



Clinical Neuropsychology Postdoctoral Fellowship Training Program

Baylor Scott & White Medical Center – Temple Division of Neuropsychology

Overview and Mission

The Baylor Scott & White Temple Medical Center Postdoctoral Fellowship in Clinical Neuropsychology is a two-year postdoctoral specialty-training program that provides advanced clinical, didactic, and research training in neuropsychology. The program is an APPCN and APPIC Member. The program conforms to the Houston Conference Guidelines for Training in Clinical Neuropsychology. Currently, the program has one full-time two-year postdoctoral position available each year. The faculty includes ten full time neuropsychologists.

- **Application**
- **Training Environment**
- **Goals**
- **Structure**
- **Evaluation, Due Process & Grievance Procedures**



APPLICATION

To be eligible, applicants must have completed all requirements of an APA/CPA-accredited doctoral program in psychology and a one-year APA/CPA accredited clinical internship. Alternatively, individuals who have completed all requirements of a university-based APA-accredited program of postdoctoral education for retraining in clinical or counseling psychology are eligible. The individual's retraining program must adhere to the guidelines established by the APA Council of Representatives.

The following materials should be emailed directly to the training lead (Richard.Phenis@BSWHealth.org):

- (1) Cover letter
- (2) Curriculum vitae
- (3) Two sample reports (de-identified)

- In addition, three letters of reference emailed directly from the writer to the training lead or sent in sealed envelopes directly to the department are requested
- Finally, an official transcript should be sent directly via mail or electronically by the student's graduate institution. Please have institutions mail or electronically send your official graduate transcripts.

All materials must be received by January 9th for consideration.

Mailing Address for Transcripts or Other Materials

Richard Phenis, Psy.D., ABPP (CN)
Training Lead, Neuropsychology Fellowship Program
2401 S 31st street
Temple, Texas 76508
Richard.Phenis@BSWHealth.org

Applications will be reviewed and interviews will be scheduled during or around the time of the INS annual meeting. Interviews will be offered in person at INS and virtually this year with interview format not being a factor/consideration for ranking applicants. Of course depending on the state of things with COVID-19, virtual interviews may be the only option depending on state and territorial health department recommendations.

We are participants in the APPCN Match, program number 8072. We are also a member of APPIC (member number 9196).

INSTITUTIONAL MISSION

Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

PROGRAM MISSION

The mission of the fellowship is to provide advanced training to post-doctoral psychologists in the field of neuropsychology. After completing our program, fellows should be board eligible clinical neuropsychologists capable of independent practice and able to make substantive contributions to the clinical, professional, and research domains of neuropsychology.

TRAINING ENVIRONMENT

The training program is housed primarily in the Division of Neuropsychology within the Neurosciences Institute at the main campus of Baylor Scott and White Temple Medical Center located in Temple, Texas. Training is also available at our Round Rock campus, housing four full time neuropsychologists. In addition to the neuropsychology postdoctoral fellowship provided by the Neuropsychology Division, the Neurosciences Institute offers training experiences and residencies in Neurosurgery, Neurology, and Psychiatry.

Baylor Scott & White Memorial Hospital (BSWH) is one of the main health care hospitals in Central Texas, serving multiple geographical areas throughout its regional clinics. Since 1977, the hospital has served as the clinical training site for the Texas A&M Health Science Center College of Medicine. Among its many prestigious recognitions, BSWH has been consistently ranked among the top 100 hospitals by one of the nation's key healthcare rating groups. Further information about Baylor Scott & White is available through its website (www.bswhealth.com).

Fellows are provided with individual computers, shared office space, and access to the Baylor Scott and White/Texas A&M Health Sciences Center library.

Benefits include health plan as well as sick leave and vacation time commensurate with medical residents in our institution.

We take one new fellow a year. All positions are funded by departmental funds.

Faculty/Training Committee and Administrative Structure:

The fellowship is governed by the fellowship training committee, which consists of all senior staff within the Division of Neuropsychology. The committee is led by the training lead (also known as training director for APPCN purposes) and an associate training lead.

The training lead is Richard Phenis, Psy.D., ABPP, and the associate training lead is Kara Dinh, Psy.D.

As of this writing, the training staff consists of:



Daniel Cruz, Psy.D., is the Director of the Division of areas of interest include epilepsy, pre-surgical pain and strokes, and psychiatrically based disorders. Dr. Cruz provides assessments in both English and Spanish.



Kara Dinh, Psy.D., is a senior staff neuropsychologist in the Round Rock region and is the associate training lead. Clinical interests include dementia, geriatric assessment, and performance validity testing.



John T. Elias, Ph.D., is a senior staff neuropsychologist and a lifespan neuropsychologist in the Round Rock region. Clinical interests include pediatric cancer, genetic disorders, epilepsy, and dementia.



RoShunna Lea, Psy.D., is a senior staff neuropsychologist. Clinical areas of interest include dementia, tumors, strokes, and pre-surgical evaluations.



Robb Matthews, Ph.D., is the Austin/Round Rock region Division Director of Neuropsychology. Clinical areas of interests include developmental differences, physiological influences on brain function, the neurocognitive expression of psychiatric illness, and pre-surgical evaluations.



Allison Myers-Fabian, Ph.D., ABPP-CN, is a senior staff neuropsychologist in Lakeway. Clinical interests include dementia, Parkinson's disease (pre-and post-DBS surgery), demyelinating disorders, and cerebrovascular disorders.



Richard Phenis, Psy.D., ABPP-CN, is a senior staff neuropsychologist and training lead. Clinical areas of interest include movement disorders, dementia, traumatic brain injury, stroke, and brain tumor.



Katrina Raein, Ph.D., is a senior staff neuropsychologist. Clinical areas of interest include dementia and geriatric cognitive disorders.



Emily Robinett-Ferrara, Ph.D., is a senior staff neuropsychologist. Clinical areas of interest include traumatic brain injury, strokes, dementia, geropsychology, health psychology, and somatoform/cogniform disorders.



Sabra Rosen, Psy.D., is a senior staff psychologist. Clinical areas of interest include telehealth, dementias, strokes, endocrine disorders, and traumatic brain injuries.

GOALS AND OBJECTIVES

Graduates of our program will develop the following:

1. Advanced skills in neuropsychological assessment sufficient for independent practice and board certification in neuropsychology.
 - a. Fellows work closely with their supervisors to develop skills and independence in interviewing, test selection and administration, interpretation and write up of results, and differential diagnosis of various neurological and psychiatric conditions. Program activities such as ABCN style fact findings are woven into the recurrent training activities of the program.
2. Advanced skills in treatment recommendations and interventions for neuropsychological disorders sufficient for independent practice.
 - a. In conjunction with the experiences outlined in (1), fellows will become aware of evidence based and other empirically supported treatments for the conditions they diagnose. Understanding and recognition of other diagnostic mechanisms is also facilitated.
3. Advanced skills in consultation with patients, families, and treatment teams sufficient for independent practice.
 - a. Fellows work closely with their supervisors to provide results and treatment recommendations for patients with a broad range of neuropsychological disorders, consult with other members of the medical community, and convey their results of evaluations in a manner consistent with the independent practice of neuropsychology.
4. Advanced knowledge of neuropsychology (e.g., etiologic mechanisms and processes).
 - a. Through participation in didactics and other training experiences as outlined in this brochure, fellows will obtain an advanced knowledge of neurological disorders which impact cognition, along with relevant diagnostic and treatment strategies.
5. Advanced knowledge of research issues and methodological issues in neuropsychology.
 - a. As a part of the program and under the supervision of a supervisor, individuals complete at least one scholarly project per year in neuropsychology.
6. Acquire the necessary preparation for licensure for independent practice of psychology and board certification in neuropsychology.
 - a. As a part of our training program, individuals are required to complete their EPPP and apply for state licensure. The training experiences of our program are designed to meet licensure requirements in the state of Texas.
 - b. Furthermore, as an APPCN member, our program is designed to be consistent with Houston Conference Guidelines, with exposures to neuropsychological assessment, didactics, and scholarly activity to allow for the pursuit of board certification in conjunction with previously obtained graduate and internship experiences.

EDUCATIONAL/DIDACTIC TRAINING

Consistent with APPCN guidelines, at least 50% of time is devoted to clinical work (generally closer to 80%), 10% to research, and 10% to educational experiences.

Didactics are explicitly created to prepare students for ABPP/ABCN board certification. To this end, Wednesday afternoons host the neuropsychology professional development activities and Thursdays host the 60-120 minute formal neuropsychology seminar series.

The neuropsychology seminar series meets every Thursday during the academic year (September through May/June depending on scheduling). Senior staff members take the lead presenting an integrated series of lectures on the phenomenology of neuropsychological disorders, clinical conditions, and neuroanatomy of each domain of cognition through a combination of guided readings, formal didactics, outside lecturers, and journal discussions. Fellows present once per each topic domain as well (5 presentations per year), under the supervision of the staff member leading this presentation block.

Sixty to ninety minutes are blocked each Wednesday as well for the professional development seminar series. The professional development series rotates each week among journal club, interesting or challenging case presentations, ABPP exam style fact finding exercises, and professional development conversations from topics generated by the fellows. With the weekly seminar series and professional development, fellows receive 2 or more hours of didactics per week.

In addition to the neuropsychology didactics, fellows are given the opportunity to attend interdisciplinary meetings when schedules allow, such as the neuroradiology conference (currently the first Thursday of every month at 7 AM), brain tumor board, neurology residents' didactics (3 times per week currently at noon Monday through Wednesday), brain cuttings with the pathology department, and neurosurgery grand rounds when available. Psychiatry grand rounds and psychology fellow/fellowship trainings through the behavioral health clinic may also be available depending on the fellows' schedule and interest as well as availability within that separate clinic.

Occasionally, other fellows, externs, and residents rotate through the clinic, though this is not consistent. When possible, fellows assist in supervision/training of these students if schedules permit. However, tiered supervision is not routinely available.

| Training Experience | Frequency | Year |
|------------------------------------|------------------------|----------------------|
| Neuropsychology Seminar | Weekly (Sept-May/June) | 1 and 2 |
| Journal Club | 1/month | 1 and 2 |
| Fact Finding | 1/month | 1 and 2 |
| Case Presentation | 1/month | 1 and 2 |
| Professional Development | 1/month | 1 and 2 |
| Neuroradiology Conference | 1/month | 1 and 2 |
| Brain Cuttings | As available | 1 and 2 |
| Supervision | Year round/ongoing | 1 and 2 |
| Neurology rotations | 1-2 weeks | 2 nd year |
| Psychiatry Consult rotation | 2-5 days | 2 nd year |

CLINICAL TRAINING

A fellow is scheduled for three outpatients per week at the Neuropsychology Clinic their first year and four outpatients per week their second year. The fellow is responsible for testing one of these patients each week when insurance restrictions permit. In addition, fellows work with senior staff performing inpatient consults (when they come up, usually less than one per month but this varies; this is not a primary emphasis of this site).

Fellows complete eight rotations over two years. Most (5-7) of the rotations are at the Temple hospital, and all fellows start in Temple. One to three of the rotations occur in Round Rock. Rotation schedules are set in the summer of each year and are based upon supervisor availability. Fellows' clinical work will typically be supervised by one supervisor at a time for each of the 3-month rotations. Supervisors are part of the training committee and are located in Temple and Round Rock. During the summer, rotation supervisors are assigned based on availability and interest of the fellow. Fellows will receive a minimum of 2 hours of supervision, which includes individual supervision and supervision of direct clinical work, per week. On an as needed/as available basis, minor rotations may be arranged to allow exposure to a particular patient group or clinical services as needed and this structure is flexible to meet the unique training needs of an individual fellow or allow for other more specialized experiences. For example, a fellow who has shown acumen and desires a research minor rotation or desires a therapy rotation may have these opportunities, depending on availability.

In the second year, one of the four cases per week is a "fellow clinic" case. This, depending on insurance restrictions, allows fellows a greater degree of independence as they are responsible for the interview, test selection/administration, feedback, and report, checking in with the supervisor often throughout the case.

Patients are referred from a broad range of referral sources within the medical center and the surrounding community. The population's demographics are diverse in regard to age, education, gender, ethnicity, and socioeconomic status, although most all patients are adults (peds/lifespan opportunities are growing here, but applicants should recognize this is not an emphasis of our fellowship at this time). Patients reflect the racial/ethnic and socioeconomic composition of the central Texas region. They are primarily Caucasian individuals from all socioeconomic levels. Hispanic individuals represent a significant proportion of the regional population while other racial/ethnic groups have lesser representation. Opportunities may be available to assist in bilingual assessments with our bilingual staff member, as well as working with interpreters on an as needed basis and as appropriate.

Clients present with a wide range of neurological and neurocognitive issues, such as dementia, stroke, spinal cord injuries, tumors, learning disorders, psychiatric disorders, traumatic brain injury, among many others. Geriatric cognitive disorders, movement disorders, and cognitive impairment due to multiple medical and psychiatric comorbidities make up the majority of referrals.

Beginning the second year of fellowship, fellows are given the opportunity to shadow various other professionals in the medical center. At a minimum, fellows must spend a total of two weeks shadowing the inpatient neurology service, inpatient psychiatry service, and various outpatient neurology specialty rotations. More focused or prolonged shadowing experiences in a particular

neurological or interventionist clinic are arranged on an as needed or as available basis with the approval of the training lead.

RESEARCH TRAINING

Fellows are required to complete one research project of publishable quality each year. Typically, these projects will be in line with the active research programs of the faculty, though every effort will be made to accommodate a fellow's individual research goals and experiences. The research requirement can be accomplished through various means, including literature reviews, archival studies, and involvement within current research protocols.

EXIT CRITERIA

By the end of the fellowship, our graduates should:

- Have average ratings of having “skills necessary for independent practitioner” as judged by their clinical supervisors by the end of their second to last rotation (see forms below). These ratings will be given at the end of each major and minor rotation. An exit interview will be performed at the 6 month mark of their last year, to allow for any remaining deficiencies to be addressed before the end of the fellowship.
- Have exposure to therapeutic feedback sessions and (as possible) group therapy/clinical intervention experience as evaluated by the training director. This is arranged as available by staff within the department or in collaboration with therapy providers in the broader institution. Therapeutic feedbacks are expected to be the primary intervention modality.
- Obtain advanced knowledge of neuropsychological topics as demonstrated by consistent participation in educational didactics within the department.
- Deliver at least 5 didactic presentations per year with at least half delivered at an average rating of “acceptable.”
- Complete at least one research project per year, defined as poster, review of publishable quality, or other scholarly product as approved by the training lead.
- Complete a capstone mock oral examination including fact finding with a rating of “satisfactory”
- Be license eligible as evidenced by having completed the EPPP and submitted application for licensure in the state of their choosing. For individuals seeking licensure in Texas, the program meets Texas state licensure requirements for psychologists.
- Participate appropriately with other clinical, research, educational, and administrative tasks as assigned.

EVALUATION PROCEDURES

(Please see forms for each of the following at the end of this packet).

Training Plan. Each year, the fellow is responsible for generating a Training Plan. This plan should be individualized according to the resident's training goals. With the assistance of a faculty supervisor, the fellow develops a Training Plan during the first month of training. The training lead must approve this plan. The sections of the Training Plan include six goals of the program.

Evaluation of Presentations: Fellows and staff are evaluated on their formal didactics to ensure adequate knowledge of foundational brain/behavior relationships and related topics. Fellows present 5 times per year and receive feedback from staff on their presentations.

Supervisor's Evaluation. At the end of every clinical rotation, a formal evaluation of the fellow is conducted, and findings are documented on the Evaluation of Fellow form. This occurs 4 times per year. Evaluation criteria are consistent with the goals of the program and provide the fellow with a formal opportunity to assist their progress and adjust the Training Plan as necessary. The fellow and their supervisors participate in the review process and sign off of the completed evaluation

Evaluation of Fellowship/Supervisors by Fellows. At the end of each training rotation the fellow provides written feedback to the training director regarding strengths and weaknesses of the program. For fellows who are being supervised directly by the training director during the year, alternative arrangements for feedback are put in place. These evaluations are completed 4 times per year. An evaluation of the training program is elicited by fellows at the end of their first and second year.

Capstone Fact Finding evaluation form – For the practice ABPP style fact finding which is conducted the summer of the fellow's final year

DUE PROCESS AND GRIEVANCE PROCEDURE

At the outset of training (i.e., first year in fellowship), the fellows are provided with information regarding due process and grievance procedures as outlined in this document. In addition, institutional policies regarding training issues are available at

<https://www.bswhealth.med/education/Documents/temple/house-staff-handbook.pdf>

These are the same procedures implemented in the institutions Graduate Medical Education (GME) programs and considered standard for professional training programs throughout Baylor Scott & White. Training staff will identify issues with professional competence or conduct and report them to the Training Lead. Fellows whose professional competence or conduct is not satisfactory will be subject to disciplinary action initiated by the Training Lead and endorsed by the Chair, Department of Neurology. Fellows receive evaluations from supervisors 4 times per year (at the end of each rotation) and ratings for presentations (5 per year). A supervisor's overall rating as below fellowship level (below a 2) at the end of a rotation and presentations rated as unacceptable by the majority of staff present will result in initiation of due process procedures.

Process

The fellow in question will meet with at least two senior staff members of the Division of Neuropsychology. One of the departmental representatives should be the Training Lead, unless prohibited by extenuating circumstances. During the meeting, a written document including a detailed, itemized description of the issues regarding professional competence or conduct, and any prior evaluations of the fellow, will be presented to the fellow. If the issues of concern predate the last formal written evaluation, those issues should be documented in that evaluation. The fellow's Director of Clinical Training for their graduate program will also be notified of issues related to professional

competence or conduct that is not satisfactory. The written material(s) should describe the following elements.

- Nature of concern about either professional competence or conduct.
- Disciplinary action taken which could include: remediation; probation; suspension; or dismissal.
- Duration of action (if other than dismissal) or effective date (if dismissal).
- Required remediation (see below) by the fellow, if other than suspension or dismissal.
- Description of methods and conditions of enhanced monitoring of the fellow's clinical and/or academic activities if fellow's performance suggests an inability to render an appropriate level of patient care and/or exhibit appropriate personal or professional conduct. By definition, "enhanced monitoring" should include (1) specific goals/objectives developed for the fellow and (2) periodic, written assessments of the fellow during the specified time period.
- Discussions and written documents pertaining to the issues regarding professional conduct should center on specific behaviors. This process constitutes both **notice** to the fellow of concerns and the opportunity for **hearing**, i.e., fellow listening to and responding to stated concerns.

A copy of documentation supplied to the fellow shall be marked "CONFIDENTIAL" and forwarded to the BSWH Designated Institutional Officer (DIO)/Director of Graduate Medical Education. The Designated Institutional Officer (DIO)/Director of Graduate Medical Education may initiate a review process of the disciplinary action if the action is felt to be inappropriate. For the review, the Designated Institutional Officer (DIO)/Director of Graduate Medical Education may appoint a committee that consists of a program director from another program, a department head from a different department, an advanced trainee from another program, and the GME ombudsperson to review both the merit and the procedures, and make recommendations. The role of the ombudsperson is to ensure fair treatment for the fellow. The committee may request that the fellow, the Training Lead or others involved in the case meet with the committee to discuss the issues before a recommendation is made. The decision of the involved program and the committee recommendations will be reported to the Designated Institutional Officer (DIO)/Director of Graduate Medical Education for final approval.

Suspension of the fellow from program activities for the duration of the disciplinary process may be initiated by the Training Director. Suspension may also be reviewed by the committee described above.

If a fellow is dismissed, they will be paid for unused PTO on a prorated basis, i.e., if due ten (10) weekdays of annual PTO and the fellow has participated in the training program for six (6) months, the fellow would be paid for five (5) weekdays of PTO.

Appeal

Within 10 working days of the receipt of written notice either of intent to discontinue the fellow's employment or to impose conditions of remediation for continued employment, the named fellow may request an *ad hoc* review committee, composed of the membership of the committee described above. The Designated Institutional Officer (DIO) will coordinate the appeal process and function as a non-voting member of the various committees or councils involved. The ad hoc committee will be charged with reviewing the circumstances of the disciplinary action to assess both the merits of the action and the procedures (i.e., the extent to which the action followed appropriate procedures and whether the fellow was treated in a fair manner). The review committee may request related

documentation and invite testimony from the fellow and Training Lead involved. The ad hoc review committee will make recommendations to the Director of Graduate Medical Education who will review their recommendations and, with agreement from the Designated Institutional Officer (DIO), take action if necessary. The Designated Institutional Officer (DIO) will serve as the final authority.

GRIEVANCE POLICY

Baylor Scott & White Health encourages fellows to bring to the attention of their Training Lead any concerns or complaints about work-related conditions. In order to aid in prompt and constructive problem solving, fellows shall be provided with the opportunity to present such information through a formal procedure. Many problems result from misunderstandings or lack of information and can generally be resolved by discussing them with the Training Lead.

If formal discussion with the Training Lead does not result in a satisfactory solution to the issue, the fellow should submit the problem in writing to the Training Lead as soon as possible, preferably within 30 days. The Training Lead will meet again with the fellow to discuss the issue and will present a written reply to the fellow as soon as possible, no more than 2 weeks.

If the fellow is not satisfied after receiving the Training Lead's written reply, the fellow should request a meeting with the Department Chair and provide (1) the original description of the issue, (2) the Training Lead's reply, and (3) a written explanation as to why the Training Lead's reply was not satisfactory. This process must be accomplished within two weeks from the date of the written reply to the fellow from the Training Lead. The Chair will respond in writing after interviewing the fellow about the matter. The Chair may choose to interview other individuals including the Training Lead.

If the issue is not satisfactorily resolved at this point, the fellow may pursue further action by providing copies of all written materials and a written response to the Chair's letter to the Designated Institutional Officer (DIO)/Director of Graduate Medical Education within two weeks of the Chair's reply. The DIO/Director of GME will further evaluate the complaint and, if DIO/Director of GME so chooses, form an ad hoc committee of the Graduate Medical Education Committee (GMEC). The committee shall review all pertinent information and conduct interviews necessary to reach a decision about the grievance. The committee's recommendations will be forwarded to the Designated Institutional Officer (DIO)/Director of GME for final resolution.

There will be no unfavorable action on the part of Baylor Scott & White Health against any fellow as a result of the submission of a complaint or problem. All information concerning a fellow's problem/complaint should be received in confidence and the issue should be discussed only with those involved in the process or with individuals who can provide necessary information.

Complaints of discrimination or harassment may be addressed through this procedure or by contacting the Director of Employee Relations in Human Resources.

Confidential Grievance Procedure

At times, a fellow may have concerns that are outside the Training Lead's jurisdiction or for which the fellow does not wish to include the Training Lead or Department Chair. The fellow may communicate these concerns to an institutional ombudsperson outside the Department of Neurology who is designated by the Office of Graduate Medical Education (GME). The ombudsperson may report to the Designated Institutional Officer (DIO)/Director of GME who may follow the aforementioned procedure of choosing an ad hoc committee to review the concerns and reach a solution.

Training Plan

Fellow Name:

Time Period Covered:

Instructions: For each domain, state what your plan is for addressing each goal (who/what/when) of the program. Also clarify estimated and obtained dates for meeting fellowship exit criteria.

Training Goals:

1. Advanced skills in neuropsychological assessment sufficient for independent practice and board certification in neuropsychology.

2. Advanced skills in treatment recommendations and interventions for neuropsychological disorders sufficient for independent practice.

3. Advanced skills in consultation with patients, families, and treatment teams sufficient for independent practice.

4. Advanced knowledge of neuropsychology (e.g., etiologic mechanisms and processes).

5. Advanced knowledge of research issues and methodological issues in Neuropsychology.

6. Acquire the necessary preparation for licensure for independent practice of psychology and board certification in neuropsychology.

Progress Towards Exit Criteria:

Have average ratings of “independent practitioner” from their clinical experiences by the end of their second to last rotation

Date of rating: Overall Rating:

Have satisfactory performance with at least one psychotherapy/group therapy case series as evaluated by the supervisor for that service.

Estimated Date of Completion_____ Actual Date of Completion_____

Obtain advanced knowledge of neuropsychological topics as demonstrated by consistent participation in educational didactics within the department.

YTD Participation Feb. of Year 1

YTD Participation August of Year 1

YTD Participation Feb Year 2

YTD Participation August of Year 2

Deliver at least 5 didactic presentations per year as assigned by the training Lead with at least half delivered at an average rating of “acceptable.”

Topic-Y1: _____ Date Completed: _____

Topic-Y2: _____ Date Completed: _____

Complete at least one research project per year, defined as poster, review of publishable quality, or other scholarly product as approved by the training lead.

Year 1 Project/Progress:

Year 2 Project/Progress:

Complete a capstone mock oral examination including fact finding with a rating of “satisfactory”

Date Scheduled: _____ Date Completed: _____

Be license eligible as evidenced by having completed the EPPP and submitted application for licensure in the state of their choosing

State Goal:

Requirements:

Progress Toward Requirements:

Participate appropriately with other clinical, research, educational, and administrative tasks as assigned.

Any Delinquencies and Plan to Address Them:

Fellow Signature & Date: _____

Training Lead Signature & Date: _____

Presentation/Didactic Rating Form

Presenter: _____

Topic: _____

Date: _____

To what extent was the material presented accurate:

- Inaccurate, unsatisfactory
- Inaccurate, needs improvement
- Accurate, satisfactory
- Comprehensive, excellent

To what extent was the material presented appropriate for the practicing neuropsychologist?

- Inappropriate for this audience, unsatisfactory
- Inappropriate for this audience, needs improvement
- Appropriate, satisfactory
- Appropriate and helpful, excellent

How was the presentation style?

- Unsatisfactory
- Needs Improvement
- Adequate/Satisfactory
- Excellent

What specific comments or feedback do you have for the presenter?

Senior Staff Ratings of Fellow Presentations Only:

Provide an overall rating of the presentation:

- This presentation was unacceptable- examples would include major factual errors, significant omissions of relevant data, or issues with presentation style of a severity that precluded following the information.
- This presentation was acceptable, but needs improvement- There were factual errors or omissions that distracted from other points, but did not invalidate core ideas, there were some presentation style issues that distracted from the content
- This is an acceptable presentation I would expect from a peer, independent practitioner of neuropsychology- Content was appropriate to the practicing neuropsychologist, coherently presented, with adequate presentation style.
- This is an outstanding presentation- this would be an excellent presentation regardless of training level or venue; comprehensive, interesting, useful information that is presented in an engaging manner.

Supervisor's Evaluation of Fellow

Fellow: _____

Supervisor: _____

Date of Rating: _____

SCALE

- | | |
|-----|---|
| 4 | Superior performance: demonstrates, abilities, knowledge and maturity <u>well beyond</u> what would be expected of an average independent practitioner |
| 3 | Average performance necessary for independent practice: demonstrates the skills, knowledge, and maturity <u>necessary for independent practice</u> |
| 2 | Appropriate for fellowship level; shows <u>adequate</u> knowledge, skills, and maturity appropriate for fellowship, but there is more work needed to be fully independent in practice |
| 1 | Below fellowship level; quality of work overall was more at the level of a fellow, can mimic supervisor but <u>does not show independent understanding or practice</u> of the skill, relevant knowledge, or maturity to operate even semi-independently |
| N/A | Not applicable, not a part of the rotation |

RATINGS RELATED TO PROGRAM GOALS

Goal 1: Demonstrates “advanced skills in neuropsychological assessment sufficient for independent practice and board certification in neuropsychology.”

Rating 4 3 2 1 U

Comments:

Goal 2: Demonstrates “advanced skills in treatment recommendations and interventions for neuropsychological disorders sufficient for independent practice.”

Rating 4 3 2 1 U

Comments:

Goal 3: Demonstrates “Advanced skills in consultation with patients, families, and treatment teams sufficient for independent practice.”

Rating 4 3 2 1 U

Comments:

Goal 4: Demonstrates “Advanced knowledge of neuropsychology (e.g., etiologic mechanisms and processes).

Rating 4 3 2 1 U

Comments:

Goal 5: Advanced knowledge of research issues and methodological issues in neuropsychology.

Rating 4 3 2 1 U

Comments:

Overall Rating (note, ratings below 2 will require a remediation plan).

Rating 4 3 2 1 U

Comments:

Fellow Signature (date): _____

Supervisor Signature (date): _____

Training Lead Signature (date): _____

Rating of Supervisor

Rotation time period:

Approximate number of cases seen:

Strengths of rotation:

Weaknesses of rotation:

| Scale | 1 | 2 | 3 | 4 |
|-------|-----------------|----------|------|----------|
| | Not acceptable. | Adequate | Good | Superior |

Domain **Rating**

Availability _____

Content of supervision _____

Style of supervision _____

Comments:

EVALUATION OF FELLOWSHIP

Fellow:

Year (circle one): 1 2

Date of Rating:

NOTE: Fellow to identify how goals were facilitated and/or hindered

SCALE

3 The program exceeded my training goals/needs^[L]
^{SEP}

2 The program met my training goals/needs

1 The program did not meet training goals/needs

GOAL (1): Assessment

Rating: 3 2 1

Comments:

GOAL (2): Intervention

Rating: 3 2 1

Comments:

GOAL (3): Consultation

Rating: 3 2 1

Comments:

GOAL (4): Advanced Knowledge

Rating: 3 2 1

Comments:

GOAL (5): Research

Rating: 3 2 1

Comments:

GOAL (6): Licensure/ABPP Preparation

Rating: 3 2 1

Comments:

Fellow Signature/Date _____

Training Lead Signature/Date _____

FELLOW REMEDIATION PLAN

Date of Meeting: _____

Fellow: _____

Supervisors present: _____

Date for follow up meeting: _____

Mark /describe the pertinent competency domain(s) affected:

Assessment _____

Consultation _____

Intervention _____

Advanced Knowledge _____

Research _____

Licensure _____

Other (specify) _____

Date the problem(s) were first addressed with the fellow:

Steps taken by the fellow to rectify these problem(s):

Steps employed by the supervisor(s) to rectify these problem(s):

Planned course of action:

I acknowledged that the abovementioned issues have been discussed with me and that a remediation plan has been established for these purposes.

Neuropsychology fellow print name/signature/date

Neuropsychology supervisor(s) print name(s)/signature(s)/date

Evaluation of Fellow's Mock Oral Fact Finding Capstone

Fellow's Name: _____ Date of Examination: _____

Rater: Use the following scale for all items:

- 1= Unacceptable
- 2= Needs Improvement
- 3= Satisfactory for independent practice in neuropsychology
- 4= Excellent- well above expectation.

Did the fellow inquire about all relevant historical information to the case? _____

Did the fellow demonstrate understanding of the important historical information by follow-up questioning, voicing their thought process, and summarizing pertinent information? _____

Did the fellow inquire about all relevant behavioral observations to the case? _____

Did the fellow demonstrate understanding of the observation information by follow-up questioning, voicing their thought process, and summarizing pertinent information? _____

Did the fellow inquire about all relevant testing observations/scores for this case? _____

Did the fellow show accurate understanding of relevant test administration, interpretation, or score materials presented for the case? _____

Did the fellow show good interpretative abilities of the domain level test data presented? _____

Did the fellow accurately summarize the patient's test data? _____

Did the fellow present an accurate brain/behavior relationship based on the material presented? _____

Was the case conceptualization presented accurate and well thought out? _____

Was the differential diagnosis appropriately explored? _____

Were treatment recommendations accurate, appropriate, and comprehensive? _____

What other feedback do you have for the fellow?