

Tampa
General
Medical Group®



POSTDOCTORAL FELLOWSHIP IN HEALTH AND REHABILITATION PSYCHOLOGY



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Application process

There are two, one-year full-time positions for a postdoctoral fellowship in Health and Rehabilitation Psychology available.

- (1) Applicants must have completed a doctorate (PhD or PsyD) in clinical or counseling psychology from an APA-accredited program and completed an APA-accredited internship prior to the start date of September of the academic training year.
- (2) Applicants should be interested and experienced in the clinical assessment and treatment of medically complex individuals and their care system.
- (3) Applicants should have the desire to work in a multidisciplinary team environment.
- (4) Materials for the application include:
 - a. Curriculum vitae
 - b. Letter of interest detailing career and training goals
 - c. Statement of completion date of doctoral program from the program director. Fellows must complete their doctoral program prior to starting the fellowship.
 - d. Three letters of recommendation, including one from the internship training director
 - e. Two de-identified reports
- (5) Applications are reviewed for completion and forwarded to the Fellowship committee, which will review and rank all applications. Candidates will be invited to interview virtually.
- (6) We will follow Common Hold Date guidelines and plan to extend offers accordingly.



To apply for this position

Use the APPIC APPA CAS centralized application process by clicking on the link below and submitting the requested information:

<https://appicpostdoc.liasoncas.com>

Or forward materials to: tghpsyfellow@tgh.org

Applications will be accepted until Friday, December 13, 2024.

If you have questions, please contact the training director (Elyse Parke, PhD, ABPP-CN) via email at tghpsyfellow@tgh.org or by phone at (813) 844-3541.

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Setting overview

Our objective is to provide a rich, challenging and varied clinical training experience within the continuum of care for medical populations. Tampa General Hospital is a private not-for-profit hospital as well as one of the most comprehensive medical facilities in West Central Florida, serving a population in excess of 4 million across one dozen counties, and is ranked #1 in Tampa Bay by *U.S. News & World Report*. Tampa General is the area's only Level I Trauma Center, has one of three American Burn Association-verified burn centers in Florida, is a state-certified stroke center and has one of the largest transplant programs in the country. As the region's leading safety net hospital, Tampa General is committed to providing area residents with excellent and compassionate health care. In partnership with the USF Health Morsani College of Medicine, Tampa General is Florida's leading academic health system for over 50 years.

Our Tampa General Medical Group (TGMG) Psychology & Neuropsychology team provides assessment, consultation and treatment for both adult and pediatric populations throughout the continuum of care. Currently, the Psychology & Neuropsychology staff represents a high degree of specialization in treating individuals with medical, rehabilitation and neuropsychological needs. Psychologists have key leadership roles within their multidisciplinary teams and participate in teaching, applied clinical research and team building activities.

Facilities

Psychology and Neuropsychology services are located at the TGH main hospital, inpatient rehabilitation and Westshore outpatient center locations within 15-20 minutes from one other in South Tampa. Rotations at the main hospital include consultation-liaison, oncology, palliative care, pediatric inpatient rehabilitation, transplant, bariatric surgery and NICU. Adult inpatient rehabilitation is located at the TGH Inpatient Rehabilitation Center. Outpatient rehabilitation, pain psychology and neuropsychology are located at the Westshore Outpatient Clinic. Training is provided by the on-site supervisor, with oversight from the training director.



Main Hospital



Inpatient Rehabilitation



Westshore Outpatient Center

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Program goals, competencies and training objectives

The primary goal of the Health and Rehabilitation Psychology Postdoctoral Fellowship Program is to develop professional psychologists who are competent, ethical and prepared for independent practice in a variety of medical settings. Upon completion of the fellowship, the fellow will display competencies in the clinical practice of psychology. Fellow evaluation aligns with the Profession Wide Competencies (PWCs) set forth by the American Psychological Association (APA). Goals and competencies are met through clinical rotations with direct supervision, didactics, a program development project and case presentations. At the conclusion of training, we expect that fellows will meet the following goals and objectives:

- Provide evidence-based clinical care including advanced skills in assessment, intervention and/or consultation, depending on individualized training goals
- Work effectively in a multidisciplinary environment, know the roles of other professional providers, and exhibit appreciation for unique knowledge and contributions of other disciplines
- Practice with mature appreciation for ethical and professional standards in alignment with the APA Ethical Codes and standards
- Provide clinical care in a manner that respects and is sensitive to individual differences of all persons, is non-discriminatory, and respects and protects human and civil rights
- Apply research to clinical practice and program development
- Demonstrate effective use and understanding of supervision
- Exhibit self-care behaviors to facilitate competent and professional practice

Completion of this training program fulfills the licensure requirements for postdoctoral supervised practice in the State of Florida.

Program schedule

Postdoctoral fellows participate in supervised rotations within the Tampa General continuum of care. Training is structured into two six-month segments. Each rotation allows for two focused rotations two days per week.

Rotation descriptions

Adult consultation-liaison

Primary supervisors: Sherry Leib, PhD, and Brett Simpson, PsyD

Primary services are provided in the acute hospital setting to individuals with complex medical issues and trauma (TBI, SCI, burn). Services are provided along the continuum of care, including the ICU, Neuroscience, Burn and Oncology units. Lengths of stay vary, ranging from less than one week to several months, depending on a variety of individual and systemic factors. The psychologist consults with the trauma team to provide services for acutely injured individuals. The psychologist helps to identify needs of the patient and family related to education, support, and coping with the acute crisis and disruption in the family system. Initially, a crisis intervention model is applied. After the completion of the initial evaluation, a variety of therapeutic techniques may be employed, including family therapy, grief counseling, behavior management, psychoeducation and team consultation. Issues frequently encountered during this rotation include the need for crisis intervention, PTSD, anxiety disorders, acute stress issues, death and dying/life support termination, and staff stress reactions.

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Oncology psychology

Primary supervisor: Elia Villalobos Soto, PsyD

Fellows on this rotation will conduct psychological evaluations and treatments on oncology outpatients and inpatients referred for a wide variety of adjustment, mood, behavioral, cognitive and/or other health-related concerns. Patients are referred from our Tampa General Oncology providers for the assessment and treatment of various presenting concerns, including adjustment to a new cancer diagnosis, anxiety, depression, delirium, treatment nonadherence, pain management, caregiver burden, end-of-life concerns and premorbid psychiatric symptoms. In the inpatient setting, fellows will engage in brief bedside interventions with patients and their families, along with care coordination among other members of the medical team to ensure appropriate medical treatment that takes into account pertinent psychosocial factors. In the outpatient setting, fellows will engage in more traditional, 50-minute sessions with patients to implement evidence-based interventions. Fellows may also see patients in the Tampa General Infusion Center during chemotherapy or other infusion treatments. This rotation emphasizes ACT and other existential-focused interventions, as well as CBT. Additionally, there are opportunities to work in the Tampa General Interdisciplinary Palliative Care clinic alongside physicians, advanced practice providers and pastoral care to treat patients with advanced cancer who are in need of additional symptom management. Typically, these individuals have significant symptom burden due to cancer-related pain, sleep and appetite disturbances, nausea/vomiting, cognitive concerns, and mood difficulties that need additional treatment. In this clinic, fellows have the opportunity to engage in goals of care (i.e., treatment decision-making) conversations with the patient and family, as well as

end-of-life psychological interventions. Lastly, there may be opportunities for involvement with clinically applied research.

Palliative care

Primary supervisor: Adaixa Wilborn, PhD

The fellow on this rotation will work in the TGH Interdisciplinary Palliative Care clinic alongside physicians, advanced practice providers, spiritual health providers and nurses to treat patients with advanced cancer or other complex and advanced medical diagnoses (e.g., heart failure, lung disease, failed solid organ transplants, etc.) who are in need of additional symptom management. Typically, these individuals have significant symptom burden due to disease-related pain, sleep and appetite disturbances, nausea/vomiting, bowel movement dysregulation, cognitive concerns, and mood difficulties, which need treatment in addition to the patient's ongoing medical care. In this clinic, fellows have the opportunity to engage in goals of care (treatment decision-making) conversations with the patient and family, as well as end-of-life psychological interventions. There may also be opportunities to work within the inpatient palliative care team and follow palliative patients on the inpatient floors during their frequent hospitalizations. This rotation heavily emphasizes ACT and existential interventions with patients and their families. A notable aspect of this rotation is dealing with compounded and complex grief as a clinician. Therefore, training in self-care, self-reflection and managing complex emotions as an early career psychologist is imperative within the palliative care framework.

Rotations include acute inpatient consultation-liaison, inpatient and outpatient rehabilitation, bariatric surgery, transplant, oncology, palliative, pain, and neuropsychology.

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Pediatric rehabilitation/ consultation-liaison

**Primary supervisors: Jennifer McCain, PsyD, ABPP-CN,
and Nicole Williamson, PhD**

The Inpatient Pediatric Rehabilitation Program uses a multidisciplinary team approach to the management of rehabilitation needs in children. The team psychologist provides a range of individual, family and team consultation interventions to promote optimal recovery of the child. Emotional, cognitive, behavioral and academic assessment and treatment approaches are emphasized. Working closely with the family, the psychologist helps to identify issues that may have an impact on progress in rehabilitation, successful adaptation to disability and the development of future productive roles. The team comprises a pediatric psychiatrist; a pediatric psychologist; physical, occupational and speech therapists; child life specialists; Hillsborough County Homebound teachers (school onsite); nurses; pastoral care; and other treatment staff.

Evaluations typically involve a chart review, clinical interview, collateral interview, team consultation, administration, scoring, interpretation of relevant tests and preparation of an initial evaluation report. Reports include a summary of findings as well as the establishment of objective and measurable goals, planned interventions, identification of barriers to rehabilitation, and recommendations for additional needs. Individual and family psychotherapy, education, behavioral management, and ongoing team consultation is provided. **Prior pediatric experience required for this rotation.**



Transplant psychology

**Primary supervisor: Christine Machado-Denis,
PsyD, ABPP, MSCP**

Tampa General's Transplant Institute offers life-saving transplants to patients with end-stage organ diseases. It is the sixth-largest transplant center in the country by volume. Organs transplanted at Tampa General include kidney, liver, lung, pancreas and heart. The living donor program includes liver and kidney altruistic and directed donations. Within the cardiac program, mechanical circulatory support (MCS) or ventricular assist devices (VADs) are offered as either a bridge to transplant or destination therapy. This rotation offers inpatient and outpatient services that include pre-transplant evaluations, post-transplant psychological consultation and psychotherapy services. Fellows will gain experience through case conceptualization with the biopsychosocial framework, increase knowledge of pharmacological and nonpharmacological treatments for medical patients with mental health concerns, and conduct consultations for psychiatrically complex patients many with co-occurring substance use disorders. Fellows will also gain exposure to the health psychologist's role on a multidisciplinary treatment team and work within an integrated medical clinic setting.

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Dr. Machado-Denis is a health psychologist, with specialty in transplant psychology. She holds a postdoctoral master's degree in clinical psychopharmacology. Dr. Machado-Denis serves a pivotal role on the multidisciplinary liver transplant team, assessing individuals with a variety of acute and chronic liver diseases. Dr. Machado-Denis is the primary psychologist within the Alcohol Use Disorder Clinic and provides treatment to liver transplant patients with moderate alcohol use disorder in the post-transplant phase of care.

Throughout the rotation, fellows will conduct integrative pre-transplant psychological evaluations within diverse and complex medical populations across inpatient and outpatient settings as part of an interdisciplinary team. It is expected that the fellows will produce high-quality evaluative reports that demonstrate a sophisticated understanding of diagnostic, sociocultural and physiological factors impacting post-operative transplant outcomes as well as knowledge of interventions for mitigating such outcomes. Fellows will have the opportunity to attend Medical Review Board (MRB) meetings and Multidisciplinary Rounds (MDR), wherein the transplant team convenes to discuss cases and collectively makes treatment decisions for patients to maximize health-related outcomes and quality of life.

Bariatric surgery

Primary supervisor: Rebecca Klam, PsyD

The TGH + USF Health Bariatric Center is an interdisciplinary clinic that specializes in surgical and medically supervised weight loss for patients with morbid obesity. The team consists of nurse practitioners, dietitians, bariatric surgeons, a bariatrician and psychologists. The rotation involves participation in both community-based, medically supervised weight loss and the surgical weight loss program. In the surgical weight loss program, patients are seen for a wellness assessment to ensure preparation and appropriateness for surgery and treatment in mindful eating, positive health behavior to promote weight loss and the management of mental health symptoms. Surgical patients are also seen as inpatients to ensure the preparation for discharge and adjustment to the bariatric lifestyle. The psychologist uses clinical interviews, chart reviews and questionnaire data to assess patients at the wellness assessment. Community weight loss patients are seen on rotating weeks by the psychologist, nurse practitioner and/or bariatrician, and dietitian. The psychologist conducts an evidence-based protocol treatment to address healthy eating, stress management and mindful eating. Issues frequently addressed at the TGH + USF Health Bariatric Center during this rotation include anxiety disorders, depression, PTSD, personality disorders, eating disorders, bipolar disorder, schizoaffective disorder and significant medical comorbidities, and a brief assessment of cognitive impairments.

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Neonatal Intensive Care Unit (NICU)

Primary supervisor: Lacy Chavis, PsyD

TGH is one of just 12 designated Regional Perinatal Intensive Care Centers, with over 7,000 deliveries each year. The Fetal Care Center Team of USF Health Morsani College of Medicine and TGH includes highly skilled and caring professionals who provide specialized care for mothers whose pregnancies are complicated by illness or fetal abnormality. The Jennifer Leigh Muma Neonatal Intensive Care Unit (NICU) at TGH is an 82-bed, Level III unit providing specialized care to the most fragile infants. Some special services our NICU offers include management of hypoxic-ischemic encephalopathy with whole body hypothermia therapy; nitric oxide therapy; and mechanical ventilation, including high-frequency oscillator therapy, management of metabolic and genetic disorders, and dialysis (peritoneal and hemodialysis).

The psychology fellow will receive specialized training in providing consultation, screenings, evidence-based intervention and multidisciplinary consultation to NICU families at the USF Health I Tampa General Hospital Fetal Care Center. Fellows who complete this training program will develop competencies in trauma-informed consultation, post-partum mood and anxiety disorders, screenings and evidence-based treatment for PMADs and trauma, infant-early childhood mental health, and preterm infant growth over time, as well as psychosocial and behavioral challenges for high-risk infants and their families.

Adult inpatient rehabilitation

Primary supervisor: Elaine Mahoney, PhD

The fellow on this rotation provides a range of psychological services for patients in a CARF-accredited inpatient rehabilitation center. The fellow helps to identify and conceptualize the nature of personality, emotional, cognitive and psychosocial issues that may affect the individual's rehabilitation progress; adjustment to disability, illness and/or injury; and quality of life. This identification may include interview, collateral interview, review of records and/or brief evaluation instruments. The fellow also provides brief therapeutic intervention, as appropriate to the level of cognitive functioning of the patient, and coordinates interventions with other care providers to manage emotional or behavioral issues. Common medical presentations include traumatic brain injury (TBI), stroke, spinal cord injury (SCI), trauma, post-surgical, amputation and burn. Common emotional presentations include adjustment disorders, acute/post-traumatic stress disorder (PTSD), mood disorders, substance abuse/dependence, changes in relationships and family roles, personality disorders/characteristics, and grief issues. Therapeutic interventions may include a brief series of problem-focused interventions, longer-term treatment of adaptation to disability, education/interventions with treatment staff, and couples or family therapy. The fellow may have the opportunity to be involved in co-facilitating supportive group therapy and/or psychoeducational groups. The fellow also provides education and counseling to family members to facilitate appropriate family involvement in care, behavior management, adjustment to the rehabilitation environment, and family adjustment to injury and prognosis. Close involvement and consultation with the treatment team, including attendance at weekly

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team meetings and effective communication with medical, nursing and therapy staff, is expected. The fellow also becomes familiar with disability culture, including learning about ableism, modifications of treatment for various cognitive and physical deficits, relevant laws impacting individuals with disability, and intersectionality between disability and other factors.



Outpatient rehabilitation

Primary supervisor: Jennifer Fleeman, PsyD

Fellows provide a range of psychological services for patients in an outpatient clinic setting. The fellow helps to identify and conceptualize the nature of personality, emotional, cognitive and psychosocial issues that may affect the individual's rehabilitation progress; adjustment to disability, illness and/or injury; and quality of life. This identification may include interview, collateral interview, review of records and/or brief evaluation instruments. The fellow also provides therapeutic intervention, as appropriate to the level of cognitive functioning of the patient, and coordinates interventions with other care providers to manage emotional or behavioral issues. Common emotional presentations include grief issues, adjustment disorders, acute/post-traumatic stress disorder (PTSD), mood disorders, anxiety disorders, changes in relationships and family roles, and other co-occurring conditions such as personality disorders/characteristics, and substance abuse/dependence. Therapeutic interventions may include a brief series of problem-focused interventions, psychoeducation, longer-term treatment of adaptation to disability, and evidence-based interventions for treatment of adjustment disorder and other mental health conditions. If indicated, the fellow also provides education and counseling for members of the patient's support system to facilitate adaptive involvement in care; behavior management; and support system adjustment to disability, illness, and/or injury and prognosis.

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Pain psychology

Primary supervisor: Emily Foard, PsyD

The fellow on this rotation will conduct psychological evaluations and treatments with adult patients experiencing a range of chronic pain conditions and/or chronic health conditions associated with pain. Primary clinical opportunities include applying evidence-based approaches for treating chronic pain conditions in an outpatient setting. Frequency of appointments will be based on clinical need and may range from weekly to monthly. Specifically, the fellow will enhance understanding and treatment of chronic pain conditions in an outpatient setting. Primary clinical opportunities include applying evidence-based approaches (e.g., CBT, ACT, MI and mindfulness-based approaches) for treating chronic pain. Opportunities for clinical-based research, training relevant co-treaters (e.g., PT/OT/SLP providers) and program development can be made available based on the fellow's interest.

Clinical neuropsychology; adult or pediatric

Primary supervisors: Maya Ramirez, PhD, ABPP-CN, and Elyse Parke, PhD, ABPP-CN

Working with board-certified neuropsychologists, fellows in this rotation will focus on the assessment of individuals with neurological dysfunction (brain injury, stroke, neurodevelopmental disorders, Parkinson's disease, epilepsy, sickle cell, etc.). The evaluation process integrates premorbid and injury- or illness-related information with current neuropsychological findings to generate meaningful recommendations with a focus on improving functional skills and quality of life. Fellows will complete clinical interviews with patients and caregivers, use a variety of neuropsychological tests and methods, participate in weekly neuropsychological evaluations, and compose neuropsychological evaluation reports.

Program requirements

The fellowship is a 40-hour-per-week program, and fellows spend at least 50% of their time in direct clinical activity related to patient care. The program requires 2,000 hours of supervised clinical time during a one-year (12 month) period, including 50 worked weeks, full time, to meet Florida licensure requirements. Requirements for successful completion of postdoctoral training are further outlined in detail below.

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Didactics

Fellows are required to attend weekly didactics on Friday mornings (8-11 a.m.), which include professional development, health and rehabilitation topics. Some of these didactics are provided in collaboration with the James A. Haley Veterans' Hospital. Fellows will also attend Psychology department meetings, Do No Harm meetings for case consultation and safety awareness, grand rounds, and continuing education as they are scheduled. Directed readings are completed as assigned by the primary supervisor.

Projects and presentations

1. Complete one program development project
2. Mini case presentations during postdoctoral seminars
3. One formal one-hour case presentation at the end of the training year

Supervision requirement

Formal supervision is at least one hour of formal, face-to-face supervision per week for each rotation. All supervisors are licensed psychologists specializing in rehabilitation, health psychology or clinical neuropsychology. Responsibility for maintaining contact with the supervisor resides with both the supervisor and the fellow. Cancellations for illness, vacation or other reasons should be made up. Additional consultation with other psychologists in the Psychology Service is available in emergencies.

Evaluation

Evaluation is an ongoing process during the fellowship program. Fellows work with their supervisor at the start of a rotation to develop specific, measurable training goals. Written evaluations of competencies and training goals will be completed at three and six months of the rotation. These evaluations are reviewed and discussed in individual meetings with the supervisors. Progress is also assessed on an ongoing basis through live observation, detailed reviews of written notes and reports, discussion of case formulations and treatment planning, and informal feedback from the multidisciplinary treatment team. If opportunities for improvement are identified, the primary supervisor is accountable for developing, implementing and monitoring a remediation plan. Fellows provide formal feedback at midyear and at the end of the fellowship, though feedback is ongoing throughout the year. Program evaluation is provided by fellows at the completion of the training experience for future program improvement.

Conflict resolution

Should problems occur in supervision, fellows are encouraged to attempt resolution in the context of the supervisory relationship. If such attempts are unsuccessful, trainees are encouraged to contact the training director for assistance in problem resolution. Formal grievance policies are maintained by TGH and apply to fellows. Please refer to the Grievance Policy for specific information regarding problem resolution within the supervisory relationship.

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Fellow responsibilities

- A. Fellows have the responsibility to maintain behavior within the following: (1) the scope of the APA ethical guidelines, (2) the laws and regulations of the State of Florida, (3) the regulations for professional staff of Tampa General Hospital, and (4) the standards for professional staff outlined in the Tampa General Hospital Policies, located on the Employee Portal.
- B. Fellows have the responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff and agency personnel.
- C. Fellows have the responsibility to behave in a manner that facilitates professional interaction within Tampa General Hospital and is in accordance with the standards and expectations of the hospital and APA.
- D. Fellows have the responsibility to provide professionally appropriate feedback regarding all aspects of the fellowship experience, including, but not limited to, supervision, seminars, individual counseling experiences, consultation, outreach experiences and staff meetings.
- E. Fellows have the responsibility to meet the expectations of the fellowship by developing competencies as defined in the program handbook.
- F. Postdoctoral fellows have the responsibility to behave in a professionally appropriate manner if due process procedures are initiated.
- G. The following expectations are the responsibilities of the postdoctoral fellows:
 - 1. Maintain general work hours of 8 a.m.-4:30 p.m., with flexibility per supervisor. Patients may be seen only when a designated supervisor is onsite.
 - 2. For inpatient rotations, assess patient consults in the morning with supervisor. In the EMR, assign yourself and your supervisor to patients who you are evaluating.
 - 3. Maintain a caseload as assigned by supervisor.
 - 4. Bring a list of patients, relevant patient issues you are working on and professional development needs to your weekly supervision sessions.
 - 5. Address all inpatient consults within 24 hours.
 - 6. Be certain to complete your paperwork in a timely manner. Please refer to Psychology Documentation Policy. Exceptions are to be discussed with your supervisor.
 - 7. Complete documentation for outpatients by end of treatment day, unless discussed in advance with your supervisor.

Program benefits

The fellowship begins and ends in September. Current stipend is \$55,369.60 (subject to change) with full benefits (health insurance, vacation, etc.). All fellows are provided with office space, laptops and access to medical library services.

TGMG Psychology & Neuropsychology

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