



UNIVERSITY OF WISCONSIN HOSPITALS & CLINICS  
HEALTH PSYCHOLOGY POST-DOCTORAL FELLOWSHIP  
TRAINING PROGRAM BROCHURE

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# INTRODUCTION

University Hospital and Clinics as a member of UW-Health offers four (4) one-year post-doctoral fellowships in clinical Health Psychology. Three of these positions are in the ADULT track and one of these positions is in the PEDIATRIC track. The program involves a twelve-month, full-time (2000 hours) experience, providing the necessary post-doctoral hours required for licensure to practice psychology independently in the state of Wisconsin. The program is designed to provide didactic and clinical training in preparation for professional work in a variety of medical settings, including hospitals and medical clinics, and post-secondary educational institutions. The program is based upon a practitioner-scholar model offering hands-on experience complemented by knowledge of relevant psychological science. Our intent is to prepare fellows to move competently across a variety of health psychology settings and to use a wide range of skills. Graduates of our program are competitively prepared to work in a number of settings, including academic medical centers, private hospitals, independent psychology practices with medical specialization, academic psychology departments, and outpatient medical clinics.

Based in a nationally-recognized academic medical center, the fellowship program provides training with a wide variety of patients, problems, and treatment teams. Our philosophy is to offer a broad array of experiences across the medical center rather than specialized training in one or two areas. 80% (32 hours per week) of each fellow's time is spent at the main hospitals providing services to medical patients. In this capacity, fellows work across a variety of inpatient medical services and provide assessment and treatment to patients (and their families) with acute and chronic needs. Fellows develop mastery working with a range of medical disorders and referral questions. Also included in this 80% time is the opportunity to perform presurgical evaluations for the organ transplant services (Adult track) and the PATH clinic (Pediatric track). Fellows also serve as the psychological lead on a number of multidisciplinary treatment teams and attend weekly rounds. Each fellow receives supervision from an inpatient supervisor on this service.

Each of the fellows will then spend the other 20% (8 hours per week) time on a distinct medical specialty outpatient rotation. The nature of this rotation will depend upon the interests of the post-doctoral fellow as well as the recommendation of the training director and the availability of these sites from year to year. There is only one fellow per site. Available rotation sites currently include:

- The Carbone Cancer Clinic – Outpatient Cancer Psychology
- The Deming Way Health Psychology Clinic – Outpatient Adult Health Psychology
- The Pediatric Specialty Clinic – Outpatient Pediatric Health Psychology
- Outpatient Heart and Lung Transplant Clinic – Outpatient and Inpatient Heart and Lung Pre-Transplant Evaluations

There may be other specialty clinics also available for training in the 2022-23 training year. In these clinics, fellows perform assessment and interventions with outpatients under the supervision of an outpatient clinical psychology supervisor. In some clinics, fellows will perform group and/or family psychotherapy.

Throughout their experiences and the training year, fellows are required to perform consultation with multidisciplinary medical teams and often play a key role as the psychological consultant to these teams. Fellows also engage in program development, peer mentoring of interns and practicum students (when on site), and/or teaching of medical residents and other allied health providers during their training year.

The fellowship program is a member of APPIC and is administered by the Health Psychology service staff within the UW Health - Department of Behavioral Health.

UW Health is the integrated health system of the University of Wisconsin-Madison and includes:

- UW Hospitals and Clinics (UWHC)
- American Family Children's Hospital (AFCH)
- The American Center (TAC)
- UW Rehabilitation Hospital (UWRH)
- Carbone Cancer Center (CCC)

Fellows who are in the Adult track will see inpatients at UWHC. Fellows in the Pediatric track will see inpatients at AFCH. Both sites are physically connected and on the Madison campus of University of Wisconsin.



**University Hospital** is a 505-bed regional referral center that ranks among the finest academic medical centers in the United States. Frequently cited in publications listing the nation's best health care providers, the University of Wisconsin health care system providers are recognized as national leaders in fields such as cancer treatment, pediatrics, ophthalmology, surgical specialties, and organ transplantation. University Hospital has more than 1,356 active medical staff that annually provide health care to more than 30,000 inpatients from throughout Wisconsin and many other states and countries. There are six intensive care units (Trauma and Life Support, Pediatric, Cardiac, Cardiothoracic, Burn, Neurosurgery) with 99 total beds. University Hospital is home to a Level 1 adult Trauma Center, American College of Surgeons verified Burn Center, one of the nation's largest organ transplant programs, one of the nation's first certified comprehensive stroke centers, and the UW Carbone Cancer Center, one of 41 National Cancer Institute-designated comprehensive centers in the country. UW Health has 50 care locations that serve over 1,843,000 outpatient visits yearly.



**American Family Children's Hospital** has been consistently ranked among the nations' best children's hospitals by U.S. News and World Report. AFCH is a Level 1 Trauma Center for pediatric patients and is home to a Level IV Neonatal Intensive Care Unit (NICU). AFCH has over 260 UW Health doctors who specialize in caring for children, including pediatricians and surgeons who train in every field possible- including brain surgery, cancer, and cardiology. AFCH offers the most advanced medical care in a state of the art, family friendly facility.

## LIVING IN MADISON



Located on an isthmus between two large lakes, Madison, the state capital of Wisconsin, is home to approximately 252,000 people, including 43,000 university students. Madison is conveniently located off interstate highways I-90 and I-94 which provides easy access to Milwaukee (70 miles), Chicago (120 miles) and Minneapolis-St. Paul (250 miles). Madison is frequently rated among the best places to live in the United States, offering a strong economy with plentiful jobs, outstanding health care, and a wide range of recreational and cultural activities.



## **DESCRIPTION OF FELLOWSHIP TRAINING**

The post-doctoral positions, while incorporating a framework of standardized training and service, are also individualized and flexible, based upon the specific professional interests and needs of each trainee. Within the primary 80% rotation (32 hours per week) of their time, fellows provide bedside clinical services (assessment and intervention) to medical patients in the main hospitals and/or in the clinics. The Health Psychology service is typically consulted by medical staff to assist with differential diagnoses, coping, pain or anxiety management, grief counseling, noncompliance, failure to thrive, depression, family support, behavioral management, and the like. Fellows work with patients from a variety of services, including Trauma Surgery, Oncology, Neurology, Orthopedics, Cardiology, Plastic Surgery, Family Medicine, General Surgery, Medical Transplant, Rehabilitation, and Burn. In addition to a general consultation liaison model, fellows also have an opportunity to become more integrated in the following areas in the hospital where they can go on rounds or be part of regular team conferences: Burn service, Palliative Care service, Organ Transplant service, Acute Care for the Elderly service, Neurosurgery and Neurology, Vascular Surgery, Pediatric Hematology-Oncology, NICU, and the Pediatric Rehabilitation service.

As part of this 80% time, fellows in the adult track will also receive training in outpatient organ transplant recipient evaluations and live organ donor evaluations. Fellows in the Pediatric track will perform some Pediatric and Adolescent Transgender Health (PATH) evaluations.

Within the secondary rotation involving 20% (8 hours per week) time, fellows will train in one of the outpatient specialty clinics providing assessment and intervention services throughout the training year.

Opportunities to provide peer mentoring to practicum students and interns may also be available depending upon the size of the practicum/intern class in any given year.

# TRAINING METHODS

## CLINICAL EXPERIENCE

### Hospital-Based Service (80% time)

The training-based experience involves the provision of psychological services to a range of medical services across this tertiary care center and its clinics. Within the service, the bulk of a fellow's time will be devoted to bedside assessment and intervention. Referrals are made with the expectation that we will provide timely recommendations and treat as appropriate. Patients at UWHC are aged 17-100+ and at AFCH, patients range in age from birth-18 years. Further, a wide range of patient diagnoses and referral questions are presented, including medical adherence, coping with injury/illness, pain and anxiety management, grief, acute stress reaction, adjustment to disability. Fellows develop appreciation for working in a fast-paced environment, in which the role of psychology is integral to patient care. Fellows provide psychological consultation to a variety of medical teams and learn to work collaboratively and efficiently with different medical and allied health staff (physicians, nurses, rehabilitation therapists, nutritionists, pharmacists, case managers, child life, and pastoral care providers).

### Additional Specialized Focus Areas within the Hospital-Based Service:

#### Adult Fellow Training:

- Burn Service

UW Burn Service houses an 11 bed- acute care service for adult and pediatric burn patients. Specific skills developed include trauma screening, pain management, and helping with adaptation to loss and body image change. One of the post-doctoral fellows takes a psychology "lead" position on the Burn Team, attending weekly multidisciplinary rounds and serving as a liaison between the Burn service and the Health Psychology staff. The training experience also includes didactics in comprehensive burn care.

- Palliative Care Service

The Health Psychology service provides consultation to the multidisciplinary palliative care treatment team, who works directly with inpatients at end-of-life or with symptom management needs. This includes providing consultation for ethical dilemmas and clinical decision-making that occurs when working with patients at end-of-life. Intervention with dying patients and their families is also a part of this experience. The training experience also includes didactics in palliative care.

- Organ Transplant Evaluation Service

The Health Psychology service provides pre-surgical evaluation for potential organ recipients on the cardiology, pulmonary, kidney, and liver transplant services. These include clinical interviews with potential recipients and their support persons and



psychological testing. Fellows also provide pre-surgical evaluation to the living kidney donor and liver donor programs. Typically, fellows can expect to perform 1-2 evaluations per month and may attend organ donor/recipient candidacy meetings.

- Acute Care for the Elderly (ACE) Service

Fellows can choose to provide consultation to this multidisciplinary treatment team focused on comprehensive treatment planning for geriatric patients. Consultation questions include decisional capacity assessment, safety evaluation, and dementia/delirium/depression work-up. Fellows attend morning rounds, work with patients and families, and provide consultation to treatment teams.

- Neurology and Neurosurgery Service

Fellows can choose to attend Neurology/Neurosurgery rounds and take a psychology lead on this multidisciplinary treatment team. Patients seen include those who have suffered stroke, undergone resection of brain tumors, or are being treated for seizure disorder. Patients diagnosed with conversion disorder can also be seen while a member of this treatment team.

- Vascular Surgery

Fellows can choose to attend Vascular Surgery rounds on a weekly basis and tend to work with the patients who are undergoing planned amputation as a result of vascular disease. Fellows engage in walking rounds and also attend weekly case conferences on this service.

- Other Experiences

The general hospital setting is very receptive to any fellow who expresses interest in a certain area of training or population. In the past, fellows have chosen to gain additional specialized experience in Family Medicine and Hematology services

### Pediatric Fellow Training:

- Hem/Onc Psychosocial Rounds

Fellows attend rounds for pediatric Hem/Onc patients who are often hospitalized for long periods of time. They also see patients and their families to assist with symptom management and ongoing support during hospitalization.

- NICU

Fellows can be actively involved in working with families of infants in the NICU. Fellows also provide consultation to nursing staff as appropriate and may attend weekly NICU rounds.

- Rehabilitation Service

Fellows see patients and families on the rehabilitation service to assist adjustment to disability. They work closely with rehabilitation therapists and the psychiatrists on the Rehabilitation team. They assist with pain management, adjustment to cognitive deficits, body image, and coping with ongoing rehabilitation efforts. They can attend weekly rounds with the Pediatric Rehabilitation service.

### Specialty Clinics Rotation (20% time)

In an effort to provide outpatient training experiences, each fellow will spend 8 hours per week in one specialty rotation through the year. This rotation will be determined by a number of factors, including fellow level of interest, availability of site, and recommendation of the Training Director.

### MULTIDISCIPLINARY TREATMENT TEAM AND ROUNDS

Fellows are expected to attend multidisciplinary treatment team meetings and/or rounds on a regular basis. Fellows attend 1–2 hour rounds/team meetings on a weekly basis with any of the following services:

- Burn Surgery
- Palliative Care
- Vascular Surgery
- Trauma Surgery
- Neurology/Neurosurgery
- ACE (Acute Care for Elders)
- Hematology
- Organ Transplantation
- NICU (pediatric track)
- Pediatric Rehabilitation (pediatric track)
- Pediatric Hematology/Oncology (pediatric track)

Fellows can be involved in one of the above services for the full year or can split the experience into 2 six-month options. All adult fellows are required to attend 4+ rounds with the Palliative Care service during the training year as a way to gain exposure to the unique factors that are relevant to end of life care.

### HEALTH PSYCHOLOGY DIDACTICS

In addition to the clinical training experiences, fellows are required to participate in various seminars, discussions, and case presentations with other trainees and Health Psychology faculty throughout the year. These scheduled didactics include:

- Health Psychology Topics (“Breakfast Club”) – 2 hours per month

Trainees and inpatient supervisors meet two times per month for this seminar series which runs the full year (0830-0930 Tuesdays). Topics include inpatient service

procedures and policies, clinical issues specific to inpatient work, collaboration with providers in other disciplines, and programmatic advancements.

- Peer Collaboration – 2 hours per month

Peer Collaboration is a biweekly, one-hour series involving the inpatient health psychology trainees on the adult and pediatric services. Attendees collaboratively explore topics related to training as a health psychologist. Such topics include but are not limited to challenging cases, professional development, and acting on interdisciplinary teams within the inpatient setting. This time is intended to round out the training experience by providing a venue through which trainees can utilize one another to extend their skills as inpatient health psychology fellows.

- Community Presentation/ Outreach and Self-Reflection – 2x / year

Each fellow is required to provide a minimum of 1 presentation or workshop to community groups or other health care groups within the institution. Examples of community outreach provided in the past are: stress management training or other seminars for families at Gilda's Club, self-care for an Alzheimer's caregiver support group, and introduction to acute stress reaction for Trauma Surgery residents.

Each fellow is also responsible for a reflection about training and professional growth at the end of the year to be presented to supervising staff. This reflection includes the identification of professional changes which occurred over the training year and also objectives for the next professional step.

- Case Presentations (“Case Collective”) – 4-6x / year

Fellows attend and participate in a service-wide (pediatric and adult) one hour didactic to discuss clinical issues and ethics that impact the inpatient Health Psychology service. Case Collective occurs quarterly through the year and includes ethics forums and case presentations.

- Other Hospital-wide and Multidisciplinary Team Didactics – 1-2 hours/week

Fellows are encouraged to attend any Grand Rounds or webinars of interest presented by various departments at UWHC and AFCH. Fellows are also invited to attend other relevant lectures or presentations provided across the university campus.

## SUPERVISION

Each fellow is supervised by two (1 inpatient and 1 outpatient) or more licensed psychologists who are staff members and who have expertise in the area of focus throughout the training year. Fellows meet with each supervisor for a minimum of one hour per week for individual face-to-face supervision. Training supervisors are on sight and available for ongoing supervision of cases throughout the day. Fellows have opportunities to shadow a supervisor and also to receive live observations by a supervisor throughout their training year. The supervisor is responsible for

all cases seen by the fellow. In addition to individual supervision, group supervision is also available in some rotations. Supervision is typically based upon a developmental model, where fellows are supported to grow in their professional independence as they progress through the year.

The fellowship program is overseen by the Director of Post-doctoral Training, a licensed staff psychologist who is responsible for the integrity and quality of the training program, who has administrative authority commensurate with this responsibility and who directs and organizes the training program and its resources. The Director of Post-doctoral Training is responsible for the recruitment and selection of fellows and provides direction to and oversees the training faculty in regard to their involvement in the fellowship program. The Director of Training monitors and evaluates the training program's goals and activities and ensures that the fellows' training objectives are being met by the program.

Fellows are required to maintain records of their clinical activities, and these records are reviewed by the Director of Training to ensure a breadth of experience during the fellowship year. These records include the number of patient contact hours, the settings in which clinical services are provided, the type of psychological assessments and interventions provided, involvement on teams, and the fellows' exposure to diversity in patient cultures. Fellows are asked to provide feedback and to evaluate their supervisors, training experiences, and the overall fellowship program throughout the year. An exit interview is performed by the Director of Post-doctoral training and by the Health Psychology Service administrator with each fellow at the end of the year.

Fellows also have the opportunity to provide peer mentorship to practicum students and pre-doctoral interns who rotate through the UWHC and AFCH. There is also opportunity to provide training to medical residents and other allied health staff on an as-requested basis.

## EVALUATION

Each fellow is evaluated by their direct supervisor on a quarterly basis throughout the year using the Psychology Trainee Competency Assessment Form (PTCAF). Performance feedback occurs in a face-to-face conversation between supervisor and fellow. Live observations are used on occasion to provide “in the moment” feedback.

Fellows are encouraged to regularly provide feedback about the program or any identified improvements at any point during the training year with their immediate supervisors or with the Director of Training. The program encourages a very collegial culture between fellows and training staff.

### PROFESSION WIDE COMPETENCIES

Our program provides clinical and educational activities for all fellows to achieve and demonstrate *competency* in the core elements of the professional practice of Clinical Health Psychology. To “be competent” is to possess the knowledge, skills, and abilities to carry out clinical activities well enough to meet a standard of performance. The standard of performance for completion of the fellowship training is “readiness for licensure and entry-level practice as a clinical Health Psychologist. In general, fellows are expected to demonstrate each Profession Wide Competency with increasing levels of independence and complexity as they progress through the training year. The Psychology Trainee Competency Assessment Form (PTCAF) specifies the content of each competency and associated elements. Successful program completion (“Readiness for Entry-Level Practice”) is aligned with consistent ratings of “High Intermediate/Occasional Supervision needed” and “Advanced Skills comparable to practice at the licensure level”. In addition, fellows will have no specific competency element rated by any supervisor at the completion of the training year as "Entry Level-intensive supervision required."

Our program provides educational and clinical practice experiences to assist development of the following competencies:

1. **Research:** Understanding of research. Respect for scientifically derived knowledge.
  - Element 1.1: Scientific mindedness
  - Element 1.2: Scientific foundation
2. **Ethical and Legal Standards:** Application of ethical concepts and awareness of legal issues regarding professional activities. Seeks consultation as needed.
  - Element 2.1: Knowledge and understanding of ethical, legal, and professional standards and guidelines.
  - Element 2.2: Awareness and application of ethical decision making.
  - Element 2.3: Ethical conduct
  - Element 2.4: Risk management
3. **Individual and Cultural Diversity:** Awareness, sensitivity, and skills in clinical work with diverse individuals and communities.
  - Element 3.1: Cultural self-awareness
  - Element 3.2: Cultural awareness of others
  - Element 3.3: Cultural awareness in interactions

4. **Professional Values, Attitudes, and Behaviors:** Comportment that reflects the values of integrity and responsibility.
  - Element 4.1: Integrity
  - Element 4.2: Deportment
  - Element 4.3: Accountability
  - Element 4.4: Seeks consultation/supervision
  - Element 4.5: Engages in self-care
  - Element 4.6: Administrative efficiency
5. **Communication and Interpersonal Skills:** Relates effectively and meaningfully. Demonstrates personal and professional self-awareness.
  - Element 5.1: Demonstrates productive and respectful relationships
  - Element 5.2: Affective skills
  - Element 5.3: Expressive skills
  - Element 5.4: Self-Awareness
  - Element 5.5: Effective use of emotional reactions in clinical interactions.
6. **Assessment:** Evaluation and diagnosis of problems, issues and strengths of individuals and groups/communities.
  - Element 6.1: Diagnosis and Formulation
  - Element 6.2: Evaluation methods
  - Element 6.3: Conceptualization and recommendations
  - Element 6.4: Communication of findings
7. **Intervention:** Designs and implements treatment plans to alleviate suffering as well as promote health and well-being.
  - Element 7.1: Nonspecific skills
  - Element 7.2: Intervention planning
  - Element 7.3: Knowledge of interventions
  - Element 7.4: Intervention implementation
  - Element 7.5: Individual therapy skills and preparation.
  - Element 7.6: Group therapy skills and preparation.
8. **Supervision:** Understanding of supervision. Respect for supervisory process and functions.
  - Element 8.1: Expectations and roles
  - Element 8.2: Processes and procedures
  - Element 8.3: Supervisory relationships
  - Element 8.4: Participation in peer consultation process
  - Element 8.5: Ethical and legal issues
9. **Consultation and inter-professional/interdisciplinary skills:** Awareness of concepts and issues in related disciplines. Cultivation of interactions with professionals in related disciplines. Provision of professional assistance and guidance.
  - Element 9.1: Knowledge of the shared and distinctive contributions of other professions
  - Element 9.2: Participation in inter-professional/interdisciplinary contexts
  - Element 9.3: Respectful and productive relationships
  - Element 9.4: Role of consultant
  - Element 9.5: Consultation assessment

PROGRAM GOALS AND OBJECTIVES FOR EACH FELLOW  
PARTICIPATING IN OUR TRAINING PROGRAM

1. Understands research as it supports clinical practice. Respects scientifically-derived knowledge.
2. Applies ethical concepts in a medical setting and is aware of legal issues regarding professional activities. Seeks consultation as needed.
3. Demonstrates awareness, sensitivity, and skills in clinical work with diverse individuals.
4. Displays comportment that reflects the values of integrity and responsibility.
5. Relates effectively and meaningfully. Demonstrates personal and professional self-awareness.
6. Evaluates and identifies diagnosis of problems, issues, and strengths of individuals and groups/communities.
7. Designs and implements treatment plans to alleviate suffering as well as promote health and well-being.
8. Understands supervision. Respects and receptive to the supervisory process and functions.
9. Knowledge of concepts and issues in related disciplines. Cultivates collaborative interactions with professionals in related disciplines. Provides professional assistance and guidance.

# **DUE PROCESS AND GRIEVANCE PROCEDURES**

## **RIGHTS AND RESPONSIBILITIES**

- The training program must inform fellows at orientation of the due process and grievance policies.
- The training program has a responsibility to inform fellows of any perceived problematic behavior or areas of growth potential and keep fellows apprised of their levels of competency in a timely and supportive manner throughout the training year. This informal process should proceed any more formal procedures unless the behavior violates organizational or APA professional standards (e.g., patient abuse) and requires more immediate formal action.
- The training program must follow due process procedures when concerns are raised to a more formal level to ensure that any action is not arbitrary or biased.
- The training program has a right to terminate a trainee who is unable/unwilling to rectify problematic behavior after all rights of due process and grievance have been pursued or in cases in which behavior violates organizational or APA standards.
- Fellows have a responsibility to bring to the training program any perceived concerns or injustices in an expeditious manner with efforts to obtain appropriate and timely solutions.
- Fellows have a right to notice, hearing and appeal in any formal remediation plan.
- Fellows have a right to grieve any perceived injustice according to procedures without fear of retribution.
- Fellows have a right for a staff advocate in any appeal proceeding.

## **DUE PROCESS POLICY**

The post-doctoral fellowship program supports a collaborative partnership between fellows and supervisors aimed at advancing the professional competencies of our fellows. It is the responsibility of supervisors to inform the fellows of any perceived areas of growth potential in a timely and supportive manner. In addition to ongoing communication through regular supervision, fellows are formally evaluated quarterly by each of their supervisors using the Psychology Trainee Competency Assessment Form (PTCAF), which is completed by each direct supervisor. This evaluation provides formal feedback to the fellow and helps to measure professional competencies across the year. It also allows for discussion of recommendations to improve competencies. It is the responsibility of Supervisors to keep fellows apprised of their levels of competencies regularly throughout the training year.

There may, however, be habitual patterns of problematic behavior which will require a more formal process of remediation. These problematic behaviors may be reflected in the formal evaluation process by ratings on the PTCAF of 2 or more ratings of “Entry level” or Intermediate skills” and/or can include one or more of the following characteristics:

1. The fellow does not acknowledge, understand, or address a problem when it is identified.
2. The problem is not based upon a skills deficit that can be corrected through additional education/practice.



3. The quality of services delivered by the fellow is negatively affected.
4. The problem is not restricted to only one area of functioning.
5. A disproportionate amount of time by training personnel is required to address the problem.
6. The fellow's behavior does not change as a function of feedback, remediation effort, and/or time.
7. The problem involves a violation of ethical and/or professional standards or any other behavior deleterious to patient care.

It is the responsibility of any clinical supervisor to respectfully bring to a fellow's attention any concerns or areas of needed improvement in professional skills or behavior. This early level of advisement is typically enough to create positive change and professional growth and development. However, should this collaborative effort fail in improving the fellow's performance within a timely manner appropriate to the situation (2-4 weeks), due process procedures will be initiated to ensure that the handling of any issue is not arbitrary or biased.

### Due Process Procedures

If any problematic behavior is not resolved or notably reduced through the normal supervision process within a reasonable amount of time (2-4 weeks) for the situation, the Training Director will be notified immediately, and the fellow will then be placed on **"notice"** that there is a formal concern. This notice will be presented to the fellow either orally or in writing. In the case of a conflict of interest with the Training Director, an alternative Training Director will serve as the Training Director through this process. The Internship Training Director is the first choice, followed by the Practicum Director (second choice). The supervisor raising the concern, the fellow, the supervisor, and the designated Training Director will then meet to discuss the identified problematic behavior within 5 business days of the fellow being placed on notice. This meeting constitutes a **"hearing"** and includes discussion of the concerns, including an opportunity for the fellow to present their case, and a corrective action plan (remediation) and timeline. A written summary of the concerns and correction plan should be provided to all parties by the Training Director within 5 business days following the conclusion of the hearing. All parties will sign the written plan within 3 days of receipt of the plan and the document will be placed in the fellow's file (the Training Director can choose to remove this document from the file at the end of the training year). The signed plan will serve as a training contract between the fellow and program staff and adherence to this plan will be monitored and discussed with the fellow on a minimum of 1x/week by the relevant supervisor(s). At the end of the specified remediation period (indicated in the contract and based upon appropriate time period for the behavior) expectations for competency included in the correction plan will be reviewed by the trainee, supervisor, and Training Director. If additional remediation is required, the steps above are to be repeated. If after repeat of the preceding steps, there is still not rectification of the problem, more formal action will be taken and can include:

- A. Providing the fellow a limited endorsement, including specifying those settings in which they could function adequately.
- B. Communicating to the fellow that they are not successfully completing the fellowship.
- C. Termination from the training program.

Should the fellow seek to **appeal** the process prior to agreeing to the remediation plan, they will file a written appeal to the Training Director within 3 business days of receiving the remediation plan. A Review Panel comprised of the Training Director and two other members of the training faculty, one of whom is chosen by the fellow, is convened to conduct **a hearing** no later than 7 business days after receiving the letter of disagreement. In this meeting, the fellow will have an opportunity to express concerns and to explain/dispute the behavior of concern and/or the recommended remediation plan. The Review Panel will submit a written report on its review, including any recommendations within 5 business days of the completion of the review hearing. If the Review Panel finds in favor of the fellow, no further action is taken. The Training Director will then consult with the faculty supervisor concerning the decision. If the Review Panel finds in favor of the faculty supervisor, the original supervisory action is implemented. The Review Panel may also find neither in favor of the supervisor nor the fellow. It may instead modify the original supervisory action or issue and implement its own action. In this instance, the Training Director will consult with both the faculty supervisor and the fellow concerning the decision.

Decision of the Review Panel may be appealed to a higher level within 10 business days of notification of the decision by the Review Panel. An Appeal Committee consisting of the Faculty Training Directors (Fellowship, Internship, Practicum), the Department Administrator, and a representative from the Human Resources Office will convene to hear the details of the appeal and will make a decision. The decision by the Appeal Committee is final.

### Exceptions to Policy

The above procedures are pre-empted in cases where termination of employment is dictated by Organizational policy as in the case of patient abuse. Disciplinary policies of the organization (**UWHC Policy 9.55**) will dictate the plan of action in these cases. It should be noted that termination employment constitutes termination of the fellowship program.

### GRIEVANCE POLICY

A Grievance Procedure is the process used when a trainee has a complaint against the training program. All fellows have a right to grieve any perceived injustice or program inadequacy without fear of retribution. This might include concerns about supervision, evaluations, harassment, and/or compliance with APPIC/APA and other professional standards. If the complaint involves concern about safety to trainee, staff, or patients, fellows should immediately notify the training director, and follow the organizational policy.

It is expected that fellows will initially attempt to resolve disagreements or concerns in an informal manner with the persons related to the concern. This may be with their faculty supervisor or with the Training Director, depending upon whether or not the concern is related to individual supervision or the program as a whole. It is our belief that expressing these concerns in a straightforward manner is vital to the development of appropriate professionalism in our fellows. The faculty is quite responsive to the concerns of the fellows, and it is typically the case that concerns can be easily rectified at this informal level. However, there may be cases in which the fellow may need to advance action to a more formal process, and so, the following steps should be followed:

**Step 1:** Fellows may raise the issue in a more formal manner, including documentation of any effort with the supervising staff person to resolve the grievance-related issue. The initiation of this procedural step constitutes “**Notice**” and would take place only after informal attempts were unsuccessful.

**Step 2:** If the matter cannot be resolved with the training supervisor within a reasonable amount of time determined by the fellow and supervisor (up to 4 weeks), or if the fellow is uncomfortable with a direct discussion with the training supervisor, the next level is to notify the fellowship Training Director in writing of the concern. Written documentation of this action should be maintained by both the fellow and the Training Director. In addition, the fellow may designate a training faculty member of their choosing as an advocate in this process who will also maintain documentation of any involvement in the process. If the *grievance involves the Fellowship Training Director*, the process will bypass Step 2 and move immediately to Step 3.

**Step 3:** When the Fellowship Training Director is involved in the grievance, the identified mediator should be one of the other training directors (Intern Training Director first; Practicum Training Director second). Written documentation of these actions should be maintained by the fellow and the identified mediator.

**Step 4:** The Training Director or the designated director will meet with the training faculty and the fellow and a faculty advocate, if selected, to discuss the concerns within 7 business days of the notice (step 1). This is considered a “**hearing.**” In this hearing, the fellow has a right to discuss concerns, and a remediation plan will be developed and signed by all parties. Written documentation of this process should be maintained by the fellow and Director of Training.

**Step 5:** If mediation in the hearing fails, the Internship Training Committee (Directors of all three training programs) will meet within 5 business days to review the grievance-related issue based on materials supplied by the fellow, the supervising training faculty, the Training Director, and a chosen faculty advocate for the fellow. All subjects must be present for this discussion. The Internship Training Committee will offer a formal written decision regarding the grievance within 5 business days following the completion of this meeting.

### Grievance Appeal Procedures

Within 5 business days of receiving the written decision, a fellow may initiate “**appeal procedures**” in response to the grievance-related decision of the Internship Training Committee by communicating in writing to the Health Psychology administrator, who will then notify a Human Resources representative to review the process. This is considered “**notice**” of appeal. These individuals will conduct an independent appraisal of the grievance process and the procedures followed, review the written documentation, and conduct interviews with the parties involved as deemed necessary within 10 business days of notice. The fellow may also ask for a faculty advocate in this appeal process. This is considered a “**hearing**” of appeal. Following the completion of the hearing, a formal written decision will be rendered within 14 days of the hearing.

## Basic Elements of Grievance Procedures

- A. Health Psychology fellows are notified of the Grievance Procedure during the program orientation.
- B. It is the sole responsibility of the fellow to pursue the steps of the grievance procedure.
- C. No fellow will be reprimanded, harassed, or punished for initiating a grievance.
- D. Before initiating a formal grievance, fellows are encouraged to present any concerns to the parties involved in an effort to rectify the concern productively and efficiently. Fellows should bring this to the attention (either verbally or in writing) to the parties involved as early as possible. Fellows are encouraged to keep personal documentation of these efforts.
- E. In situations in which the grievance is related to a serious matter which places fellow, patients or other staff at risk and should be resolved immediately, fellows should refer to the **UWHC Administrative Policy 9.54 Formal Complaint and Appeal Process: Non-Represented UW HEALTH Authority Regular Employees. The fellow should contact Human Resources for any additional information.** This would include problems related to abuse or the wellbeing of others, including patients. Fellows receive instruction on this organizational policy at the hospital-based orientation on their first day of employment.

## **BENEFITS AND ELIGIBILITY OF FELLOWSHIP PROGRAM**

### **STIPEND AND BENEFITS**

The post-doctoral stipend is \$50,000 for a twelve-month period and includes 8 legal holidays and an additional 24 paid days for time off (includes vacation, sick, professional time) and some reimbursement of continuing education costs. The fellowship year typically begins around September 1 of each year, although start date is flexible. Fellows cannot begin employment until the graduate degree is **officially conferred** by their graduate program. Benefits are available including health insurance plans for fellows and their families. There are fees for parking in any university parking lots, but public and university transportation systems are available for convenient transport to and from UWHC and AFCH.

Fellows have shared offices with individual computers, telephones, and pagers. They also have access to fax and photocopy machines, and administrative support. Educational resources available to fellows include the University of Wisconsin library and computer systems.

### **ELIGIBILITY**

Qualified applicants will have completed all Ph.D. or Psy.D. requirements from an APA accredited Clinical or Counseling Psychology program, including the successful completion of an APA accredited pre-doctoral clinical internship program prior to starting the program. **Conferral of the graduate degree is necessary prior to the start date.** Previous experience and/or strong interest in the field of Health Psychology are required. Members of diverse populations (gender, race, age, ethnicity, sexual orientation, religion, socioeconomic status, geographical origin, and bilingual status) are encouraged to apply. Applications will be reviewed as they are received. Early application is encouraged.

## APPLICATION PROCEDURE

### TO APPLY, WE REQUEST THE FOLLOWING:

- An **updated CV** and a **letter of interest** which includes the track that you are applying to (adult; pediatric), the reasons for your interest in our program, and the names of your references, sent via email or USPS to the Training Director.
- **Three (3) letters of recommendation** sent directly from the letter writers to the Training Director via email or USPS.
- **Official transcripts** sent directly from your graduate program to the Training Director (unofficial transcripts may be sent via email to the training director until official transcripts arrive).

**Applications are due by midnight (CST) on January 11, 2022.**

Any questions about the training experience and all application materials should be directed to:

Stephanie P. Farrell, Ph.D.  
Senior Psychologist  
Director of Fellowship Training in Health Psychology  
University of Wisconsin Hospital and Clinics  
600 Highland Avenue  
Madison, Wisconsin 53792  
[sfarrell@uwhealth.org](mailto:sfarrell@uwhealth.org)  
608-262-9185

## HEALTH PSYCHOLOGY FACULTY AND INTERESTS

**Heidi Beckman, Ph.D.** (Marquette University, 2000)

Senior Psychologist

*Interests:* Health-related habit change; resilience; finding meaning in physical symptoms and chronic pain; management of health anxiety.

**Julia Z. Benjamin, Ph.D.** (University of Wisconsin-Madison, 2017)

Clinical Health Psychologist

*Interests:* Affirming care for gender diverse youth; pediatric consultation and liaison interventions; chronic pain management; treating functional symptom disorders.

**Erin Costanzo, Ph.D.** (University of Iowa, 2006)

Clinical Health Psychologist, Associate Professor

*Interests:* Psycho-oncology; behavioral management of fatigue; insomnia and pain.

**Lori Dubenske, Ph.D.** (University of North Texas, 2004)

Clinical Health Psychologist

*Interests:* Psycho-oncology; caregiver support; clinical supervision.

**Christina Escuder, Psy.D.** (Albizu University- Miami campus, 2018)

Clinical Health Psychologist

*Interests:* Health psychology; transplant; weight management; traumatic injury and adjustment; psychological factors impacting acute/chronic medical concerns.

**Stephanie Farrell, Ph.D.** (University of Wisconsin-Milwaukee, 1999)

Director, Post-doctoral Fellowship Training in Health Psychology; Director, Internship Training in Health Psychology; Senior Psychologist

*Interests:* Pediatric psychology; chronic illness; oncology; play therapy; trauma; training of psychologists.

**Michelle Ghaffari Toigo, Ph.D.** (Marquette University, 2019)

Clinical Health Psychologist

*Interests:* Impact of culture on physical and mental health; coping with chronic illness; QOL in chronic health conditions; mindfulness and meditation.

**Brian Leitzke, Ph.D.** (University of Wisconsin-Madison, 2019)

Clinical Health Psychologist

*Interests:* Psycho-oncology; palliative care; geropsychology; pediatric psychology; training/supervision.

**Kara Mayer, Psy.D.** (Midwestern University, 2020)

Clinical Health Psychologist

*Interests:* Adjustment to acute and chronic illness, management of mood and anxiety symptoms in the hospital setting, pre-surgical psychological evaluation, health behavior change.

**Emily Schweigert, Ph.D.** (University of Wisconsin-Madison, 2011)

Clinical Health Psychologist

*Interests:* Post-partum depression; parenting; pediatric trauma and brain injury; pediatric oncology.

**Heidi Sigmund, Psy.D.** (Nova Southeastern University, 2003)

Clinical Health Psychologist

*Interests:* Resiliency and positive psychology; coping with illness; adjustment after trauma; mindfulness and meditation; medical team consultation; supervision of psychology trainees.