

## DoD/DHHS MH MOA PHS VACANCY ANNOUNCEMENT

### \*\*\*FOCUS AREA\*\*\*

Agency leadership has determined that this position meets Criteria 4: Assignment requires regular engagement with other uniformed services.

### \*\*\*POSITION TITLE\*\*\*

Clinical Psychologist (0-5, Non-Supervisory) This 0-5 psychology billet aligns with MEDCOM standardized GS-13 position description for clinical psychologists.

### \*\*\*LOCATION DESCRIPTION\*\*\*

This position is located at Dwight D. Eisenhower Army Medical Center. The hospital traces its roots to World War II when it was the Camp Gordon Station Hospital built in 1941. During 1941 it expanded to 1,600 beds to care for World War II casualties and their dependents. By the end of 1944, the station hospital provided medical services for nine dispensaries on post in addition to the dental clinics. World War II ended and times changed as did the installation's mission. The station hospital, one of the first functioning facilities, closed in August 1946. By the end of 1947 the installation was virtually a "ghost town".

The old hospital had 139 single story wooden buildings on 80 acres of land and nearly 3.5 miles of corridors connected the buildings.

The advent of the cold war saw the reopening of Fort Gordon and subsequently the hospital. During the Korean and Vietnam conflicts, the hospital grew and shrunk in bed capacity as deemed necessary, and Army officials began planning to replace the World War II era buildings that had long outlived their intended use. By the end of the Korean War, the hospital had shrunk to 300 beds. In 1966 with the beginning of the Vietnam conflict, the bed capacity increased to 750 beds.

Medical and dental detachments present since the installation's beginning increased and were re-designated to a more formal status in 1956. The U. S. Army Hospital Station Component 3441 became Headquarters, U. S. Army Hospital 3441. Other changes were made in the medical detachment, dental detachment, and medical holding detachment designations. It was big news for the installation and Augusta on March 21, 1956 when the camp was designated Fort Gordon making it a permanent part of the Army's readiness posture.

In April 1963, the 18th Surgical Mobile Army Hospital was attached to the U. S. Army Hospital, Fort Gordon. By 1966 all facilities were redesignated the U. S. Army Hospital Specialized Treatment Center. Its capacity was expanded to 750 beds. That same year planning began for a new hospital to replace the old buildings. Formal groundbreaking for the new structure was held on April 23, 1971. Although the main building was dedicated April 24, 1975, it was not opened for patient use until April 1976.

Not only was a new home for the hospital being built but a new mission was approved as well. In March 1973, the hospital became a medical center with teaching and research missions to go along with the traditional role of patient care. At the time of its dedication in 1975, it was renamed the Dwight David Eisenhower Army Medical Center in honor of the former General of the Army and President of the United States. In naming the center after the former President, the

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Army Medical Department broke a long standing tradition of naming its hospital after renowned soldier physicians, such as Walter Reed and Jonathan Letterman. The decision to name the new center after "Ike" was made because of his love for and close ties with the Augusta, Georgia community. The President and Mrs. Eisenhower were frequent visitors to this golf and garden capital of the Southeast, both during and after his presidency. It was at Fort Gordon on January 7, 1961 that President Eisenhower made his farewell address to the Army.

As a tribute to their friend and frequent guest, the citizens of the Augusta area raised \$4,500 to have a memorial to President Eisenhower. That memorial, a 7-ton black granite block engraved with excerpts from Ike's farewell address, stood in the second floor lobby until it was moved on January 10, 1999 to Freedom Park on Fort Gordon.

\*\*\*CLOSING DATE\*\*\*

**Open until filled**

\*\*\* JOB DESCRIPTION\*\*\*

Specific duties and responsibilities include, but are not limited to the following:

Serves as Clinical Psychologist for Army Behavioral Health. Conducts psychological testing and integrates results of test data with psycho diagnostic interview data and data from other sources to formulate biopsychosocial diagnostic impressions, treatment plans, and recommendations.

Provides direct care to include individual and group psychotherapy, training, consultation and other services typically provided by a clinical psychologist. Responsibilities also include providing consultation to patients.

Must have experience in the treatment of complex variations of psychological dysfunction / full spectrum of psychiatric diagnoses.

Documents all work in a clear, communicable, and in accordance with established DoD, Department of the Army and US Army Medical Command regulations and policies, meeting all Army, Professional and Medical Treatment Facility standards.

Participates in the Continuous Quality Improvement process, administrative and professional meetings, and staff duty requirements as do other equivalent team members.

Provides emergent behavioral health services on a scheduled rotating, on-call basis to patients during both normal and other than normal duty hours to include screening patients for appropriateness of psychiatric hospitalization.

Provides psychological and clinical consultation to leadership, other and paraprofessionals through established consultation channels.

Attends, participates in and/or conducts internal staff development programs, obtains continuing education as required by state licensing, DoD, Department of Army and US Army MEDCOM regulations and policies. Maintains and enhances clinical practice skills.

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Maintains the highest standards of Professional conduct in relation to information that is confidential in nature. Shares information only when recipient's right to access is clearly established and the sharing of such information is in the best interest of the patient.

Participates in Performance Improvement activities as assigned. Communicates information that enables data collection and root cause analysis to identify opportunities for improvement.

Adheres to and participates in mandatory HIPAA privacy program / practices and Business Ethics and Compliance programs / practices.

Participates in special projects and performs other duties as assigned and in line with requirements of a uniformed officer and/or within the realm of professional expertise, discipline or ability.

Requires ongoing compliance with productivity standards outlined in current OTSG/MEDCOM policy.

NO Clearance Required

### CONDITIONS OF EMPLOYMENT:

PHS psychologist in good professional standing with a qualifying doctoral degree in clinical psychology from an APA accredited university or professional psychology program.

Completed an APA accredited internship/residency in clinical psychology and hold an active professional license in one of the 50 states, District of Columbia, or Commonwealth territory.

Experience working for the DoD/Army is preferred.

### \*\*\*CONTACT INFORMATION\*\*\*

Interested USPHS Commissioned Corps officers should forward a CV with cover letter, last 3 COERs, a letter of recommendation from current rater/supervisor or senior rater, and a copy of professional license to CDR Jena Vedder, [Jennifer.a.vedder.mil@mail.mil](mailto:Jennifer.a.vedder.mil@mail.mil)