Rural & Underserved Interprofessional Fellowship Training Program

Gulf Coast Veterans Health Care System
400 Veterans Ave (116B)
Biloxi, MS 39531
(228) 523-4768
http://www.biloxi.va.gov/index.asp
http://www.biloxi.va.gov/services/Psychology/AboutUs.asp

Applications Due: Jan 6, 2015
Offers Made: Feb 17, 2015
Scott.Cardin@va.gov

Accreditation Status

The Gulf Coast Veterans Health Care System (GCVHCS) provides an interprofessional postgraduate training program comprised of three disciplines: Psychology, Social Work, and Pharmacy, with two major emphasis areas including Rural Mental Health and Underserved Mental Health. There are four training slots: 2 Psychology Postdoctoral Fellows, 1 Postgraduate Social Work Fellow, and 1 Postgraduate Year 1 Pharmacy Resident. There are two accreditation processes for this program, and therefore two credentialing commissions: the American Psychology Association's (APA) Commission on Accreditation (CoA) and American Society of Health-System Pharmacists' (ASHP) Commission on Credentialing. This fellowship program is currently seeking accreditation from APA and should have a site visit by the end of the current training year. The Pharmacy component of the fellowship is currently accredited. ASHP has awarded this training program with three years (2014 through 2017) of accreditation for the Pharmacy Postgraduate Year 1 training position.

Application & Selection Procedures

Eligibility: For the two Psychology Postdoctoral Fellowship positions**,** we seek applicants who are US citizens and will have completed an APA-accredited doctoral program in clinical or counseling psychology and an APA-accredited internship by the start date of our Fellowship, which offers a flexible start schedule. Degrees will need to be completed prior to start date. As an equal opportunity training program, we welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status. In addition, as our training program's major emphases are categories of diversity, we strongly encourage applications from candidates with interest and experience working with diverse populations.

Deadlines: Our site is not using the APPIC APPA application process this year, and therefore, we are only accepting applications through the process described here. If mailed, applications must be postmarked by January 6, 2015. If applications are

emailed, time stamp of all required emails for 11:59 PM on January 6, 2015 suffices. Email is preferred.

Instructions: To apply, the following materials are required (almost all can be emailed to Scott.Cardin@va.gov):

A letter of interest or cover letter providing a brief summary of your interests and qualifications for this training; why you are interested in this position; and aspirations for your psychology career.

Your CV (including a brief description of your internship rotations and clinical experiences/training).

Three letters of recommendation (at least one letter must be from an internship supervisor. All letters can be emailed. Email is preferred.).

An email from your dissertation Chair describing the progress of your dissertation and anticipated defense date if not yet complete.

Official Graduate school transcripts (please only send PDF copies of unofficial transcripts. Once accepted for interview please send official transcripts to follow via "snail mail.").

If you opt to mail, please send application materials in one envelope. Letters of reference, if mailed rather than emailed, should be signed across the envelope seal. Send application materials to:

Scott Cardin, Ph.D. **Scott.Cardin@va.gov**
Director of Postdoctoral Training,
Psychology Service (116B)
400 Veterans Ave
Biloxi, MS 39531

Candidate Interviews and Selection Processes:

We will interview selected candidates by telephone and/or through use of video-telephone equipment, if the candidate has access to VA resources, or programs such as Skype © or FaceTime ©. Candidates selected for an interview or even applicants not yet selected for an interview are more than welcome to arrange visits to our facility; we will accommodate with holding a tour and a meet and greet for anyone interested in visiting. We anticipate interviews will be scheduled upon receipt of competitive applications, which means that interviews may take place prior to application deadline and or shortly thereafter.

All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail or phone whether or not they have been invited to interview. We regard interviews as a two-way process wherein both parties can evaluate "relative fit" or match for training goals and training opportunities: a chance for us to meet and learn more about you, and an opportunity for you to meet us and get a better understanding

of our program. We will arrange for interviewees to have the opportunity to meet with our current fellow and/or past fellows if desired. The total interview process should take about 3.5 hours and can be divided up in order to accommodate our respective schedules. For those who are invited for an interview and are unable to visit our program in person, we will be happy to conduct an interview and answer your questions by telephone or video-teleconference. An in-person interview is not required to match with our program, though your visiting our campus and meeting you would be welcomed. We have a firm commitment to keeping trainee costs down while insuring that potential candidates are able to acquire all information needed to make a good decision about where they will train.

This program will honor the APPIC recommendation to wait to make offers until **Tuesday, February 17th, 2015** to make our initial offers. If a candidate or applicant has received an offer from another site prior to that date and if they would like our program to consider making a reciprocal offer, it is asked that the candidate contact our program and inform us of the other offer so that the reciprocal offer process could begin. Once we have made our selection, we will contact that selected candidate by phone and email. Again, in keeping with the APPIC recommendations, the selected candidate, if needed, will have 24 hours to "hold" our offer. If any applicant has questions about this process, please contact the Director of Training or review the web link provided here. We have used the following APPIC webpage and recommend that applicants read over the recommended guidelines: https://appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines.

Stipend and Benefits:

The Fellowship's Stipend and benefits are standard for VA Postdoctoral Residencies (http://www.psychologytraining.va.gov/benefits.asp). Fellows receive a competitive stipend of $42,239, paid out in 26 installments throughout the course of the appointment. The appointments are for 2080 hours, which is full time for a one-year period of time. Our Fellows are appointed as temporary employees for one-year and one day so as to allow for additional healthcare benefits. Start dates vary according to Fellow availability and preference, but must also match the formal start date provided each month (when new employees are oriented to the facility). VA fellows are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. As temporary employees, fellows may not participate in VA retirement programs. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits.

Fellows receive the 10 annual federal holidays. In addition, our Fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period, for a total of between 96 and 104 hours of each during the year. According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such

as education and training or job interviews with VA medical centers. When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Psychology Setting

The Gulf Coast Veterans Health Care System consists of a medical center in Biloxi, MS, three Community Based Outpatient Clinics (CBOCs), and a Joint Ambulatory Care Clinic (JACC). The CBOCs are located in Mobile, AL, Eglin Air Force Base, FL, and Panama City Beach, FL. The JACC is located in Pensacola, FL. The JACC provides services to active duty military personnel and veterans. The catchment area for our health care system spans across the coastal regions of Mississippi, Alabama, and Florida. Our health care system serves both urban and rural Veterans, as well as Veterans representing wide diversity with respect to age, race, ethnicity, and religious backgrounds. With regard to our rurality, the effects and aftermath of Hurricane Katrina compromised the resource infrastructure on the Mississippi Gulf Coast leaving behind a resource poor community which continues to rebuild and recover. Additionally, many veterans who receive services from our health care system live in remote areas. With respect to the targeted underserved populations for this training program, we have coordinated interprofessional pairing of trainees and training experiences to promote exceptional learning and care provision opportunities. The targeted areas/populations include veterans who: are diagnosed with serious/chronic mental illness (SMI/CMI), have experienced Military Sexual Trauma (MST), are living in rural and remote areas (Rural MH), are currently or recently have been Homeless (Homeless Programming), are of a minority sexual orientation group (Lesbian, Gay or Bisexual), and who identify as Transgender/ed or Intersexed.

The Gulf Coast Veterans Health Care System's Interprofessional Fellowship will provide a unique nexus of training experiences which likely are *only* afforded to trainees at our facility. Namely, the Fellow will be able to train across traditional medical and mental health clinics and across our community outpatient clinic facilities while providing mental health care and services to veterans identified as living in rural and remote areas and/or those veterans identified as being traditionally underserved. Our VA catchment area spans three states and the Fellow will be able to provide services throughout that designated area through the use of government vehicles and/or tele-mental health equipment. The Fellow, recognized by our facility, medical staff, and our training program as *junior faculty*, will work across clinics throughout the medical center and Community Based Outpatient Clinics (CBOCs). That is, rather than working for distinct periods of time solely in a single clinic, the Fellow will coordinate care for a panel of patients whom are diverse in presentation and medical history. The Fellow will spend 75% of the workweek providing patient care and patient care support activities to Veterans. The emphasis is on identification of "rurality" or “underserved” as opposed to symptom profile or medical clinic membership. Additionally, due to the history of our VA having survived Hurricane Katrina, there are training opportunities related to Disaster Recovery and trauma work which are not common to other facilities and their respective training programs. Likewise, even the nature of working within rural mental health or

targeted underserved populations, as defined by census data or medical records/charting, takes on nuanced meaning when working with veterans whom may have limited resources. They have unique experiences and continue to suffer unique difficulties. As such, training in rural mental health delivery or training in targeting mental health care for traditionally underserved populations here at the GCVHCS provides an unprecedented opportunity for both depth and breadth of training.

The leadership structure of Gulf Coast Veterans Health Care is hierarchical within services. That is, all psychologists at our facility are supervised and lead by the Associate Chief of Staff (ACOS), Behavioral Health Service Line. The ACOS, Dr. Sison, a psychologist, was the former Chief of Psychology Service, but now is in charge of Psychology, Psychiatry, and Social Work Services. Drs. Scott A. Cardin and Kara E. Boyer are the Director and Assistant Director of Postdoctoral Training, respectively.

Training Model and Program Philosophy

The Rural Mental Health Fellowship's training model is scientist-practitioner in nature as our program strives to provide a research training environment which fosters a coordinated blend of research and informed application. The goal is to train competent generalists whom can advance theoretically based empirically driven services, policy, and research that effectively enhances the quality and form of healthcare provided to rurally living individuals and communities.

The program philosophy is that psychological training is developmental in nature and is a process which we engage in, and foster, through provision of structured, developmentally sequential, experiential and educational learning opportunities. We strive to provide a learning environment which promotes ongoing professional development and the attainment of professional competencies and skill-sets. Further, our program envisions and creates a training environment wherein the Postdoctoral Fellow is equivalent to a GS-11 staff psychologist. The Fellow, while being supervised, is acquiring a specific skill-set through graduated learning opportunities as coordinated by an individualized training plan which weds general programmatic goals and objectives with the Fellow's identified career development goals.

Training Schedule and Rotations

The Fellowship is flexible in that the training schedule can take multiple forms. The format for each Fellow will be finalized within the first two weeks via detailed discussion and planning with the Director and Assistant Director of Training throughout the orientation to the program. This fellowship will provide a unique nexus of training experiences which likely are *only* afforded to trainees at our facility. Namely, the Fellow will be able to train across traditional medical and mental health clinics and across our community outpatient clinic facilities while providing behavioral health care and services to veterans identified as living in rural and remote areas and/or underserved veterans. Our VA catchment area spans three states and the Fellow will be able to provide services throughout that designated area through the use of government vehicles

and/or tele-mental health equipment. The Fellow, recognized by our facility, medical staff, and our training program as *junior faculty*, will work across clinics throughout the medical center and Community Based Outpatient Clinics (CBOCs). That is, rather than working for distinct periods of time solely in a single clinic, the Fellow will coordinate care for a panel of patients whom are diverse in presentation and medical history. The Fellow will spend 75% of the workweek providing patient care and patient care support activities, with some of those hours specifically being related to telehealth services. The emphasis is on identification of "rurality" or “underserved” as opposed to symptom profile or medical clinic membership. That is, in many instances the Fellow will “follow” or “go to” the patients chosen for his/her panel.

While having an overall emphasis in provision of mental health treatment of veterans living in rural and remote areas across our coast or veterans who are underserved, the Fellow will have opportunity to complete additional training in the minor emphases of: *Health Psychology/Behavioral Medicine (B-Med), Disaster Recovery, Posttraumatic Stress Disorder (PTSD), Home Based Primary Care (HBPC), Geropsychology, Hospital Administration, Research, Evidence Based Practices, and Clinical Supervision*. As noted above, the Fellowship is flexible in that any particular Fellow's training can be arranged to fit with his/her developmental needs/training goals. For example, though throughout the year the Fellow will be engaged in his/her major emphasis of Rural Mental Health or Underserved, the other minor rotations can be arranged in 3 or 6 month periods, one at a time. This functionally means that a Fellow can have as many as 4 separate three-month minor rotations, or 2 six-month minor rotations, or 1 six-month minor rotation and 2 three-month minor rotations. Factors such as availability of supervisees, experience with tele-mental health procedures, and hurricane season all influence the design of the Fellow's schedule. However, the most significant contributing factor in designing a Fellow’s training plan for the year is the Fellow’s long term goals. The schedule is coordinated during the first two weeks of the year, but can be altered if needed.

Additionally, the Fellows will be given 25% protected time to focus on original research efforts, program evaluation, and/or efforts which support the program development or research labs. We have ongoing rurally focused research being conducted at our VA by training faculty. We also have ongoing program evaluation studies being conducted here. Our hospital is part of VISN 16 and, as such, is associated with our South Central Mental Illness Research, Education, and Clinical Center (SC MIRECC), which has as its emphasis "Serving Rural and Other Underserved Populations." The Fellows will, as part of their training, receive guidance in writing and submitting grant applications, such as to the MIRECC Pilot Grant Program and our VISN Network Grant Program. Given that our facility is in VISN 16 with the stated emphasis above, research focused on rural mental health and underserved populations, is strongly encouraged and also provides unique educational opportunities for the Fellow.

Fellowship is a full-time one-year commitment equaling approximately 2080 hours. Fellows will receive training, both in clinical and focused seminar settings, in the major emphases, Rural Mental Health and Underserved, throughout the entire year. In three or six month periods of time, Fellows will be able to also dedicate one day a week to one of the minor emphases listed. The structure and design of a Fellow's training is

coordinated and individualized. That is, the Fellow and Director of Training collaboratively design the year with us in order to meet professional and long term career goals. Minor emphases are selected and time is then dedicated for receiving clinical and seminar trainings related to each of the Minor Emphases chosen. Didactics, detailed below, are coordinated with/to the minor emphases; the seminars are encapsulated within the clinical training. In addition to the encapsulated seminars which correspond to the minor emphases (only attended if part of training plan), we have a half-day of required seminars which include: Research, Underserved, Rural, and Empirically Based Treatment.

Program Goals & Objectives

Our Fellowship's overall training goal is to provide advanced clinical training in professional psychology with an emphasis in Rural Mental Health or Underserved. We strive to prepare our graduates for assuming staff and faculty positions in medical centers wherein they will be able to use their training to provide empirically supported treatment, enhance services and increase access to care for rurally and remotely living patients, as well as those generally underserved. Our program is a scientist-practitioner program with our trainees taking part in ongoing research and tasked with designing and undertaking research while completing the Fellowship. As such, we strive to prepare our graduates to have a skill-set wherein they can practice empirically supported treatments, evaluate literature and research, and conduct needed programmatic evaluation or research at their workplace.

Given these overarching goals, we target the following specific goals for our training program, which fall broadly into the categories of 1) treatment/assessment, 2) clinical knowledge/diversity and ethics training, and 3) tools/research.

<u>Specific Program Goal 1)</u> Provide empirically supported mental health treatment and adjunctive care services (assessment, evaluation, consultation) for targeted population, thereby enhancing standard services and increasing access to care for targeted population. Gain experience and training related to clinical work for targeted population and/or content area.

<u>Specific Program Goal 2)</u> Understand rural cultural issues, underserved population issues, diversity issues, and general physical and mental healthcare issues central to identified target population. Understand ethical guidelines. Understand facilitative and prohibitive issues related to provision of rural mental health care, to include knowledge of medical center mechanisms which can be utilized for said care enhancement.

<u>Specific Program Goals 3)</u> Be able to evaluate state of service provision for a targeted population at a facility. Understand how to identify target population utilizing available medical center information. Be able to present information in oral and written format to hospital administrators.

Competencies related to Goal 1 (listed above) are related to provision of treatment generally. Specific competencies follow:

<u>Competency 1.1</u>: Effectively use EBT for targeted populations when appropriate.

<u>Competency 1.2</u>: Effectively use assessment, evaluation, and consultation for targeted population when appropriate/needed.

Competency 1.3: Effectively work as member of interdisciplinary integrated care teams.

Competencies related to Goal 2 are related to attainment of knowledge related to rural and underserved mental health care:

Competency 2.1: Effectively demonstrate knowledge of and awareness to rural cultural and diversity related issues and underserved populations.

Competency 2.2: Effectively demonstrate knowledge of research findings related to target population and effective treatment of target population, including both physical and mental health concerns/issues.

Competency 2.3: Effectively demonstrate knowledge needed for successful implementation of care enhancement programs and/or treatment models.

Competencies related to Goal 3 listed above related to evaluation/research skills

Competency 3.1: Effectively demonstrate ability to obtain necessary information and data for evaluation of state of service provision for target population

Competency 3.2: Effectively demonstrate ability to identify target population using data sources.

Competency 3.3: Effectively provide presentations to medical center staff and faculty regarding status of mental health care for target population.

The training program activities or methods we have established to obtain the goals for our trainees are structured and generally follow the three-goal outline described above. That is, though recognizing overlap wherein any particular training activity can, and likely, will provide content knowledge or experiential training related to two or even three of the identified goals for our trainees, the activities detailed below are organized according to the three-goal structure/outline.

Activities related to Goal 1 and the Competencies associated with Goal 1 follow:

Activity 1.1: The Fellow will work approximately three days per week with focus being on provision of care for rurally or remotely living Veterans and/or Underserved populations. This provision of care will include care delivered at a facility in an office, tele-mental health care, and psychotherapy services delivered in the Veteran's home. Provision of care will also include assessment, evaluation, chart review, and consultation when clinically appropriate. Tele-mental health provision will comprise approximately one day of said clinical care. Fellows will provide EBTs when appropriate.

Activity 1.2: The Fellow will participate in Interdisciplinary Treatment (IDT) Teams wherein any of his/her patient's care will be discussed. The Fellow will participate in Patient Allied Care Team (PACT) meetings when appropriate. The Fellow will participate in appropriate and ethical treatment planning for identified patients. The Fellow will actively engage in the Interprofessional Treatment Consultation Team meeting.

Activity 1.3: For the Rural Mental Health Emphasis, the Fellow will identify rurally living and/or remotely living and/or underserved veterans through use of hospital information systems and will offer services to those veterans identified through such mechanisms. For the Underserved Emphasis, the Fellow will identify patients by using the hospital information systems and will offer services to identified veterans. For the Minor

Emphases, similar mechanisms for identifying potential patients will be employed, though the goal for the Minor Emphasis is treatment issue or content specific. Thus, patients seen during any of the Minor Emphasis would not necessarily have to be rurally or remotely living veterans or veterans identified as underserved.

Activities related to Goal 2 and the Competencies associated with Goal 2 follow:

Activity 2.1: Fellows will engage in the structured programmatic didactics. All will engage the weekly or biweekly structured seminars. The other didactics will occur as a consequence of each individual Fellow's elected Minor Emphases which he/she selected. Each Fellow will engage in his/her elected didactics in accordance with his/her individualized learning plan. Other didactics will be provided when educational needs are identified and/or when available. Such didactics might include Diversity Days Seminar (held at our facility) and video-teleconferenced seminars with research design and statistical emphases if needed (available from our VA network).

Activity 2.2: Fellows will conduct literature reviews and will engage in reading assignments, both self initiated and initiated by any of his/her Preceptors. Fellows will engage in data gathering and evaluation geared toward gaining knowledge regarding rural mental health care status and need. Likewise, Fellows will engage in activities wherein he/she will learn how to use medical center data sources to identify patient and patient needs. Fellows will provide presentations to other VA staff and faculty.

Activity 2.3: Fellows will engage in committee work. When available, Fellows will be active members of local, regional and national committees wherein he/she will gain access to additional educational resources and information.

Activities related to Goal 3 and the Competencies associated with Goal 3 follow:

Activity 3.1: Fellows will participate in weekly research meetings focused on rural mental health care and underserved population behavioral health care research.

Activity 3.2: Fellows will learn and use hospital resources for the purpose of identifying potential patients and for overall programmatic evaluation of care services. Fellows will identify key personnel and facility resources and will understand how to identify such resources at other medical centers.

Activity 3.3: Fellows will participate in facility research and evaluation efforts, including designing and initiating IRB and R&D review of research proposal under the supervision of Rural Mental Health Preceptor. Fellows will be encouraged to submit presentations and/or manuscripts.

Program Structure

This Residency is a one-year Interprofessional Fellowship which provides advanced training with a major emphasis in *Rural Mental Health* or Underserved and additional training in the following optional minor emphasis areas: *Health Psychology/Behavioral Medicine (B-Med)*, *Disaster Recovery, Posttraumatic Stress Disorder (PTSD), Home Based Primary Care (HBPC), Geropsychology, Hospital Administration, Research, Evidence Based Practices, and Clinical Supervision*. Again, the underserved targeted populations include veterans who: are diagnosed with serious/chronic mental illness (SMI/CMI), have experienced Military Sexual Trauma (MST), are living in rural and

remote areas (Rural MH), are currently or recently have been Homeless (Homeless Programming), are of a minority sexual orientation group (Lesbian, Gay or Bisexual), and who identify as Transgender/ed or Intersexed.

Training activities are primarily either experiential with corresponding supervision or obtained through didactics. The Rural Mental Health Major Emphasis or Underserved Major Emphasis will take place over the entire year and functionally takes up 2.5 days of any given week. Fellows will have the option of as many as four, three-month Minor Emphases or as few as two, six-month Minor Emphases. Minor Emphases experiences can be either three-month or six-month in duration. This means that a Fellow can also have two three-month Minor Emphases and one, six-month Minor Emphasis. The Major and each of the Minor Emphases have Preceptors who function as content experts and supervisors for the Fellow. Minor emphases occur one at a time and take place functionally one day per week. Given the length of the experiences, a Fellow will focus his/her training on specific content areas with respect to the Minor Emphases. There is a half day dedicated to required core didactics. The remaining day is dedicated to research projects.

Training Experiences

Clinical Experiences: Overall, the clinical experiences provided for the Fellow will be orchestrated and arranged based on the Fellow's selection of minor emphases and his/her interests and career aspirations. The Major Emphasis of Rural Mental Health and/or Underserved will be provided throughout the training year. However, clinical populations, other than "rural" demographics, may be different from year to year or even within a year. For example, one Fellow may be interested in Behavioral Medicine and therefore opt to pull most of his/her patients from a Behavioral Medicine or Primary Care Clinical setting. That is, he or she may focus on provision of care for rurally living Veterans who have behavioral medicine clinical presentations/issues. Another Fellow may be more interested in the chronically mentally ill (CMI) and therefore may pull his/her client base from the outpatient or inpatient mental health clinics. Seventy five percent of a Fellow's time will be in providing patient care and/or patient care support activities. With respect to the Minor Emphases, the Fellow will focus his/her clinical experience typically around a content area or diagnoses. During his/her three or six month rotation for said Minor Emphasis areas, he/she will work with the corresponding Preceptor to obtain appropriate training experiences.

Supervision: As described above, multiple staff will provide supervision for the various minor emphases available and our Director of Training, Dr. Cardin, will serve as the Supervision Preceptor and as one of the Research Preceptors. Dr. Cardin serves on the Mississippi Psychological Association Executive Council as the Rural Health Coordinator for the State of Mississippi. He currently chairs and was past member of the VA Psychology Training Council Rural and Small Program Work Group. Dr. Boyer, the Assistant Director of Training for this Fellowship will also provide content for the Fellow's weekly rural focused seminar. The following list details our training faculty and their respective focus areas:

Scott Cardin, Ph.D.; Supervision Preceptor, Research Preceptor

Kara Boyer, Ph.D.; Rural MH Preceptor, PTSD Preceptor
Gustave Sison, Ph.D.; Disaster Response Preceptor
Jack Carney, Ph.D.; Hospital Administration Preceptor
Jefferson Rogers, Psy.D.; Geropsychology Preceptor
Kellee Bivens, Ph.D.; Behavioral Medicine Preceptor
Candace Drake, Psy.D.; Evidence Based Practices Preceptor
Shelia Robinett, Psy.D.; Underserved Preceptor
Cristal Weeks, Ph.D.; Home Based Primary Care Preceptor, Research Preceptor

Rural Mental Health Major Emphasis Area:
Preceptor: Dr. Boyer

This training emphasis will be undertaken via clinical experiences crossing traditional medical center clinic divisions. That is, the Fellow will identify specific clinics within our facility which he/she would like to target. Using facility data information, he/she will generate a list of rurally and remotely living Veterans eligible for extended home visit services and will offer said services to eligible Veterans. For example, if a Fellow is interested in Behavioral Medicine, then he or she would likely obtain such a list of eligible Veterans from B-Med Clinics or Primary Care Clinics. The patient pull can and will likely shift focus throughout the course of the year so that the Fellow can obtain additional experience in creating eligibility listing as described above and so that the Fellow can obtain diverse clinical experiences. Hospital clinics from which the Fellow will be able to develop patient lists include: Primary Care, Mental Health Outpatient Clinic, Mental Health Intensive Case Management (MHICM), Woman's Clinic (a specialty primary care clinic), and other specialty clinics. In addition to the home visit mode of clinical care described above, Fellows will also run a Tele-mental Health Clinic wherein he/she will be able to further extend services.

Underserved Major Emphasis Area:
Preceptor: Dr. Shelia Robinett

This training emphasis will be undertaken via clinical experiences crossing traditional medical center clinic divisions. That is, the Fellow will identify specific clinics within our facility which he/she would like to target. Using facility data information, he/she will generate a panel of veterans eligible for focused clinical services and will offer said services to eligible Veterans. The processes for identification of targeted underserved populations will be similar to selection processes mentioned in the Rural Mental Health Major Emphasis Area description above. However, potential patients may also be identified through more traditional means, such as working in already established traditional clinics which target the underserved. Hospital clinics from which the Fellow will be able to develop patient lists include: Primary Care, Mental Health Outpatient Clinic, Mental Health Intensive Case Management (MHICM), Woman's Clinic (a specialty primary care clinic), the MST clinic, Inpatient Psychiatry, and other specialty clinics.

Disaster Recovery Minor Emphasis Area:

Preceptor: Dr. Sison

This training minor emphasis will be undertaken via both administrative and clinical experiences. The Fellow will take part in numerous facility level disaster preparedness meetings and exercises. The Fellow will also take part in a monthly VISN 16 Mental Health Disaster Response Committee Conference Call. He/she will complete FEMA Incident Command System (ICS) Training. If the training is co-occurring during a time when a disaster happens, then the Fellow will play an active role in facility emergency response and Employee Assistant Programming. Use of hospital systems in response to emergency or crisis situations is also a focus for this minor emphasis.

Hospital Administration Minor Emphasis Area:
Preceptors: Dr. Carney

This training minor emphasis will be undertaken via administrative experiences within our local facility and at times within our VISN. The Fellow will attend upper management meetings, including Morning Report and other meetings which Dr. Carney regularly participates. The Fellow may also participate in hospital committee work and related projects as available and with other hospital administrators as available and/or coordinated based on Fellow career goals and aspirations. For example, Fellows can work with other training programs or clinical teams to address process improvement efforts and/or policy creation. Fellows, due to location logistics may opt to participate in hospital administration experiences at any of the divisions of our health care system.

Geropsychology Minor Emphasis Area:
Preceptor: Dr. Rogers

This training minor emphasis area will be undertaken via clinical experiences obtained at the Biloxi VAMC. Our facility has completed the new Community Living Center (CLC). Fellows will work within the CLC, our existing Transitional Care Unit, or our existing Hospice Care Unit. Additionally, there are opportunities for said care to be in-home care, similar to the general experiences provided in the Rural MH Emphasis. A significant component of this emphasis will be in evaluation and integrated report writing, as well as ethical practice with respect to geropsychology within a health care system.

Clinical Supervision Minor Emphasis Area:
Preceptor: Dr. Cardin

This training minor emphasis area will be undertaken via supervision experiences with doctoral level trainees when available. Dr. Cardin will provide supervision of supervision via same-room observation of Fellow conducting supervision with pre-doctoral trainee, most likely a pre-doctoral intern. The Fellow will then meet with Dr. Cardin separately for supervision wherein they will discuss Fellow's supervision interventions. Fellows will be exposed to supervision theory and several models of supervision during this minor area.

Unfortunately, this minor training experience is not offered every year due to logistics in coordination with predoctoral training program and other training related considerations.

PTSD Minor Emphasis Area:
Preceptor: Dr. Boyer

This training minor emphasis area will be undertaken via clinical experiences obtained in the PRRTP program with Dr. Boyer. Training would include EBT focused work within the PRRTP and/or other clinics allowing for work with patients diagnosed with PTSD. Clinical experiences will likely first take place in the clinic with optional work conducted in remote settings (with Fellow making home visits) once developmentally appropriate or chosen as a targeted training experience.

Health Psychology/Behavioral Medicine (B-Med) Minor Emphasis Area:
Preceptor: Dr. Bivens

This training minor emphasis area will be comprised of clinical experiences obtained across three of our facilities. Dr. Bivens, our facility's Behavioral Health Coordinator, offices in our Joint Ambulatory Care Clinic (JACC) in Pensacola, but provides advanced services across our facility. The Fellow could work from or out of Biloxi, Mobile, or Pensacola. Clinical experiences will likely first take place in Pensacola, but emphasis will then be placed on extended available services to those identified as being underserved. Like other Minor Emphasis areas, clinical experience could include making home visits once developmentally appropriate and if Veteran need is identified.

Home Based Primary Care (HBPC) Minor Emphasis Area:
Preceptors: Dr. Weeks

Dr. Weeks is the Preceptor for this minor emphasis training area. She is the HBPC Psychologist working at the Mobile CBOC. HBPC clinics span 60 miles from the home clinic, which means that the home visits may range broadly along the coastal area. Based on the capacity or bed censuses for these clinics, many veterans who receive care from HBPC reside in rural communities. This minor emphasis is recommended early in the training year for those trainees who have never experienced conducting home visits or treatment in the home. Whether choosing this training minor or not, each Fellow will also meet with Dr. Weeks early in the training year in order to receive specific training regarding home visits and home visit procedures.

Research Minor Emphasis Minor Emphasis Area:
Preceptors: Dr. Cardin and Dr. Weeks

Drs. Cardin and Weeks are Co-Preceptors for the weekly Research Seminar. They both will provide lecture and guidance for Fellow's research and program evaluation foci. This takes place throughout the year and is facilitated by the weekly seminar and research focused supervision and team meetings as well. Other researchers/staff may

collaborate on a Fellow's project(s) as needed or desired and may meet with the Fellow in addition to his/her attendance/participation in the research seminar. If a Fellow chooses this Minor Emphasis, they will additionally learn how to help establish research coordination and collaboration, as well as have the opportunity to begin writing a grant and/or writing and submission of manuscripts.

Evidence Based Practices (EBP) Minor Emphasis Area:
Preceptor: Dr. Drake

Dr. Drake is the Assistant Director of Training for the Predoctoral Internship Program at our facility. She works at the JACC in Pensacola, FL but is active at our main hospital due to her role in training. She holds VA training certificates in both Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). She is a VA National Consultant for PE. She is also a Consultant for the Flex Veterans Rural Health Access Program which offers evidence based treatments to Veterans diagnosed with PTSD who live in the extremities of rural Alaska. Dr. Drake works in our Posttraumatic Stress Disorders Clinic and, as such, would focus this experiential training minor emphasis on conducting Evidence Based Treatments (EBTs) for treatment of PTSD.

Didactics: Overall, the didactics for the Fellowship are coordinated in two ways. First, all Fellows attend weekly seminars. Second, additional seminars corresponding to minor emphasis are scheduled as needed. For example, should a Fellow select the Supervision minor emphasis, then he/she would receive didactics from the Supervision Preceptor. Additionally, VISN-level MIRECC supported training efforts and didactics focused on research issues will be audio or videoteleconferenced (Vtel) when available and when meeting the training needs of the Fellow. The APA accredited Internship Training Program at our facility has a well-established training relationship with a sister-VISN 16 APA approved training program (We refer to this training as our "Diversity Days."). This seminar, typically scheduled once a month, will be the only didactic which is open to our Interns and members of our training faculty.

Requirements for Completion

The first two weeks of the Fellowship will be devoted to New Employee Orientation (NEO) and general Behavioral Health Service Line Orientation. NEO is a medical center station requirement for all new employees and has planned start dates. The Director and Assistant Director of Training will coordinate a Behavioral Health Service Line Orientation wherein more detailed training and information needed for effective clinic management will be reviewed and presented. Before and during the orientation weeks, the Fellow will review his/her training experiences, career goals, and identified learning objectives with the Director and Assistant Director of Training. This procedure is undertaken for the purpose of identifying strengths and targeted areas of growth in order to facilitate coordinated training efforts and an individualized training experience. In keeping with our developmental philosophy, our training program aspires to foster developmentally appropriate learning via targeted learning tasks. Fellows are

encouraged to address any identified areas for growth, such as areas in which they have had limited experience.

It is expected that upon completion of the program all Fellows will demonstrate competence in the following general domains, which correspond to the listed Goals and Objectives presented earlier in this document:

Treatment
Knowledge
Tools/Research

At the beginning of the training year, each Fellow will receive a Rural Mental Health Postdoctoral Residency Training Program Handbook. This handbook will specify the required competency elements within each domain, along with examples of the expected levels of performance. At the end of each training emphasis, the Fellow is rated on all competency elements that apply to that training emphasis. Feedback will also be provided at midpoints during any training experience/activity. Competency elements will be tracked on an Individualized Fellowship Training Plan spreadsheet co-created with the Fellow at the beginning of the training year. Supervisor/Preceptor evaluations will also rate Fellow competencies on a five-point Likert scale consisting of the following points: “Unsatisfactory Performance,” “Performance with Development Needed,” “Performance which Meets Expectations,” “Performance which Exceeds Expectations,” and “Exemplary Performance.” The scales are anchored according to specific examples for each of the domains. Inability to demonstrate competence would be represented by three or more ratings which are below the “Performance which Meets Expectations” for a given domain. Successful completion of the program would be demonstrated with trainee performance which is evaluated at the “Performance Meets Expectations” level with no more than three ratings lower than “Performance which Meets Expectations.”

Facility and Training Resources

We have designated space for training at the Joint Ambulatory Care Clinic (a CBOC in Pensacola, FL) and the Biloxi Division or medical center of the GCVHCS. Fellows can choose to live along the Gulf Coast, though it is recognized that the majority of preceptors work in the medical center in Biloxi. Unlike the dedicated office space available at both the Biloxi medical center and the JACC, office space at the other CBOCs is a highly sought after commodity. As such, the office wherein the Fellow will work while in Mobile will either be the homes of the Veterans as they are seen in a HBPC capacity, shared telehealth space, or in the VA Clinic Treatment Mobile Unit. In Biloxi, there will be an office dedicated to tele-mental health activities and this office will be used by the Fellow when in Biloxi. Likewise, a similar training office space is dedicated in Pensacola. Though travel between the CBOCs and the medical center can take place throughout the week as required, there are specific days when important didactics occur. For example, on Wednesdays, it is expected that the Fellow will participate in our program’s core didactics as well as the once a month Diversity Days Seminar. This participation will provide opportunity for the Fellow to coordinate research

efforts, be part of peer consultation, and participate in the biweekly Interprofessional Treatment Consultation Team meeting. All didactics mentioned above take place in the Behavioral Health Service dedicated training conference room. Fellows will provide care in their respective offices, in group rooms, or in the homes of their patients. To accommodate and support this kind of home based work, Fellows will be provided government vehicles, GPS systems, cell phones, and videophones to assist in the provision of treatment. Fellows will have full access to our hospital medical library, including journal databases and interlibrary loan services. Likewise, Fellows will have full range of our Behavioral Health Service Training Libraries. Fellows will have access to VA Informatics and Computing Infrastructure (VINCI), data warehouse as well as to statistical programs (e.g., SPSS) and other software needed to conduct basic social science research analyses.

Administrative Policies and Procedures

The Gulf Coast Veterans Health Care System's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Director of Training.

Due Process and Grievance Procedures: All trainees are afforded the right to due process in matters of problematic behavior and grievances. Our training program's due process and grievance procedures are described in our Handbook and corresponds with Human Resource and VA policy and procedures for temporary employees. A copy of our due process policy is available on request. They are reviewed during orientation as well.

Privacy policy: We collect no personal information from you when you visit our Website.

Self-Disclosure: We do not require our trainees to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting treatment or other clinical performance and such information is necessary to address these difficulties.

Training Faculty

Name: Kellee R. Bivens, Ph.D.
Titles(s): VA Gulf Coast Health Behavior Coordinator
School: University of Alabama
Internship: University of Alabama at Birmingham/Birmingham VAMC
License: Alabama, 2009 – Present
Duties: As Health Behavior Coordinator (HBC) for VA Gulf Coast, Dr. Bivens participates in the training of staff in health coaching and motivational interviewing. As HBC, she serves as co-chair of the Health Promotion and Disease Prevention Committee. She currently is involved in facilitation of the MOVE! Weight Management Program and Smoking Cessation Program at the Joint Ambulatory Care Center (JACC) – Pensacola Outpatient Clinic.

Professional: Clinical and research interests include chronic pain, health behavior change, behavioral sleep medicine, acceptance and commitment therapy, and motivational interviewing. Her theoretical orientation is primarily cognitive behavioral.
Personal: Interests include reading, going to the movies or watching DVDs, spending time with her beagle, Logan, and watching Alabama Football.

Name: Kara E. Boyer, Ph.D.
Title(s): Assistant Director of Postdoctoral Training; PTSD IOP Psychologist, Evidenced Based Coordinator, Diversity Coordinator
School: The University of South Dakota
Internship: VA Gulf Coast Veterans Health Care System, 2008 – 2009
License: Mississippi, 2011 – Present
Duties: Dr. Boyer is the psychologist for the PTSD IOP. Her duties in this role include: completing intake psychological assessment interviews, conducting lecture and process group therapy, working with individual patients and participating on an interdisciplinary treatment team. Group therapy includes groups in Dialectical Behavioral Therapy, In-Vivo Exposure, Anger Management, PTSD Education, Communication Skills Training, Cognitive Processing Therapy, Special Topics, Relaxation and Journaling, and Prolonged Exposure. All groups utilize cognitive behavioral, cognitive processing or dialectical behavioral techniques. Dr. Boyer also serves as the local Evidenced Based Coordinator. In this role, she identifies training needs of staff across VA Gulf Coast VHCS' different service areas. She serves as the Diversity Coordinator for the internship training program and teaches different projective assessment techniques (Rorschach, TAT, etc) for the Assessment Seminar.
Professional: Dr. Boyer's professional interests include Rural Mental Health, issues related to aging and the phenomenology of PTSD. Her interests also include the practice of Evidenced-Based therapies, including cognitive behavioral, cognitive processing and dialectical behavioral therapies. Her theoretical orientation is cognitive-behavioral.
Personal: Her personal interests include reading historical fiction novels, running, watching college football and spending time with her family and three cats.

Name: Scott A. Cardin, Ph.D.
Titles(s): Director of Postdoctoral Training; Outpatient Mental Health Psychologist
School: Texas A&M University
I**nternship**: University Houston Counseling and Psychological Service
Post-doc: Michael E. DeBakey VAMC, Mental Illness Research, Education, and Clinical Center (MIRECC)
License: Mississippi, 2008 – Present
Duties: Director of Postdoctoral Training; Mental Health Outpatient Clinic
Professional: Dr. Cardin's primary clinical interests include rural mental health, supervision/training, psychotherapy process, Mindfulness, and language factors. His theoretical orientation is eclectic with an emphasis on psychodynamic therapy. He completed a two-year MIRECC Postdoctoral Fellowship in Advanced Psychology with an emphasis in research. His research efforts since joining the VA Gulf Coast Veterans Health Care System have revolved around rural mental health. He has ongoing grant

funded research examining psychotherapy utilization among rurally living veterans. Dr. Cardin serves on the Executive Council of the Mississippi Psychological Association as their organization's Rural Health Coordinator. He also is a Past Chair of the Department of Veterans Affairs Psychology Training Council's (VAPTC) Rural and Small Training Program Workgroup and remains an active member of this VA training committee.
Personal: Dr. Cardin enjoys reading, creative writing, recreational sports (such as golf and Frisbee golf), travel and exploring the Gulf Coast.

Name: Jack C. Carney, Ph.D.
Title(s): Assistant Chief, Psychology
School: Tennessee State University
Internship: James H. Quillen VA Medical Center, 2004-2005
License: Alabama, 2006 – Present
Duties: Dr. Carney is the Assistant Chief, Psychology Service. He is the clinical supervisor of all staff psychologists. In addition to his administrative role, he provides long term project supervision and administrative rotation supervision.
Professional: Dr. Carney's professional interests include personality assessment, acceptance and commitment therapy, end-of-life care, traumatic stress, and health psychology. His theoretical orientation is object relations with interpersonal and cognitive-behavioral interventions.
Personal: Favorite avocations include swimming with his children, attending local plays, boogie boarding at Perdido Key, finding new sushi restaurants, and going walking with his wife.

Name: Candace M. Drake, Psy.D.
Title(s): Assistant Director of Internship Training; PCT Clinic Psychologist
School: University of Indianapolis
Internship: Gulf Coast Veterans Health Care System
License: Alabama, 2012- present
Duties: As PTSD Psychologist at the Joint Ambulatory Care Center (JACC) in Pensacola, FL, Dr. Drake provides both individual and group psychotherapy for Veterans diagnosed with PTSD. She also participates in interdisciplinary treatment planning both within the general mental health clinic and the PTSD Clinical Team. In addition to her role with our program as the Evidence Based Practice Preceptor, she also serves as Assistant Director of Training to the Pre-Doctoral Internship Training Program.
Professional Interests: Dr. Drake's professional interests include a commitment to training, supervision, and the consultation process. Clinically, she emphasizes the use of evidence-based treatments. She is certified in providing both Prolonged Exposure and Cognitive Processing Therapy and is a VA National PE Consultant. She also served as a consultant to the Flex Veterans Rural Health Access Program which offered evidence based treatments to Veterans diagnosed with PTSD who live in the extremities of rural Alaska.
Personal Interests: Dr. Drake enjoys reading, listening to music, expressive dance (such as the 'Shopping Cart' and 'Sprinkler'), and spending time with family, friends, and

boxer dog, Sunshine. She also loves football and frequently dominates in Fantasy Football Leagues.

Name: Shelia Robinett, Psy.D.
Title(s): VISN 16 Military Sexual Trauma (MST) Coordinator / Gulf Coast Veterans Healthcare System MST Coordinator – Behavioral Health Outpatient Clinic.
School: Marshall University
Internship: Gulf Coast Veterans Health Care System
License: Kansas 2014-Present
Duties: Dr. Robinett is the MST psychologist for the Behavioral Health Outpatient Clinic. Her duties in this role include: completing intake psychological assessment interviews, conducting psychological testing and composing reports, conducting individual and group evidence-based psychotherapy. Individual psychotherapeutic interventions include Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), and Skills Training in Affective Interpersonal and Regulation (STAIR) Therapy. Group psychotherapeutic interventions include Dialectical Behavioral Therapy (DBT) Skills Training, Cognitive Processing Therapy (CPT), Skills Training in Affective Interpersonal and Regulation (STAIR) Therapy, and Women's Wellness (CBT-based skills acquisition; anxiety, mood, anger, stress, chronic pain management, sleep hygiene, and women's health). She also serves as the behavioral health point of contact for patients diagnosed with Gender Dysphoria and/or for Veterans who identify as Transgender. Dr. Robinett also serves as the Interprofessional Seminar Coordinator for the Tulane Psychiatry Residents, and conducts the Underserved Seminar for the Interprofessional Postgraduate Fellowship trainees at the Gulf Coast VA. In Dr. Robinett's role as the VISN 16 MST Coordinator, she serves as the point of contact for MST Coordinators from each of the healthcare systems within the VISN. Additionally, she serves as the MST Coordinator for the Gulf Coast VA and is responsible for MST program development and evaluation, coordination of MST-related healthcare, and MST outreach activities. Dr. Robinett is a member of the Women Veteran Advisory Committee (WVAC) for the Gulf Coast VA. Finally, Dr. Robinett is a Clinical Instructor for Tulane University School of Medicine: Department of Psychiatry and Behavioral Sciences, and Adjunct Professor for Tulane University: Department of Psychology, and Adjunct Professor for The University of Southern Mississippi: Department of Psychology.
Professional Interests: Dr. Robinett also serves as the Evidence Based Treatments (EBT) & Special Topics Seminar Coordinator for the internship training program. In addition to interests captured within the duties section above, Dr. Robinett is interested in the provision of care to underserved populations such as Lesbian, Gay and Bisexual patients, patients suffering from Gender Dysphoria and/or who identify as Transgender, males sexual assault survivors, and patients living in rural areas. Behavioral interventions for sleep hygiene and sexual dysfunctions are also of interest. Dr. Robinett's professional publications focused on the identification of psychosocial factors that contribute to the development and maintenance of sexual disorders and paraphilias. Finally, Dr. Robinett utilizes objective psychological measures to conduct diagnostic personality and psychopathology, behavioral medicine/pre-operative, neuropsychological screening, and response bias (feigning, malingering) assessments.

Personal Interests: Dr. Robinett's personal interests include kayaking, playing the banjo, lounging in her hammock, cycling, camping, grilling out, bonfires, traveling, live music, hot sauce, wrestling gators, spending time with family and friends, traveling home to Appalachia, engaging in human rights activism, and exploring her inner child.

Name: Jefferson O. Rogers, Psy.D.
Title(s): Geropsychologist, Chairperson, Ethics Consultation
School: Florida Institute of Technology
Internship: Washington, DC VAMC 1991 – 1992
Postdoctoral Fellowship: Geropsychology, Little Rock VAMC, 1993
License: Mississippi, 1995 – Present
Duties: Dr. Rogers supervises students on the Geropsychology rotation and lectures on geropsychology. Clinical duties include providing psychological services to the Community Living Center, the Dementia Unit, the Transitional Care Unit, and hospice patients. He additionally serves as Chairperson of the Ethics Consultation service of the VA Gulf Coast Veterans Health Care and has been Interim Director of Training.
Professional: Dr. Rogers' professional interests include geropsychology, neuropsychology, assessment of decisional capacity, tobacco cessation, and health care ethics consultation. His theoretical orientation is eclectic/pragmatic with a cognitive-behavioral emphasis.
Personal: Avocations include regularly performing music at events and haunts across the Coast, cooking, dining, sartorial matters, projects around the house, and indulging his dog, granddaughter, & wife.

Name: Gustave F.P. Sison, Ph.D.
Title(s): Chief, Psychology Service; Coordinator of Research and Development; Administration, Research and Long Term Therapy Supervisor
School: The University of Southern Mississippi
Internship: Albany Medical Center/VA Medical Consortium, Albany, New York, 1982 – 1982
License: Mississippi, 1986 – Present
Duties: Dr. Sison is Chief Clinical Psychologist and Employee Assistance Program Coordinator at the Gulf Coast Veterans Health Care System, where he also coordinates all medical, surgical, and mental health research activities.
Professional: Dr. Sison is a practicing clinical psychologist with over 20 years of experience as a clinician, researcher, and behavioral health/change consultant. In addition to heading a consulting firm that specializes in organizational behavioral change, management consulting, stress/conflict management, and outcomes measurement, he teaches a doctoral course in health psychology, and is the author of 18 professional publications in the behavioral sciences.
Personal: Personal interests include canoeing, kayaking, numismatics, and history.

Name: Cristal E. Weeks, Ph.D.
Title(s): Clinical Psychologist, Home Based Primary Care/Telehealth; HBPC Preceptor; Research Preceptor; Clinical Video Telehealth (CVT) Coordinator

School: University of Wisconsin-Milwaukee
Internship: Southwest Consortium Predoctoral Psychology Internship, Albuquerque, NM
Postdoctoral Fellowship: Gulf Coast Veterans Health Care System, Rural MH Postdoctoral Fellowship
License: Alabama, 2014 – Present
Duties: Dr. Weeks is the clinical psychologist working as part of the Mobile, AL CBOC Home Based Primary Care clinical team. She is the HBPC Preceptor for this training program and is in charge of initial training in how to conduct home visits. She also is the CVT Training Coordinator for this Fellowship, wherein she provides training for how to use CVT with patients in their homes. In addition, Dr. Weeks is CoPreceptor for the Research Seminar.
Professional: Dr. Weeks has professional interests in Functional Analytic Therapy (FAP), single case research design and research, program evaluation, PTSD, access to care, and Home Based Primary Care interventions and programming.
Personal: Dr. Weeks enjoys going to comic conventions, sci-fi, exploring downtown Mobile, AL., biking, kayaking, and watching television with her cat, Lawton.

Local Information

The Gulf Coast Veterans Health Care System (GCVHCS) is a part of the Veteran's Integrated Service Network (VISN) 16, which also includes the VA Medical Centers in Houston, TX, Oklahoma City, OK, Muskogee, OK, Little Rock, AR, Fayetteville, AR, Alexandria, LA, Shreveport, LA, New Orleans, LA, and Jackson, MS. Our facility spans three states. The VAMC in Biloxi, MS is located on the Biloxi Peninsula with the Gulf of Mexico only minutes from the facility and the Back Bay visible from the facility. The CBOCs and JACC are located along the coast, making our VA different than most other VAs which have a concentric configuration between the VAMC and respective CBOCs. Therefore, instead of a “spoke and wheel,” our VA is more like “peas in a pod.” Though our facilities are located along the beach in non-rural settings, many of our Veterans seeking care with us are living in rural and remote areas of Mississippi, Alabama, and Florida and travel great distances to receive their care. The Gulf Coast area is a relaxed beach resort setting with a rich history of diverse settlement and cultural influx. The catchment area the facility covers is broad in area and cultural wealth.

We encourage phone calls and/or email contact to find out additional information about the location and attractions. Our facility has had many trainees who came to train, but ended up joining our faculty—this is a great resource for interested applicants as they know what it is like to both train and work here. We also encourage contact with our current trainees. Please send contact requests via email to the Director of Training.