that are handled effectively through EAP are:

- Work and employment problems
- Depression
- Emotional distress
- Family or marital crisis
- Stress-reduction
- Time management
- Life adjustment issues: death, divorce, etc.
- Behavioral problems

Collaborative Care Model (CoCM)

To expand pathways and increase access to needed mental health support, Baptist Health and Wolfson Children's Hospital launched the evidence-based Collaborative Care Model (CoCM), bringing mental health services into the primary care setting. The CoCM is a specific type of integrated care developed through the AIMS Center at the University of Washington that treats common mental health conditions such as depression and anxiety that require systematic follow-up due to their persistent nature.

Baptist adopted this evidence-based model for the following reasons:

- Gain a team of multidisciplinary physicians working collaboratively to optimize wellness.
- Improved quality of care – both brief behavioral intervention and supported medication management when appropriate.
- Attend low cost and time effective appointments.
- Helps normalize mental health services in primary care settings

Inpatient Services

Baptist Health is proud to offer the area's only mental health resource of its kind. Baptist Health provides a full range of inpatient services for adults, adolescents, and children requiring hospital-based care. Our adult inpatient behavioral health facility overlooks the St. Johns River and is designed with light-filled spaces that include peaceful river-themed artwork.

Adult Inpatient Behavioral Health Unit

This riverfront unit specializes in stabilizing patients who are experiencing depression, severe anxiety, addiction and other forms of psychiatric distress. Following psychiatric stabilization, our acute facility prepares patients for discharge by scheduling hospital follow-up appointments with outpatient providers and other community resources.

Our 34-bed adult inpatient behavioral health department consists of three separate acuity-based units. The geriatric and medically complicated unit has nine beds and provides care to our most vulnerable and dependent patients. Typically, those patients are considered "total care," and may suffer from dementia or have a medical condition that complicates treatment. For patients who are experiencing psychosis, are dangerous to themselves or others, or who benefit from a smaller and structured environment, there is also an 8-bed unit that provides intensive supervision. For patients who function more independently, our 17-bed open unit provides more freedom and social interaction among patients. All patient rooms have windows overlooking the St. John's River, which contributes to a soothing milieu.

We employ a multidisciplinary team of psychiatrists, licensed counselors, nurses, social workers, recreational therapists, and mental health technicians that provide 24/7 care. Multidisciplinary team meetings occur twice weekly to review patient status and plan for discharge. Various evidence-based groups are conducted each day to educate patients about their condition and increase their coping skills. Master's level multidisciplinary counselors on the unit run the groups, as well as supervise interns when they are present. In collaboration with the University of Florida Medical School, psychiatry residents often rotate on the unit as well. In addition to medication management on the unit, psychiatrists provide consultation/liaison services at all hospital locations and perform ECT.

Child and Adolescent Inpatient Behavioral Health Unit

Our children's inpatient unit is located in the Weaver Tower on Wolfson Children's Hospital's downtown Jacksonville campus. This 14-bed unit specializes in the care of children and adolescents who are experiencing acute emotional and behavioral problems that disrupt their ability to function. The daily schedule allows patients to attend group therapy, art and music therapies, group sessions with a Child Life specialist, yoga and other recreational therapies. Treatment may involve stabilization, ongoing assessment, crisis intervention, medication management, therapy (individual, family and group), as well as discharge planning and follow-up care. Average length of stay is approximately three to five days, depending on a child's progress and needs.

Designed with children and teens in mind, the unit offers both a home-like feel and state-of-the-art features that meet the therapeutic needs of young patients. Special care is taken to provide a welcoming and secure environment, including restricted access for patient safety and privacy.

Day Stay Programs

Baptist Health offers an array of intensive treatment options for individuals requiring outpatient treatment for psychiatric disorders and chemical dependency.

Adult Partial Hospitalization and Intensive Outpatient Programs

This program provides care to adults who do not need the structure of an inpatient setting, yet require more intensive therapy than outpatient services. Patients participate in both group and individual therapy sessions that operate Monday through Friday, from 8:30 AM to 2:30 pm for approximately 7 to 10 days.

Child and Adolescent Partial Hospitalization and Intensive Outpatient Programs

This program at Wolfson Children's Hospital includes an intensive outpatient program designed to provide family-centered care to children and adolescents who require intensive therapy yet do not meet criteria for admission to the inpatient unit. Therapeutic goals focus on helping patients and families develop strengths and make positive choices.



Acute Crisis Management

Emergency Center Evaluations

When someone arrives at a Baptist Health or Wolfson Children's Hospital emergency center with a mental health crisis, our registered nurses and behavioral health clinicians perform assessments to determine the appropriate level of care and psychiatric treatment.



Baptist Crisis Management

The Behavioral Care Management Department (BCM) is the primary entry point for patients admitted to the ED. They also furnish an invaluable service to the community by providing a 24-hour crisis answering hotline and serve as an after-hours call service for providers and patients in the Outpatient Behavioral Health Department.

BCM is comprised of three staff teams. The first team, Crisis Response Counselors, consists of bachelors-level staff that answers the phones 24/7 and triage patients to services that best fit their needs. They are also responsible for obtaining pre-authorizations for services. The second team of Mental Health Evaluators performs mental health assessments on all adult and child psychiatric admissions to the Emergency Department. They make level of care determinations and assist in placing patients either at one of the Baptist facilities or at another facility in the community depending on bed availability and other resources. Utilization nurses make up the third team and are responsible to obtain authorization for continued stay.

The Bridge Program

The Bridge Program serves patients in the Baptist Health and Wolfson Children's Hospital system and surrounding community who require emergent mental health treatment. Services include psychiatry, psychotherapy, and risk/lethality assessments. Depending on acuity, patients may have same day, scheduled urgent and transitional appointments. This approach promotes continuity of services, efficiency in care, and overall improved well-being for our patients and their families. The Bridge is designed to serve pediatric and adult patients that are:

- Transitioning from higher level, inpatient psychiatric care to outpatient mental health treatment, requiring follow-up appointments post-hospital discharge
- Established within Baptist Outpatient Behavioral in need of more immediate assistance with their care coordinated with their outpatient provider.
- Not currently a danger to themselves or others but are experiencing an increase in mental health symptoms, placing them at higher risk of becoming a danger to themselves or others, needing more urgent support.

Specialty Service Lines

Neuropsychological Testing

Baptist Health employs several pediatric and adult neuropsychologists. They offer a wide variety of personalized testing services for patients across the lifespan. Baptist Health's neuropsychologists utilize standardized assessments to understand the relationship between the brain, cognitive function, and observable behavior. The focus of such assessments vary, depending on the injury or suspected neurological disease and neuropsychological sequelae. Common reasons for a neuropsychological testing referral include: traumatic brain injury (TBI), neurodegenerative disease (i.e., dementias), stroke, in addition to neurodevelopmental and learning disorders.

Hospital-Based Consultations

Baptist Health provides psychological and psychiatric care to medical patients admitted into the hospital system. These behavioral health clinicians provide services for various health-related concerns, including spinal cord injury (SCI) traumatic brain injury (TBI), cerebrovascular accident (e.g., ischemia, hemorrhage), other neurological disorders, acute stress responses, chronic pain, and general maladjustment to injury/disease and hospitalization.



Applied Behavior Analysis (ABA) Program

Baptist Health offers an Applied Behavior Analysis (ABA) program. ABA is an evidence-based treatment that includes behavior modification and therapy for autism spectrum disorders or developmental disabilities. The principles associated with ABA are extensions of behavioral methodologies (operant conditioning) incorporated into practical settings. Variations of ABA include behavior modification or behavior therapy, both designed to aid patients with communication challenges, in addition to a reduction of abnormal or problematic behaviors. This program is designed to aid patients with communication challenges and reduce abnormal or problematic behaviors. At this time, providers offer clinic-based and inpatient focused ABA services.

Treatment Resistant Depression (TRD) Clinic

Baptist Behavioral Health offers various specialized interventions for treatment resistant depression. These include Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS). TMS uses targeted magnetic pulses, similar to those used in an MRI machine, to alter the patterns of the brain to decrease symptoms of depression. TMS works by stimulating and awakening areas of the brain that are usually less active in depressed patients. This specialized intervention can alleviate the symptoms of depression and improve a patient's quality of life. Baptist Health is also a certified treatment center for administering SPRAVATO (esketamine) for Treatment Resistant Depression. SPRAVATO nasal spray is an FDA approved medication to treat depression.

Baptist MD Anderson Cancer Center – Hematology and Oncology

Our psychologists at Baptist MD Anderson Cancer Center provide behavioral healthcare to patients and their family members. This service helps individuals cope with the physical and emotional issues that often become consequences of cancer diagnosis and treatment. These clinicians are skilled at treating a range of emotions and physical changes associated with a cancer diagnosis. Common foci of psychological treatment include anxiety, depression, grief, pain, appetite and sleep disturbances.



Bariatric and Eating Disorders

Baptist Behavioral Health has a team dedicated to caring for bariatric patients. Our psychologists and licensed counselors have specialized training and expertise in performing pre-bariatric surgery psychological evaluations. We work closely with other members of the bariatric team, including the surgeon, physician assistants, dietitians, and bariatric coordinator to ensure the patient is receiving comprehensive care. The behavioral health team also provides psychological treatment for behavioral weight management and eating disordered behaviors.

Maternal Mental Health (MMH)

Baptist Behavioral Health created a specialized service line to address the growing mental health concerns associated with the perinatal and postpartum periods. Our Maternal Mental Health specialty is designed to identify and manage emotional challenges that are related to all aspects of maternal health. Baptist Behavioral Health focuses on early detection of mothers' emotional distress and any changes in functioning. To promote mothers' psychosocial well-being, BBH employs various evidence-based treatments, either in individual or group therapy format.

Behavioral Sleep Medicine Program

The providers at Baptist Health Behavioral Sleep Medicine Program are experts in the assessment, diagnosis, and treatment of sleep disorders. Our BBH clinicians are a part of the multidisciplinary sleep centers team, providing consultation and liaison services. Following a comprehensive evaluation, recommendations are provided, including behavioral (non-medication) treatments for a variety of sleep problems. The clinic focuses on behavioral treatments that are effective and longer lasting than traditional medication options. In fact, both the American College of Physicians and American Academy of Sleep Medicine recommend behavioral interventions as the first line of treatment for adults with insomnia.

Behavioral Health Education and Training

The Behavioral Health Education program of Baptist Health and Wolfson Children’s Hospital provides clinical educational experiences, consisting of supervised rotations that survey a myriad of specialties in behavioral healthcare. Trainees are given intensive supervision in each rotation and afforded numerous continuing education activities. We offer pre- and post-graduate training at various levels in the fields of health psychology, neuropsychology, counseling, and psychiatry including:

- Clinical Health Psychology Postdoctoral Fellowship (page 23)
- Neuropsychology Postdoctoral Fellowship (page 30)
- Post-Master’s Internship (page 39)
- Doctoral Advanced Psychology (page 42)
- Pre-Master’s Internship (page 45)
- Psychiatric/Mental Health APRN Fellowship (page 49)
- Psychiatric Mental Health Nurse Practitioner (PMHNP) Training (page 57)

Baptist Behavioral Health also provides psychiatry rotations to facilitate pre and post graduate medical training in psychiatry. In collaboration with the University of Florida College of Medicine and The Mayo Clinic College of Medicine, medical students, psychiatry residents and fellows may rotate on the pediatric and adult inpatient units. Students, Residents and fellows may observe various clinical activities, including: medication management, ECT, multidisciplinary rounds, as well as additional consultation/liaison services within other medical units of the hospital.

For all candidates, it is preferred that they demonstrate:

- Successful completion of relevant coursework surveying ethics, diagnosis, and intervention.
- Relevant professional experience or clinical interest in providing behavioral healthcare in a medical setting.
- Effective written/oral professional communication.

Expanded descriptions of each level of training are included in the forthcoming sections. Program acceptance criteria, application instructions, and candidate section processes are described.



Training Model and Philosophy

Our behavioral health education program was developed to train future clinicians in the fields of psychology, counseling, and psychiatry to provide quality mental health services in an integrative and diversified healthcare setting. The training model is developmental in nature, with consideration given to the varying levels of skill and experience among trainees. Pedagogy is modeled from a biopsychosocial and multiculturally competent perspective. The training is intended to cultivate foundational knowledge and skills for a myriad of future clinical roles.

The program is designed after the practitioner-scholar model, which emphasizes the complementary relationship between professional practice and scientific scholarly inquiry. The program emphasizes the importance of teaching psychological knowledge and methods that are grounded in the existing empirical literature. This integration of science, literature, and clinical work facilitates the development of trainees' profession-wide competencies. The applied training methods also seek to be in accordance with the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (APA, 2017), the Commission on Accreditation (2017), and Standards of Accreditation for Health Service Psychology (APA, 2015).

Baptist Behavioral Health offers inclusive mental health care services within outpatient centers, inpatient units, day stay programs, the emergency department, and Bridge Program. In this training environment, trainees are provided an opportunity to work with a wide variety of populations that experience a full range of mental health concerns and diagnoses. These include severe mental illness (SMI), neurocognitive impairments, mood disorders, substance use, eating disorders, and behavioral issues. This well-rounded exposure promotes a comprehensive and robust clinical education experience.



Baptist Health promotes a welcoming atmosphere to enhance individual and professional growth by offering a series of clinical rotations, extensive supervision, and formal didactics. The program's philosophical approach to training is trainee-centered, collaborative, and responsive. Consideration is given to each trainee's individual educational goals and clinical areas of interest. There is ongoing dialogue, both informally and formally, to facilitate the accommodation of trainee preferences.

Clinical Experiences

In line with our developmental training model, trainees begin their rotation by observing clinical preceptors, behavioral health providers, and ancillary staff. This period of observation serves to develop trainees' familiarity with the department prior to engaging in any independent clinical work. Once acclimated, trainees gradually take on more responsibilities as deemed appropriate, in accordance with their individual level of training and professional development needs. The length of orientation and observation activities is dependent on the trainees' individual skillset and readiness for increased autonomy. These responsibilities primarily include conducting intake evaluations, providing individual psychotherapy, group psychotherapy, medication management, crisis interventions, consultation/liaison activities, and writing clinical documentation. In addition, trainees have an opportunity to administer and score assessments, dependent on their rotation's focus, degree program, and interest level.

Trainees may rotate in a variety of behavioral health environments, use multiple therapeutic interventions, and conceptualize cases from different theoretical orientations. Trainees function as members of the interdisciplinary team, attending and contributing to relevant meetings as scheduling allows. All learners receive EHR training and are granted system access to input documentation of services (with preceptor review and attestation). Of note, documentation and billing practices differ across acute and ambulatory settings. The program offers specialized rotation opportunities, based on preceptor availability, the trainees' clinical interests, and degree program. The assigned rotations and clinical experiences will differ from one environment to another. Supplemental shadowing opportunities may be available where schedules and supervision allow.

Inpatient (IP) And Consultation/Liaison (C/L) – these rotations focus on provision of inpatient psychological treatment in an integrated healthcare setting, either on secure inpatient units (pediatric or adult), in the emergency department alongside Baptist Crisis Management (BCM) Mental Health Evaluators, as a consult/liaison provider across the hospital, or in the partial hospitalization (PHP) and intensive outpatient (IOP) programs. Inpatient clinical experiences include providing individual therapy, facilitating/co-facilitating group therapy, administering psychological assessments, conducting crisis intervention/risk assessment, shadowing interdisciplinary staff, engaging in consultation, discharge planning, treatment team meetings, and entering documentation into the electronic health record (EHR). At the outset of the rotation, trainees spend majority of their time shadowing licensed clinicians. Over time, they are expected to become more autonomous in their day-to-day activities. Sample inpatient psychiatric unit trainee schedule:

Time	Activity
9 am	Group shadowing
10 am	Treatment team meeting
11 am	Group shadowing/initial assessments/individual sessions/safety planning/goal review
Noon	Lunch break
1:15 pm	Facilitate PsychoEd group
2:15 pm	Group shadowing/assessments/individual sessions/safety planning/goal review
3:45 pm	Group shadowing/assessments/individual sessions/safety planning/goal review

Neuropsychology – the neuropsychology rotation is designed for doctoral-level trainees and focuses on provision of outpatient neuropsychological assessment services for patients across the lifespan. Trainees initially observe staff administer assessment batteries. Trainees then develop battery formulation skills and practice test administration. Neuropsychological clinical experiences include observing supervisors perform intake interviews and staff administering various assessments, shadowing interdisciplinary staff, engaging in consultation, conducting interviews and assessment batteries, interpreting test data, drafting assessment reports, developing diagnostic and treatment recommendations using assessment data, and participating in testing feedback sessions.

Outpatient (OP) – this rotation is intended for advanced experiences (postdoctoral fellows, PGY2 registered interns) and focuses on provision of outpatient psychological treatment in an integrated healthcare setting. These include BBH clinics integrated with primary care, within the Bridge program, or in private office spaces. Specialty service lines and potential rotations within OP include Bariatrics/Eating disorders, Maternal Mental Health, AgeWell, Sleep Medicine, among others. At the outset of this rotation, trainees spend majority of their time observing their clinical supervisor before seeing patients autonomously. As the trainee progresses into the second semester, they will independently conduct clinical interviews, implement therapeutic interventions, administer assessments, and enhance note-writing skills.



Supervision

Supervision is an essential component emphasized throughout training, across levels, specialties, and rotations. The Behavioral Health Education Program adheres to a developmental and experiential model of supervision, which may be characterized as a “mentor–mentee” approach. Within this framework, clinical supervisors are professional role models that allow trainees to observe their clinical practice, afford various training experiences matched to trainee’s developmental level, and provide feedback on related performance. Whenever possible, supervision is enhanced through direct observation of trainees’ clinical work and Socratic questioning. The supervisor also encourages the growth of trainees’ individual strengths and autonomy over time. Accordingly, training is structured to promote increased independence to facilitate their evolution into ethical and competent practitioners.

Individual Supervision

Trainees will receive at least one hour of individual supervision weekly with a primary clinical supervisor either on-site or virtually. In practice, trainees are often afforded more than one supervision hour each week, because of the program’s training model and experiential teaching philosophy. Trainees have access to supervisors with varied areas of expertise and theoretical orientations. The number of supervisors and time spent in supervision is matched to the rotation, as well as on developmental need. Primary clinical supervisors (i.e., preceptors) are paired with trainees by considering various factors, such as their clinical interests, skillset, and availability.

The supervision process involves a combination of direct and indirect observation of trainee responsibilities (e.g., performing intake interviews, individual/group treatment, or assessment administration). Trainees seek regular consultation with supervisors to guide clinical decision-making. The supervision hour may take on various forms, such as discussing conceptualizations or treatment recommendations, incorporating process-style dialogue, rehearsing clinical interventions, practicing test administration, and reviewing documentation. Where indicated and feasible, supervision may incorporate observing sessions en vivo or on recording (audio), to allow a thorough understanding of the trainee’s work and guide the provision of feedback. This direct observation of trainees provides essential information regarding their development of competencies. As the semester continues, trainees gradually function with less executive oversight; however, the minimum level of supervision is maintained. The program acknowledges the significance of establishing quality supervisory relationships and the impact of such interpersonal dynamics on learning outcomes. Baptist Behavioral Health staff seek to foster an open and safe training environment, in which candid feedback from supervisors is welcomed and integrated into their clinical experiences.

Group Supervision

Trainees will participate in one hour of group supervision each week. This meeting is held on-site or virtually. Group supervision is a valuable teaching and mentoring experience for trainees. Trainees practice observational learning, perspective taking, and modeling professionalism. Further, this unique structure of supervision provides opportunities to build upon critical professional skills such as peer feedback/supervision, public speaking/presenting, and interpersonal effectiveness. Through a group format, trainees may also participate in an active dialogue about ethical issues and case conceptualization. During group discussions, trainees are asked to consider peer and multidisciplinary perspectives to maximize the effectiveness of social learning opportunities.

The training program's group supervision primarily focuses on:

- Orientation to Baptist Behavioral Health
- Acclimation to Training
- Training Questions/Concerns
- Ethics in Behavioral Health
- Culture and Diversity
- Empirical Literature Review
- Clinical Case /Assessment Presentations
- Professional Development
- Trainee Wellness



Group supervision includes informal presentations that review de-identified treatment and assessment cases. The meeting also offers updates related to the hospital/department and current events that may affect clinical practice. Possible professional development topics to be covered are preparing for next steps in training or education, careers in psychology/counseling, and balancing work/health as a mental health professional. In line with Baptist Health's appreciation for culture and individual difference, discussions regarding current empirical literature on diversity and equity occur.



Continuing Education

Didactics and related trainings are an integral part of the Behavioral Health Education Program. This curriculum provides trainees a strong foundation of scientific knowledge that may be integrated into their clinical training. Trainees are required to attend all continuing education activities, as well as any supplemental provider training the hospital system requires. Trainees who are unable to attend these educational events will inform the Director of Education and Training in advance.



Didactic Seminar

Trainees participate in weekly, hour-long didactic seminars during the academic year. Didactic subjects survey a range of evidence-based practice and case material in the fields of health psychology, counseling, neuropsychology, and pharmacology. Particular attention is given to specialty services provided within Baptist Behavioral Health. In addition, topics related to culture, diversity, and multidisciplinary professions are presented. To ensure pedagogical quality and relevance, following each scheduled didactic, trainees complete an electronic survey.

Sample Didactic Curriculum

All didactics occur virtually unless otherwise noted. Topics included within this schedule are subject to change
 trainees are provided advanced notice of any scheduling adjustments

Topic	
FALL	Introduction to Baptist Behavioral Health – Providing Psychological Services in a Healthcare Setting
	Ethics in Health Service Psychology – <i>Ethical Principles of Psychologists and Code of Conduct (APA, 2017)</i>
	Mental Status Exams, Clinical Interview, and Documentation Standards
	Intro to Neuroanatomy – Special Focus on TBI
	Multicultural Considerations in Psychological Assessment
	Intro to Dialectical Behavior Therapy – Part I.
	Intro to Acceptance and Commitment Therapy
	Intro to Psychopharmacology – Part I.
	Medical Consultation/Liaison Services – Special Focus on L&D/MMH
Topic	
SPRING	Overview of Neurodevelopmental Disorders – Special Focus on ASD and ABA
	Working With Diverse Populations – Special Focus on assessment
	Psychology of Aging – Special Focus on Mood Disorders
	Eating Disorders and Pre-Surgical Assessment
	Dialectical Behavior Therapy – Special Focus on EBPP and Behavior Chain Analysis (Part II.)
	Rehabilitation Psychology – Special Focus on SCI, Amputation, and Chronic Pain
	Intro to Psychopharmacology – Part II.
	Neurobiology of Bipolar Disorder

Grand Rounds

Our Grand Rounds series focuses on evidence-based practice in psychiatry and psychology. Presentations are held regularly throughout the year and cover a variety of topics germane to behavioral health which promote a standard of excellence in patient care. Postdoctoral fellows are required to present one grand rounds focusing on a current case or specialty population they have treated during training. Qualifying attendees may receive Continuing Medical Education (CME) credit and Continuing Education (CE) credit dependent on their discipline. In addition, Baptist Behavioral Health trainees are offered a variety of continuing education opportunities sponsored by the department. These include specialty trainings, conferences, and symposiums.

Journal Club

Continuing education through regular review of the scientific literature is essential to the integrity of our clinical training. This is accomplished through various learning activities (didactic seminar, grand rounds, case presentations, etc.) and is the sole focus of the Behavioral Health Journal Club. Trainees attend journal club every two months. They each serve as presenter at least once each academic year. Pre-reading articles is required. Additional details regarding purpose, format, and scheduling are included in the summary below:



Description: Scholarly meetings to discuss scientific papers from research journals. This educational gathering serves to enhance clinical practice by introducing current empirical findings and promoting standards of behavioral healthcare.

Purpose:

- To provide ongoing education in the discipline of Behavioral Health.
- To teach critical appraisal skills and increase exposure to evolving scientific literature.
- To stay current with the latest evidence-based information of the specialty and inform clinical practice.
- To facilitate comprehension and application of research through group discussion with peers.
- To promote interest in future clinical research to address knowledge gaps in the specialty.

Format: Papers will be critically examined using live lecture and visual presentations. One member of the club provides a structured summary of the chosen article. The meeting concludes with Socratic inquiry and open discussion.

Frequency/Duration: Meetings are held **bi-monthly** (every two months), unless otherwise noted. The club will not occur during academic breaks or national holidays. Calendar invites for each meeting will be sent via outlook calendars and email. This schedule is subject to change, and when altered, members are provided advanced notice of any scheduling adjustments.

Facilitator(s): Dr. Varallo Sims; Clinical Preceptor; Postdoctoral Fellow; Trainee

Preparation: Articles should be distributed by email **1 to 2 weeks in advance** for pre-reading.

Research

Trainees interested in research are afforded opportunities to engage in scholarly activities throughout the training year. Extensive research projects are dependent on preceptor specialty and availability. Importantly, the ability to analyze, deduce, and apply research is continually assessed through the journal club and case presentation components of the program.

Literature review: identify literature pertinent to rotation specialty/patient caseload and apply current literature to case formulation/treatment plan. Trainees will be evaluated on ability to critically review relevant literature and correctly assess the strengths and weaknesses of the methodology and conclusions.

Case Study: Use descriptive research approach to create an in-depth analysis of a person, group, or phenomenon observed during training. Employ a variety of techniques: personal interviews, direct-observation, psychometric tests, and archival records. Report on the uniqueness of the patient, clinical, ethical, and cultural diversity issues encountered in the case, case conceptualization and evidence-based treatment recommendations.

Testing Data: Review and analyze existing testing data collected by neuropsychologists and behavioral health testing providers.

Community Education

An integral element of the training program is provision of psychoeducation to patients, families, staff, and the community at large. This is accomplished through various experiences including behavioral health content development and presentation opportunities.

Content Development: In collaboration with the Director of Education and Training, trainees create psychoeducation materials on various topics across the year.

Advocacy and Awareness: Where indicated and feasible, trainees are given the opportunity to provide educational in-services within the community on several topics related to behavioral health. They may also be asked to volunteer at one behavioral health event.

Program Development and Service Projects

Trainees are given organizational and administrative experience via departmental service delivery projects. The topics of such activities are chosen by trainees and focused on their assigned rotations.

Service Delivery: Trainees are encouraged to engage in innovative development and/or practice improvement activities (e.g., creation of program materials, virtual programs, group curriculum design). APRN Fellows are required to complete a Capstone Project aimed at improvements in service delivery.

Case Presentations

Trainees engage in formal case presentations at the end of each academic year. Presentations focus on select clinical cases encountered during their rotations. Primary topics to be covered include assessments employed, diagnostic formulation, interventions used, and treatment plan.

Clinical Case Presentations: Trainees present a case study at the end of their training. The case selected is based on the clinical uniqueness of the patient, clinical, ethical, and cultural diversity issues encountered in the case, as well as a thorough case conceptualization and evidence-based treatment recommendations. Supporting literature is cited throughout the presentation.

Trainees are provided feedback on their presentations. Areas of evaluation include content, organization, and delivery. Specifically, oration style, knowledge base, presentation structure, effectiveness of visual aids/supplementary materials, use of empirical literature to support assessment/intervention choices, and ease of answering discussion questions will be assessed.



Clinical Health Psychology Postdoctoral Fellowship

The Clinical Health Psychology Postdoctoral Fellowship is designed to train future practitioners to provide quality behavioral health services in a diversified medical setting. We offer specialized training opportunities and rotations that survey a variety of psychological specialties (e.g., consultation liaison, neuropsychology, bariatric mental health/assessment). Trainees work with patients across the lifespan that experience a range of mental health concerns and diagnoses, including mood disorders, severe mental illness (SMI), neurocognitive impairments, eating disorders, and behavioral issues. The fellow is a member of our multidisciplinary team, which includes psychologists, psychiatrists, mental health counselors, psychiatric nurses and nurse practitioners, recreational therapists, art therapists, clinical social workers, psychometricians, crisis-management staff, and mental health technicians. Through direct observation and intensive supervision, the fellow hones a specialized set of skills, including the consideration of potential systemic, social, and cultural influences on complex medical and psychological conditions treated in an interprofessional setting.

The postdoctoral psychology fellow provides 2,000 hours of direct service under the supervision of licensed psychologists. Primary clinical activities include individual and group therapy, assessment administration, consultation/liaison services, clinical documentation, and co-supervision of graduate students. Baptist Health also provides individual and group supervision, formal didactics, and a behavioral health Grand Rounds series. The fellowship's integration of science, literature, and clinical practice is aligned with profession-wide competencies as outlined in the American Psychological Association Standards of Accreditation for Health Service Psychology (2015). Satisfactory completion of the fellowship meets postdoctoral supervised practice requirements (2,000 hours) for licensure in the state of Florida.



Reference Schedule – Clinical Health Psychology Fellowship

Selected fellows commit to a yearlong postdoctoral experience consisting of a minimum of 2,000 hours. Training aligns closely with the academic calendar:

- Commences early September, annually.
- Minimum of 40 hours each week to fulfill supervised hours requirements (2,000 hours total).
- Approximately 50% of time spent in direct contact (minimum of 900 hours, total).
- Group supervision and didactic seminar occur virtually (or on-site) every Wednesday.

SAMPLE CHP FELLOW SCHEDULE (8:30 am – 4:30 pm)					
Rotation Interval	Monday	Tuesday	Wednesday	Thursday	Friday
SEP – DEC	C/L Rotation	C/L Rotation	C/L Rotation Didactics; Group Supervision	C/L Rotation	C/L Rotation
JAN – APR	IP Rotation	IP Rotation	IP Rotation Didactics; Group Supervision	IP Rotation	IP Rotation
MAY – AUG	OP Rotation	OP Rotation	OP Rotation Didactics; Group Supervision	OP Rotation	OP Rotation



Evaluation of Competencies

Baptist Behavioral Health views evaluation and feedback as essential components of the learning process. Ongoing evaluation of trainees occurs informally and formally, through regular supervision, review of written work, feedback from multidisciplinary staff, patient report, self-evaluations, direct observation data, and summative evaluations. In collaboration with trainees', Baptist Health's clinical supervisors identify training goals at the beginning of the year and discuss evaluation processes. Consistent evaluation practices serve to address specific training needs that may arise and encourage the trainee's overall professional growth.

Psychological Competencies, Skills, and Knowledge

Baptist Health defines performance standards based on established profession-wide competencies and training guidelines. This systematic and evidence-based approach is essential to the successful professional development of our trainees. To accomplish such outcomes, our program requires trainees to develop certain competencies that prepare them for professional practice in Health Service Psychology (HSP). In compliance with the Commission on Accreditation (C-8 I., revised July 2017) and the American Psychological Association Standards of Accreditation for Health Service Psychology (2015), the training program emphasizes and evaluates the following nine core competencies:

1. Professional Values, Attitudes, and Behaviors
2. Research Application (Scientific Knowledge, Methods, and Clinical Reasoning)
3. Communication and Interpersonal Skills
4. Individual and Cultural Diversity
5. Assessment
6. Intervention
7. Ethical/Legal Standards and Policy
8. Consultation and Interdisciplinary Skills
9. Supervision

Application of Scientific Research – *“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”* (CoA, revised July 2017).

Ethics, Law, and Policy – *“Be knowledgeable of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines”* (CoA, revised July 2017).

Cultural Diversity – *“Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship”* (CoA, revised July 2017).

Professional Values, Attitudes, and Behaviors – *“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” (CoA, revised July 2017).*

Communication and Interpersonal Skills – *“Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services; produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts” (CoA, revised July 2017).*

Assessment Skills – *“Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology... Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics” (CoA, revised July 2017)*

Intervention Skills – *“Establish and maintain effective relationships with the recipients of psychological services; develop evidence-based intervention plans specific to the service delivery goals; implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables” (CoA, revised July 2017).*

Supervision – *“Demonstrate knowledge of supervision models and practices...Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals” (CoA, revised July 2017).*

Consultation and Interdisciplinary Skills – *“The intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities” (CoA, revised July 2017).*

Programmatic Evaluations

Trainees are evaluated throughout each rotation to ensure their performance levels match Baptist Health quality expectations and patient needs. Areas of evaluation include the nine domains of profession-wide competencies as outlined by the American Psychological Association Standards of Accreditation for Health Service Psychology (2015) competency areas.

Formative evaluations are less structured means of skill appraisal and occur across rotations. These include making documentation revisions, supervision dialogue focusing on training goal progress, and informal feedback following indirect or direct observation (e.g., one-way mirror observation of client contact, in room during an intake or test feedback session).

Summative evaluations are the formal and measurable assessments of trainee competencies, which occur at the end of each rotation. This is a benchmark rating for overall progress and serves as an opportunity to highlight areas of potential growth. Summative evaluations are informed by multiple sources of data (e.g., direct observation, supplemental rotation performance, case/research presentations, supervision participation, professionalism, and competency rating scales). The evaluation rating measure uses a **5-point Likert scale**, ranging from "0" ("Unsatisfactory") to "4" ("Exemplary"). The scale requires that raters objectively assess the relationship between a competency area and the trainee's observable behavior. Trainees and preceptors are provided the **Summative Evaluation Guide** at the beginning of their academic year.

Supervisors will review summative evaluations with trainees. In addition, the trainee's supervisor, the Director of Clinical Training, and/or the Director of Education and Training communicate with academic departments regarding trainee progress as indicated. Records of all completed evaluations are then provided to the program administrator, trainee, and primary supervisor(s). This quality performance assessment serves to provide data for continual improvement and enhancement of the training program.



Program Acceptance Criteria

The Clinical Health Psychology Postdoctoral Fellowship is designed for individuals who have successfully completed their internship, defended their dissertation, and earned a doctoral degree in clinical or counseling psychology from an APA-accredited program (conferred prior to the start of training). It is preferred that applicants be U.S. citizens who have completed an APA-accredited internship program. We encourage applications from those that have completed at least one practicum/internship year in a hospital setting; however, relevant professional experience will also be considered. Appropriate candidates for this fellowship have completed intensive coursework in psychopathology, clinical interviewing, and psychological assessment. Applicants' writing skill level will be evaluated through a review of de-identified documentation (e.g., sample integrative assessment reports, progress notes, or treatment plans) of their choice. Fellows must also demonstrate the capacity and willingness to actively participate in intensive training and supervision. Furthermore, trainees will be required to obtain additional Professional Liability (Malpractice) Insurance through the Trust ([APA - Pre-Licensure Liability](#)). Fellows are not permitted to begin independent clinical work without verification of coverage.

Overall, it is preferred that candidates demonstrate:

- Successful completion of relevant coursework surveying ethics, diagnosis, and intervention.
- Relevant professional experience or clinical interest in health psychology.
- Effective written/oral professional communication.

Additional information regarding start date, salary, and benefits may be found on our UPPD listing. Satisfactory completion of the postdoctoral fellowship meets postdoctoral supervised practice requirements (2,000 hours) for licensure in the state of Florida.

Application Requirements

Inquiries and applications are encouraged from all qualified individuals. Suitable fellowship applicants must be in good academic standing at their university/internship and have degree-in-hand upon commencement of postdoctoral training.

Fellowship Application Process

The following application materials are to be provided electronically via the APPA CAS (<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>, Baptist Medical Center And Wolfson Children's Hospital) **before the first week of January, annually:**

- Unofficial Graduate transcript
- Curriculum Vitae
- Cover Letter including postdoctoral training goals and reasons for applying to this site
- Two letters of recommendation stating your eligibility/readiness for training
- One writing sample of choice (e.g., redacted comprehensive psychological assessment report with case conceptualization and integrated findings, progress note, treatment plan) – Clinical Health Psychology

***The electronic application for this Fellowship via Baptist Health's website must also be completed to make your submission complete (additional details to be provided).**

Interview Process and Candidate Selection

Qualified applicants are selected for interviews after a thorough review of application materials. Those candidates under consideration will be contacted by e-mail to schedule an interview. These meetings are conducted by the Baptist Behavioral Health administration and select members of the clinical training faculty. The interview process includes:

- Structured interview questions to assess clinical competencies
- Inquiry of clinical areas of interest, training/career goals, and theoretical orientation(s)
- Completion of a sample case conceptualization addressing diagnostic impressions and treatment recommendations (directions provided within initial interview scheduling email; conceptualization submitted via email prior to interview date)

Interviews are tentatively scheduled to occur in **late January through early February, annually**. In addition to a review of various application materials and interview screenings, trainee placement at Baptist Health is contingent on the results of background and employee health screenings.

Offers made to postdoctoral applicants after interviews are considered binding until 10 AM EST on the APPIC Common Hold Date (CHD). If an applicant does not communicate their acceptance or declination by that time, the program can rescind the offer via email.



Neuropsychology Postdoctoral Fellowship

The Neuropsychology Postdoctoral Fellowship is designed to provide specialty training in the neuropsychological sciences and prepare trainees for independent clinical practice in a variety of settings. Training is structured to include robust assessment, diagnostic, and didactic experiences over the course of a two-year, full-time position. These specialized training experiences expand the fellow's knowledge of brain-behavior relationships, enhance their skills in evaluation and treatment of neurobehavioral disorders, and facilitate professional development. Fellows cultivate leadership skills through involvement in the supervision of trainees across various levels of the behavioral health department. The program is intended to progressively build upon the fellow's existing clinical competencies through participation in more advanced experiences as developmentally appropriate. Through this gradual exposure, fellows foster greater autonomy and increased responsibility in their role. At the completion of this program, fellows are qualified to practice as a neuropsychologist and are eligible for board certification, pending successful completion of state licensing requirements.

This two-year fellowship focuses on the provision of neuropsychological assessment and treatment of patients across the lifespan. Fellows use standardized assessments to understand the relationship between the brain, cognitive function, and observable behavior. The focus of such assessments varies, depending on the injury or suspected neurological disease and neuropsychological sequelae. Fellows will evaluate and treat patients with complicated diagnostic presentations. Baptist Behavioral Health serves a wide range of neuropsychiatric conditions across the lifespan. Primary neuropsychological activities of the fellowship include:

- Conducting clinical intake interviews.
- Test battery formulation.
- Assessment administration, scoring, and interpretation.
- Development of diagnostic and treatment recommendations using assessment data.
- Preparation of comprehensive neuropsychological evaluations/reports.
- Shadow interdisciplinary staff, engage in consultation.
- Providing comprehensive feedback session to patients and families

For year one (PGY1), the fellow will focus on adult and geriatric populations for two quarters and on pediatric populations for two quarters. In a cohort of two fellows, one will begin with adult populations and the other will begin in with pediatric populations. The program's structure allows for further specialization in pediatric, adolescent, adult, geriatric, or lifespan neuropsychology in PGY2.



Reference Schedule – Neuropsychology Fellowship

Selected fellows commit to a two-year postdoctoral experience consisting of a minimum of 4,000 hours. Training aligns closely with the academic calendar:

- Commences early September, annually.
- Minimum of 40 hours each week to fulfill supervised hours requirements (4,000 hours total).
- Approximately 50% of time spent in direct contact (minimum of 1800 hours, total).
- Group supervision and didactic seminar occur virtually every Wednesday.

SAMPLE NEUROPSYCHOLOGY 2 YEAR SCHEDULE (8:30 am – 4:30 pm)							
PGY	Rotation Interval	Quarter	Monday	Tuesday	Wednesday	Thursday	Friday
YEAR 1	SEP – NOV	1	OP Rotation ADULT/GERI	OP Rotation ADULT/GERI	OP Rotation Admin; Didactics; Group Supervision	OP Rotation ADULT/GERI	OP Rotation ADULT/GERI
	DEC – FEB	2	IP/CL Rotation ADULT/GERI	IP/CL Rotation ADULT/GERI	IP/CL Rotation Admin; Didactics; Group Supervision	IP/CL Rotation ADULT/GERI	IP/CL Rotation ADULT/GERI
	MAR – MAY	3	OP Rotation PEDS/ADOL	OP Rotation PEDS/ADOL	OP Rotation Admin; Didactics; Group Supervision	OP Rotation PEDS/ADOL	OP Rotation PEDS/ADOL
	JUN – AUG	4	IP/CL Rotation PEDS/ADOL	IP/CL Rotation PEDS/ADO	IP/CL Rotation Admin; Didactics; Group Supervision	IP/CL Rotation PEDS/ADOL	IP/CL Rotation PEDS/ADOL

YEAR 2	SEP – NOV	1	Specialty Focus Rotation	Specialty Focus Rotation	Specialty Focus Rotation Admin; Didactics; Group Supervision	Specialty Focus Rotation	Specialty Focus Rotation
	DEC – FEB	2	Specialty Focus Rotation	Specialty Focus Rotation	Specialty Focus Rotation Admin; Didactics; Group Supervision	Specialty Focus Rotation	Specialty Focus Rotation
	MAR – MAY	3	Specialty Focus Rotation	Specialty Focus Rotation	Specialty Focus Rotation Admin; Didactics; Group Supervision	Specialty Focus Rotation	Specialty Focus Rotation
	JUN – AUG	4	Specialty Focus Rotation	Specialty Focus Rotation	Specialty Focus Rotation Admin; Didactics; Group Supervision	Specialty Focus Rotation	Specialty Focus Rotation

PGY1 Rotation Details

Adult/Geriatric Outpatient

This three-month rotation focuses on the provision of neuropsychological treatment in an integrated ambulatory healthcare setting. The fellow will spend majority of their time conducting outpatient neuropsychological assessments. Evaluations and testing occur for various neuropsychological referral questions, including:

- Traumatic Brain Injury
- Non-Traumatic Brain Injury
- Epilepsy
- Neurodegenerative Disease
- Memory/Cognitive testing

Adult/Geriatric Inpatient–Consultation Liaison–Rehabilitation

This three-month rotation focuses on the provision of neuropsychological treatment in a multidisciplinary acute medical setting. The fellow will spend majority of their time conducting cognitive assessments, screenings, providing consultation liaison services in the hospital, as well as offering psychoeducation and support groups. Group treatment modalities serve to increase awareness of cognitive issues, facilitate adjustment, provide education around diagnosis/deficits, optimize independence by teaching compensatory cognitive and coping techniques, and stress management for caregivers. Evaluations and screenings occur for various inpatient neuropsychological referral reasons, including:

- Traumatic Brain Injury
- Non-Traumatic Brain Injury (Stroke)
- Epilepsy
- Spinal Cord Injury (SCI)
- Functional neurologic evaluations
- Capacity evaluations
- Normal Pressure Hydrocephalus (NPH) pre/post intervention evaluations
- Hematology/oncology consults
- Brief cognitive testing

Pediatric/Adolescent Outpatient

This three-month rotation focuses on the provision of pediatric and adolescent neuropsychological treatment in an integrated ambulatory healthcare setting. The fellow will spend majority of their time conducting outpatient neuropsychological assessments. Evaluations and testing occur for various neuropsychological referral questions, including:

- Traumatic Brain Injury
- Non-Traumatic Brain Injury
- Epilepsy pre/post-surgical
- Neurodevelopmental disorders
- Functional neurologic evaluations
- Psychological evaluations

Pediatric/Adolescent Inpatient–Consultation Liaison–Rehabilitation

This three-month rotation focuses on the provision of pediatric and adolescent neuropsychological treatment in a multidisciplinary acute medical setting. The fellow will spend majority of their time conducting post-injury cognitive assessments, screenings, providing consultation liaison services in the hospital, as well as offering psychoeducation and support groups. Group treatment modalities serve to increase awareness of adjustment and cognitive issues, provide education around diagnosis/deficits, teaching compensatory cognitive and coping techniques post-injury, and stress management for caregivers. Psychoeducation topics shared with staff and family members of patients may include information on Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), as well as neurological health and mental wellness. Evaluations and screenings occur for various inpatient neuropsychological referral reasons, including:

- Traumatic Brain Injury
- Non-Traumatic Brain Injury
- Pediatric hematology/oncology consults
- Spinal Cord Injury (SCI)
- Pre-surgical epilepsy evaluations
- Brief cognitive testing
- Co-treat with WCH rehabilitation
- Behavior management (TBI/ASD)

Across all rotations, fellows collaborate closely with their clinical supervisors and the multidisciplinary team. This includes neuropsychologists, clinical psychologists, psychometricians, physicians, nurse practitioners, mental health counselors, social workers, nurses, and administration.

PGY2 Rotation Options

As noted, the program's structure allows for specialization in pediatric, adult, geriatric, or lifespan neuropsychology in year two of the fellowship. This approach serves to further strengthen the fellow's competencies and encourage them to become immersed in the diagnoses, treatment, and literature of the chosen population. With this foundation, fellows are positioned to become experts in their specialty and prepared for autonomous practice at the completion of fellowship. Trainees are required to select at least one specialty area to focus on in PGY2. Rotations for year two are assigned based on this selection.

Didactics and Specialty Education

Specialty education in clinical neuropsychology is an integral part of the fellowship. Trainees participate in weekly and monthly, hour-long didactic seminars across the academic year. Curriculum provides fellows a strong foundation of scientific knowledge and related clinical applications. Didactic subjects survey a range of evidence-based practice and case material. Curriculum includes an overview of foundations for the study of brain-behavior relationships and the practice of clinical neuropsychology. Particular attention is given to clinical assessment and intervention techniques, as well as cultural, ethical, and legal considerations in neuropsychology.

Fellows may attend:

- BBH Education Didactic Seminar – weekly
- Mayo Clinic Neurology Grand Rounds – monthly
- BBH Neuropsychology Didactic – monthly
- Systemwide GR – monthly
- BBH Journal Club - bi-monthly

Fellows may also participate in 'fact-finding' activities and are afforded neurosurgery observation experiences (i.e., brain cutting) pending availability. Additional educational opportunities are available based on rotation, topic, and areas of interest.

Requirements for Fellowship Completion

Fellows and preceptors develop a formal individualized training plan (*Supervision Goal Development Form*) outlining training objectives, goals, and required activities. Evaluations of the fellow's progress in meeting rotation-specific training objectives are provided by primary supervisors at the end of each quarter. Additional information on evaluation practices may be found in the forthcoming Evaluation of Competencies section. It is expected that the fellow become licensed within the first 15 months of the fellowship to be qualified for board certification and ensure eligibility for employment upon graduation.



Evaluation of Competencies

Baptist Behavioral Health views evaluation and feedback as essential components of the learning process. Ongoing evaluation of trainees occurs informally and formally, through regular supervision, review of written work, feedback from multidisciplinary staff, patient report, self-evaluations, direct observation data, and summative evaluations. In collaboration with trainees', Baptist Health's clinical supervisors identify training goals at the beginning of the year and discuss evaluation processes. Consistent evaluation practices serve to address specific training needs that may arise and encourage the trainee's overall professional growth.

Neuropsychological Competencies, Skills, and Knowledge

Baptist Health defines performance standards based on established profession-wide competencies and training guidelines. This systematic and evidence-based approach is essential to the successful professional development of our trainees. To accomplish such outcomes, our program requires trainees to develop certain competencies that prepare them for professional practice in clinical neuropsychology. Upon completion of the training program, each fellow will be able to demonstrate advanced competency in the following nine generic and specialized competency areas:

1. Integration of Science and Practice
2. Ethics, Standards, Laws, and Policies
3. Equity, Justice, Cultural Respect, and Inclusion
4. Self-reflection and Self-care
5. Professional Relationships
6. Assessment
7. Intervention and Recommendations
8. Interdisciplinary Systems and Consultation
9. Research and Scholarly Activities
10. Teaching, Supervision, and Mentoring
11. Administration, Management, and Business
12. Advocacy
13. Technology and Innovation



As indicated by The Houston Conference on Specialty Education and Training in Clinical Neuropsychology (1998), particular attention will be given to competency development in:

Foundations for the study of brain-behavior relationships:

- Functional neuroanatomy
- Neurological and related disorders including their etiology, pathology, course and treatment
- Non-neurologic conditions affecting CNS functioning
- Neuroimaging and other neurodiagnostic techniques
- Neurochemistry of behavior (e.g., psychopharmacology)
- Neuropsychology of behavior

Foundations for the practice of clinical neuropsychology:

- Specialized neuropsychological assessment techniques
- Specialized neuropsychological intervention techniques
- Research design and analysis in neuropsychology
- Professional issues and ethics in neuropsychology
- Practical implications of neuropsychological conditions

Programmatic Evaluations

Trainees are evaluated throughout each rotation to ensure their performance levels match Baptist Health quality expectations and patient needs. Areas of evaluation include either the nine domains of profession-wide competencies as outlined by the American Psychological Association Standards of Accreditation for Health Service Psychology (2015) or the nine neuropsychological competency areas.

Formative evaluations are less structured means of skill appraisal and occur across rotations. These include making documentation revisions, supervision dialogue focusing on training goal progress, and informal feedback following indirect or direct observation

Summative evaluations are the formal and measurable assessments of trainee competencies, which occur at the end of each rotation. This is a benchmark rating for overall progress and serves as an opportunity to highlight areas of potential growth. Summative evaluations are informed by multiple sources of data (e.g., direct observation, supplemental rotation performance, case/research presentations, supervision participation, professionalism, and competency rating scales). The evaluation rating measure uses a **5-point Likert scale**, ranging from "0" ("Unsatisfactory") to "4" ("Exemplary"). The scale requires that raters objectively assess the relationship between a competency area and the trainee's observable behavior. Trainees and preceptors are provided the **Summative Evaluation Guide** at the beginning of the academic year.

Supervisors will review summative evaluations with trainees. In addition, the trainee's supervisor, the Director of Clinical Training, and/or the Director of Education and Training communicate with academic departments regarding trainee progress as indicated. Records of all completed evaluations are then provided to the program administrator, trainee, primary supervisor(s). This quality performance assessment serves to provide data for continual improvement and enhancement of the training program.

Program Acceptance Criteria

The two-year **Neuropsychology Postdoctoral Fellowship** is designed for individuals who have successfully completed their internship, defended their dissertation, and earned a doctoral degree in clinical or counseling psychology from an APA-accredited program (degree conferred prior to the start of training). It is preferred that applicants be U.S. citizens who have completed an APA-accredited internship. We encourage applications from those that have completed at least one practicum and/or internship year focused on neuropsychology within an integrated hospital setting; however, relevant academic and clinical experience will also be considered. Appropriate candidates for this fellowship have completed intensive coursework in neuropsychology, psychopathology, clinical interviewing, and neuropsychological assessment. Applicants' writing skill level will be evaluated through a review of de-identified documentation (e.g., sample neuropsychological evaluation reports) of their choice. Fellows must also demonstrate the capacity and willingness to actively participate in intensive training and supervision. Furthermore, trainees will be required to obtain additional Professional Liability (Malpractice) Insurance through the Trust ([APA - Pre-Licensure Liability](#)). Fellows are not permitted to begin independent clinical work without verification of coverage.

Overall, it is preferred that candidates demonstrate:

- Successful completion of relevant coursework surveying neuropsychological assessment, ethics, diagnosis, and neuropsychological treatment.
- Relevant professional experience in neuropsychology.
- Effective written/oral professional communication.

Additional information regarding start date, salary, and benefits may be found on our UPPD listing. Satisfactory completion of year one of the neuropsychology postdoctoral fellowship meets postdoctoral supervised practice requirements (2,000 hours) for licensure in the state of Florida. While our program is designed to provide two years of postdoctoral training, advancement to the second year is contingent on successful completion of first year requirements.

Application Requirements

Inquiries and applications are encouraged from all qualified individuals. Suitable fellowship applicants must be in good academic standing at their university/internship and have degree-in-hand upon commencement of postdoctoral training.

Fellowship Application Process

The following application materials are to be provided electronically via the APPA CAS (<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>, Baptist Medical Center And Wolfson Children's Hospital) **before the first week of January, annually:**

- Unofficial Graduate transcript
- Curriculum Vitae
- Cover Letter including postdoctoral training goals and reasons for applying to this site
- Two letters of recommendation stating your eligibility/readiness for training
- Two integrated testing reports (e.g., redacted comprehensive neuropsychological assessment report with case conceptualization and integrated findings, treatment recommendations)

***The electronic application for this Fellowship via Baptist Health's website must also be completed to make your submission complete (additional details to be provided).**

Interview Process and Candidate Selection

Qualified applicants are selected for interviews after a thorough review of application materials. Those candidates under consideration will be contacted by e-mail to schedule an interview. These meetings are conducted by the Baptist Behavioral Health administration and select members of the clinical training faculty. The interview process includes:

- Structured interview questions to assess clinical competencies
- Inquiry of clinical areas of interest, training/career goals, and theoretical orientation(s)
- Completion of a sample case conceptualization addressing diagnostic impressions and treatment recommendations (directions provided within initial interview scheduling email; conceptualization submitted via email prior to interview date)

Interviews are tentatively scheduled to occur in **early January through early February, annually.** In addition to a review of various application materials and interview screenings, trainee placement at Baptist Health is contingent on the results of background and employee health screenings.

Offers made to postdoctoral applicants after interviews are considered binding until 10 am EST on the APPIC Common Hold Date (CHD). If an applicant does not communicate their acceptance or declination by that time, the program can rescind the offer via email.



Post-Master's Internship

The Post-Master's Internship is designed for candidates that already hold a Master's Degree in a relevant field of study (i.e., Mental Health Counseling, Social Work, Marriage and Family Therapy) and are a registered intern under the Florida Board. Appropriate candidates for this two-year internship have completed coursework in risk assessment, clinical interviewing, and counseling.

Reference Schedule – Registered Intern (RMHCI/RCSWI/RMFTI)

Selected interns commit to a two-year experience consisting of a minimum of 1,500 hours face-to-face contact. Training aligns closely with the academic calendar:

- Commences early September, annually.
- Minimum of 40 hours each week to fulfill supervised hours requirements.
- Approximately 50% of time spent in direct contact (minimum of 1,500 hours, total).
- 1 hour of individual supervision every two weeks under the supervision of a Board approved qualified supervisor.
- At least 100 hours of supervision (obtained in no less than 100 weeks).
- Group supervision and didactic seminar virtually (or on-site) every Wednesday.

SAMPLE REGISTERED INTERN 2 YEAR SCHEDULE (8:30 am – 4:30 pm)						
TWO	Rotation Interval	Monday	Tuesday	Wednesday	Thursday	Friday
YEAR 1	SEP – DEC	C/L Rotation	C/L Rotation	C/L Rotation Admin; Didactics; Group Supervision	C/L Rotation	C/L Rotation
	JAN – APR	IP Rotation ADULT	IP Rotation ADULT	IP Rotation Admin; Didactics; Group Supervision	IP Rotation ADULT	IP Rotation ADULT
	MAY – AUG	IP Rotation PEDS	IP Rotation PEDS	IP Rotation Admin; Didactics; Group Supervision	IP Rotation PEDS	IP Rotation PEDS
YEAR 2	SEP – DEC	OP Rotation PEDS	OP Rotation PEDS	OP Rotation Admin; Didactics; Group Supervision	OP Rotation PEDS	OP Rotation PEDS
	JAN – APR	OP Rotation ADULT	OP Rotation ADULT	OP Rotation Admin; Didactics; Group Supervision	OP Rotation ADULT	OP Rotation ADULT
	MAY – AUG	CoCM Rotation	CoCM Rotation	CoCM Rotation Admin; Didactics; Group Supervision	CoCM Rotation	CoCM Rotation

Evaluation of Competencies

Baptist Behavioral Health views evaluation and feedback as essential components of the learning process. Ongoing evaluation of trainees occurs informally and formally, through regular supervision, review of written work, feedback from multidisciplinary staff, patient report, self-evaluations, direct observation data, and summative evaluations. In collaboration with trainees', Baptist Health's clinical supervisors identify training goals at the beginning of the year and discuss evaluation processes. Consistent evaluation practices serve to address specific training needs that may arise and encourage the trainee's overall professional growth.

Programmatic Evaluations

Trainees are evaluated throughout each rotation to ensure their performance levels match Baptist Health quality expectations and patient needs. Areas of evaluation include the nine domains of profession-wide competencies as outlined by the American Psychological Association Standards of Accreditation for Health Service Psychology (2015) competency areas.

Formative evaluations are less structured means of skill appraisal and occur across rotations. These include making documentation revisions, supervision dialogue focusing on training goal progress, and informal feedback following indirect or direct observation (e.g., one-way mirror observation of client contact, in room during an intake or test feedback session).

Summative evaluations are the formal and measurable assessments of trainee competencies, which occur at the end of each rotation. This is a benchmark rating for overall progress and serves as an opportunity to highlight areas of potential growth. Summative evaluations are informed by multiple sources of data (e.g., direct observation, supplemental rotation performance, case/research presentations, supervision participation, professionalism, and competency rating scales). The evaluation rating measure uses a **5-point Likert scale**, ranging from "0" ("Unsatisfactory") to "4" ("Exemplary"). The scale requires that raters objectively assess the relationship between a competency area and the trainee's observable behavior. Trainees and preceptors are provided the **Summative Evaluation Guide** at the beginning of their academic year.

Supervisors will review summative evaluations with trainees. In addition, the trainee's supervisor, the Director of Clinical Training, and/or the Director of Education and Training communicate with academic departments regarding trainee progress as indicated. Records of all completed evaluations are then provided to the program administrator, trainee, and primary supervisor(s). This quality performance assessment serves to provide data for continual improvement and enhancement of the training program.

Program Acceptance Criteria

The Post-Master's Internship is designed for candidates that already hold a Master's Degree in a relevant field of study (Mental Health Counseling/Social Work/Marriage and Family Therapy) and are a registered intern under the Florida Board. It is preferred that applicants have completed practica and pre-graduate internships in a healthcare setting; however, relevant professional experience will also be considered. Appropriate candidates for this two-year internship have completed coursework in risk assessment, clinical interviewing, and counseling. Trainees' writing skill level will be evaluated through a review of de-identified documentation (e.g., progress notes or treatment plans) of their choice. Trainees must also demonstrate the capacity and willingness to actively participate in intensive training and supervision. Furthermore, trainees will be required to obtain additional Professional Liability (Malpractice) Insurance. Interns are not permitted to begin independent clinical work without verification of coverage.

Application Requirements

Inquiries and applications are encouraged from all qualified individuals. Suitable fellowship applicants must be in good academic standing at their university/internship and have degree-in-hand upon commencement of postdoctoral training.

Post-Master's (Registered Intern) Application Process

The following application materials are to be provided electronically via email (BehavioralHealthEducation@bmcjax.com) to the Director of Education and Training within the **fourth week of March, annually**:

- Unofficial Graduate transcript
- Curriculum Vitae
- Cover Letter including training goals and reasons for applying to this site
- One letter of recommendation stating your eligibility/readiness for training
- One writing sample of choice (e.g., redacted comprehensive psychological assessment report with case conceptualization and integrated findings, progress note, treatment plan)

***The electronic application for this internship via Baptist Health's website must also be completed to make your submission complete (additional details to be provided).**

Interview Process and Candidate Selection

Qualified applicants are selected for interviews after a thorough review of application materials. Those candidates under consideration will be contacted by e-mail to schedule an interview. These meetings are conducted by the Baptist Behavioral Health administration and select members of the clinical training faculty. The interview process includes:

- Structured interview questions to assess clinical competencies
- Inquiry of clinical areas of interest, training/career goals, and theoretical orientation(s)
- Completion of a sample case conceptualization addressing diagnostic impressions and treatment recommendations (directions provided within initial interview scheduling email; conceptualization submitted via email prior to interview date)

Interviews are tentatively scheduled to occur in **late March through early April, annually**. In addition to a review of various application materials and interview screenings, trainee placement at Baptist Health is contingent on the results of background and employee health screenings.

Doctoral Advanced Practicum

The Doctoral Advanced Practicum is designed for graduate psychology trainees who have completed two years of coursework in their current doctoral program or already hold a Master’s Degree in a relevant field of study. It is preferred that applicants have completed at least one practicum year prior to applying; however, relevant professional experience will also be considered. Appropriate candidates for this practicum placement have completed coursework in psychopathology, clinical interviewing, and psychological assessment.

Reference Schedule – Doctoral Practicum

Selected pre-doctoral trainees commit to a yearlong placement consisting of a minimum of two full semesters. Training aligns with the academic calendar:

- Commences with Fall semester (tentative start date late August/early September, annually).
- Concludes at the end of Spring semester (late April)
- Minimum of 20 hours each week to fulfill degree requirements.
- Group supervision and didactic seminar occur virtually (or on-site) every Wednesday.
- Start and end times of training are decided by the assigned primary preceptor.

SAMPLE PRE-GRAD (DOCTORAL) 1 YEAR SCHEDULE (8:30 am – 4:30 pm)						
TWO	Rotation Interval	Monday	Tuesday	Wednesday	Thursday	Friday
SEMESTER 1	TRAINEE 1	C/L Rotation	C/L Rotation	C/L Rotation Admin; Didactics; Group Supervision		
	TRAINEE 2			IP Rotation Admin; Didactics; Group Supervision	IP Rotation ADULT	IP Rotation ADULT
SEMESTER 2	TRAINEE 1	IP Rotation ADULT	IP Rotation ADULT	IP Rotation Admin; Didactics; Group Supervision		
	TRAINEE 2			IP Rotation Admin; Didactics; Group Supervision	IP Rotation PEDS	IP Rotation PEDS

Evaluation of Competencies

Baptist Behavioral Health views evaluation and feedback as essential components of the learning process. Ongoing evaluation of trainees occurs informally and formally, through regular supervision, review of written work, feedback from multidisciplinary staff, patient report, self-evaluations, direct observation data, and summative evaluations. In collaboration with trainees’, Baptist Health’s clinical supervisors identify training goals at the beginning of the year and discuss evaluation processes. Consistent evaluation practices serve to address specific training needs that may arise and encourage the trainee’s overall professional growth.

Programmatic Evaluations

Trainees are evaluated throughout each semester rotation to ensure their performance levels match Baptist Health quality expectations and patient needs. Areas of evaluation include the nine domains of profession-wide competencies as outlined by the American Psychological Association Standards of Accreditation for Health Service Psychology (2015) competency areas.

Formative evaluations are less structured means of skill appraisal and occur across rotations. These include making documentation revisions, supervision dialogue focusing on training goal progress, and informal feedback following indirect or direct observation (e.g., one-way mirror observation of client contact, in room during an intake or test feedback session).

Summative evaluations are the formal and measurable assessments of trainee competencies, which occur at the end of each semester. This is a benchmark rating for overall progress and serves as an opportunity to highlight areas of potential growth. Summative evaluations are informed by multiple sources of data (e.g., direct observation, supplemental rotation performance, case/research presentations, supervision participation, professionalism, and competency rating scales). The evaluation rating measure uses a **5-point Likert scale**, ranging from "0" ("Unsatisfactory") to "4" ("Exemplary"). The scale requires that raters objectively assess the relationship between a competency area and the trainee's observable behavior. Trainees and preceptors are provided the **Summative Evaluation Guide** at the beginning of their academic year.

Supervisors will review summative evaluations with trainees. In addition, the trainee's supervisor, the Director of Clinical Training, and/or the Director of Education and Training communicate with academic departments regarding trainee progress as indicated. Records of all completed evaluations are then provided to the program administrator, trainee, and primary supervisor(s). This quality performance assessment serves to provide data for continual improvement and enhancement of the training program.

Program Acceptance Criteria

The **Doctoral Advanced Practicum** is designed for graduate psychology trainees who have completed two years of coursework in their current doctoral program or already hold a Master's Degree in a relevant field of study. It is preferred that applicants have completed at least one practicum year prior to applying; however, relevant professional experience will also be considered. Appropriate candidates for this practicum placement have completed coursework in psychopathology, clinical interviewing, and psychological assessment. Trainees' writing skill level will be evaluated through a review of de-identified documentation (e.g., sample integrative assessment reports, progress notes, or treatment plans) of their choice. Trainees must also demonstrate the capacity and willingness to actively participate in intensive training and supervision. Furthermore, trainees will be required to obtain additional Professional Liability (Malpractice) Insurance through the Trust ([The Trust - Trainee Liability](#)). Trainees are not permitted to begin the practicum year without verification of coverage.

Application Requirements

Inquiries and applications are encouraged from all qualified individuals. Suitable fellowship applicants must be in good academic standing at their university/internship and have degree-in-hand upon commencement of postdoctoral training.

Doctoral Practicum

The following application materials are to be sent electronically via email (BehavioralHealthEducation@bmcjax.com) to the Director of Education and Training within the **third week of March, annually**:

- Unofficial Graduate transcript
- Curriculum Vitae
- Cover Letter including training goals and reasons for applying to this site
- One letter of recommendation stating your eligibility/readiness for training
- One writing sample of choice (e.g., redacted progress note, treatment plan)

Interview Process and Candidate Selection

Qualified applicants are selected for interviews after a thorough review of application materials. Those candidates under consideration will be contacted by e-mail to schedule an interview. These meetings are conducted by the Baptist Behavioral Health administration and select members of the clinical training faculty. The interview process includes:

- Structured interview questions to assess clinical competencies
- Inquiry of clinical areas of interest, training/career goals, and theoretical orientation(s)
- Completion of a sample case conceptualization addressing diagnostic impressions and treatment recommendations (directions provided within initial interview scheduling email; conceptualization submitted via email prior to interview date)

Interviews are tentatively scheduled to occur in **late March through early April, annually**. In addition to a review of various application materials and interview screenings, trainee placement at Baptist Health is contingent on the results of background and employee health screenings.

Of note, pre-doctoral students will also complete the Baptist Health **Graduate Medical Education (GME)** application electronically. GME requires all trainees to be processed through **myClinicalExchange (mCE)**. Trainees will receive an email detailing the instructions for sending a rotation request via mCE and creating an account. GME cannot start processing trainees until this request is approved by mCE. Of note, there is an annual fee for the use of myClinicalExchange. When you are cleared to start your scheduled rotation, you will be notified (typically the week before) of your approval by GME. This approval communication will contain all your check-in and orientation information that pertains to the training program.

Pre-Master's Internship

The Pre-Master's Internship is designed for graduate trainees who have completed one year of coursework in their current program and already hold a Bachelor's Degree in a relevant field of study. Appropriate candidates for this internship placement have completed coursework in human development, ethics, as well as individual and group counseling skills. Trainees must demonstrate the capacity and willingness to actively participate in intensive training and supervision.

Reference Schedule – Pre-Master's Internship

Selected Pre-Master's trainees commit to a yearlong placement consisting of a minimum of two full semesters. Training aligns with the academic calendar:

- Commences with Fall semester (tentative start date late August/early September, annually).
- Concludes at the end of summer semester (late July/August)
- Minimum of 20 hours each week to fulfill degree requirements.
- Group supervision and didactic seminar occur virtually (or on-site) every Wednesday.
- Start and end times of training are decided by the assigned primary preceptor.



SAMPLE PRE-GRAD (MASTER'S) 1 YEAR SCHEDULE (8:30 am – 4:30 pm)						
TWO	Rotation Interval	Monday	Tuesday	Wednesday	Thursday	Friday
SEMESTER 1	TRAINEE 1	C/L Rotation	C/L Rotation	C/L Rotation Admin; Didactics; Group Supervision		
	TRAINEE 2			IP Rotation Admin; Didactics; Group Supervision	IP Rotation ADULT	IP Rotation ADULT
SEMESTER 2	TRAINEE 1	IP Rotation ADULT	IP Rotation ADULT	IP Rotation Admin; Didactics; Group Supervision		
	TRAINEE 2			IP Rotation Admin; Didactics; Group Supervision	IP Rotation PEDS	IP Rotation PEDS
SEMESTER 3	TRAINEE 1	IP Rotation PEDS	IP Rotation PEDS	IP Rotation Admin; Didactics; Group Supervision		
	TRAINEE 2			C/L Rotation Admin; Didactics; Group Supervision	C/L Rotation	C/L Rotation

Evaluation of Competencies

Baptist Behavioral Health views evaluation and feedback as essential components of the learning process. Ongoing evaluation of trainees occurs informally and formally, through regular supervision, review of written work, feedback from multidisciplinary staff, patient report, self-evaluations, direct observation data, and summative evaluations. In collaboration with trainees', Baptist Health's clinical supervisors identify training goals at the beginning of the year and discuss evaluation processes. Consistent evaluation practices serve to address specific training needs that may arise and encourage the trainee's overall professional growth.

Programmatic Evaluations

Trainees are evaluated throughout each semester rotation to ensure their performance levels match Baptist Health quality expectations and patient needs. Areas of evaluation include the nine domains of profession-wide competencies as outlined by the American Psychological Association Standards of Accreditation for Health Service Psychology (2015) competency areas.

Formative evaluations are less structured means of skill appraisal and occur across rotations. These include making documentation revisions, supervision dialogue focusing on training goal progress, and informal feedback following indirect or direct observation (e.g., one-way mirror observation of client contact, in room during an intake or test feedback session).

Summative evaluations are the formal and measurable assessments of trainee competencies, which occur at the end of each semester. This is a benchmark rating for overall progress and serves as an opportunity to highlight areas of potential growth. Summative evaluations are informed by multiple sources of data (e.g., direct observation, supplemental rotation performance, case/research presentations, supervision participation, professionalism, and competency rating scales). The evaluation rating measure uses a **5-point Likert scale**, ranging from "0" ("Unsatisfactory") to "4" ("Exemplary"). The scale requires that raters objectively assess the relationship between a competency area and the trainee's observable behavior. Trainees and preceptors are provided the **Summative Evaluation Guide** at the beginning of their academic year.

Supervisors will review summative evaluations with trainees. In addition, the trainee's supervisor, the Director of Clinical Training, and/or the Director of Education and Training communicate with academic departments regarding trainee progress as indicated. Records of all completed evaluations are then provided to the program administrator, trainee, and primary supervisor(s). This quality performance assessment serves to provide data for continual improvement and enhancement of the training program.

Program Acceptance Criteria

The **Pre-Master's Internship** is designed for graduate trainees who have completed one year of coursework in their current program and already hold a Bachelor's Degree in a relevant field of study. Appropriate candidates for this practicum/Pre-Master's Internship placement have completed coursework in human development, ethics, as well as individual and group counseling skills. Trainees must demonstrate the capacity and willingness to actively participate in intensive training and supervision. Trainees will be required to obtain additional Professional Liability (Malpractice) Insurance through their university, the American Counseling Association (ACA), National Association of Social Workers (NASW), or the Healthcare Providers Service Organization (HPSO). Trainees are not permitted to begin the training year without verification of coverage.

Application Requirements

Inquiries and applications are encouraged from all qualified individuals. Suitable fellowship applicants must be in good academic standing at their university/internship and have degree-in-hand upon commencement of postdoctoral training.

Pre-Master's Internship

The following application materials are to be sent electronically via email (BehavioralHealthEducation@bmcjax.com) to the Director of Education and Training within the **third week of March, annually**:

- Unofficial Graduate transcript
- Curriculum Vitae
- Cover Letter including training goals and reasons for applying to this site
- One letter of recommendation stating your eligibility/readiness for training
- One writing sample of choice (e.g., redacted progress note, treatment plan)

Interview Process and Candidate Selection

Qualified applicants are selected for interviews after a thorough review of application materials. Those candidates under consideration will be contacted by e-mail to schedule an interview. These meetings are conducted by the Baptist Behavioral Health administration and select members of the clinical training faculty. The interview process includes:

- Structured interview questions to assess clinical competencies
- Inquiry of clinical areas of interest, training/career goals, and theoretical orientation(s)
- Completion of a sample case conceptualization addressing diagnostic impressions and treatment recommendations (directions provided within initial interview scheduling email; conceptualization submitted via email prior to interview date)

Interviews are tentatively scheduled to occur in **mid-to-late April, annually**. In addition to a review of various application materials and interview screenings, trainee placement at Baptist Health is contingent on the results of background and employee health screenings.

Of note, pre-master's students will also complete the Baptist Health **Graduate Medical Education (GME)** application electronically. GME requires all trainees to be processed through **myClinicalExchange (mCE)**. Trainees will receive an email detailing the instructions for sending a rotation request via mCE and creating an account. GME cannot start processing trainees until this request is approved by mCE. Of note, there is an annual fee for the use of *myClinicalExchange*. When you are cleared to start your scheduled rotation, you will be notified (typically the week before) of your approval by GME. This approval communication will contain all your check-in and orientation information that pertains to the training program.



Psychiatric/Mental Health APRN Fellowship

The Psychiatric/Mental Health APRN Fellowship program is a two-year advanced-training experience. Our goal is to deliver a scholarly, intensive, empirically based, patient-centric curriculum to APRN fellows focused on continuity of care, excellence in evidence-based treatment, and interprofessional collaboration. The program is designed to build upon foundational knowledge and skills gained in PMHNP graduate programs. This program prepares nurse practitioners for professional leadership, education, and utilization of research into clinical practice. The training model is developmental in nature, with consideration given to the varying levels of skill and experience among fellows. The applied training methods also seek to be in accordance with Psychiatric-Mental Health Nursing: Scope and Standards of Practice 2014 Edition (APNA and ISPN); Population-Focused Nurse Practitioner Competencies: Psychiatric-Mental Health, (National Organization of Nurse Practitioner Faculties, 2013); ANCC Specialty Board Requirements; and The Florida Nurse Practice Act, Chapter 464, Florida Statutes.

Fellows train in a variety of behavioral health settings, use multiple therapeutic interventions, and conceptualize cases from different theoretical orientations. Fellows receive didactic and supervised training in case conceptualization skills, clinical interviewing, diagnostic assessment, and medication management. Training complexity in each area is based on developmental level. Fellows function as members of the interdisciplinary team, attending and contributing to relevant meetings as scheduling allows. Fellows are encouraged to integrate their prior academic coursework and professional experiences into their clinical training at Baptist Health to strengthen their overall learning outcomes.

Over the course of two years, approximately 20% of the curriculum is focused on clinical scholarship including interprofessional seminars, Psychiatry Grand Rounds, NP seminars, Journal Review, and fellows' Capstone project, whereas 80% of time is spent in Clinical Rotations. A Capstone Project is also presented at the end of the two-year fellowship. The purpose of the Capstone Project is to identify an area of need for practice change and an opportunity for the fellow to translate research into practice.

APRN Tracks and Rotations

- Adult/Peds/Adolescent Inpatient Units
- Adult/Peds/Adolescent Consult Liaison Service
- Emergency Department
- Telehealth
- Outpatient/Bridge

Reference Schedule – APRN Fellowship

Selected fellows commit to a two-year postgraduate experience consisting of a minimum of approximately 4,000 hours.

- Commences in October, annually.
- Minimum of 40 hours each week to fulfill supervised hours requirements; eventually included in call schedule rotation.
- Group supervision and didactic seminar occur virtually (or on-site) weekly.

SAMPLE APRN FALL COHORT 2 YEAR SCHEDULE (8:30 am – 4:30 pm)							
PGY	Rotation Interval	Quarter	Monday	Tuesday	Wednesday EDUCATION DAY	Thursday	Friday
YEAR 1	OCT – MAR	1 and 2	Adult Consult	Adult Consult	Adult Consult; Didactics	Adult Consult	Adult Consult; Group Supervision
	APR – SEP	3 and 4	Adult Inpatient	Adult Inpatient	Adult Inpatient; Didactics	Adult Inpatient	Adult Inpatient; Group Supervision
YEAR 2	OCT – DEC	1	Addiction Service	Addiction Service	Addiction Service; Didactics	Addiction Service	Addiction Service; Group Supervision
	JAN – MAR	2	MMH, Trauma, PHP/IOP	MMH, Trauma, PHP/IOP	MMH, Trauma, PHP/IOP; Didactics	MMH, Trauma, PHP/IOP	MMH, Trauma, PHP/IOP; Group Supervision
	APR – JUN	3	Wolfson Consult	Wolfson Consult	Wolfson Consult; Didactics	Wolfson Consult	Wolfson Consult; Group Supervision
	JUL – SEP	4	Adult Bridge Program	Adult Bridge Program	Adult Bridge Program; Didactics	Adult Bridge Program	Adult Bridge Program; Group Supervision

Evaluation of Competencies

Baptist Behavioral Health views evaluation and feedback as essential components of the learning process. Ongoing evaluation of trainees occurs informally and formally, through regular supervision, review of written work, feedback from multidisciplinary staff, patient report, self-evaluations, direct observation data, and summative evaluations. In collaboration with trainees', Baptist Health's clinical supervisors identify training goals at the beginning of the year and discuss evaluation processes. Consistent evaluation practices serve to address specific training needs that may arise and encourage the trainee's overall professional growth.

APRN Competencies, Skills, and Knowledge

Baptist Health defines performance standards based on established profession-wide competencies and training guidelines. This systematic and evidence-based approach is essential to the successful professional development of our students. To accomplish such outcomes, our program requires trainees to develop certain competencies that prepare them for professional practice as identified in Population-Focused Nurse Practitioner Competencies: Psychiatric-Mental Health, (National Organization of Nurse Practitioner Faculties, 2013). The Baptist Health APRN Fellowship Program emphasizes and evaluates the following nine Competency Areas:

1. Scientific Foundation
2. Leadership
3. Quality
4. Practice Inquiry
5. Technology and Information Literacy
6. Policy
7. Health Delivery System
8. Ethics
9. Independent Practice

Scientific Foundation Competencies – *Critically analyzes data and evidence for improving advanced nursing practice. Integrates knowledge from the humanities and sciences within the context of nursing science. Translates research and other forms of knowledge to improve practice processes and outcomes. Develops new practice approaches based on the integration of research, theory, and practice knowledge.*

Leadership Competencies – *Assumes complex and advanced leadership roles to initiate and guide change. Provides leadership to foster collaboration with multiple stakeholders (e.g., patients, community, integrated health care teams, and policy makers) to improve health care. Demonstrates leadership that uses critical and reflective thinking. Advocates for improved access, quality, and cost-effective health care. Advances practice through the development and implementation of innovations incorporating principles of change. Communicates practice knowledge effectively both orally and in writing. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.*

Quality Competencies – Uses best available evidence to continuously improve quality of clinical practice. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care. Applies skills in peer review to promote a culture of excellence. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies – Provides leadership in the translation of new knowledge into practice. Generates knowledge from clinical practice to improve practice and patient outcomes. Applies clinical investigative skills to improve health outcomes. Leads practice inquiry, individually or in partnership with others. Disseminates evidence from inquiry to diverse audiences using multiple modalities. Analyze clinical guidelines for individualized application into practice.

Technology and Information Literacy Competencies – Integrates appropriate technologies for knowledge management to improve health care. Translates technical and scientific health information appropriate for various users' needs. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. Coaches the patient and caregiver for positive behavioral change. Demonstrates information literacy skills in complex decision making. Contributes to the design of clinical information systems that promote safe, quality and cost-effective care. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies – Demonstrates an understanding of the interdependence of policy and practice. Advocates for ethical policies that promote access, equity, quality, and cost. Analyzes ethical, legal, and social factors influencing policy development. Contributes to the development of health policy. Analyzes the implications of health policy across disciplines. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies – Applies knowledge of organizational practices and complex systems to improve health care delivery. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. Minimizes risk to patients and providers at the individual and systems level. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. Analyzes organizational structure, functions, and resources to improve the delivery of care. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies – Integrates ethical principles in decision making. Evaluates the ethical consequences of decisions. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care

Independent Practice Competencies – *Functions as a licensed independent practitioner. Demonstrates the highest level of accountability for professional practice. Practices independently managing previously diagnosed and undiagnosed patients. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. Employs screening and diagnostic strategies in the development of diagnoses. Prescribes medications within scope of practice. Manages the health/illness status of patients and families over time. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.*

Programmatic Evaluations – APRN Fellowship

APRN fellows are evaluated throughout each semester rotation to ensure their performance levels match Baptist Health quality expectations and patient needs. Areas of evaluation include the nine domains of profession-wide competencies as outlined by Population-Focused Nurse Practitioner Competencies: Psychiatric-Mental Health, (National Organization of Nurse Practitioner Faculties, 2013).

Formative evaluations are less structured means of skill appraisal and occur across rotations. These include making documentation revisions, supervision dialogue focusing on training goal progress, and informal feedback following indirect or direct observation.

Summative evaluations are the formal and measurable assessments of fellow competencies, which occur at the end of each quarter. This is a benchmark rating for overall progress and serves as an opportunity to highlight areas of potential growth. Summative evaluations are informed by multiple sources of data (e.g., direct observation, supplemental rotation performance, case/research presentations, supervision participation, professionalism, and competency rating scales). The evaluation rating measure uses a **5-point Likert scale**, ranging from "0" ("Unsatisfactory") to "4" ("Exemplary"). The scale requires that raters objectively assess the relationship between a competency area and the fellows' observable behavior. The training program conducts regular programmatic evaluations to inform annual quality performance assessments. Fellows are asked for feedback regarding their experience throughout the academic year, during regular supervision and summative reviews of competency. At each formal evaluation period, fellows complete summative evaluations of their primary clinical supervisors, supplemental rotations, and the overarching training program. Preceptors will review summative evaluations with fellows. This quality performance assessment serves to provide data for continual improvement and enhancement of the training program.

Program Acceptance Criteria

The **APRN Fellowship** is designed for individuals who hold a Master's degree or Doctorate, are licensed in Florida, nationally board certified through the ANCC, and credential as a nurse practitioner with a specialty in Psychiatric-Mental Health. It is preferred that applicants have completed at least one training year in a hospital or acute psychiatric treatment setting; however, relevant professional experience will also be considered. Appropriate candidates for this fellowship have completed intensive coursework in psychopathology, medication management, clinical interviewing, and psychological assessment. Fellows must also demonstrate the capacity and willingness to actively participate in intensive training and supervision.

Licensing and Credentialing

In addition to a review of various application materials and interview screenings, the fellow's placement at Baptist Health is contingent on the results of background and employee health screenings, as well as degree, licensing, and credentialing requirements:

- Graduation within the past 12 months
- Proof of an active Florida APRN License by:
 - **July 1** for the Fall cohort
- ANCC Certification (PMHNP)
- DEA License

Overall, it is preferred that candidates demonstrate:

- Successful completion of relevant coursework surveying ethics, diagnosis, pharmacology, and intervention
- Relevant professional experience or clinical interest in health psychology
- Effective written/oral professional communication

NOTE: If the prospective APRN fellow has not demonstrated proof of completion for any of the above requirements by the respective cohort deadlines outlined above (see *APRN Fellowship Application Process and timelines within the forthcoming section*), **the fellow's application will be deferred to the next available cycle.**

Application Requirements

APRN Fellowship Application Process

The following application materials are to be provided electronically to BehavioralHealthEducation@bmcjax.com before the **fourth week in April (Fall Cohort), annually**:

- Official Graduate transcript
- Curriculum Vitae
- Three (3) letters of recommendation: (one must be from faculty member or graduate program); in a sealed envelope or directly from the reference via email.
- Envelopes or emailed directly from the individual writing the letter.
- Personal Statement (Maximum: two (2) pages):
 - What personal, professional, educational, and clinical experiences have led you to choose nursing as a profession, and the role of a mental health nurse practitioner as a specialty practice?
 - What are your aspirations for a Fellowship program?
 - Please comment upon your vision and planning for your short and long-term career development.

***The electronic application for this Fellowship via Baptist Health's website must also be completed to make your submission complete (additional details to be provided).**



Programmatic Timelines:

Fall Cohort

- Applications accepted: April
- Interviews Conducted: May
- Decisions sent: June
- Deadline to Pass Board Examination: June
- Deadline to Obtain FL APRN License: July 1st
- Fellowship Begins: October

Interview Process and Candidate Selection

Qualified applicants are selected for interviews after a thorough review of application materials. Those candidates under consideration will be contacted by e-mail to schedule an interview. These meetings are conducted by the Baptist Behavioral Health administration and select members of the clinical training faculty. The interview process includes:

- Structured interview questions to assess clinical competencies
- Inquiry of clinical areas of interest, training/career goals, and theoretical orientation(s)
- Completion of a sample case conceptualization addressing diagnostic impressions and treatment recommendations (directions provided within initial interview scheduling email; conceptualization submitted via email prior to interview date)

Interviews are tentatively scheduled to occur **mid-to-late May, annually**. In addition to a review of various application materials and interview screenings, trainee placement at Baptist Health is contingent on the results of background and employee health screenings.



Psychiatric Mental Health Nurse Practitioner (PMHNP) Training

The training program accepts Registered Nurses enrolled in Psychiatric Mental Health Nurse Practitioner (PMHNP) programs for visiting student-learning opportunities throughout the academic year. Students may be placed in various rotations to satisfy select coursework and program requirements (i.e., Psychopharmacology, Psychotherapy Across the Lifespan for Individuals, Families, and Groups, and Advanced Role Practicum).

Training is offered in the Fall and Spring, and if chosen as a “resident student,” both semesters will be completed with Baptist Behavioral Health. Summer placements are not provided. PMHNP candidates are encouraged to apply in April of each year to be included in the May interviews. Inquiries and applications are encouraged from all qualified individuals. Suitable applicants must be in good academic standing at their university. Candidates are not permitted to contact preceptors directly for placements. Students must be cleared for training by their program prior to applying.

Reference Schedule – Pre-Graduate (PMHNP)

Selected pre-Master’s resident student trainees commit to a yearlong placement consisting of a minimum of two full semesters. Training aligns with the academic calendar:

- Commences with Fall semester (tentative start date early September, annually).
- Concludes at the end of Spring semester (late April, early May)
- Minimum of 20 hours each week to fulfill degree requirements.
- Group supervision and didactic seminar occur virtually (or on-site) every week.
- Start and end times of training are decided by the assigned primary preceptor.

SAMPLE PMHNP PRE-GRAD 1 YEAR SCHEDULE (8:30 am – 4:30 pm)						
Interval	Trainee	Monday	Tuesday	Wednesday	Thursday	Friday
SEMESTER 1	TRAINEE 1			IP Rotation Admin; Didactics; Group Supervision	IP Rotation ADULT	IP Rotation ADULT
	TRAINEE 2	IP Rotation ADULT	IP Rotation ADULT	IP Rotation Admin; Didactics; Group Supervision		
	TRAINEE 3			IP Rotation Admin; Didactics; Group Supervision	IP Rotation PEDS	IP Rotation PEDS
	TRAINEE 4	IP Rotation PEDS	IP Rotation PEDS	IP Rotation Admin; Didactics; Group Supervision		

SEMESTER 2	TRAINEE 1			IP Rotation Admin; Didactics; Group Supervision	IP Rotation PEDS	IP Rotation PEDS
	TRAINEE 2	IP Rotation PEDS	IP Rotation PEDS	IP Rotation Admin; Didactics; Group Supervision		
	TRAINEE 3			IP Rotation Admin; Didactics; Group Supervision	IP Rotation ADULT	IP Rotation ADULT
	TRAINEE 4	IP Rotation ADULT	IP Rotation ADULT	IP Rotation Admin; Didactics; Group Supervision		

Evaluation of Competencies

Baptist Behavioral Health views evaluation and feedback as essential components of the learning process. Ongoing evaluation of trainees occurs informally and formally, through regular supervision, review of written work, feedback from multidisciplinary staff, patient report, self-evaluations, direct observation data, and summative evaluations. In collaboration with trainees', Baptist Health's clinical supervisors identify training goals at the beginning of the year and discuss evaluation processes. Consistent evaluation practices serve to address specific training needs that may arise and encourage the trainee's overall professional growth.

Program Acceptance Criteria

The training program accepts Registered Nurses enrolled in Psychiatric Mental Health Nurse Practitioner (PMHNP) programs for visiting student-learning opportunities throughout the academic year. Suitable applicants must be in good academic standing at their university and cleared for training by their program prior to applying. Of note, candidates are not permitted to contact preceptors directly for placements. Training is offered in the Fall and Spring, and if chosen as a "resident student," both semesters will be completed with Baptist Behavioral Health. Summer placements are not provided. Inquiries and applications are encouraged from all qualified individuals.

Application Requirements

PMHNP Application Process

Candidates are encouraged to apply in April of each year to be included in the May interviews. The following PMHNP student application materials are to be sent electronically to BehavioralHealthEducation@bmcjax.com before the **fourth week in April, annually**:

- Unofficial Graduate transcript
- Curriculum Vitae
- Cover Letter including training goals and reasons for applying to this site
- One letter of recommendation stating your eligibility/readiness for training

Inquiries and applications are encouraged from all qualified individuals. Suitable applicants must be in good academic standing at their university. Students must be cleared for training by their program's Director of Clinical Training prior to applying.

Interview Process And Candidate Selection

Qualified applicants are selected for interviews after a thorough review of application materials. Those candidates under consideration will be contacted by e-mail to schedule an interview. These meetings are conducted by the Baptist Behavioral Health administration and select members of the clinical training faculty. The interview process includes:

- Structured interview questions to assess clinical competencies
- Inquiry of clinical areas of interest, training/career goals, and theoretical orientation(s)
- Completion of a sample case conceptualization addressing diagnostic impressions and treatment recommendations (directions provided within initial interview scheduling email; conceptualization submitted via email prior to interview date)

Interviews are tentatively scheduled to occur **mid-to-late May, annually**. In addition to a review of various application materials and interview screenings, trainee placement at Baptist Health is contingent on the results of background and employee health screenings.

Of note, pre-master's students will also complete the Baptist Health **Graduate Medical Education** (GME) application electronically. GME requires all trainees to be processed through **myClinicalExchange** (mCE). Trainees will receive an email detailing the instructions for sending a rotation request via mCE and creating an account. GME cannot start processing trainees until this request is approved by mCE. Of note, there is an annual fee for the use of myClinicalExchange. When you are cleared to start your scheduled rotation, you will be notified (typically the week before) of your approval by GME. This approval communication will contain all your check-in and orientation information that pertains to the training program.

Training Program Faculty

The program faculty is composed of: the Vice President or Behavioral Health, the Director of Education and Training, the Director of Outpatient Operations, the System Director of Inpatient Operations, Medical Directors, APRN Service Line Chief, the Associate Directors of Outpatient Operations (Administrative and Clinical), psychologists, counselors, social workers, APRNs, psychiatrists, psychiatric nurses, and additional licensed faculty involved in the direct individual supervision of the trainees during each academic year. All Baptist Behavioral Health staff may be involved in direct teaching or supervision of interns.



Behavioral Health Administration

The Behavioral Health Education Program is directed by a dynamic leadership team. Each member provides programmatic insight and ensures a high standard of training. The program is continuously improved through various evaluation and development activities. Behavioral health administrative faculty and clinical supervisors maintain ongoing contact to provide guidance as needed.



Terrie Andrews, PhD (Vice President - Behavioral Health, Director of Clinical Training) is a licensed clinical psychologist with a distinguished background in business operations and clinical development. Dr. Andrews received her Doctor of Philosophy (PhD) from Florida State University in Tallahassee, Florida. She also earned her Master of Science (M.S.) in Psychology and a Specialist in Psychology (Psy.S.) from Nova Southeastern University in Ft. Lauderdale, Florida. Dr. Andrews is fellowship-trained in the provision of psychological services within trauma and acute care settings. She has worked at Baptist Health since 2013 in both clinical and administrative capacities. Dr. Andrews has been instrumental in expanding consultative services at Wolfson Children's Hospital, in addition to providing psychological testing and psychotherapy to children and adults across the region. In her current role as System Administrator of Baptist Behavioral Health, Dr. Andrews provides direction and oversight in clinical, operational, financial, and strategic planning for Northeast Florida's largest healthcare system. Dr. Andrews' dedication to improving mental healthcare in Jacksonville, FL is evident in her consistent and collaborative approach to organizational leadership. Currently, Dr. Andrews' professional affiliations include Florida Psychological Association, the National Academy of Neuropsychology, and the National Register of Health Service Psychologists.



Francesca Varallo Sims, PsyD (Director of Education and Training) graduated from Medaille College in Buffalo, N.Y. with her doctoral degree in Clinical Psychology. Dr. Varallo Sims has trained in acute and outpatient neurorehabilitation settings that specialized in the provision of psychological assessment. She completed her doctoral internship at Central New York Psychiatric Center, which focused on Forensic Psychology in maximum-security correctional settings. Dr. Varallo Sims completed a postdoctoral fellowship in Clinical Health Psychology at UF Health Jacksonville, in affiliation with the University of Florida College of Medicine. There, she provided consultation and liaison psychological services within a Level I Adult and Pediatric Trauma Center. Populations served included patients of all ages with traumatic brain injury, stroke, spinal cord injury, and other critical illnesses. As the Director of Education and Training for Baptist Health and Wolfson Children's Hospital, Dr. Varallo Sims oversees programmatic and departmental operations of behavioral health education for providers of all disciplines. In addition to her hospital administration role, Dr. Varallo Sims is a professor of psychology, on adjunct faculty in the Department of Social and Behavioral Sciences at Florida State College of Jacksonville.



Kendra Wagner, M.A., ATR-BC, ATCS, LMHC (Director Baptist Behavioral Health, Outpatient) is a board-certified Art Therapist as well as a Licensed Mental Health Counselor with extensive clinical experience across multiple inpatient settings. Throughout her career, Kendra has worked with various populations, age ranges, and mental health diagnoses. With this comprehensive clinical background, she launched an administrative career in 2010 and became an Associate Director of a 250-bed inpatient psychiatric hospital in New Jersey. Kendra later transitioned into a director position at this facility in 2013. In 2015, Kendra joined Baptist Behavioral Health in a clinical administration capacity. She became the Director of Baptist Behavioral Health (Outpatient) in 2017, and since that time, advanced both the clinical and operational offerings of the department. Specifically, Kendra has developed six distinct specialty service lines to address the unique treatment needs of various behavioral health populations. Over the past three years, Kendra has successfully doubled the department's size, improving community access to mental healthcare. In addition, she has served as a mentor to emerging leaders, clinicians, and administrative staff, all to facilitate their professional growth. Kendra's skilled direction of the outpatient department has resulted in significant advancements for staff and patients.



Rhett Bennie, BSN, RN, MSHA (System Director Baptist Behavioral Health, Inpatient) is a Registered Professional Nurse with a background in psychology and inpatient operations management. Following his career in medical surgical units, home health, and acute psychiatric settings, Rhett received an advanced degree from St. Francis University, in Joliet, Illinois. There, he graduated with a Master of Science in Healthcare Administration. Prior to joining Baptist Health, Rhett served as the Behavioral Health Program Director at Memorial Health University Medical Center in Savannah, GA. Throughout his career, Rhett has championed clinical quality and patient safety initiatives, performance improvement, customer and employee satisfaction, in addition to facilitating the integration of behavioral health service lines in existing health systems. His current direction of the Baptist Behavioral Health inpatient units has advanced the standard of patient care and led to improved psychiatric outcomes across the region.



Savitha Puttaiah, MD (Medical Director of Baptist Behavioral Health). Dr. Puttaiah is a board-certified psychiatrist and a fellow of the American Psychiatric Association. She completed her residency at Johns Hopkins Hospital in Baltimore, MD and a Fellowship at Duke University. Dr. Puttaiah has a wide range of experience in various inpatient and outpatient treatment settings, including as an attending hospital psychiatrist for the past eight years. Dr. Puttaiah primarily focuses in inpatient psychiatry has a particular interest in mood disorders. Her areas of expertise include: Mood disorders, Affective disorders, and Hospital based psychiatry.



Michael De La Hunt, MD (Medical Director of Wolfson Children's Hospital Psychiatric Inpatient). Dr. De La Hunt attended medical school at the University of Minnesota and completed his residency at Brown University. He is board-certified by the American Board of Psychiatry and Neurology (Child and Adolescent Psychiatry) and the American Board of Pediatrics (Pediatrics). At Baptist Health, Dr. De La Hunt primarily works as a hospital-based psychiatrist and administrator within the inpatient pediatric unit.



Karen McNeely, DNP, ARNP-BC (Chief ARNP – Baptist Behavioral Health, Bridge Program). Dr. McNeely is a board-certified adult psychiatric-mental health nurse practitioner who provides each patient with an opportunity to “tell their story” in a non-judgmental and supportive environment. Dr. McNeely believes in meeting people where they are and assisting them on their journey towards achieving physical, mental, and social well-being. Her areas of expertise include: Depression, Anxiety-related disorders, ADHD, Mood disorders, Medication management, Partial hospital program, and Tele-behavioral health.



Amanda Brown, BS (Associate Director of Outpatient Operations – Administrative) graduated from Eastern Illinois University with her Bachelor's degree in Biology. With this foundation, she went on to explore the field of Zoological Sciences, and later, mental health administrative operations. Amanda has worked in various administrative roles for Baptist Behavioral Health since 2009. Throughout the past 11 years, Amanda's supervision and organizational guidance has been integral to the department's growth and success within the Jacksonville community. Her leadership of administrative staff is an essential factor in maintaining efficient outpatient mental health operations and provision of quality healthcare.



Carol Visconti, LMHC (Associate Director of Outpatient Operations – Clinical) graduated from LaSalle University with a Master of Arts focused in Clinical-Counseling Psychology. Since then, Carol has excelled within the mental health care industry across various roles. She joined Baptist Behavioral Health in 2015 as a Licensed Mental Health Counselor. In this position, her areas of expertise included: Crisis Intervention, Clinical Supervision, Anger Management, DBT, and Cognitive Behavioral Therapy (CBT). In her administrative career at Baptist Health, Carol has worked as the Manager of Acute and Crisis services in the Behavioral Care Management department. She is now serving as the Associate Director of Outpatient Operations (Clinical) and has demonstrated strong leadership in mental healthcare services.



Kristi Keidel Seybolt, LMHC (Manager of Inpatient Social Services) graduated from the Florida State University with a Bachelor's Degree in Psychology, and minors in Criminology and Early Education. She continued her education at FSU to earn a Master of Science degree in a dual track for Rehabilitation Services and Mental Health Counseling. She became a Licensed Mental Health Counselor in 1997. Early in her career, she worked with at-risk families, trainees and youth in various programs. Kristi provided clinical and respite services in the home, juvenile detention centers, and in vocational and educational settings. As a military spouse and with frequent relocations, she was able to attain clinical coordinator roles in county and state agencies in Maryland, Virginia and Florida. Once settled back in Florida, she supported the foster care system through parent education, community fundraising, and family preservation. Along her career, she has contributed to her organizations in administrative positions. Kristi served as a Lower School Guidance Counselor for six years before returning to management. In 2017, she joined Wolfson Children's Hospital as the Team Lead for the pediatric inpatient behavioral health unit, and the adolescent Intensive Outpatient Program and Partial Hospitalization Program. Since, she has advanced to the Manager of Inpatient Social Services for the Baptist behavioral health system. Kristi's supervision and oversight now includes the adult behavioral health unit. With expansion of pediatric inpatient services, her leadership has broadened to build her therapy team to implement and facilitate clinical programming and care across the service line.



Linda Spadaro, LMHC (Manager of Baptist Crisis Management) is originally from Lexington Kentucky but has been in the Jacksonville area for 30 years. She graduated with a Bachelor's degree in Psychology from Jacksonville University in 1993 and a Master's in Counseling Psychology degree from the University of North Florida in 2004. Linda did her clinical internship at the Women's Center of Jacksonville in 2005. Over the years, Linda has worked with children in foster care, with juvenile justice involvement, and children and adolescents with both mood and psychotic disorders in various levels of care. Linda has also worked with adults in settings such as emergency rooms, inpatient, outpatient and incarcerated individuals with acute mental health needs. Linda has a small private practice and is a qualified supervisor for LMHC registered interns. Therapeutic orientation includes exploration of early attachments, Mindfulness training, and Narrative therapy. Professional interests include trauma focused CBT, DBT, CISM. Personal interests include Hatha and Nidra yoga, horseback riding, hiking and how stress impacts health outcomes.

Clinical Training Faculty

A variety of theoretical orientations and clinical interests are represented within the clinical training faculty, which is comprised of licensed psychologists and neuropsychologists, in addition to licensed Master's-level clinicians, APRNs and Psychiatrists. Faculty work collaboratively with multidisciplinary teams, providing inpatient and outpatient treatment, psychological assessment, as well as rehabilitative and consultative-liaison services.

Outpatient Psychology And Bridge Program



Andrew King, PhD is a licensed psychologist with more than 20 years of experience with adults, including serving as a director of college counseling services. He believes in encouraging and empowering his patients to make the necessary changes for a fulfilling life without increased distress or loss. His areas of expertise include: Depression, Men's issues, Collegiate issues, Grief counseling, Marital/couple's issues, Abuse and neglect issues, Anxiety and panic disorders, and Post-traumatic stress disorders.



Stefanie Paliatsos, PhD is a fellowship-trained licensed psychologist with extensive experience working with a variety of medical populations. Dr. Schwartz utilizes a variety of approaches when treating patients, including cognitive-behavioral therapy. She has a research background, having published articles and book chapters and presented at national conferences. Her areas of expertise include: Bariatric surgery evaluations, eating disorders and behavioral weight management, Women's health, Health psychology, Caregiver stress and burnout, Infertility, Depression, Anxiety and stress management, and Oncology.



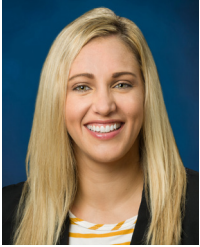
Dallas Webb, PsyD is a licensed clinical psychologist who works with those wanting to make meaningful sustainable healthy behavior changes. He provides services in an outpatient setting, both virtually and in person. He has special interests and experience in niche fitness populations such as the bodybuilding and powerlifting community. His areas of expertise include: Obesity, Bariatrics, Weight Loss, Eating Disorders and Body Dysmorphia.



Katie Mahon, PhD is a licensed psychologist that trained as both a clinician as well as a researcher. Dr. Mahon has published numerous academic papers and her knowledge of the brain informs her clinical work allowing her to view psychological distress and functioning from both a neural as well as a person-centered framework. Her areas of expertise include: Anxiety, Obsessive Compulsive Disorder, Depression, Post-Traumatic Stress Disorder, Bipolar Disorder, Schizophrenia, and Adjustment Difficulties.



Sarah Robinson, PhD is a licensed psychologist and a board-certified behavior analyst with more than 30 years of experience treating behavior disorders. Dr. Robinson's primary focus is working with people of all ages who have autism spectrum disorders or developmental disabilities. Her areas of expertise include: Parent training, Applied Behavior Analysis, Autism Spectrum Disorders, Childhood behavior disorders, Childhood anxiety disorders, in addition to Intellectual and Developmental disabilities.



Kristen Galloway, PhD is a licensed psychologist that has been practicing for a decade and believes that therapy is a balance of accepting things you cannot change and changing the things you can. Dr. Galloway relies heavily on her background in dialectical behavior therapy (DBT) and value-based therapy. Her areas of expertise include: DBT, Anxiety, Depression, Family conflict, Value-based therapy, Impulsive behavior, and Behavior management.



Nicole Winter, PsyD is a licensed clinical psychologist with a diverse background in clinical health/medical psychology. Her experience includes working at a Level I trauma center, a VA medical center and a university counseling clinic and medical school. Dr. Winter's philosophy of care is holistic in that she strives to get to know a patient as a whole, integrated person, rather than just treating their presenting complaint and symptoms. Her areas of expertise include: Geriatrics, Aging and Older Adult Behavioral Health, Health/Medical Psychology and Chronic Pain, Grief/Loss, and Adjustment Issues and Phase of Life Problems.



Lauren Tressler, PhD is a licensed psychologist who delivers a wide variety of therapeutic techniques, taking a personalized approach and working closely with each client to develop an individualized treatment plan. An advocate of wellness, she focuses her practice on helping clients adjust and thrive through life transitions and difficult times. Dr. Tressler's areas of specialty include: Obsessive Compulsive Disorders, Personality Disorders, Trauma and resilience, Anxiety and stress management, in addition to Depression and adjustment issues.



Tyrenia O. Cross, PhD, LMHC, CST is a Licensed Mental Health Counselor and Clinical Sexologist. Dr. Ty has worked with various populations including children, adults, families, and couples. Professional areas of expertise include trauma, family crisis, relationship conflicts, domestic violence, chemical dependence, sex-related issues, and mood disorders, including depression and anxiety.



Dorie Hanson, LMHC is a Licensed Mental Health Counselor and a certified crisis prevention instructor with a history of serving children, adults and couples in both individual and group therapy settings. She is involved in various mental health organizations aimed at collaboration, improvement, and advocating for patients struggling with mental health concerns. Her areas of expertise include: Grief, Anxiety, Trauma, Depression, LGBTQ advocacy, Domestic violence, Stress management, and Major life transitions.



Dylan Cummings, LCSW is a Licensed Clinical Social Worker with a passion for working with adolescents and families. He has a background in cognitive behavioral therapy with training in DBT and solution-focused therapy. Dylan's treatment philosophy is strengths-based, believing that individuals have the potential within themselves to grow and make positive change. He strives to build trust and create an individualized and comprehensive approach with clients. Dylan has worked with children, adolescents, and adults in individual, group, and family therapy across outpatient, hospital, and school-based settings. His areas of expertise include: Depression, Anxiety, Family issues, School related stress, Trauma, and Adolescent adjustment difficulties.



Danielle Newsholme, LCSW is a licensed clinical social worker and qualified supervisor. She has experience working in both mental health and medical case management. Danielle has worked with various populations including geriatrics, children, adults, and families. Professional areas of expertise include family systems, grief, crisis intervention, depression, and anxiety.



Aubrey Brown, LCSW is a Licensed Clinical Social Worker who has worked within the Baptist Health System for 14 years. She started her career in 2008, working in the adult inpatient behavioral health department and has since worked with adolescents in both the inpatient and outpatient setting, as well as on the medical social work team. Her areas of expertise include: Mood and Adjustment Disorders, Crisis Stabilization and administrative clinical support.



Emily Durik, LMHC, is Licensed Mental Health Counselor. She enjoys group therapy, individual therapy, and couples counseling. She is both comfortable and effective working with a broad assortment of patients, from those seeking enrichment and wellness to those in significant emotional distress.



Erin Nurse, LMHC, is Licensed Mental Health Counselor. She began her career in mental health in 2014 after graduation from Rollins College in Winter Park, FL. She received NOVA crisis response training and is an active member of FCRT. Erin has extensive experience with clients experiencing suicidal ideation, self-harm behaviors, and episodes of suicidal behavior. Her areas of expertise include Trauma Survivors, Crisis Management, Depression Management and Personality Disorders



Shannon Silvestri, MA, LMHC, LPC, a licensed mental health counselor who graduated from Lindenwood University with her Master's degree in counseling. Her passion is helping families, teens, children and individuals as they navigate the wide variety of challenges that life presents. Shannon's experience includes working with individuals and families as well as members of the military community who are going through transitions in their careers and relationships. She currently works in the Collaborative Care Model (CoCM) as a lead for the innovative program which connects Primary Care patients to Behavioral Health services.

Neuropsychology



Karen Sandbach, PhD is a clinical psychologist specializing in lifespan neuropsychology. She is a well-rounded clinician with a wealth of experience working with pediatric, adult, and senior populations. Her areas of expertise include: Neuropsychology, Stroke, Traumatic brain injury, ADHD, Autism, Neurodegenerative disease, and Neurodevelopmental disorders.



Christopher Rackley, PsyD is a board-certified pediatric neuropsychologist. Dr. Rackley has been working with children and adolescents for more than 20 years, first as a clinical social worker and later as a fellowship-trained pediatric neuropsychologist, specializing in the field of Pediatric Brain Injury. He has experience in both inpatient and outpatient rehab settings. His areas of expertise are: Neuropsychological assessment, Pediatric neuropsychology, Traumatic brain injury, Cognitive rehabilitation, Rehabilitation psychology, and Pediatric psychology.



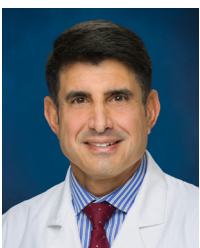
Rebecca Penna, PhD is a clinical neuropsychologist who works with patients across the lifespan and uses a developmental approach to understand her patients and help them and their families navigate life's transitions. Dr. Penna specializes in epilepsy, traumatic brain injury, and other neurological diseases, as well as neurodevelopmental conditions, such as autism, ADHD, and learning disabilities. Her areas of expertise include: Autism assessment, psychological assessment, and Neuropsychological assessment.



Karina Jeifez, PhD is a clinical neuropsychologist that graduated with her degree in 2004. Nearly all of her pre- and post-doctoral experience was focused on pediatric neuropsychology and clinical psychology. In addition to her professional achievements and work within these specialties, Dr. Jeifez also provides psychological services in Spanish. Throughout her career, Dr. Jeifez has worked extensively with patients speaking other languages. Dr. Jeifez's areas of special interest include: Neuropsychological Assessment, Autism Spectrum Disorders, Learning Disabilities (ADD/ADHD), Early Childhood and Developmental Concerns, Mood and Anxiety Disorders, Disruptive Behaviors, and Social Skills.



Adeline León, PhD is a bilingual clinical neuropsychologist specializing in the evaluation of adults referred for dementia, stroke, epilepsy, brain injury, and complex medical conditions. Dr. León uses her experience in cognitive rehabilitation to develop individualized recommendations, emphasizing cognitive strategies to improve quality of life for patients and their families. Her areas of expertise include: ADHD, Epilepsy, Neuropsychological testing, Bilingual/Spanish evaluations, Dementia/Alzheimer's disease, Cross-cultural neuropsychology, in addition to Stroke and traumatic brain injury.



Joseph Sesta, PhD, MP is fellowship trained and triple board certified in Adult and Pediatric Neuropsychology, Medical Psychology, with added qualifications in the subspecialty of forensic neuropsychology. With over 30 years of clinical practice, he holds a postdoctoral degree in Clinical Psychopharmacology and is a licensed Medical Psychologist (M.P.) in Louisiana where he specializes in pharmacotherapy for complex mood and anxiety disorders. His areas of expertise include: Adult Neuropsychology, Pediatric Neuropsychology, Medical Psychology and Forensic Neuropsychology.



Tannahill Glen, PsyD, ABPP is a board-certified Clinical Neuropsychologist specializing in the assessment of neurologic conditions in adult and geriatric populations. She has extensive training and more than 20 years of experience in traumatic brain injury, dementias, stroke, tumor, epilepsy, movement disorders and psychiatric disorders. Her areas of expertise include Dementia, Stroke, Brain Injury, Epilepsy, Oncology, Neurodevelopment and Movement Disorders.

Hospital-Based and Inpatient Psychology/Counseling



Sara Bertoch, PhD is a clinical psychologist who has spent the past nine years working to strengthen her expertise in the psychological management of various health-related needs, including traumatic spinal cord and brain injuries, stroke, chronic pain, and other neurological disorders. Her areas of expertise include: Rehabilitation psychology, Health Psychology, Medical consultation/liaison, and Maternal mental health.



Maria Anastasiades, PsyD is a fellowship-trained, clinical health psychologist and a member of the Society for Health Psychology who provides psychosocial treatment for chronic health conditions. Dr. Anastasiades specializes in hospital-based care and has experience working as a part of multidisciplinary healthcare team. Her areas of expertise include: Life-threatening/terminal illness Behavioral pain management, Coping with physical health issues, Stress, and Presurgical evaluations.



Mary "Meg" Crotty, PsyD is a clinical health psychologist who has worked with a number of populations in her training years including childhood trauma, chronic pain and substance use disorders. She has focused this last year on strengthening her expertise working with various health-related needs, neurological disorders, stroke, and maternal mental health. Her areas of interest include: Health Psychology, medical consultation/liaison, and working with families in the NICU.



Michelle K. Leon, LMHC is a Licensed Mental Health Counselor who practices from a person-centered therapeutic foundation with a focus on Positive Psychology. Michelle assists her clients in finding purpose and meaning in life while improving one's overall satisfaction and well-being. She utilizes evidenced based interventions specific and individualized to the needs of each client. Her areas of expertise include PTSD, moral injury, sexual trauma, eating disorders, substance use disorders, serving the LGBTQI+ population, and gender identity. Michelle is trained in EMDR, is a Certified Transgender Care Therapist, and is currently working on her certification in eating disorders and PhD in Clinical Sexology.

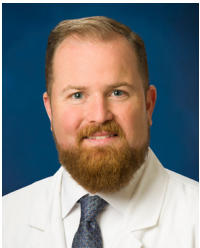


Pamela Eccles-Wakefield, LCSW is a Licensed Clinical Social Worker that received her Master's in Social Work from Florida State University. Pamela leads a team of behavioral health clinicians on the inpatient adult psychiatric unit. She provides psychosocial assessment and evaluation, discharge planning, and participates on interdisciplinary treatment team. Pamela is also central to the unit's group facilitation and education, individual and group counseling. Specialty populations treated include: vulnerable adults without housing, adults with dual diagnosis, Chemical Dependency and/or severe mental illness.



Julia Zelezny, LCSW is a licensed clinical social worker who graduated with a Master's degree in Social Work from the University of Central Florida (UCF). Julia has a passion for working with both pediatric and adult mental health populations. Her clinical experience was strengthened post-graduation at Mental Health Resources Center as a Crisis Assessor in the Emergency Department. After obtaining licensure, she joined Baptist Health, and now works in the Emergency Department as a Lead Mental Health Evaluator. There, Julia provides guidance and support to the Mental Health Evaluator team completing clinical documentation, counseling and streamlining the communication between our interdisciplinary team members. In addition to working in the Emergency Department, she is a Consult Liaison Therapist in the Psychology Department of BMC and WCH.

Psychiatry



Marek Hirsch, MD (ED Service Line Chief, Adult Psychiatry). Dr. Hirsch attended the University of Miami Miller School of Medicine. He is fellowship-trained in Electroconvulsive Therapy. Additionally, Dr. Hirsch is board certified in psychiatry by the American Board of Psychiatry and Neurology. He is a dedicated physician who uses a multi-disciplinary team approach to treating patients with a wide range of psychiatric disorders. His areas of expertise include: Men's Mental Health, inpatient psychiatry, and ECT.



Jonathan Browning, MD, is a member of the American Psychiatric Association and the Florida Psychiatric Society who takes a patient-centered, goal-oriented approach towards treatment. Dr. Browning enjoys developing therapeutic relationships with his patients and building a supportive atmosphere to strengthen their sense of well-being. His areas of expertise include: Depressive disorders, Anxiety disorders, Bipolar disorders, Obsessive compulsive disorder, ADHD, Schizophrenia and psychosis, and PTSD.



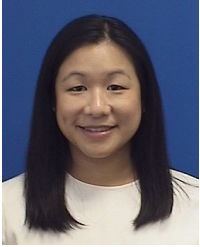
Blazen Draguljic, MD is a Child and Adolescent Psychiatrist for Baptist Health (Hospital-Based). Dr. Draguljic is boarded by American Board of Psychiatry and Neurology (Psychiatry) and the American Board of Psychiatry and Neurology (Child and Adolescent Psychiatry).



Joshua Proemsey, MD is a Child and Adolescent Psychiatrist for Baptist Health (Hospital-Based).



Andrew Rucker, DO is a Psychiatrist for Baptist Health (Hospital-Based).



Alice Trice, APRN is a Jacksonville Advanced Practice Registered Nurse (Hospital-Based) for Baptist Health.



Richelle Ricer, APRN is a Jacksonville Advanced Practice Registered Nurse (Hospital-Based) for Baptist Health.

Goals And Expectations of Faculty

The goal of our faculty is to provide foundational clinical knowledge to increase trainees' development, and thereby, produce competent, ethical health service psychologists and master's-level clinicians. The Baptist Health psychology staff is committed to guiding trainees toward skill mastery and supporting their autonomy. This is accomplished by continuously assessing trainee needs, level of experience/skill, and areas for growth. Staff consistently afford trainees various opportunities for learning that are matched to their developmental level and clinical interests. Across all the rotations, there is a strong emphasis on working effectively with diverse populations. To increase appreciation and acceptance of multiculturalism, staff promote a training environment that values diversity, inclusion, and individual differences.

Faculty aim to produce well-trained trainees that go on to secure quality practica, internships, and have professional success in the field of psychology. Their achievement reflects the hospital and training programs' values of providing exceptional healthcare and education. Psychological staff seek to increase trainees' professionalism and familiarity with clinical work in an integrated healthcare setting. This involves working as part of a multidisciplinary treatment team and collaborating with staff to provide comprehensive psychological care. Overall, faculty strives to:

- Increase trainees' knowledge of a wide range of psychopathology and levels of acuity
- Enhance conceptualization and psychodiagnostic skills through exposure to DSM-5 criteria, a variety of assessments, and treatment interventions
- Increase development of therapeutic skills using multiple theoretical perspectives
- Promote trainee membership as an active participant in the interdisciplinary treatment team; encourage formation of collaborative professional relationships to facilitate consultation
- Provide training that incorporates various implications and applications of the ethical principles of psychologists and counselors, as articulated through the Ethical Principles of Psychologists and Code of Conduct (APA, 2016) and the 2014 ACA Code of Ethics.

Hospital Policy and Procedure Compliance

Baptist Health policies and procedures support the organization's mission to provide quality health care services in a safe atmosphere that fosters respect and compassion. This is accomplished through respecting patient rights and acknowledging personal responsibility in upholding an exceptional standard of care. All Baptist Health policies and procedures apply to trainees. Such procedural documentation is provided during trainee onboarding and included in the Training Manual.

Patient Rights

Ethics (Code of Conduct)

Baptist Health maintains a respectful, safe, and ethical environment for patients to receive healthcare by endorsing Medical Ethics. The four basic concepts of Medical Ethics are:

- *Beneficence*: Healthcare providers have a duty to: Do good, Act in the best interest of patients, Act in the best interest of society.
- *Non-maleficence*: Healthcare providers have a duty to: Do no harm to patients, Do no harm to society.
- *Respect for patient autonomy*: Healthcare providers have a duty to protect the patient's ability to make informed decisions about his or her own medical care.
- *Justice*: Healthcare providers have a duty to be fair to the community. Providers have a duty to promote the fair distribution of healthcare resources.

Baptist Health respects the patient's:

- Cultural and personal values, beliefs, and preferences
- Right to privacy
- Right to effective communication
- Right to pain management You should put your respect for patient's rights into action by:
 - Treating each patient in a respectful manner that supports his or her dignity
 - Involving each patient in his or her care, treatment, and services
 - Accommodating religious or other spiritual services
 - Treating patients with common courtesy



Diversity and Culturally and Linguistically Appropriate Services (CLAS)

Cultural competence means providing care in a way that considers each patient's values, beliefs and practices. Culturally competent care promotes health and healing. Baptist Health values the preservation of dignity, respect for persons and their individual autonomy. The training program also recognizes the importance of fostering sensitivity to, and appreciation of, cultural and individual diversity; and thus, offers specific didactics to assist trainees in effectively practicing in multicultural and pluralistic environments.

Respect, Safety and Non-Discrimination: All patients have the right to fair and equal delivery of healthcare services. This is true regardless of:

- Race
- Ethnicity
- National origin
- Religion
- Political affiliation
- Level of education
- Place of residence or business
- Age
- Gender
- Gender identity
- Marital status
- Personal appearance
- Mental or physical disability
- Sexual orientation
- Genetic information
- Source of payment

Trainee Rights and Responsibilities

Trainees have the right to a coherent and organized description of the psychology training process and relevant standards that are employed to measure their clinical performance. Trainees also have the right to obtain regular and constructive feedback from their supervisors regarding their progress toward goal attainment and clinical effectiveness. Moreover, trainees have the right to work alongside clinical supervisors that respect and adhere to the rules/regulations governed by the State of Florida Board of Psychology, APA Ethical Principles of Psychologists and Code of Conduct (2016), and the 2014 ACA Code of Ethics. Across the training year, trainees have the right to a professional and respectful learning environment that is free from discrimination/bias, all forms of harassment/abuse, inadequate supervision, and any exploitative tasks.

The Baptist Health training program is designed to be supportive of trainees' needs. Trainees have the right to communicate any concerns, questions, or suggestions regarding their clinical experience. If trainees have concerns related to a rights violation, they are expected to notify the Director of Education and Training promptly. In unprecedented circumstances, the program acknowledges the potential for interpersonal conflict among trainees and clinical staff, or that trainees may not meet training expectations. If such situations occur, trainees are granted grievance/due process rights and responsibilities outlined in the Training Manual. The Director of Education and Training is available to assist with any concerns related to program design, training curriculum, and/or trainee rights.



Ensuring Effective Communication with Patients

It is the policy of Baptist Health to ensure effective communication between staff and patients by complying with all applicable laws and regulations relating to the provision of services to patients with a limited proficiency of the English language and patients with disabilities who require the use of auxiliary aids to accommodate special communication needs.

Management of Disruptive Behavior: Patient or Visitor

Baptist Health is committed to providing a safe, therapeutic environment for patients, their families, visitors, physicians, volunteers, and team members. Baptist Health is a zero-tolerance zone for: abusive language, disruptive outbursts, harassment, threats, violence, or weapons. Anyone who exhibits any of these behaviors or has a weapon will be removed from the hospital by Security/Protective Services. If you observe someone exhibiting any of these behaviors or harboring a weapon, notify Security, Protective Services or ask a team member to do so immediately.

Key Updates to Baptist Health HIPAA Privacy Policies and Procedures

It is the policy of Baptist Health to train all members of its workforce who have access to protected health information (PHI) on its privacy policies and procedures. Baptist Health will comply fully with all HIPAA requirements and all members of the Workforce are expected to comply with Baptist Health's privacy policies and procedures.

Dress Code

Baptist Health issued name badge must be always worn. This badge must be worn on the upper torso clipped to the clothes or on a lanyard, not clipped at the lower torso. All personnel are expected to be neat, clean and well-groomed at all times and present a professional/business appearance.

Direct and Indirect Hours

Trainees are responsible for maintaining a log of activities and clinical hours using existing software or manual methods (e.g., Time2Track, Tevera, and Microsoft Excel). This documentation is reviewed by clinical preceptors and signed during supervision meetings. It is strongly recommended that trainees and supervisors keep personal copies of all logs and supportive documentation (i.e., weekly schedules) to ensure university or state licensing requirements are satisfied. Clinical hours are divided into the below domains:

Direct Contact Hours (approximately 50% of time spent in direct contact):

- Providing face-to-face therapeutic interventions in individual, group, and family therapy (virtual or in-person)
- Engaging in co-therapy with their site supervisor or other BBH clinician (i.e., having an active role in the session)
- Conducting clinical intake interviews with patients
- Providing crisis intervention services
- Administering psychological assessments

Indirect Contact Hours:

- Attending and participating in clinic/unit team meetings
- Shadowing ancillary staff or preceptor without direct or active involvement in the session
- Participating in individual supervision and group supervision
- Completing EHR documentation (intake evaluations, diagnostic/assessment reports, progress notes, case conceptualizations, treatment plans, discharge summaries)
- Attending weekly didactics and monthly Grand Rounds
- Attending professional workshops, conferences, trainings, etc.
- Assessment scoring
- Case presentation and consultation
- Conducting research
- Peer supervision

Primary Responsibilities of Trainees:

- Observe clinical and ancillary staff conducting their daily responsibilities. As part of this process, trainees become familiar with the behavioral health administration, staff, clinical operations, and multidisciplinary duties in an integrated healthcare setting.
- Actively participate in weekly individual and group supervision. This includes advanced planning for supervision meetings, such as prior review of cases and assigned literature, preparation of questions/concerns to discuss, provision of work samples (e.g., intervention/treatment recommendations to present for discussion, supporting literature, clinical documentation/test data), as well as overall engagement in supervision discussions.
- Participate in a weekly didactic seminar that surveys psychological theory and clinical applications. Topics include a range of evidence-based practices and specialty areas of psychology.
- Provide psychological services for patients experiencing a range of clinical symptoms (NB: readiness to provide such services independently is based on a continual assessment of the trainee's developmental level).
- With proper training and supervision, trainees:
 - Provide psychological interventions during individual and/or group therapy
 - Perform scoring/interpretation of various psychological assessments
 - Coordinate additional psychological services of patients, including: facilitating consultations with the psychiatry, making referrals to appropriate specialty providers and BBH staff to recommend additional community resources/agencies.
- Maintain appropriate and current documentation of all clinical records in EMR, according to Baptist Health protocols and expectations.
- Trainees may, as appropriate and according to expressed interests, can:
 - Become familiar with and observe multidisciplinary mental health services in varied settings.
 - Attend in-service training or other professional development experiences as scheduling permits.

Contact Information

All correspondence regarding Behavioral Health Education and Training at Baptist Health and Wolfson Children's Hospital should be addressed to:

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