

Pediatric Medical Psychology Fellowship

Training Handbook 2025-2026



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Pediatric Medical Psychology

Program Mission and Goals

Program Overview

Within our one-year Pediatric Medical Psychology (PMP) fellowship, fellows complete rotations in outpatient multidisciplinary pediatric clinics, inpatient consultation/liaison, assessment, outpatient therapy, and short-term crisis and acute care intervention (e.g., emergency department, bridge clinic, inpatient, partial hospital). All rotations involve active coordination with multidisciplinary teams throughout John Hopkins Children's Center. Fellows consult with medical providers (e.g., physicians, surgeons, nurse practitioners), multidisciplinary teams (e.g., psychiatry, nursing, child life specialists, social workers), and families to optimize adherence, improve pain management, enhance adjustment/coping with various medical conditions, and evaluate/treat comorbid psychopathology. All clinical services and settings require strong foundation in evidence-based approaches to assessment and intervention, and monitoring treatment outcomes with empirical data. In addition, fellows receive supervision in delivery of empirically-supported treatments (e.g., CBT, PMT, Ex/RP, IPT-A-SCI, MI, DBT skills training).

- **Outpatient multidisciplinary specialty clinics:** Fellows deliver brief, evidence-based assessment and treatment for adherence to medical recommendations, preparation for transplant/surgical procedures, coping with medical stress, anxiety, inattention/hyperactivity, disruptive behaviors, and mood problems. Fellows may participate within multidisciplinary clinics within Urology, GI, Burn, Surgery, Oncology, Nephrology, and Solid Organ Transplant (kidney, liver). Additional opportunities may be possible in General Pediatrics, Adolescent Medicine, Otolaryngology, Dermatology, Rheumatology, and Cardiology.
- **Inpatient consultation/liaison:** Fellows deliver behavioral interventions and coping support during pediatric medical hospitalizations. Fellows collaborate with medical teams (physicians, nurses, child life) to develop and implement behavioral plans and to support coping.
- **Short-term crisis and acute care intervention services** include brief evidence-based interventions initiated in the emergency department, including Interpersonal Psychotherapy for Adolescents Ultra Short Crisis Intervention (IPT-A-SCI). Pending program development, there may be opportunities within psychiatric inpatient and partial hospital services.
- **Social Boarding:** Provide behavioral consultation / brief psychological care for "social boarders," or youth admitted to the hospital because they are awaiting a home placement.
- **Psychological assessment:** Fellows provide some assessments of cognitive/intellectual functioning, executive functioning, academic achievement, and psychological/emotional/social functioning in youth with medical and/or psychiatric difficulties. Additional testing opportunities are available if interested.
- **Outpatient therapy:** Fellows carry a caseload of youth with general mental health concerns (anxiety, depression, ADHD, etc.) and/or acute/chronic medical conditions. Caseloads vary depending on fellow rotations/interests.
- **Research:** While the focus of our fellowship is clinical, all fellows are involved in research as well. Research opportunities emphasize topics within pediatric psychology (e.g., coping with chronic illness, adjustment following injury, psychological profiles of youth with specific medical problems), program evaluation, and developmental psychopathology (e.g., predictors of pediatric suicidal behavior, emotion regulation).

Goals & Competencies:

Goals:

1. Enhance the skills and expertise of fellows in both pediatric and child clinical psychology so they can offer high-quality, evidence-based psychological services (assessment, intervention, consultation) to children and their families in medical settings.
2. Prepare future leaders in pediatric psychology by equipping trainees with the knowledge, skills, and experience necessary to take leadership roles in clinical settings, research, and education within pediatric psychology.
3. Encourage ongoing learning and development in the field, including obtaining licensure and the pursuit of advanced training, board certification, and continuing education.
4. Cultivate a compassionate, culturally competent approach to working with diverse pediatric populations, addressing their unique needs in medical and psychological care.
5. Contribute to advancing pediatric psychology research by providing training in critically evaluating and contributing to research that advances the field of pediatric psychology.
6. Instill strong ethical principles and professional standards in trainees, ensuring they are capable of managing complex clinical situations with integrity and professionalism.
7. Equip trainees with the knowledge and skills to advocate for pediatric mental health services in healthcare settings and the broader community, supporting better integration of psychological care in medical settings.

Competencies:

- **Clinical Skills (assessment, intervention, consultation, pediatric psychology):** Provide developmentally appropriate, evidence-based assessment, intervention, and consultation services for children and families in pediatric medical settings, integrating knowledge of normative and atypical development, medical conditions, and psychological science.
- **Professionalism:** Demonstrate professionalism through timely documentation, appropriate boundaries, effective time management, and accountability to clinic policies and procedures. Apply ethical principles and legal standards in clinical practice, including awareness of state laws and institutional requirements.
- **Interpersonal:** Communicate clearly, effectively, and compassionately with patients, families, and interdisciplinary teams across settings. Build and maintain collaborative relationships and effectively manage challenging interactions with professionalism and emotional regulation.
- Exhibit **leadership in multidisciplinary settings** by actively contributing to team discussions, supporting collaborative care, and articulating the role of pediatric psychology in medical environments. Engage in system-level thinking to promote integrated care.
- **Supervision / Learning:** Engage in reflective practice and self-assessment to enhance clinical effectiveness. Demonstrate openness to feedback, incorporate supervision into practice, and actively pursue ongoing learning opportunities to support professional growth and development.
- **Psychology Application / Cultural Competence:** Provide culturally responsive care that considers the impact of diversity, socioeconomic status, health disparities, and systemic influences on health and behavior. Adapt services to meet the unique needs of diverse pediatric populations and families.
- **Research:** Critically evaluate and apply scientific literature to inform clinical decision-making. Contribute to research or quality improvement initiatives that advance pediatric psychology or enhance clinical services.

- **Systems:** Advocate for pediatric mental health services within healthcare systems and the community. Demonstrate understanding of healthcare systems, resource navigation, and the psychologist’s role in improving access to behavioral health care.

Fellowship Training

The PMP fellowship provides comprehensive, hands-on training through diverse clinical rotations, supervision, and professional development experiences. Fellows gain broad exposure to pediatric populations and medical conditions while developing core competencies in assessment, intervention, consultation, professionalism, ethics, and leadership. Fellows will graduate with the knowledge, experience, and confidence to provide high-quality, evidence-based care—and to lead in clinical, academic, or health system settings. We are a member of the Clinical Child and Pediatric Psychology Training Council (<https://www.ccapptc.org/>).

The fellowship is located in Maryland, which does not require postdoctoral hours for licensure. The fellowship will provide 2000 hours of postdoctoral training, two hours of weekly supervision by licensed psychologists, and at least two hours a week of learning activities (didactics, case conferences, journal clubs, group supervision, etc.). The fellowship is one year with the option to complete a second year if mutually agreed upon between fellow and the program.

The fellowship is organized into two 6-month primary rotations:

- 1) **Outpatient Multidisciplinary Clinics / Longitudinal follow-up:** Brief, evidence-based assessment and treatment within specialty clinics (e.g., GI, bone marrow transplant inpatients, Urology) addressing medical adherence, mood, anxiety, and behavioral concerns. The specific medical subspecialty clinics may vary somewhat year to year.
- 2) **Inpatient Consultation/Liaison (C/L) and Burn:** Behavioral health support for hospitalized children and collaboration with medical teams to support coping and treatment adherence. The fellow will also participate in Burn outpatient clinic (follow-up with youth previously admitted for a burn).

In addition to their primary rotations, fellows will also participate in the following experiences throughout the year:

- **Short-Term Crisis and Acute Care Intervention:** Brief interventions (e.g., IPT-A-SCI) for youth in acute settings, including the emergency department. There are also opportunities to provide group DBT skills training in the Day Hospital and Adolescent Inpatient Unit, pending fellow interest.
- **Social Boarding:** Provide behavioral consultation / brief psychological care for “social boarders,” or youth admitted to the hospital because they are awaiting a home placement.
- **Psychological Assessment:** Cognitive, academic, and emotional assessments for youth with medical and psychiatric concerns. Fellows will conduct at least six assessments over the course of the year, with more testing available depending on fellow interest.
- **Outpatient Therapy:** Treatment of general mental health and medical-related concerns using CBT, PMT, DBT skills, MI, and other evidence-based approaches.
- **Pre-transplant Evaluations:** brief assessment of readiness for transplant and assessment of barriers to transplant success (e.g., medication and treatment adherence, adaptive skills, development, etc.). Evaluations are conducted for youth prior to listing for kidney, liver, and bone marrow transplant (or young BMT donors).

Together, fellows are expected to have an average of 17 hours per week providing face-to-face billable services to patients and families. All patient care visits must be completed from the hospital, even if they are virtual (except under extenuating circumstances and with supervisor approval). On-campus hours expectations are 8/8:30am to 5/5:30pm Monday through Friday, with note/report writing sometimes occurring at home (fellows generally average about 45 hours per week in total).

Additional Training Components:

- **Supervision:** At least 2 hours of weekly individual supervision focused on clinical skill development, professional growth and development, and reflective practice. Supervisors are licensed psychologists and maintain responsibility for cases. Additional group supervision or individual supervisors may be assigned depending on specific experiences.
- **Didactics & Case Conferences:** 2-4 hours/week of departmental/divisional seminars and interdisciplinary case discussions addressing ethics, diversity, clinical topics, and systems-based care. See Appendix for schedule.
- **Research & Program Evaluation:** Opportunities to contribute to pediatric psychology research, program evaluation, and quality improvement initiatives. Fellows are expected to have at least one research product by the end of fellowship (e.g., poster, manuscript, IRB completion, etc.).
- **Interdisciplinary Collaboration:** Active engagement with physicians, nurses, social workers, child life specialists, and other healthcare professionals.
- **Advocacy & Systems Awareness:** Training in promoting access to psychological care and understanding the pediatric psychologist's role within healthcare systems.

Applicant Requirements

Interested applicants must complete all requirements from an APA/CPA-accredited doctoral program in child clinical, pediatric, counseling, or school psychology and an APA/CPA-accredited doctoral internship prior to the start date of August 1, 2026 (alternative start dates will be considered).

Only applications submitted through APPA-CAS will be considered. Review of applications will begin December 1, 2025. A completed applications includes:

- Cover letter
- CV
- 3 letters of recommendation
- Transcript (uploaded in APPA-CAS)

We expect to host virtual interviews on Fridays in January 2026 (starting Jan 9).

We will follow APPIC guidelines for the selection and application process, and we will adhere to the Common Hold Date. We encourage all applicants to carefully review the APPIC guidelines.

Please direct inquiries to Erika Chiappini, Ph.D., Director of Training, via email: echiapp1@jhmi.edu (please note "Fellowship Application Question – [Your Name]" in the subject line to minimize overlooked emails).

Fellow Evaluation

Fellows will complete tracking logs of their clinical services and didactics attended. Fellows will complete evaluations every 3 months with their supervisors (middle and end of each 6-month rotation) about their knowledge base and professional practice. Competencies will be rated on a structured rating form. During these evaluations, fellows and supervisors will review their ratings and provide feedback. Fellows will also have the opportunity to provide feedback to supervisors about their supervision experiences and needs. After the evaluations, the training committee will meet to review the fellow's progress toward training goals and whether they are meeting minimum competencies. The Director of Fellowship Training will meet with the fellow to review activity logs and progress toward training goals. Fellows and supervisors will discuss any areas of weakness and develop a plan to provide additional support as needed/appropriate.

We encourage staff and trainees to discuss and resolve conflicts informally. However if this can not occur, there are formal processes to address any issues of concern. **Due Process Procedures** are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a postdoctoral fellow. The fellowship's Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. **Grievance Procedures** are implemented in situations in which a psychology fellow raises a concern about a supervisor or other faculty member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. See Appendix for full Due Process and Grievance Procedures.

Setting

The Johns Hopkins Children's Center (JHCC) is located in Baltimore, MD. Founded in 1912 as the children's hospital at Johns Hopkins, the Johns Hopkins Children's Center offers one of the most comprehensive pediatric medical programs in the country, with more than 92,000 patient visits and nearly 9,000 admissions each year.

JHCC is Maryland's largest children's hospital and the only state-designated trauma service and burn unit for pediatric patients. It has recognized centers of excellence in dozens of pediatric subspecialties, including allergy, cardiology, cystic fibrosis, gastroenterology, nephrology, neurology, neurosurgery, oncology, pulmonary and transplant. JHCC is nationally ranked in all 11 specialties in the US News & World Report Best Children's Hospitals list, including behavioral health; it is also the #1 ranked hospital in Maryland.

Care is provided in a state-of-the-art facility, The Charlotte R. Bloomberg Children's Center building, which opened in 2012 and has 209 beds. Outpatient clinics are housed in the nearby David M. Rubenstein Child Health Building. PMP Fellows are housed in the Department of Psychiatry and Behavioral Sciences, in the Division of Child/Adolescent Psychiatry (CAP). PMP provides psychological services across the hospital, including at the inpatient and outpatient facilities. PMP provides care to national and international patients ranging in age from infancy to young adulthood.

Supervisors / Faculty & Training Resources

Micah Brosbe, Ph.D.



Dr. Brosbe is a staff psychologist and part-time assistant professor with the Pediatric Medical Psychology Program. Dr. Brosbe's clinical and research interests include working with interdisciplinary teams to address concerns such as adherence, medical coping, and behavioral pain management in children and families affected by acute and chronic medical conditions. He also works to help prepare children to cooperate with invasive or painful medical procedures. Dr. Brosbe is the primary behavioral consultant with the Pediatric Heart Center at Johns Hopkins which includes working with the heart failure/transplant team, electrophysiology program, and the Adult Congenital Heart Disease program. He also founded the Johns Hopkins Pediatric Cardiology Neurodevelopmental Follow-Up Program and is on the leadership committee for the Pediatric Cardiology Special Interest Group with the Society of Pediatric Psychology. In addition, he also works with HIV services in the Intensive Primary Care Program. Dr. Brosbe has a special interest in childhood traumatic stress, and is co-founder of the Medical Traumatic Stress Special Interest Group of the Society of Pediatric Psychology. Dr. Brosbe has experience in providing behavior management training for caregivers, including Parent-Child Interaction Therapy (PCIT), as well as treating tic disorders and providing psychological evaluations. He completed his Ph.D. in clinical psychology at Nova Southeastern University in Ft. Lauderdale and his Bachelor's degree in psychology at Boston University. He completed his predoctoral internship with the Pediatric Psychology Consultation Program at the Kennedy Krieger Institute, as well as his 2-year postdoctoral fellowship at Kennedy Krieger in the Behavior Management Clinic and Pediatric Psychology Consultation Program.

Erika Chiappini, Ph.D.



Dr. Erika Chiappini is an assistant professor in the Pediatric Medical Psychology Program. She serves as the Director of Training for the Pediatric Medical Psychology Postdoctoral Fellowship Program. Dr. Chiappini specializes in the assessment and treatment of children and teens with anxiety disorders and chronic and acute medical conditions, including gastrointestinal disorders. She is the primary behavioral consultant in the multidisciplinary Chronic Constipation and Bowel Management Clinics and Gastrointestinal Functional Treatment (GIFT) Clinic. She provides cognitive-behavioral and behavioral interventions for non-adherence to medical regimens, adjustment to diagnoses, pain management, sleep, anxiety, depression, and behavioral challenges. She enjoys consulting with multidisciplinary treatment teams and conducting assessments with children and their families. Her research interests center on factors associated with successful treatment outcomes in youth anxiety and youth coping with chronic medical conditions. She earned her Ph.D. in Clinical Psychology at Temple University. She completed her predoctoral internship at Children's National Medical Center and her postdoctoral fellowship in the Pediatric Medical Psychology Program at Johns Hopkins University.

Jeffery Garofano, Ph.D.



Dr. Garofano is a faculty member at the Johns Hopkins School of Medicine in the Division of Child & Adolescent Psychiatry. Dr. Garofano provides cognitive-behavioral intervention for children and adolescents with psychiatric concerns and/or complex medical conditions. He specializes in supporting treatment adherence and health congruent behaviors for youth with hypertension, urologic concerns, and sleep disorders. In terms of research, Dr. Garofano is examining the relationship between sleep, electronics use at night, and cardiovascular functioning. Dr. Garofano received his doctorate in School Psychology, specializing in Pediatric School Psychology, from the University of South Florida. In addition to working in the schools, during his doctoral training Dr. Garofano trained on an inpatient neurorehabilitation unit supporting veterans as they recovered from traumatic brain injuries, with a focus on sleep assessment and sleep promoting environmental accommodations. He completed his predoctoral internship through the Illinois School Psychology Consortium in the Psychological Service Center – Medical track. During internship, he provided psychological services in the primary care, local school district, and contributed to the development and implementation of several public health initiatives. On internship he also was part of an advanced clinical team that consulted on the most psychiatrically and medically complicated patients in the local community. He completed his two year postdoctoral clinical fellowship at the Johns Hopkins University Division of Child and Adolescent Psychiatry.

Andrew Gill, Ph.D.



Dr. Gill is an assistant professor in the Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Child and Adolescent Psychiatry. He is the director of Pediatric Medical Psychology services for the Pediatric Psychiatry and Psychology Consult Service and also directs behavioral medicine services for the Pediatric Burn and Trauma Programs. Dr. Gill specializes in providing evidence-based psychological and behavioral interventions to children, adolescents, and their caregivers while they are medically hospitalized, with a particular focus on promoting trauma-informed care, reducing procedural distress for patients, and improving adjustment to new illness or injury. He is interested in studying factors associated with risk and resilience for youth after experiencing traumatic injuries and how psychologists can better care for youth and their families during medical hospitalizations. Dr. Gill received his Ph.D. in clinical psychology from the University of Vermont and completed his predoctoral internship at the Kennedy Krieger Institute through the Pediatric Psychology Consultation Program. He completed a postdoctoral fellowship in pediatric psychology, with emphasis on pediatric consultation/liaison psychology, at the UPMC Children's Hospital of Pittsburgh.

Constance (Austin) Quezada, Ph.D.



Dr. Constance (Austin) Quezada is an assistant professor at Johns Hopkins University School of Medicine and Kennedy Krieger Institute. Dr. Quezada is the primary behavioral consultant for the Pediatric Oncology Services for bone marrow transplant and survivorship clinics. She enjoys providing evidence-based interventions to both children and their families, particularly for those experiencing cancer and blood related disorders or trauma. Dr. Quezada's research currently focuses on trauma informed care, sexual violence, and systemic interventions to enhance resilience in vulnerable populations. Dr. Quezada earned her M.A. in Clinical Psychology from Teachers College, Columbia University and her Ph.D. in Clinical Health Psychology from University of North Carolina Charlotte. She completed her APA-accredited pre-doctoral internship at Nicklaus Children's Hospital in Miami, FL and her postdoctoral fellowship in the Pediatric Medical Psychology Program at Johns Hopkins.

Sarah Radtke, Ph.D.



Dr. Sarah Radtke is an assistant professor in the Pediatric Medical Psychology Program. She specializes in providing assessment and treatment services for youth in need of acute care in the Psychology Bridge Clinic and also works closely with the Pediatric Burn Program and Pediatric Rheumatology Department providing evidence-based interventions to promote adherence to medical recommendations and facilitate adjustment to illness and injury for patients and their family members. Dr. Radtke also provides cognitive and behavioral interventions for patients with a variety of emotional and behavioral challenges and much of her outpatient work focuses on supporting patients and caregivers who are experiencing elevated symptoms of anxiety in the context of food allergies and anaphylaxis. Dr. Radtke earned her Ph.D. in Clinical Psychology at Virginia Polytechnic Institute and State University in Blacksburg, VA. She completed her predoctoral internship at Nationwide Children's Hospital in Columbus, OH and her postdoctoral fellowship in the Pediatric Medical Psychology Program at Johns Hopkins University.

Elizabeth Reynolds, Ph.D.



Liz Reynolds is an associate professor in the Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Child and Adolescent Psychiatry. She serves as the Director of the Pediatric Medical Psychology Program within the Division of Child and Adolescent Psychiatry. Dr. Reynolds received her Ph.D. in Clinical Psychology from the University of Maryland, College Park in 2011. She completed her pre-doctoral internship training at Alpert Medical School of Brown University Clinical Psychology Training Consortium. Research and clinical interests focus on 1) patient safety, quality, and behavioral programming within youth psychiatric acute care and 2) social-contextual and self-regulatory factors associated with adolescent health risk behaviors. She has led efforts to develop, implement, and disseminate Positive Behavioral Interventions and Supports (PBIS) to reduce

the use of seclusion, restraint, and PRN use in acute psychiatric care settings (i.e., inpatient and day hospital services). She completed the Johns Hopkins Armstrong Institute patient safety and quality improvement leadership academy and is a member of the Miller Coulson Academy of Clinical Excellence.

Paige Seegan, Ph.D.



Dr. Paige Seegan is an Assistant Professor at Johns Hopkins in the Department of Psychiatry and Behavioral Sciences, Division of Child and Adolescent Psychiatry. She serves as the Director of Behavior Medicine Services for the Division of Pediatric Nephrology and Pediatric Dialysis Program. Dr. Seegan specializes in the assessment and treatment of children, adolescents, and young adults with acute and chronic medical conditions. Dr. Seegan utilizes various modalities of evidence-based practice including Cognitive Behavioral Therapy (CBT), Parent Management Training (PMT), Motivational Interviewing, and Acceptance and Commitment Therapy (ACT) to assess and treat medical nonadherence, anxiety, depression, sleep, weight-management, and behavioral challenges in patients with acute and chronic illness. She enjoys consulting and working closely with multidisciplinary treatment teams to help promote adherence to medical regimens and patient and family coping with pediatric chronic illness and related disabilities. Broadly, her research interests are focused on the multi-level factors that contribute to disparities in pediatric health outcomes, as well as ways to improve access to high-quality care. She received her Ph.D. in Clinical Psychology at Texas Tech University and completed her predoctoral internship training at the Children’s Hospital of Philadelphia. Prior to completing her fellowship in the Pediatric Medical Psychology Program at Johns Hopkins, she completed a research fellowship focused on pediatric health disparities at the Warren Alpert Medical School of Brown University.

Mackenzie Sommerhalder, Ph.D.



Dr. Mackenzie Sommerhalder is an assistant professor in the Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Child and Adolescent Psychiatry. She specializes in the assessment and treatment of child, adolescents, and their families requiring intermediate and acute levels of psychiatric care. She specifically works closely within multidisciplinary treatment teams as the primary psychologist and behavioral consultant in the pediatric emergency department, the Child and Adolescent Day Hospital, and the Bridge Clinic Research and clinical interests broadly include: emergency department diversion, behavioral parent training in acute and intermediate care settings, improving measurement-based care in youth partial hospitalization programs, staff training in crisis intervention and prevention, and improving hospital-to-school transitions. Dr. Sommerhalder earned her B.A. in Psychology from Creighton University and her Ph.D. in Educational Psychology from University of Nebraska-Lincoln. She completed her predoctoral internship at Kennedy Krieger Institute in the Behavior Management Clinic and the Pediatric Psychology Consultation Program, and her postdoctoral fellowship in the Pediatric Medical Psychology Program at Johns Hopkins Children’s Center. Prior to returning to Johns Hopkins, Dr. Sommerhalder was an assistant professor and served as the Director of Acute Pediatric Psychological Services at the University of Maryland School of Medicine Division of Child and Adolescent Psychiatry.

Erin Stolz, Ph.D.



Dr. Stolz is a pediatric neuropsychologist who specializes in the neuropsychological evaluation of children and adolescents with neurodevelopmental, psychiatric and medical conditions. She completed her pre-doctoral internship in behavioral medicine and neuropsychology at the Kennedy Krieger Institute/Johns Hopkins University School of Medicine, followed by a postdoctoral fellowship in pediatric neuropsychology at Children's National Hospital. Her research has focused on examining behavioral and neural indices of learning and memory in neurodevelopmental disorders, mild traumatic brain injury/concussion, and psychosis.

Training Resources

Space:

PMP offices are located on the 12th floor of the Bloomberg Children's Center. Fellows share an office with each other, and with a research coordinator. Each fellow will have their own dedicated desk space.

Materials:

Each fellow will be provided: a laptop, desktop monitor, keyboard, mouse, and additional office supplies. Each will also have their own phone line, through Teams, accessible on the laptop and which can also be downloaded on the fellow's personal cell phone, if desired.

Shared materials include: a variety of treatment manuals, assessment materials, EPPP study materials, and therapeutic supplies (e.g., pill swallowing kit, needle desensitization kit, games, toys, prizes, etc.). Additional supplies, treatment manuals, and other materials can be ordered upon request and within reason.

Support:

PMP providers work closely with our front office staff for support with clinic operations and scheduling.

Professional Funds:

Fellows are afforded some funds toward conference travel for presentations (oral, poster, symposium) of work collaborated on at Hopkins. Available funds vary by year depending upon budgets.

Appendix

Benefits

The minimum stipend for an entry-level position is \$62,132 (based on NIH guidelines; the exact stipend may be adjusted for cost-of-living increases) plus health insurance.

- Johns Hopkins Hospital Benefits: <http://www.hopkinsmedicine.org/jhhr/BenefitsWellnet/>
- Johns Hopkins University Benefits: <http://benefits.jhu.edu/>
- Postdoc Benefits: <https://www.hopkinsmedicine.org/som/offices/registrars/benefits/postdoc-fellows.html>
- Office of Graduate Clinical Education for policies and procedures related to Allied Health Learners: <https://www.hopkinsmedicine.org/office-graduate-clinical-education/>

We follow the [JHU Postdoctoral Office for time off](#) -

- Fellows receive
 - 10 vacation days
 - 5 professional days (conferences, EPPP, interviews, etc.)
 - 11 University holidays <https://hr.jhu.edu/wp-content/uploads/2025-2027-JHU-Holiday-Calendar.pdf>
 - For every month that clinical care hours are met, fellows earn an additional .5 days (up to 6 days per year)
- 15 days of sick and safe leave
- [New child accommodations](#)

Didactics

All fellows are required to attend the following learning activities each week:

Academic year (Sept 2025 - June 2026)

- Mondays or Tuesdays 12-1pm – Child and Adolescent Psychiatry (CAP) Case Conferences (conference room)
 - Psychiatry and Psychology faculty/staff present a case for discussion with psychiatry and psychology fellows.
- Wednesdays 12:00-1pm – CAP Divisional conference (zoom)
 - Attended by CAP faculty, staff, and trainees at JHU and Kennedy Krieger Institute (KKI). The content of the meetings includes fellows’ journal club, faculty research topics, and outside speakers
 - Fellows will present an empirical article during for one journal club during the year, with support from a faculty mentor
- Wednesdays 1-2pm: Pediatric Medical Psychology (PMP) meeting (conference room)
 - Attended by PMP faculty and fellows. The content includes journal club, clinical topic didactics, case conference/consultation, working meetings for group paper, and outside speakers
 - Fellows will present one case and one journal club topic during the year
- Interpersonal Psychotherapy for Adolescents-Crisis Intervention (IPT) group supervision (1 hour; time and location TBD)

- o Group supervision with psychiatry faculty (Dr Miller) to discuss cases enrolled in crisis intervention study and to ensure adherence to treatment protocol.
- Fellow on Consultation/Liaison (CL) Semester - CL patient rounds (9-10am, M-F, 10N conference room) - Discuss incoming consults and cases being followed by CL services. Rounds are held jointly with psychiatry and psychology.

Summer Schedule (June 2026 - August 2026) when Grand Rounds, CAP Divisional, and CAP case conferences are paused for the summer, fellows will attend

- o Professional Development Series / Group Supervision (Wednesdays 12-1pm)
- o PMP Meetings (Wednesdays 1-2pm)
- o IPT group supervision (1 hour weekly; time TBD)
- o Fellow on CL Semester - Daily patient rounds (9-10am, M-F, 10N conference room)

Optional: There are many other learning opportunities available to fellows through JHU and KKI that fellows may attend based upon availability and interest. These may include:

- Mondays 11am-12pm – Pediatric Grand Rounds (zoom)
- Mondays 11am-12pm – Psychiatry Grand Rounds (Hurd Hall)
- Tuesdays 12pm-1pm – Psychiatry Research Conference (Phipps 240)
- Thursdays 12-1pm – KKI Grand Rounds (hybrid)
- Thursdays 3-5pm – CAP fellow didactics (conference room)

Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a postdoctoral fellow. The fellowship's Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

Rights and Responsibilities

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program; and they carry responsibilities for both.

Fellows: The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the fellow to receive support and assistance to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program: The program has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in

remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1. the fellow does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
3. the quality of services delivered by the fellow is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required;
6. the trainee's behavior does not change as a function of feedback, and/or time;
7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the fellow's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a patient; and/or,
11. the problematic behavior violates appropriate interpersonal communication with agency staff.

The procedures initially will follow the procedures of both program and Johns Hopkins Office of Graduate Clinical Education for Due Process (<https://www.hopkinsmedicine.org/-/media/ogce/documents/remediationprobationsuspensionontermination.pdf>):

Informal Review

When a supervisor or other faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

Formal Review

If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a fellow receives an overall rating of 1 or 2 (novice, beginner) on any learning element on a supervisory evaluation, the following process is initiated:

- A. Notice of Concern: The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

- B. Hearing: The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and fellow within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the fellow will be included at the Hearing. The fellow will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem. The fellow is able to identify a faculty/staff member who provides them with support and guidance throughout the disciplinary process. This individual is subject to approval by the training director.
- C. Outcome and Next Steps: The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within 5 working days of the Hearing:
1. Issue an "Acknowledgement Notice" which formally acknowledges:
 - a. that the faculty is aware of and concerned with the problem;
 - b. that the problem has been brought to the attention of the fellow;
 - c. that the faculty will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
 - d. that the problem is not significant enough to warrant further remedial action at this time.
 2. Place the fellow on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Remediation Plan will be shared with the fellow in writing and will include:
 - a. the actual behaviors or skills associated with the problem;
 - b. the specific actions to be taken for rectifying the problem;
 - c. the time frame during which the problem is expected to be ameliorated; and,
 - d. the procedures designed to ascertain whether the problem has been appropriately remediated.

The Acknowledgement Notice or Remediation Plan will be sent to the fellow, Hearing members, and Director of Graduate Clinical Education. At the end of the remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated, which will be provided to the fellow, hearing committee, and Director of Graduate Clinical Education. This statement will become part of the fellow's permanent file. If the problem has not been remediated, the Training Director may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3. Place the fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage in some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Suspension Plan will be shared with the fellow in writing and will include:
 - a. the actual behaviors or skills associated with the problem;

- b. the specific actions to be taken for rectifying the problem;
- c. the time frame during which the problem is expected to be ameliorated; and,
- d. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the fellow on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the fellow's permanent file.

D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the fellow's placement within the fellowship program may be terminated. The decision to terminate a fellow's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the fellow within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly-scheduled quarterly Training Committee meeting, whichever occurs first. The TD may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

APPEAL Process

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the fellow. The fellow may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the fellow's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them.

If the fellow is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Director of Graduate Clinical Education. If the fellow is dissatisfied with the decision of the Director of Graduate Clinical Education, they may appeal the decision, in writing, to the Vice Dean of Education. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The Vice Dean of Education has final discretion regarding the outcome.

Grievance Procedures

Grievance Procedures are implemented in situations in which a psychology fellow raises a concern about a supervisor or other faculty member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the fellowship program:

Informal Review

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the TD in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the program director. The individual being grieved will be asked to submit a response in writing. The TD (or program director, if appropriate) will meet with the fellow and the individual being grieved within 10 working days. In some cases, the TD or program director may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and program director will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a. the behavior/issue associated with the grievance;
- b. the specific steps to rectify the problem; and,
- c. procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or program director will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the TD or program director in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or program director will convene a review panel consisting of themselves and at least two other members of the training faculty within 10 working days. The fellow may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Office of Graduate Clinical Education to initiate the grievance procedures: <https://www.hopkinsmedicine.org/-/media/ogce/documents/grievance-procedure-for-faculty.pdf>

Please initial and sign this acknowledgement page and return to the fellowship Training Director.

Acknowledgment

_____ I acknowledge that I have received and reviewed the goals, expectations, and policies of the Pediatric Medical Fellowship Program.

_____ I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the Pediatric Medical Fellowship Program.

I agree to abide by the policies and procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

Print Name

Signature

Date