



## Psychology Internship Program

Oscar G. Johnson VA Medical Center  
 325 East H Street  
 Iron Mountain, MI 49801  
 (906) 774-3300  
<http://www.ironmountain.va.gov>



**MATCH Number: 2212**  
**Applications Due: November 15, 2020**

### Accreditation Status

The doctoral internship at the Oscar G. Johnson VA Medical Center is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The initial intern class of the Psychology Training Program at the OGVAMC began on July 30, 2012, as one of the new training programs in rural psychology supported within the Veterans Health Administration. The program first received accreditation in June 2014. Our next site visit with the CoA will occur in 2021.

Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington, DC 20002, Phone (202) 336-5979, email: [apaaccred@apa.org](mailto:apaaccred@apa.org).

### Application & Selection Procedures

Applicants must meet the following prerequisites to be considered for our program:

1. Doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA).
2. Approval for internship status by graduate program training director.
3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There is a clear focus on quality of training experiences rather than total hours.
4. U.S. citizenship.
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26.
6. Valid Driver's License.
7. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens.
8. Matched interns are also required to meet the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a

*Updated October 9, 2020*

healthcare facility. This requirement is met by verification through the intern's doctoral program Director of Clinical Training. The DCT must verify that the intern has satisfactory health to perform the duties of the clinical training program, a recent TB screen, and Hepatitis B vaccination or signed declination waivers.

## Application Procedures

1. Complete the APPIC AAPI and submit before November 15, 2020.
2. Provide three letters of recommendation from past/current clinical supervisors.
3. Cover letter of interest describing past training and career goals, and how internship at the Oscar G. Johnson VA fits with your long-term career goals.

## Interested applicants may also contact the training director at:

*Jared S Bakker, PsyD*  
*Director of Training, Psychology Internship*  
 HBPC Psychologist  
 Oscar G. Johnson VAMC  
 325 East H Street  
 Iron Mountain, Michigan, 49801  
[jared.bakker@va.gov](mailto:jared.bakker@va.gov)  
 Phone:(906)774-3300, extension 32562

## Candidate Interviews

The OGVAMC Doctoral Internship program abides by both APPIC and APA guidelines in the selection of interns. OGVAMC is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, family status, physical handicap or age. Strict federal hiring guidelines require that staff be hired without discrimination.

All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail no later than December 14, 2020 whether or not they have been invited for an in-person interview. Due to COVID19 precautions and our remote location, all interviews will be completed virtually this year. Telephone interviews will be scheduled after the completion of video interviews in late January. We regard interviews as a two-way process: a chance for us to meet and learn more about you, and an opportunity for you to meet us and gain a better understanding of our program. Interviews will be conducted by a small group of Psychologists on the training committee. The total interview time should take about 90 minutes. An interview is required to match with our program. We adhere strictly to the selection process guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Tentative Interview Dates for 2021-2022 Training Year:

Thursday, January 14th  
 Friday, January 15th

## Match Process

We will follow the match policies established by APPIC. Our program uses one match number for both positions. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services. ***The Oscar G. Johnson Match Number is 2212.***

## Psychology Setting

A multidisciplinary staff of psychologists, social workers, psychiatrists, medical providers and members of allied health fields is involved in the training of two interns a year. The OGVAMC also provides training to psychiatry residents, master's level social work students as well as field placement for BSW students, nursing students, and other allied health students. With the exception of our HBPC position, all staff psychologists are members of the Mental Health Department. Our department consists of 10 psychologists (currently hiring), 4 psychiatrists, 25 social workers, 4 peer support specialists, and 2 vocational rehabilitation specialists. These providers work within the training facility in Iron Mountain, as well as in community based outpatient clinics (CBOC's) covering a wide area of northern Wisconsin and the entire Upper Peninsula of Michigan.

## Program Overview

### Training Aims

1. The primary goal of the Oscar G. Johnson VAMC Doctoral Internship in Psychology is to provide interns with **strong generalist training rooted in empirically supported practices**. Interns can expect to complete their Internship year being competent, independent, postdoctoral-level psychologists which will enable them to work competently in rural areas, medical centers, outpatient settings, and within the Veteran's Affairs Healthcare System. Consistent with this aim, the Internship Program is based on the Scholar-Practitioner (Vail) model and is committed to training future psychologists in the scientific practice of psychology. Interns are trained as practitioners and informed consumers of research.
2. The primary **focus of the internship year is training**. Delivery of patient care is an essential vehicle through which training occurs, but is secondary to the educational mission of the internship. Toward this end, interns are encouraged to plan their internship experiences in a manner that maximizes their individual training goals (for example, interns choose their own rotation placements).
3. Our training model is **developmental**. Over the course of the year, interns move from close supervision and intensive instruction to relatively autonomous functioning with mentoring. Interns are expected to be active participants in shaping their training experiences in a variety of ways. Interns take an active and responsible role in developing their training plan and in adjusting it to meet their needs and emerging interests. Through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology. Interns are required to take responsibility for their own learning by identifying individualized training goals, by self-observation, self-evaluation, and participation in continuing education. Interns are also expected to participate in the development and improvement of the training program itself by providing feedback and evaluation of supervisors and training experiences.
4. **Sensitivity to Diversity**: Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of what it is to be human -- including human variations and differences. Our practice is improved further as we better understand the complex forces that influence a person's psychological development, including cultural, social and political factors. For these reasons, professional growth requires that the training experiences offer opportunities for trainees to expand beyond their vision of the world and learn to understand the perspective of others. When this occurs, our practice can be more responsive to the needs of individuals and less constrained by our biases. For these various reasons, the internship program places a high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year.

## Training Program Competencies

**Consistent with our overall Aims, training is expressed in the following broad competencies:**

1. **Research** - Interns will demonstrate the ability to critically evaluate and integrate relevant research findings into their clinical work.
2. **Ethical and Legal Standards** - Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code, relevant laws, regulations, rules, policies, standards and guidelines.
3. **Individual and Cultural Diversity** - Interns will demonstrate ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individual, as well as with communities that embody a variety of cultural and personal background and characteristics.
4. **Professional Values and Attitudes** - Interns will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.
5. **Communication and Interpersonal Skills** - Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
6. **Assessment** - Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration and scoring of psychometrically-validated instruments assessing personality.
7. **Intervention** - Interns will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Interns will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.
8. **Supervision** - Interns will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.
9. **Consultation and Interprofessional Skills** - Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

## Setting Training Goals

We tailor our internship program to meet the needs of each intern within the training goals and objectives of the program, and pride ourselves on the ability to meet trainee goals in a variety of ways within the unique constraints of a highly rural setting. During orientation week, interns' prior training experiences are reviewed. Interns are asked to perform a self-evaluation and identify goals that they have for their training year. This is done to identify areas of strengths and weaknesses, in order to facilitate the development of a training program that best meets the specific training needs of each intern.

## Program Structure

Major Area of Study: Interns participate in one year-long Outpatient Mental Health rotation. Within the major area of study, interns can expect to spend up to 25 hours per week in clinical work, readings, supervision and staff meetings. Presently, the program also includes two geropsychology experiences: (1) Inpatient geropsychology in the Community Living Center (CLC), (2) Home Based Primary Care (HBPC).

### **Outpatient Mental Health Clinic**

In the outpatient Mental Health clinic, interns will complete intake evaluations and psychotherapy with adult-aged Veterans. Typical problems facing Veterans seen in the clinic include PTSD related to combat or sexual trauma, depression, other anxiety-related difficulties, and relational difficulties.

This rotation will include training in empirically supported practices for treating Veterans (e.g., CBT-D, Cognitive Processing Therapy, ACT). Training on this rotation may include use of tele-health to provide treatment independent of other modalities, as well as to complement traditional forms of treatment. This experience is likely to involve providing services from one of our Community Based Outpatient Clinics (CBOC) in either Menominee, MI, or Marquette, MI. Travel time to and from these CBOCs is factored into the 8 hour tour of duty for those training days, and interns will be given use of a government vehicle from Iron Mountain to the CBOC and back to Iron Mountain on CBOC training days. Interns will be expected to take on long-term treatment interventions throughout the Internship year and also become adept at brief and time-delineated care models (e.g., CBT-D).. A key training element of this rotation will be developing competence and confidence in modifying practices to rural care environment (e.g., telehealth technologies, adapting manualized treatments to remote settings).

### **Geropsychology**

The Geropsychology experiences are comprised of two sub-rotations, one in Home-Based Primary Care, and the other in the Community Living Center. A common feature of the settings within these experiences is the opportunity to work collaboratively in multi-disciplinary teams, some of which function in the community while others are housed in the OGJVAMC.

Community Living Center (CLC): The CLC is a residential rehabilitation program housed on the OGJVAMC campus. Residents of the program are evaluated by the Geropsychologist and/or an intern at intake to determine specific psychological needs associated with their care, upon admission to the CLC and prior to discharge to facilitate discharge planning. The Geropsychologist also provides consultation as needed for specific residents and/or their families. Such consultation may include, but is not limited to, evaluation of cognitive/neuropsychological impairment, decision-making capacity, emotional/behavioral difficulties, and the impact of acute mental health symptoms on medical treatment. Hospice patients also reside in the CLC. Therefore, interns will have ample opportunity to work with Veterans at the end of life, providing anticipatory grief/bereavement services to both the Veteran and their families/significant others. Psychotherapy services are also provided to CLC patients. Interns serve as an active member of the interdisciplinary treatment team, which includes the physician, nurse practitioner, nurse, social worker, recreation therapist, dietitian, physical therapist, and occupational therapist.

Home-Based Primary Care: A unique training opportunity for interns is to shadow, engage in co-therapy and assessment, then develop individual comfort and skill in providing psychological care in a Veteran's home. This rotation covers a wide geographical area with interns typically seeing Veterans within a 60-mile radius of the hospital. These Veterans lack the ability to attend traditional outpatient care. Clients are Veterans with complex medical conditions and multiple non-medical needs whose service is best provided in-home by an interdisciplinary team of professionals. Interns provide interventions in the Veteran's home, including psychological assessment, individual therapy, and caregiver support. The intern is an active member of the HBPC treatment team during this rotation, attending team meetings and reporting on interventions and assessments completed with HBPC patients.

Exposures: Brief exposures are likely to be available from the following list. If they choose to participate in one, interns can expect to spend up to but not more than 8 hours per week in clinical work, readings, supervision and staff meetings associated with one of these exposures.

**Health Behavior Change:** The Health Behavior Change rotation offers interns exposure to helping Veterans make healthy life changes. This may include experiences in individual services for tobacco cessation, sleep disorders, weight management, and/or diabetes management. Opportunities for multidisciplinary group work with the MOVE! weight management program or diabetes management groups may also be available. Services within the Health Behavior Change rotation are provided via telephone, telehealth (i.e., videoconferencing equipment), and/or in person. Group supervision provides interns multiple opportunities to give case presentations.

**PTSD Assessment and Treatment:** The PTSD exposure focuses on the clinical assessment of PTSD. While many trauma-related cases are seen through the outpatient mental health clinic, the PTSD exposure ensures that interns gain full exposure to PTSD theory, evidence-based assessment, and exposure to evidence-based treatment principles for the disorder. The exposure ensures that interns will be funneled sufficient trauma cases to sufficiently assess and treat.

**Intake/Consultation/Liaison:** Interns may participate in an exposure focusing on providing intake assessment and consultation to the facility's medical wards, Urgent Care and Community Living Center.

**Primary Care-Mental Health Integration (PC-MHI):** Trainees in this setting function as interdisciplinary team members within primary care that assist in managing the overall health of the primary care population. We focus on early identification and intervention (individual and group) for a broad range of mental health problems, while eliminating common barriers to mental health care. The trainee's role within this model is to provide immediate, onsite consultation; targeted screening and assessment; and brief, solution focused treatment utilizing evidence-based modalities targeted toward improved health and functioning.

**Administration and Leadership:** Interns may elect to obtain administrative experience with a staff member to develop and implement programmatic changes to Mental Health or the training program. Interns attend the monthly psychology Internship meeting with faculty, providing feedback and addressing potential challenges within the program. They may assist the faculty with the self-study process for APA accreditation and collecting distal data, when appropriate. During this rotation, Interns may work with a faculty mentor to develop programs (e.g., group, integrated care teams, etc.). This exposure could involve didactic, shadowing, and completion of an administrative project. Any psychology staff member may serve as the supervisor for this rotation, and this person would be selected collaboratively with the Intern at the beginning of the rotation based on training needs/goals.

Finally, please note that rotation offerings may change from year to year as a result of staffing changes. Due to being a program based in a rural area, there is often only one psychologist in each setting. As such, if there are staffing changes, this may impact rotation offerings. Consequently, our program prides itself on achieving the program aim and intern competencies through the combination of varied clinical experiences and rotations. We advise Interns to view their own growth in this broad way, as opposed to being attached to one particular rotation offering to meet their training needs. We anticipate offering more training opportunities in the near future as new psychologists join our team.

Additional Supplementary Experiences: The Psychology Internship Program will also offer supplementary experiences to interns, which will not be full or minor rotations. These experiences will serve the function of addressing any needed competency area growths which may not be able to be strengthened during major or minor rotation opportunities. They are available, when needed, to ensure that all competencies are met. Examples might include providing clinical assistance with same-day crisis response team, providing additional intake evaluations within Outpatient Mental Health, providing clinical assistance with the REACH program and Suicide Prevention, and/or assisting leadership through program evaluation/needs assessment. The decision to engage in a supplementary experience will be made collaboratively between the intern, supervisors, and TDs. Similarly, the time allotted for these experiences will be coordinated between those same parties.

## Supervision

Interns are expected to work closely with their individual supervisors on all rotations. Each supervisor is responsible for the training experience provided on his or her specific rotation. The supervisor assists in selecting patients and making referrals, represents Psychology with the intern in team meetings and other activities, and conducts individual supervision sessions 1-2 hours per week. Each intern can expect a cumulative total across all rotations of at least 4 hours supervision per week. The degree of responsibility given the intern and the amount of structure provided depend on the intern's level of prior experience. Over the course of the internship year, it is expected that levels of responsibility will increase as the amount of supervision structure needed decreases.

## Seminars and Other Training Activities

Training activities available to the intern includes the Intern Seminar, which meets weekly for two hours, and emphasizes review of research and scholarly literature relevant to interns' training at OGJVAMC; increased frequency of didactic seminars during the initial weeks of internship to facilitate interns' learning essential for success in the program as they begin to build their clinical caseloads. Each intern is required to present on a professional/research topic of their choosing within the context of staff brown bag.

## Evaluations

Consistent with APA accreditation requirements, we have identified clear minimum levels of achievement: For Interns to maintain good standing in the program they must:

- At the six month evaluation, trainees must obtain ratings of at least a "2" [Regular supervision required on most straightforward cases; consultation only on less challenging cases (mid-practicum level)] for all competencies on the Trimester Evaluations and the Adjunctive Training Experience Evaluation forms.
- Not be found to have engaged in any significant unethical behavior

In order for Interns to successfully complete the program, they must:

- By the end of the last training period, obtain ratings of at least a "5" [Little consultation/supervision needed. Sound clinical judgment regularly demonstrated (intern exit/ postdoc entry level; readiness for practice] for all competencies on the Trimester Evaluation and the Adjunctive Training Experience Evaluation forms.
- Not be found to have engaged in any significant unprofessional or unethical behavior

At the end of the first six months, a letter which describes the intern's progress is sent to the Training Director of their graduate program. Final letters of completion are sent to the academic training program after the successful completion of the internship; these include the final rating on core competencies, and a written narrative evaluation of the intern summarizing internship year performance.

### **Training Term and Leave**

The internship requires a one-year, full-time training commitment beginning shortly after Independence Day and ending on about that same time the following year, with interns working 40 hours a week on site. One year at full-time equals 2080 hours. Interns are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). Interns are required to use all of their annual leave before completion of internship. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences and workshops or to complete activities required by your graduate program such as dissertation defense.

While we do not allocate a fixed amount of time for parental leave, trainees may use accrued annual or sick leave for birthing, non-birthing, and adopting parents. Additional leave without pay can be arranged based on individual circumstances considering all factors including that the individual is part of a formal training program and prolonged absences can interfere significantly with training. Any leave without pay must be made up by extending the training year(s).

### **Stipend and Benefits**

Interns accrue sick leave and vacation (i.e., annual leave) at a rate of 4 hours per pay period. Interns are eligible for health insurance through human resources. The current stipend is \$26,166 per year. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act.

### **Training Staff**

- Thad Q. Strom, PhD, ABPP [Chief of Mental Health Services]  
*University:* Michigan State University, 2006  
*Clinical/Research Interests:* Treatment of trauma-related disorders,
- Elizabeth Stanczak, PhD [Assistant Chief of Mental Health Services, Clinical Psychologist, Clinical Emphasis in Neuropsychology]  
*University:* Alliant University: California School of Professional Psychology, 1998  
*Clinical/Research Interests:* PTSD treatment (CPT/PE), Anxiety Disorders, TBI, Sleep Disorders, Mood Disorders, Couples Counseling, Ethics in Mental Health, Administrative issues in Mental Health, and Mentoring.

- Jared Bakker, PsyD [Internship Training Director, Clinical Psychologist]  
*University:* Adler University, 2016  
*Clinical/Research Interests:* home-based care, geriatric care, evidence-based psychotherapies, chronic pain
- Lynda K. Wargolet, PsyD [Clinical Psychologist]  
*University:* Illinois School of Professional Psychology: Health Psychology, 2013  
*Clinical/Research Interests:* Assessment and treatment for chronic pain, insomnia, anxiety, depression, PTSD, hypnotherapy, stress management, relaxation techniques and health and life-stage related transitions.
- Chris Manlick, PhD [Counseling Psychologist]  
*University:* University of Iowa, 2016  
*Clinical/Research Interests:* men and masculinity, PTSD, anger management, addictions
- Teri L. DeGrand, Psy.D. [Clinical Psychologist]  
*University:* Nova Southeastern University, 2006  
*Clinical/Research Interests:* Moral Injury, PTSD, Sexual trauma treatment (as child or adult) and MST.
- Brenda Reed, PsyD, DBSM, CBSM, TTS, NCTTP, NBC-HWC [Health Behavior Coordinator, Clinical Psychologist]  
*University:* Argosy University/Illinois School of Professional Psychology, 2002  
*Clinical/Research Interests:* Health psychology; Diplomate in Behavioral Sleep Medicine; Certified in Behavioral Sleep Medicine; Certified as Treatment Tobacco Specialist; National Certificate in Tobacco Treatment Practice; National Board Certified Health & Wellness Coach; Health Behavior Coordinator; Health Promotion and Disease Prevention Program.
- Christy Girard, PsyD [Clinical Psychologist]  
*University:* Widener University, 2007  
*Clinical/Research Interests:* anger management, biofeedback, PTSD.
- Todd Silverstein, PsyD [Clinical Psychologist]  
*University:* Loma Linda University, 2003  
*Clinical/Research Interests:* medical psychology, assessment, crisis consultation.
- Lisa Hoffman-Konn, PhD [Clinical Psychologist]  
*University:* University of Arizona, 2005  
*Clinical/Research Interests:* Person-centered and recovery-focused approaches; third wave behavioral therapies; diversity, equity and inclusion; serious mental illness, co-occurring disorders
- Francis McMenamin, PsyD  
*University:* William James College, 2020  
*Clinical/Research Interests:* Assessment and treatment of PTSD, Cognitive Behavioral Therapy, the use of Mindfulness-Based Techniques.

- Gail Beauchamp, LMSW [Social Work Executive]  
*University:* Michigan State University, 1998  
*Clinical/Research Interests:* PTSD. Role would include as general mental health consultant, PTSD consultant, Native American and other diversity issues in treatment/care, and coordination with social work practica program. In addition, Ms. Beauchamp serves as the Evidence Based Psychotherapy Coordinator for the department.
- Sharon Anastas, LMSW [Suicide Prevention Coordinator]  
*University:* Michigan State University, 1998  
*Clinical/Research Interests:* Suicide prevention

Interns will have the opportunity to interact with a broad variety of additional health care professionals at OGJVAMC, including psychiatrists, medical care providers, social workers, peer support specialists and other disciplines.

### Feedback from Former Interns

- *"The strength of this program is its commitment to developing competent and well-rounded clinicians. Additionally, the growth as a clinician I was seeking was facilitated by the quality supervision received throughout the internship year."*
- *"The Internship at the Oscar G Johnson VAMC provided me with the solid underpinnings necessary for a career as a clinical psychologist in a modern hospital system"*
- *"I was surprised by how much I liked/found a niche with our older people, and older Veterans more specifically. I learned a great deal as far as furthering my knowledge of the developmental spectrum, and the human condition as a whole. I would also say learning within the context of a rural setting presented unique challenges/ethical discussions that would prove to be highly useful for persons considering eventually hanging their shingle in a rural atmosphere and/or working within the milieu of a 'military culture' like the VA. Lastly, I would say that the supervisory experience can't be beat ...The collaborative approach to the development and implementation of training goals was focused, feasible, and helped me at least to gain the confidence I needed to embark on the next journey. The supervision was the best part of the internship. The quality of the training was such that I feel not only comfortable, but eager to jump into the role of 'junior colleague' at my postdoc."*

### The Facility

The Oscar G. Johnson VAMC includes the main medical center complex in Iron Mountain, Michigan, as well as seven community-based healthcare clinics. The OGJVAMC provides services to the northern rural and highly rural areas of VISN 12, comprising approximately 26,000 square miles of Michigan's Upper Peninsula and Northern Wisconsin. In an attempt to reduce Veteran travel and to expand our reach in offering empirically based treatments for our Veterans, the Oscar G. Johnson VA has developed a greater presence in Rhinelander (WI), Menominee, Manistique, Sault Ste. Marie, Marquette, Ironwood, and Hancock by recruiting quality staff members equipped to practice with staff available on-site and through telehealth technologies. Understanding the impact of geography upon health care service delivery is a key component of rural mental health practice. Below is a map of our catchment area marked with the location of each VA hospital or clinic.

## OGJVMC'S COMMUNITY OUTPATIENT CLINICS



As a facility, the Oscar G. Johnson VAMC consistently ranks among the best VA facilities nationally. Since 2012, the facility has ranked in the top 10% of all VA hospitals in terms of patient satisfaction, and in 2020 it was ranked 2<sup>nd</sup> in patient satisfaction and received the Best Patient Experience Award for small VA medical centers for the second year in a row. In 2020, the Oscar G. Johnson VAMC was ranked 1<sup>st</sup> in employee satisfaction (out of 130 facilities) and 3<sup>rd</sup> in “best place to work”.

### Local Information

The Oscar G. Johnson VAMC is located in the city of Iron Mountain, MI, in Dickinson County. The medical center is located approximately 100 miles north of Green Bay, WI, and 80 miles southwest of Marquette, MI. Situated in the Upper Peninsula of Michigan (“The U.P.”), the region is known for low cost of living, beautiful outdoor scenery, plentiful outdoor activities, and its friendly people. Dickinson County has been rated as the #1 most affordable county to purchase a home in Michigan. While Dickinson County schools are among the top 10% in Michigan. Taken together these factors make the Oscar G. Johnson VAMC a wonderful place for interns, new graduates, and young families to call home.

Useful websites to explore information about these areas include:

City of Iron Mountain Website: <http://cityofironmountain.com>  
 Dickinson County (MI) Website: <http://www.dickinsoncountymi.gov>  
 Florence County (WI) Website: <http://www.florencecountywi.com>  
 Places to Live- Dickinson County: <https://www.niche.com/places-to-live/c/dickinson-county-mi/>

**Directions to the Oscar G. Johnson VA Medical Center and Mental Health Department** The Oscar G. Johnson VA Medical Center is located on "H" Street, a half-block off US41/Stephenson Avenue in Iron Mountain, Michigan. The Mental Health Department main offices are located on the third floor. The address is 325 East "H" Street. For more information on orienting yourself to Oscar G. Johnson VAMC, please check the website <http://www.ironmountain.va.gov/>

**If you have any questions please contact the training director via email (preferred) or telephone.**

Jared Bakker, PsyD  
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