

Hines

VA Hospital

Clinical Neuropsychology Fellowship Program

2024-2026



INTRODUCTION

Thank you for your interest in postdoctoral training in Clinical Neuropsychology at Edward Hines, Jr. VA Hospital. Hines VA was approved to offer postdoctoral training in Clinical Psychology beginning September 2008. Our Clinical Neuropsychology Fellowship Program has offered one Fellowship spot from 2008-2017, adding a second, staggered spot in the Fall of 2017. We have had one open position per year from 2017 forward. Our fellowship gained specialty accreditation from APA CoA in 2017, with our next site visit scheduled for 2027. The two-year Fellowship in Clinical Neuropsychology provides training outlines in the Houston Conference Guidelines for training in clinical neuropsychology. Our Fellowship is also a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and matches with applicants via the NMS match.

The Fellowship is organized within Psychology Service at Hines VA Hospital, which is a department within the Hospital's Mental Health Service Line. We will soon be recruiting for our next Fellowship year, to begin September 2, 2024 and end August 28, 2026.

FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY

The two-year Clinical Neuropsychology Fellowship Program provides training that emphasizes core domains, including clinically based assessments, TBI rehabilitation services, consultation experiences, didactic trainings, opportunities to provide supervision, and possible research inquiries. Fellows will complete major rotations with the five (four board-certified) clinical neuropsychologists, spanning experiences in 1) Outpatient Neuropsychology, 2) Inpatient Neuropsychology Consultation, and 3) TBI/Polytrauma. Minor rotations may include group interventions with aging patients with neurocognitive disorders and their caregivers in the first year, and one of a variety of experiences (e.g., inpatient geriatrics, inpatient acute rehabilitation) in the second year. The Neuropsychology Fellowship Training Director, in concert with the Neuropsychology team and the Fellow, will formulate an individualized training plan that emphasizes advanced neuropsychology competencies and each Fellow's training goals. While at least half of the Fellow's time will be engaged in clinical neuropsychology rotations, minor rotations, additional elective training experiences and optional research or administration rotations will fill the remainder of the Fellow's time.

Training prepares the Neuropsychology Fellow to achieve advanced practice knowledge and skills appropriate for independent licensed professional practice across the following competencies:

1. Integration of Science and Practice:

Fellows need to demonstrate the ability to critically evaluate, disseminate, and integrate learning from science and research into clinical practice, and allow clinical experiences to guide research and learning endeavors, and other scholarly activities (e.g., case conference, presentation, publication, and program development/evaluation).

2. Individual and Cultural Diversity

Fellows need to develop and demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population.

3. Ethical and Legal Standards

Fellows act professionally, ethically, and legally. This includes behavior in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.

4. Professional Behavior and Communication

Professional in all conduct and demonstrates a developing professional identity.

5. Assessment

Fellows must develop competence in evidence-based psychological and neuropsychological assessment with a variety of diagnoses, problems, and needs.

6. Intervention

Fellows need to develop and demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches.

7. Supervision

Fellows develop competence in supervision and teaching by effectively communicating psychological principals, procedures, and/or data. Supervisor ratings are based on evaluation methods that include direct observation, case discussions, case presentations, and feedback from peers or junior trainees. Within this section, the supervisor is rating the Fellow's broad-based abilities as a supervisor/educator.

8. Consultation and Interprofessional/Interdisciplinary Skills

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Fellows apply this knowledge in direct consultation with patients and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

9. Neuropsychology Knowledge and Skills

Fellows need to demonstrate advanced skills and advanced knowledge specific to neuropsychological evaluation, consultation and treatment. Fellows also need to demonstrate advanced command of brain-behavior relationships, neuroanatomy, and neurocognitive disorders.

FELLOWSHIP DESCRIPTION

The Fellowship in Clinical Neuropsychology emphasizes a clinically-oriented, flexible approach to neuropsychological assessment. Individualized qualitative and quantitative assessment techniques which are designed to answer specific referral questions will be

highlighted. The Fellow will learn how to operate in the role of a consultant, providing neuropsychology services to both inpatient and outpatient populations. Referral sources include Neurology, Psychiatry, General Medical and Surgical, and other medical services. Referral questions are varied but may include diagnostic differentiation, documentation of symptoms related to specific neurological disorder/disease, rehabilitation/vocational needs, behavioral management, and determination of medical/financial capacity. Opportunities to become familiar with CT, MRI, SPECT, and EEG reports will be available, allowing the trainee to correlate neuropsychological findings with neuroanatomical dysfunction. The Fellow will be exposed to a wide variety of neurocognitive disorders, including but not limited to: known and suspected dementias (including cases of MCI), strokes and vascular disease, traumatic brain injury, toxic/metabolic disorders, aphasia, amnesic syndromes, various neurological diseases, and neuropsychiatric disturbances. The Fellow will become skilled at providing feedback to the patient, family members, and other health care providers. Fellows will have the opportunity to provide supervision to practicum students and neuropsychology interns from our APA accredited psychology internship program. Each week, Fellows will be required to attend Neuropsychology didactics. By the completion of postdoctoral training, the Fellow will have completed a formal neuroanatomy course.

ASSIGNMENT SUPERVISORS David Kinsinger, Ph.D., ABPP-CN
Patrick Riordan Ph.D., ABPP-CN
Amanda Urban, Ph.D., ABPP-CN
Anne Wiley, Ph.D., ABPP-CN
Monica Stika, Ph.D.

ASSIGNMENT LOCATIONS Psychology-Building 228;
Throughout Hospital

DESCRIPTION OF ROTATIONS

Clinical training is structured around four, six-month major rotations across both training years. While the Fellow gains valuable depth and breadth of clinical neuropsychology training throughout these four rotations, the Fellowship program is designed to allow for a reasonable degree of flexibility in timing and emphasis among these four rotations. Fellows that have professional training needs more in line with one of these four rotations may spend somewhat more than six months in that rotation. Furthermore, the order of the rotations throughout the two years is somewhat tailorable to the Fellow's training interest and needs.

- Outpatient Neuropsychological Rotations:
The neuropsychology program provides all aspects of neuropsychological assessment related to those with known or presumed CNS injury/illness. The patient population includes adults with known or suspected neurologic disorders such as dementia, traumatic brain injury, cerebrovascular accident, multiple sclerosis, Parkinson's disease, normal pressure hydrocephalus, metabolic disturbance, learning disabilities and attention deficit disorder. Assessment may also be requested to assist the patient, referring provider, treatment team or family

members in discharge planning decisions, rehabilitation options and future vocational or educational planning. Fellows learn both basic and advanced aspects of diagnosing disorders of high brain functioning, analysis of the interactions among cognitive impairments and psychiatric and physical illnesses, and the practical implications of patients' impairments on their functional abilities. Two six-month periods are spent in Outpatient Neuropsychological Rotations, one with each of two primary supervisors.

Example Week During Outpatient Neuropsychology Major Rotation					
	Monday	Tuesday	Wednesday	Thursday	Friday
8am	Outpatient Neuropsychological Evaluation		Scoring and Report Writing and/or Minor Rotation	Scoring and Report Writing and/or Minor Rotation	Fellowship Seminar and Group Supervision
9am		Neuropsychology Didactics			
10am					
11am		Neuropsychology Journal Club			
12pm					
Noon		Outpatient Neuropsychological Evaluation	Supervision of Supervision or Diversity Conference or Psychology Staff Meeting		
1pm	Scoring and Report Writing and/or Minor Rotation				
2pm			TBI Group Intervention		
3pm					
4pm					

- TBI/Polytrauma Team (Outpatient Clinic): Neuropsychology is also part of the TBI/Polytrauma team in meeting the complex needs of patients with traumatic brain injury, psychiatric disorders, and/or

physical injuries. The Fellow will participate in weekly interdisciplinary treatment team meetings, evaluate Veterans with known traumatic brain injuries, and provide feedback and psychoeducation to the Veteran, their family, and the treatment team. Common differential diagnosis questions include distinguishing organically based cognitive and behavioral dysfunction from that caused by underlying psychiatric and/or substance abuse disorders. Therefore, use of a variety of behavioral and mood/personality assessments, as well as symptom validity and performance validity measures, will also be a part of differentiating psychogenic from neurologic functioning. Opportunities to be further involved in additional TBI/Polytrauma Team activities (i.e., Headway, Health Fair, TBI Survivor's Network, etc.) are also available as part of this rotation.

- **Inpatient Neuropsychological Rotation (Inpatient Consultation):**
The neuropsychology program provides inpatient consultation hospital wide. Opportunities can include consultation services in Inpatient Psychiatry, Medicine, Neurology, Spinal Cord Injury Service, and other clinics and units throughout Hines VA. The Fellow will gain experience in the administration and interpretation neuropsychological evaluations and consultation with referring healthcare professionals from multiple units and clinics. Briefer neurocognitive evaluations with more severely impaired patients will be completed. Opportunities to participate in capacity evaluations are also available.

The Fellow is able to take part in a range of research experiences including involvement in a neuropsychology research database project, ongoing research projects at the Hines VA or from other institutions, as well as in efforts to publish one's dissertation. The Fellow is encouraged to take part on some aspect of empirical investigation related to neuropsychology with the end goal of presenting/publishing research findings.

The Fellow also engages in a shorter (two week) experience with an Inpatient Neurology Team. This takes place during the inpatient rotation described above. The Fellow will attend morning meetings and rounds with the Neurology Team. This is primarily designed to be a shadowing experience, however, the Fellow will provide inpatient neuropsychological consultation as part of the Neurology Team when clinically necessary.

Rotations of interest and timing for planned rotations are included in a training plan arrived at through consultation between the Fellow, Neuropsychology Fellowship Training Director, and Director of Training for Psychology (DoT). While minor rotations in intervention experiences meet the broader training needs of the Fellow, the focus of the major rotations across these various neuropsychology experiences ensures a depth and focus in neuropsychology training throughout the two years of the Fellowship.

Throughout the various inpatient and outpatient neuropsychology rotations, the Fellow receives direct supervision from all four HVAH clinical neuropsychologists. While all four adhere to empirically-based assessment methods, teaching styles vary somewhat,

providing added depth of learning in neuropsychology to the Fellow. Similarly, the variety of topics covered in weekly, two-hour neuropsychology didactics, including neuropsychological diagnoses, case presentations, etiologies, testing methods and tools, and neuroanatomy, provides a depth of intellectual and academic training to the Neuropsychology Fellowship. The Neuropsychology Fellowship Training Director and the four neuropsychology supervisors meet frequently with the Fellow for the entirety of the two years, and work to help establish and maintain a learning plan that spans the Fellowship years and includes the rotations and experiences that will complete all neuropsychology training needs for the Fellow.

Minor Rotations

Minor Rotations enhance development of advanced knowledge and skills in intervention and consultation in programs or clinics, and also serve to fill deficits in previous generalist clinical training. Fellows spend 15% of their clinical time in Minor Rotations to further ensure that the breadth and depth of their clinical experiences will achieve the program's overarching training goals. The opportunity to follow Minor Rotations also provides the Fellow with exposure to a wider range of patient populations and supervisors that will broaden the Fellowship experience.

The first-year fellow will likely administer a Motivationally Enhanced Compensatory Cognitive Training for Mild Cognitive Impairment (ME-CCT-MCI) intervention for either a group or individual veterans with Mild Neurocognitive Disorder. The 6- or 7-week group meets for 2 hours each week and content includes compensatory strategies and mindfulness techniques. The minor also includes facilitating and presenting within the Caring for the Aging Brain Workshop (CAB), a two-part workshop is open to Veterans and supporters of Veterans and provided up to 3 times per year in collaboration with other MH disciplines. This workshop provides psychoeducation about normal and abnormal aging, lifestyle factors that can influence cognitive health and wellness, as well as information on compensatory strategies to aid in improved daily cognitive functioning. The first-year minor may also include experiences in running and facilitating a TBI (moderate to severe TBI) survivor's group.

In the second year, recent Fellows have the rotated through our Community Living Center, working with older adults and engaging in both assessment and treatment work, supervised by our Geropsychologist; or rotated through our Inpatient Acute Medical Rehabilitation ward, working with our Rehabilitation Psychologist/Neuropsychologist on that unit. Other second year opportunities may be available.

	Semester 1 (Year 1)	Semester 2 (Year 1)	Semester 3 (Year 2)	Semester 4 (Year 2)
Major Neuropsychology Rotation	Outpatient Clinic (Dave Kinsinger)	Inpatient Service (Patrick Riordan)	Outpatient Clinic (Anne Wiley/Monica Stika)	Polytrauma/TBI Outpatient Clinic and Team (Amanda Urban)
Minor Rotation (Intervention)	ME-CCT-MCI (7 week cognitive rehab groups); Caring for the Aging Brain; other interventions		Geropsychology assessment and treatment on the Community Living Center unit; Acute Inpatient Medical Rehabilitation Unit; other	
Mandatory Didactics	<ul style="list-style-type: none"> Friday morning Fellowship Seminars and Group Supervision Wednesday noon Supervision of Supervision or Diversity Conference Tuesday morning Neuropsychology Didactics Monthly Neuropsychology Journal Club Monthly Neuropsychology Case Discussions Monthly Neuroradiology Rounds 			
	<ul style="list-style-type: none"> Loyola Neuroanatomy Course audit (Nov-Feb; as available – recently: recorded/online only) 			
Mandatory Experiences	<ul style="list-style-type: none"> Attend Neuropsychology Staff Meeting monthly Orientation of Incoming Practicum Students in July of first year Manage and conduct Neuropsychology Journal Club in second year Contribute more didactics to Neuropsychology Didactics in second year (e.g., Neuroanatomy topic) Interdisciplinary observations/discussions with Geriatrics Fellows in second year Supervision of Practicum Students in Outpatient Evaluation, via ‘umbrella supervision’ Administration Project (e.g., program evaluation) for presentation at end of first year 			
Electives	<ul style="list-style-type: none"> EPPP study time Research endeavors Transplant Evaluations 			

GOALS AND TRAINING OBJECTIVES

The overarching aim of the program is to prepare postdoctoral clinical neuropsychology fellows for advanced practice across a broad range of competencies viewed as necessary for licensure as a psychologist, independent professional neuropsychology practice, and board certification in clinical neuropsychology. This aim is achieved through the development of the competencies, as defined and measured on the Competency Assessment Form, throughout the two-year fellowship.

The population served includes the Hines VA Hospital veterans referred for inpatient and outpatient neuropsychological evaluation and treatment. The population includes veterans across the adult age span and of diverse backgrounds and characteristics.

Our program is learning- and training-based, as opposed to production-based. Service delivery is subsumed under the Fellows' training needs and interests, with the Fellows' clinical work during Fellowship focused on preparing them to function in independent professional neuropsychology practice. Our strong bias toward learning-based training is a point of pride for our program, and is characterized by a supervision-rich environment that includes mentoring and training that is focused on enhancement of skills in psychological and neuropsychological clinical practice.

This fellowship experiences emphasize a clinically-oriented, flexible approach to neuropsychological assessment. Individualized qualitative and quantitative assessment techniques which are designed to answer specific referral questions will be highlighted. The Fellow will learn how to operate in the role of a consultant, providing neuropsychology services to both inpatient and outpatient populations. Referral sources include Neurology, Psychiatry, General Medical and Surgical, and other medical services. Referral questions are varied but may include diagnostic differentiation, documentation of symptoms related to specific neurological disorder/disease, rehabilitation/vocational needs, behavioral management, and determination of medical/financial capacity. Opportunities to become familiar with CT, MRI, SPECT, and EEG reports will be available, allowing the trainee to correlate neuropsychological findings with neuroanatomical dysfunction. The student will be exposed to a wide variety of neurocognitive disorders, including but not limited to: known and suspected dementias (including cases of MCI), strokes and vascular disease, traumatic brain injury, toxic/metabolic disorders, aphasia, amnesic syndromes, various neurological diseases, and neuropsychiatric disturbances. The Fellow will become skilled at providing feedback to the patient, family members, and other health care providers. Trainees will have the opportunity to provide supervision to practicum students and neuropsychology interns from our APA accredited psychology internship program. Each week, fellows will be required to attend Neuropsychology didactics. By the completion of post-doctoral training, the Fellow will have completed a formal neuroanatomy course.

SUPERVISION

Individual supervision will be provided a minimum of three and one half hours each week, with a minimum two hours of individual supervision per week. The Fellow will have an opportunity to gain exposure to a diversity of supervisory styles since s/he will work with each of our Neuropsychology staff members. Group supervision, involving the Fellow, interns, and practicum students, will also take place. Fellows will have an opportunity to gain experience as supervisors themselves, conducting supervision with externs and interns (under the supervision of a licensed provider). In order to help the Fellow better understand the administrative tasks of Neuropsychology, s/he will attend Neuropsychology team meetings monthly.

DIDACTICS

All Fellows attend didactic programming as a group as well as specialized neuropsychology didactic programming. A brief description of these follows.

- Each Fellow attends a bi-weekly 90-minute Fellowship Seminar. Clinical seminars strengthen generalist skills, are devoted to psychotherapy, assessment and consultation within the various settings in which psychologists work, and are tailored to the advanced level of conceptualization, skills and knowledge expected of Fellows at this point in their clinical work. Seminars are science and theory-based, and didactic and presentation-based in format. The Director of Psychology Training manages these seminars and they are run/facilitated by identified staff members and some outside presenters. Attendance is required of all Fellows.
- In addition to bi-weekly core curriculum didactics focused on enhancing skills and knowledge, all Fellows attend a monthly Supervision of Supervision group (one hour). Although this group supervision is primarily focused on process of Fellows' supervision of interns and externs, this supervisory experience is supplemented with readings focused on competency based development of supervision skills. This group supplements the individual supervision of supervision that Fellows are afforded within their rotational supervisory experience. A staff member identified by the DoT facilitates the group and it is discussion-based in format. Attendance is required of all Fellows.
- Fellowship Group Supervision is one hour, biweekly, and discussion-based in nature. The meeting is run by the DoT or a staff member chosen by the DoT and include informal case presentations and discussions of diversity articles chosen by the Fellows. Attendance is required of all Fellows.
- The monthly Diversity Case Conference is a one hour case presentation, discussion, and didactic format experience run by a staff member of the Diversity Committee within Psychology. Fellows' diversity concerns and issues are discussed and addressed, in addition to education being provided on diversity concerns and literatures. Attendance is required of all Fellows.
- The clinical neuropsychology Fellow attends weekly, two hour neuropsychology didactic seminars, also attended by neuropsychology staff, interns, and externs. Case presentations and didactic presentations from all members of the team focus on neuropsychological diagnoses/disorders, neuroanatomy, cognitive assessment tools and domains, and professional issues specific to neuropsychology. Slide presentations, case discussions, and 'fact finding' cases are all included in the format.
- Additionally, monthly, hour-long group supervision/case presentations are provided to the Fellow, along with all Neuropsychology trainees. One of the four

attending neuropsychologists presents a case, and leads a discussion of the neuropsychological and relevant issues in the case. Cases are chosen to illustrate and educate on common and uncommon diagnoses and presentations, complex cases, the contribution of comorbidities, and diversity factors. The Fellow and all neuropsychology trainees are engaged to contribute meaningful to the discussion.

- The Fellow coordinates a monthly neuropsychology journal club, attended by the Fellow, the intern, and the externs within neuropsychology. The Fellow leads and moderates the one hour discussions and directs the choice of articles.
- The Fellow participates in a formal neuroanatomy and neurophysiology class with medical students at Loyola University Chicago Stritch School of Medicine, across the street from Hines VA. These courses span the majority of two months of full, 40 hour weeks. They are presented by Loyola faculty, MDs and PhDs. They are didactic in format.

The following opportunities are not required, but encouraged of Fellows:

- Fellows are also encouraged to attend the Hines/Loyola Psychiatry Grand Rounds, which meet at least monthly, for one hour. Faculty also welcomes Fellows' interest in presenting at Grand Rounds. The format is didactic and presenters include Loyola and HVAH staff. Fellows may also attend the Psychiatry Journal Club, which meets once a month.
- The Fellow is encouraged to attend weekly, one hour lectures presented by the Hines VA Department of Neurology, when available. Lectures (i.e., staff HVAH Neurologists) may cover neurological and neuromuscular disorders, case presentations, and brain cuttings.
- Monthly, one hour Neuroradiology rounds are also available to the Fellow. A staff neuroradiologist of HVAH presents cases and didactic content.

HINES VA HOSPITAL

Edward Hines, Jr. VA Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is one of the flagship hospitals in the VA health care system, and is located twelve miles west of downtown Chicago, on a 147 acre campus. The hospital is a tertiary referral center with many specialty services, including some that serve a large U.S. regional area. Hines is authorized to operate 471 hospital beds, and logged over 850,000 outpatient visits last year. The hospital staff and students saw approximately 57,000 patients last year. Hines has one of the largest research programs in the VA system, with 553 projects, 159 investigators, and an estimated budget of approximately \$20 million (VA and non-VA). The units and patient programs served by Psychology Service include: Ambulatory Care/Primary Care, Blind Rehabilitation, Community-Based Outpatient Clinics, Community Living Center (Geriatric), Compensation and Pension, Emergency

Department, General Medicine and Surgery, Health Promotion and Disease Prevention Program, Home Based Primary Care, Infectious Disease, Inpatient/Residential Rehabilitation Psychiatry, Managing Overweight/Obesity in Veterans Everywhere Program, Memory Disorders Clinic, Mental Health Clinic (Outpatient Psychiatry), Mental Health Intake Center, Mental Health Intensive Case Management, Mental Health Transplants, Neurosurgery, Neurology, Oak Park Vet Center, Patient Centered Medical Home Program, OEF/OIF Primary Care Psychology, Physical Medicine and Rehabilitation, Polytrauma Program, Primary Care Mental Health Integration Program, Psychosocial Rehabilitation and Recovery Center, Spinal Cord Injury & Disorders, Substance Abuse (inpatient and residential), Traumatic Brain Injury Clinic, and Trauma Services Program.

As a VA hospital, Hines is dedicated to the care of Veterans whose injuries or medical conditions were obtained while in the military service of the United States. Hines is also authorized to serve all Veterans who have limited financial resources. Fellows are afforded ample opportunity to provide psychological evaluation, treatment and consultation to a Veteran population that is characterized by diversity across socio-economic status, race, ethnicity, religion, gender, sexual orientation, age and physical as well as cognitive ability. As a VA Hospital, the patient population is heavily skewed toward men, but approximately 5,000 female Veterans were enrolled last year at Hines. Twenty-two percent of Veterans under age 35 at Hines are female. Training opportunities also often include involvement with partners and caregivers who may be female, as well as with female Veterans. Likewise, as a VA Hospital, we provide services to Veterans who have served across various wartime periods (i.e., World War II, Korean Conflict, Vietnam Era, Gulf War, Operation Enduring Freedom /Operation Iraqi Freedom/Operation New Dawn) as well as to individuals serving during peacetime. Our patient population reflects the notable ethnic diversity of the Chicago area, although the patient population is likely more predominantly European- and African-American than the overall Chicago area population. Still, there are adequate opportunities to work with Veterans who are Hispanic-American and Asian-American. Opportunities exist as well to work with LGBT patients and patients and family members/caregivers across the full spectrum of age from young adulthood to the elderly, as well as individuals with varying types of disabilities (i.e., sensory, physical, cognitive) and impairment levels (i.e., ranging from mild to severe). Religious and socio-economic diversity may be somewhat limited, as most patients come from a Christian background, but the large Chicago area Jewish and Muslim populations afford some religious diversity across caseload. To afford opportunities to work with a diverse patient population, supervisors make significant efforts to provide a caseload of patients that is characterized by diversity. Our hospital staff is characterized by notable diversity as well, and likely reflects the diversity of the Chicago area population.

The Hospital is accredited by The Joint Commission. Some hospital programs are accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF).

ACADEMIC AFFILIATIONS

Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in health care professions. Hines contributed to the training of 668 medical residents and 1243 associated health trainees (including seven Psychology interns and seven Psychology Postdoctoral Fellows) in fiscal year 2016.

Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and also maintains affiliations with the University of Illinois-College of Medicine, Chicago, and Northwestern University Feinberg School of Medicine. Loyola University Medical Center, which shares a campus with Hines, is one of the largest medical centers in the Chicago area, with 471 licensed beds on a 70-acre campus. Loyola is a nationally recognized leader in many health care specialties, including cardiology, oncology, neurology, and organ transplant.

The Hospital and its academic affiliates conduct many symposia, workshops and consultant presentations on a broad range of topics from many health care fields. Several national, regional and state conferences and conventions, as well as the meetings of various psychological and related mental health professional associations are held on an annual basis in Chicago.

PSYCHOLOGY SERVICE

Psychology Service at Hines is one of several departments in the hospital's Mental Health Service Line. The Chief, Psychology Service, reports directly to the Service Line Manager. Psychology Service is comprised of 60 doctoral-level psychologists, and two program assistants. One Loyola-based doctoral-level psychologist also serves as a core faculty to our Internship Program. The broad range of expertise, background and experience represented in the staff at Hines is also reflected in the diversity of their professional assignments throughout the hospital. Most are involved in the training program as either major or minor supervisors. There is a wide range in experience and theoretical orientation, as well as academic background. Supervisors are actively involved in professional psychology associations and organizations, may be actively engaged in research, program development and evaluation, and/or professional administrative and leadership functions in the hospital that reflect their expertise and that provide modeling experience to interns. Some supervisors hold faculty appointments at universities in the Chicago area and several serve as national trainers within their discipline.

Psychology has maintained a Psychology Externship Program since 1947, and a Psychology Internship Program since 1950. The Internship Program has been formally accredited by APA since 1976. The Internship Program is designed to foster significant clinical and didactic collaboration between interns and Fellows.

PHILOSOPHY AND MODEL OF TRAINING

Fellows' training is consistent with our training program philosophy, as described below:

(1) Hines Psychology embraces the scholar-practitioner training model (Peterson, Peterson, Abrams and Stricker (1997), in which science and practice inform each other. This training model reflects the "mutuality of science and practice" as described by Hoshmand and Polkinghorne (1992). Reflecting a focus on evidence based clinical practice, Fellows are encouraged to base their conceptualization, assessments and interventions on the available scientific knowledge and, when applicable, empirically validated therapies, while also acknowledging the real limits of our scientific knowledge and the complexities of people in our clinical practice. This productive integration of science and practice permeates the clinical work across our department and drives the training focus of our program. We also believe that effective integration of science and practice is best achieved through a concurrent ongoing focus on enhancement of skills in clinical conceptualization and critical thinking. The Program's focus on productive integration of science and practice, development of skills in conceptualization and critical thinking, and exposure to various theoretical orientations, actualize our scholar-practitioner model. The Program's encouragement of Fellows' involvement in ongoing research and its requirements in program development and evaluation further support this training focus.

(2) Our long-range objective for each Fellow is to solidify the development of a sense of professional judgment, ethics, responsibility and identity, as well as compassion for others, consistent with independent professional practice as a clinical or counseling psychologist in both a generalist capacity and in clinical neuropsychology. Throughout the year we provide a supportive and collaborative atmosphere in which Fellows, under supervision and mentorship, can accept increasing responsibility for their professional work in collegial and interdisciplinary contexts. Our goal is for the Fellow to function and feel competent to function as an independently practicing clinical or counseling psychologist in psychological assessment and diagnosis, treatment, consultation, student supervision, teaching, administration relevant to professional practice, program development and evaluation and scholarly at the conclusion of the postdoctoral Fellowship year. Our Program attempts to foster development of these skills across practice areas within the context of the VA patient population and hospital system.

(3) Our philosophy is that a Fellow is viewed as a respected and important part of our health care team. A logical extension of this philosophy is that the Fellow's case load is determined by the amount of professional work that will optimize the Fellow's learning experience. Their experience at Hines is training-based rather than production-based. Expectations for performance are solely based on training objectives.

(4) Fellows will have exposure to a demographically diverse caseload as they enhance their skills in cultural competence in assessment, treatment, and consultation. The training experience is optimized through individual appreciation and clinical understanding of human diversity as it interfaces all aspects of psychological practice.

TRAINING MODEL

Following our philosophy, we embrace a training model in which Fellows work across a number of clinical settings that optimizes breadth and depth of the knowledge and skills set required for independent professional psychology and neuropsychology practice. The development of knowledge and skills in clinical neuropsychology is supported by rotational placements and the Fellow's interactions with staff in clinical neuropsychology. Supervisors model the integration of scholarly inquiry with clinical practice. Supervisors further promote the Fellow's initiative and self-direction in the Fellowship training year as the Fellow works toward achieving the knowledge, skills and identity necessary for independent professional practice in psychology.

Reflecting our principle that clinical practice must embody a research and theory based orientation, we afford the Fellow an experience in which clinical practice is integrated with the scholarly inquiry surrounding practice. Reflecting that model, we especially seek postdoctoral applicants with strong scientific and theoretical grounding in clinical and counseling psychology. Training at Hines is viewed as an extension of the doctoral training the Fellow has received at their academic program and internship. The Fellow, their supervisors, and the Training Director design each Fellow's training at Hines to ensure that it is integrated with the Fellow's doctoral training and is aimed at further progression and development of the Fellow's knowledge base, professional judgment and skills attainment as well as in professional capability and identity.

Our program is learning- and training-based, as opposed to production-based. Service delivery is subsumed under the Fellows' training needs and interests, with the Fellows' clinical work during Fellowship focused on preparing them to function in independent professional psychology practice. Our strong bias toward learning-based training is a point of pride for our program, and is characterized by a supervision-rich environment that includes mentoring and by training that is focused on enhancement of skills in psychological conceptualization in clinical practice.

The priority given to supervision and education for Fellows, which limits actual service delivery time, further demonstrates our Fellowship Program's focus on training over production. Fellows are not expected to work more than 40 hours weekly, to ensure adequate time for the Fellow to engage in reading, audiotape review, self-processing of clinical work, research-related activity (if desired), self-care and personal interests. Fellows spend approximately 25-28 hours weekly engaged in direct patient service delivery and related support activities (e.g., report writing, progress notes). Fellows have at least four hours of supervision weekly and they typically schedule two hours weekly supervision with interns and/or externs. Approximately 8-10 hours weekly are devoted to didactics, meetings, research, paperwork and other commitments. Participation at educational seminars and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training. Given the nature of funding for our hospital, revenue generation plays no role in determining any aspects of the Fellows' clinical activity.

The extent of clinical activity in which Fellows participate is structured to afford them the opportunity to focus on intensive work with fewer patients rather than less intensive work with more patients. We believe that this focus allows for more conceptualized learning and for more opportunity to integrate theoretical and scientific grounding with clinical practice.

Service delivery needs within the various clinics and programs at Hines do not play a role in determining rotational selection. Furthermore, the clinical functions carried by Fellows within a given setting are determined more by their training interests and needs than by the clinical service needs of the setting. Fellows are also assigned a demographically diverse caseload to promote their training in issues of individual and cultural diversity.

The Psychology Fellowship Program is committed to a training approach that is sensitive to human diversity. Fellows are assigned a caseload characterized by individual and cultural diversity and are encouraged to bring issues of cultural and individual diversity into supervision. Supervisors attempt to provide Fellows with female Veterans for their caseload to promote caseload diversity by gender. Aspects of human diversity, including race, gender, ethnicity, sexual orientation, age, physical illness and disability are covered in didactics throughout the year. Fellows are also welcome to participate in hospital committees that focus on diversity in our workplace. These committees reflect the support and respect for diversity that characterizes our hospital.

Reflecting our focus on training that is sensitive to cultural and individual diversity, our Program also attempts to recruit classes that are characterized by cultural and individual diversity. We believe that a diverse Fellowship class promotes quality clinical care and optimizes the learning environment. We also believe that learning is enhanced by recruiting a class that is diverse across theoretical orientations.

Reflecting our emphasis on education, training on rotations is supplemented by workshops, seminars, lectures, and grand rounds, as described in Program Structure and in Rotation Descriptions. The didactic education and the supervision afforded the Fellow also aim to provide the Fellow with the means to integrate science and practice to a level appropriate for independent licensed practice as a professional psychologist.

ILLINOIS LICENSURE

The Fellowship is designed to meet the State of Illinois Division of Professional Regulation requirements for supervised postdoctoral experience.

SUPERVISION

All supervision is conducted with licensed psychologists. The Fellow will typically have one supervisor during a semester in which he/she follows a full-time rotation. The Fellow will have more than one supervisor during a semester if he/she follows two or three part-time rotations concurrently during that semester.

Each Fellow will work with the Training Director to complete the Fellow's Training Plan. The Fellow has primary responsibility for arranging mentorship, although the Training Director will provide as much assistance as the Fellow desires. In order to accomplish the goals and objectives of the Program in concert with the Fellow's particular professional and clinical interests regarding these goals and objectives, the Fellow, Training Director, and supervisors design a Training Plan that guides the Fellow across the year. The plan is designed as a fluid template, given changes in interest and development of opportunities that may arise over the course of the training year. Frequent meetings with the Neuropsychology supervisors provide a collaborative and collegial structure, with focus placed on attaining professional identity as a psychologist working in clinical neuropsychology, on personal career development, on development of advanced level clinical skills, and on integration of personal and professional parts of the Fellow's life.

The Training Plan is reviewed each semester by the Fellow and the Neuropsychology Fellowship Training Director, to ensure adequate progression toward achievement of training objective goals noted on the Training Plan. Progression is noted on the Training Plan Semesterly Review.

Fellows will receive a weekly minimum of 3.5 formally scheduled hours of supervision on rotation by licensed Psychology staff supervisors. Three hours are formally scheduled within Major Rotations and half-hour is formally scheduled within Minor Rotations each week. In addition, given the high level of interest and motivation of staff to provide education, Fellows typically receive additional informally scheduled supervision on rotation. Fellows also receive one hour of formally scheduled Group Supervision/Case Conference every two weeks by a rotating group of licensed staff psychologists. Supervisory styles vary across supervisors, but supervision is viewed as collegial and collaborative. The frame of supervision may include direct observation of the supervisor or the Fellow, co-therapy and co-consultation, review of audio-taped materials, and discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient. Each supervisor will provide a reading list to be reviewed in a didactic but collegial format. The Fellow will also take initiative to access resources and initiate critical discussion of materials. Supervision is very focused on helping the Fellow integrate theory and science

with practice to a level consistent with independent licensed professional practice. In addition to referral to suggested and required theoretical and scientific readings, Fellows may be encouraged to explore various theoretical perspectives as applicable to their clinical work, discuss their practice through referral to scientific and theoretical underpinnings, increase their knowledge through didactic involvement with interdisciplinary staff, and participate in didactic presentations.

Group Supervision/Case Conference is scheduled on the second and fourth Fridays of the month between 8:00-9:00 am and is facilitated by Dr. Meyers. Fellows take responsibility for presenting cases, and are encouraged to bring cases that raise challenging clinical and/or professional questions.

The Supervision of Supervision Seminar provides Fellows an opportunity to discuss their own experiences in provision of supervision as well as review models of supervision and issues in supervision.

SUPERVISION RIGHTS AND RESPONSIBILITIES

Supervisors and Fellows should adhere to responsibilities described in VHA Handbook 1400.04 Supervision of Associated Health Trainees. Supervisors and Fellows also have the rights to be treated in a professional and respectful manner within a collaborative and collegial relationship. They should adhere to the VA Code of Conduct/Statement of Organization Ethics Policy Memorandum 578-09-001-108. Fellows and supervisors are also expected to follow the APA Ethical Principles of Psychologists and Code of Conduct. These documents are provided to Fellows during Psychology Orientation.

All supervisors and trainees complete a formal Supervision Agreement at the start of each rotation. The agreement is reviewed by the supervisor and trainee at the start of the rotation, signed by both, with copies retained by both, and the Training Director. The Supervision Agreement provides helpful clarification of roles and responsibilities of supervisors and trainees, as well as serving as a point for discussion about the supervisory relationship with trainees. The Agreement includes items related to understanding, valuing and integrating issues related to cultural competence. The Training Director will retain a copy of the Agreement.

TRAINING ASSIGNMENTS

The Fellow meets individually with the Neuropsychology Fellowship Training Director and within quarterly group meetings with the Neuropsychology Fellowship Training Director to discuss progress and make changes in the Training Plan. Fellows discuss their training regularly with their clinical supervisors as a part of their supervision.

PROCEDURES

1. During the first week of the Fellowship, the Fellows are oriented to the various aspects of Hines Hospital, Psychology Service, and administrative guidelines. Fellows attend a hospital-required New Employee Orientation to obtain an overview of the hospital and are processed through Human Resources. Psychology Orientation follows New Employee Orientation and provides Fellows an opportunity to meet all staff psychologists within our Service.

2. During the first week of training (and on an ongoing basis as desired), Fellows are also encouraged to schedule individual meetings with prospective supervisors to obtain further information. The Training Director reviews Psychology Service guidelines during Orientation as well. The Fellows also will be provided time with their first rotation supervisors to become oriented to that setting and to their work there. The supervisor will introduce the Fellow to the program in which he/she rotates. This introduction includes the following:

- a. office set-up,
- b. overview of administrative guidelines for the site,
- c. introduction to interdisciplinary staff,
- d. discussion of training opportunities in the rotation,
- e. discussion of the Fellow's training desires and needs in the rotation
- f. an initial rotation schedule,
- g. and introduction to electronic charting, scheduling, e-mail and computer-administered testing.

The Fellow will receive a detailed schedule for the week on the first day of Psychology Orientation.

NEUROPSYCHOLOGY FELLOWSHIP TRAINING DIRECTOR

Two of the basic functions of the Training Director are: 1) to oversee the training experiences and progress of the Clinical Neuropsychology Fellows and 2) to maintain a program rich enough and flexible enough to provide essential clinical knowledge and skill in all Program core competencies.

The Neuropsychology Fellowship Training Director has broad program management and operation responsibilities for the Fellowship. The Neuropsychology Fellowship Training Director serves as a major neuropsychology rotation supervisor and maintains an open door policy for Clinical Neuropsychology Fellows.

PSYCHOLOGY TRAINING DIRECTOR

The Training Director has broader program management and operation responsibilities for all Psychology Training Programs. The DoT has oversight of administrative and

programmatic resources of the program, including comprehensive planning, developing and implementing policies and procedures, determining needs of the programs, overseeing the quality and quantity of training, and establishing program initiatives and direction with the limitation of available staff and budget. The DoT coordinates programming within the training program with managers of other programs in the hospital (e.g., research and development). The DoT manages the work of the program and program staff, ensuring that work is assigned in a systematic way and meets facility and VA guidelines and standards. The DoT has administrative responsibility directing the training activities of the licensed psychologist clinical supervisors that participate in the Program. Responsibilities also include monitoring of outcomes using a data-driven quality assurance process in the training programs that deliver components of the hospital and that significantly affect the health care provided to Veterans. The DoT serves as a supervisor for Fellows in the Psychology Training Administration rotation. The DoT facilitates group supervision and also presents clinical and professional seminars to the Fellows throughout the year.

PSYCHOLOGY FELLOWSHIP PROGRAM TRAINING COMMITTEE

The Psychology Fellowship Program Training Committee meets monthly to discuss training issues and to recommend and implement changes that may enhance programming. The Committee discusses resources available, and examines and directs Program structure and activity. Fellowship Program Training Committee members may be delegated responsibilities by the Training Director. Fellowship Program Training Committee members also take a lead in organization and implementation of various programmatic activities. It is also the responsibility of the Psychology Fellowship Program Training Committee and Psychology staff relevant to each Postdoctoral Fellowship area, chaired and coordinated by the Psychology Training Director, to recruit, evaluate the credentials, interview and select applicants for Postdoctoral Fellowships in Psychology at this hospital.

SEMINARS

In addition to curriculum didactics focused on enhancing skills and knowledge in the clinical neuropsychology, all Fellows will attend other programmatic didactics as a group.

Each Fellow will attend a monthly Supervision of Supervision Seminar facilitated by Dr. Anne Day. Discussion and readings provide a forum to discuss process as well as didactic material related to Fellows' provision of supervision. Fellows discuss readings related to developmental and competency based theories and methods of supervision. They may also introduce issues related to their current supervision of Interns or Externs, which affords opportunities for collaborative processing and problem solving. Concurrent with the seminar series, all Fellows are required to provide supervision to at least one Intern or Extern over the course of the year.

Our bi-weekly 90-minute Postdoctoral Fellowship Seminar Series includes many professional psychology topics related to entry and practice in the field (e.g., clinical privileging, EPPP preparation, employment search, salary negotiation, vita workshop). Psychology staff present seminars that provide a conceptual frame of the work entailed within their area of clinical focus, providing context to the roles psychologists play and the knowledge and skills necessary to function within the various programs in which Hines psychologists work. Several seminars focus on diversity related topics and all seminars are expected to incorporate critical thinking related to diversity as relevant into their presentations. Other seminars focus on enhancement of clinical skills in assessment, psychotherapy and supervision. The Postdoctoral Fellowship seminars are attended only by Fellows, which provides a formal opportunity for peer interaction, learning and consultation. These seminars are led by Psychology Service staff and by outside psychologist consultants. Fellows have opportunities throughout the year to recommend topics that they find relevant to their professional training.

All Fellows may follow the HSR&D Cyber Seminars. This weekly Live Meeting seminar series covers a range of topics focused on issues relevant to conducting research and working with specific populations. Recent topics included assessing VA health care use, research access to VA data, cost effectiveness analyses, and assessment and treatment of individuals with a history of TBI and PTSD.

Fellows are also afforded the opportunity to participate in Internship seminars, and are encouraged to attend seminars within the Professional Series and Diversity Series that may fill gaps in knowledge. In addition, all Fellows may attend monthly Psychiatry Grand Rounds and other hospital didactics. Psychiatry Grand Rounds topics vary, but generally include new psychopharmacological treatments from evidence-based practice, new and emerging therapy methodologies, and case conference presentations. Faculty also welcomes Fellows' interest in presenting at Grand Rounds.

Although not a seminar series, Fellows may join our unlicensed Psychology staff in their informal collaborative learning structure as they review EPPP preparation materials.

TEACHING OPPORTUNITIES

Each Fellow will be responsible for providing **2 seminars** to the Interns. Two of these seminars must have a diversity focus/emphasis. It is acceptable and encouraged for one these diversity focused seminars to take a journal club format (i.e., the Fellow will select and assign a reading that will be discussed during the seminar time slot). Interns will formally provide assessment and feedback aimed at helping the Fellows enhance their teaching skills within their area of clinical focus. Fellows are also invited to formally present at one Grand Rounds.

RESEARCH OPPORTUNITIES

Dedicated time to research will be available to all Fellows. However, it is expected that interest in incorporating formal research involvement will vary among the Fellows. Depending on availability of Research Department or Psychology Service Mentors, compatibility of research interests, and suitability of research skills, Fellows may

participate in ongoing funded research at Hines, or other aspects of research. Alternatively, Fellows may use available research time to prepare their dissertation or other prior research for publication. Fellows are allocated up to one semester of the year for a research rotation.

Each Fellow is required to take on an administrative project for the year. This project may take the form of either program development or program evaluation. The administrative project will fall within clinical neuropsychology. The Fellow is asked to provide the training director with a description of the project by the end of the first semester. This description should identify the scope of the project as well as the staff psychologist who is overseeing the project. At the end of the year the Fellow is expected to provide a short write-up on their project.

DIVERSITY PROGRAMMING

Upon completion of the Fellow Self-Assessment of Diversity Experiences, each Fellow meets with the Training Director to develop an individualized learning plan to enhance knowledge and competency in the area of individual differences and cultural diversity, which is further incorporated into their larger personal Training Plan for the year. During this meeting, the Fellow and Training Director identify particular areas in which the Fellow has had less training and experience, which can be developed during the training year through various clinical and didactic activities. The supervisor works with the Fellow to ensure that the diversity objectives in the Training Plan are embedded in work within rotation, e.g., case load, readings, supervision focus.

In addition, the Fellow will work with the Training Director to identify a specific diversity related area that is of particular clinical interest to the Fellow in which they will develop more advanced knowledge and skill. The Fellow receives ongoing supervision from the Training Director as well as from identified staff with specific clinical or research expertise in the identified area, who work consultatively with the Fellow on the development of this knowledge base. This effort will be noted in the Fellow's Training Plan. In Psychology Orientation at the start of the training year, staff psychologists note their area of expertise in an area related to diversity and individual differences, affording an opportunity for the Fellow to identify relevant Psychology staff who may provide consultation.

Lastly, all Fellows are required to attend the Psychology Department's Diversity Case Conference Meetings. Fellows are encouraged to collaborate with one of their clinical supervisors to jointly present a case and co-facilitate a discussion around a salient diversity issue. There is a wide range of diversity topics that potentially could be presented on: disability status, parental status, educational background, gender, race, color, religion, sexual behavior, national origin, age, culture, sexual orientation, gender identity, socioeconomic status, language, and more.

EVALUATION

Supervisors complete a quarterly progress evaluation form, the Competency Assessment Form (CAF) for each Fellow. These evaluations are kept in our files. The Fellow's Hines

supervisor should discuss the evaluation with the Fellow at the time he/she completes it. However, the evaluation should contain no surprises if supervisory feedback has been adequate on a regular basis.

During Psychology Orientation, the Fellow is familiarized with the CAF, which is used on each rotation, affording the Fellow an opportunity to see the bands of functioning across training objectives on which he/she will be assessed.

The CAF measures training objectives relevant to development of advanced practice knowledge and skills required for functioning as an independent psychologist and neuropsychologist.

Each item on the CAF is rated using the following scale:

- 1 Substantial supervision required on all cases or related work; limited to no autonomous judgment.
- 2 Supervision on most straightforward cases or related work; minimal autonomous judgment (Intern Entry Level).
- 3 Supervision on intermediate level cases or related work, or when learning a new skill area; autonomous judgment on routine cases.
- 4 Score represents readiness for practice at the entry level. Supervision on advanced cases or related work; autonomous judgment (Intern Exit Level/ Postdoc Entry Level).
- 5 Consultation only expected on advanced, unusual cases or related work
- 6 Score represents readiness at the entry level for advanced specialized practice. Consultation only expected on highly atypical, advanced cases or related work that requires focused knowledge; autonomous judgment (Postdoc Exit Level).
- 7 Clinical Psychologist at the expert level (e.g., ABPP level).

Our goal is for Fellows to achieve a score of 6 or higher on all items on their CAF by the end of their Fellowship training year.

The supervisor completing the CAF reviews that evaluation of the Fellow with that Fellow at the end of each semester, although supervisors routinely provide evaluative feedback throughout the course of the Fellow's training with that supervisor. The Training Director reviews these evaluations following each semester to ensure that Fellows progress toward achievement of programmatic goals and objectives through the course of the training experience.

Fellows must receive a rating of 6 or higher on each item on the CAF by completion of the training year in order to successfully complete the program.

Fellows should be aware that their signature on the supervisor's evaluation form does not necessarily indicate that they agree with the evaluation. The Fellow's signature indicates that they were given the chance to view their ratings and to discuss them with the supervisor.

Fellows also complete an evaluation form regarding supervision and certain aspects of

their training experiences, the Fellow Evaluation of Supervisor (FES). The FES offers a detailed appraisal of the supervision provided the Fellow across domains relevant to supervisor competency. They may, but are not required to, discuss their ratings and comments with their supervisor before returning this form to the Training Director.

Fellows also complete a self-evaluation form at Orientation (Orientation Self-assessment Form). During September, the Fellows also complete a Self-assessment of Postdoctoral Fellowship Training Objectives in Generalist and Neuropsychology Practice, and a Fellow Self-Assessment of Diversity Experiences. Fellows review these self-assessments with the Training Director, discussing training needs and optimal means to meet them. This self-assessment serves development of the Training Plan that each Fellow generates with support from his/her supervisor or Training Director. The Orientation Self-assessment form should be provided to the Training Director during the first week of training. The Self-assessment of Postdoctoral Fellowship Training Objectives in Generalist and Neuropsychology Practice, the Self-Assessment of Diversity Experiences, and the Training Plan that follows should be reviewed by the Training Director by the end of September.

The Fellow also completes the Self-Assessment version of the CAF at the end of each semester. This self-assessment replicates the CAF completed by the supervisor and affords the Fellow an opportunity to assess his/her progress in developing competencies across the Program's goals and objectives over the course of the year. One CAF-Self-Evaluation Form covers all rotational activity during any particular semester.

At the end of each semester, Fellows should also provide hard copies of the Assessment/Consultation Log, Intervention Log and Supervision Log, and a de-identified work product, to the Training Director.

Fellows complete a Fellowship Non-Clinical Activity and Diversity Plan Progress Report Half Year Summary and a Fellowship Non-Clinical Activity and Diversity Plan Progress Report Final Year Summary that detail their accomplishments across professional and research domains. These reports should be provided to the Training Director at the end of the second and fourth quarters of the training year.

The Training Director will distribute evaluation forms via e-mail during Orientation. Electronic and hard copies of all forms completed by Fellows and staff are due to Dr. Meyers no later than the last day of a rotational semester.

Official credit for the training semester is not recorded until all evaluations are returned. The Program Evaluation form should be completed and returned to the Training Director at the end of the Fellowship year.

GRIEVANCES AND DISCRIMINATION

It is Psychology Service policy to provide clear procedure for Fellows to follow when conflicts of a serious nature arise between interns and other Psychology Service and/or other hospital staff. Psychology Service is committed to maintaining a positive, ethical and collegial environment that fosters an optimal training experience for Fellows.

When conflicts of a serious nature occur, the trainee has a responsibility to address the matter. Conflicts of a serious nature include requests made of a trainee by a VA employee to engage in behavior conflicting with the American Psychological Association Ethical Principles of Psychologists and Code of Conduct and the Federal Employee Code of Conduct, acts of discrimination, sexual harassment, and observation of serious professional misconduct.

It is the responsibility of the Psychology Training Director, through the Chief of Psychology, Psychology Service, to ensure that procedures are followed. This will be done in such a manner to ensure that trainees have fair and equitable avenues of recourse when serious conflicts arise between trainees and Psychology Service or other hospital staff (with the exception of the Psychology Training Director).

It is the responsibility of the Chief of Psychology, Psychology Service, to ensure that procedures are followed in such a manner to ensure that trainees have fair and equitable avenues of recourse when serious conflicts arise between trainees and the Psychology Training Director.

A formally structured grievance procedure for training problems and discrimination complaints involves an expanding hierarchy of hospital authority. Trainees are urged to resolve problems arising from hospital activities with their immediate supervisor in Psychology Service.

The Ombudsman is available to provide support, guidance and strategy should the intern or Fellow prefer to discuss concerns prior to discussing these with the Psychology Training Director. The Psychology Externship Coordinator is available to serve in that capacity for externs.

Unresolved difficulties may be brought to the attention of the Psychology Training Director, who will either address the problem individually with the trainee, or will function as the trainee's advocate in mediating a grievance with the supervisor or other members of the hospital. Also, in the event a trainee feels uncomfortable addressing problems with her/his supervisor, the difficulty can be addressed with the Psychology Training Director.

Problems not resolved in a satisfactory manner for the trainee may be taken to the Chief of Psychology, Psychology Service. The Psychology Training Director will inform the Chief of Psychology of the issues presented and the measures taken to resolve them. A grievance may also be brought, by the trainee, to the Chief of Psychology, if a problem originates from trainee interaction with the Psychology Training Director. The Psychology Training Committee will be informed of those actions taken to date.

The Psychology Service will follow VA policy regarding EEO issues for complaints that cannot be handled within Psychology Service to the satisfaction of the trainee.

The trainee is free to report grievances and/or discrimination or other complaints to EEO at Hines VA, the American Psychological Association Accreditation and/or Ethics Committees, the Association of Psychology Postdoctoral and Traineeship Centers, and/or

the State of Illinois Service of Professional Regulation.

A copy of Psychology Service's Grievances and Discrimination Policy Memorandum is included in your Orientation materials.

ADVISEMENT AND TERMINATION

Fellows receive regular feedback through procedures established for Fellow performance evaluation in the Psychology Service Stipend Training Program Fellow Performance Evaluation and Program Completion Policy Memorandum (116B-30-R2). Copies of all Psychology Service Policy Memoranda are found in your Psychology Orientation materials.

During first semester, any item on the Competency Assessment Form (CAF) rated "3" or lower necessitate a written performance improvement plan developed by the Fellow, the Fellow's supervisor(s), and the Fellowship Training Director. AdviseMENT policy will be followed.

During the second semester, any item on the (CAF) rated "4" or lower necessitate a written performance improvement plan developed by the Fellow, the Fellow's supervisor(s), and the Fellowship Training Director.

A Fellow may be terminated when overall performance ratings remain below the set expectations outlined above on the same training objectives rated by the supervisor(s) in two consecutive semesters. Should this occur, adviseMENT or termination policy will be followed.

During the third semester, any item on the CAF rated "5" or lower necessitate a written performance improvement plan developed by the Fellow, the Fellow's supervisor(s), and the Fellowship Training Director.

A Fellow may be terminated when overall performance ratings remain below the set expectations outlined above on the same training objectives rated by the supervisor(s) in two consecutive semesters. Should this occur, adviseMENT or termination policy will be followed.

During the fourth semester, any item on the CAF rated "6" or lower will result in termination and Termination policy will be followed. Given the gravity of termination procedure, supervisors should alert the Fellow and the Fellowship Training Director early in the fourth semester if the supervisor(s) think a rating of 5 or lower on any item on the CAF is likely to occur.

The success of the performance improvement plan is determined by the ratings received by the Fellow on the following quarter's Fellow evaluation. The performance improvement plan is defined as successful when the Fellow achieves minimum ratings on the CAF required for successful Program completion. The success of the jointly developed plan in remediating deficiencies will also be detailed in writing by the primary supervisor(s) and provided to the Fellow. The Performance Improvement plan will

include (in writing) a) a description of the problematic performance behavior(s), b) specific recommendations for rectifying the problem(s), c) a timeframe for the probation period during which the problem is expected to be ameliorated, and d) procedures to assess concurrently whether the problem(s) has (have) been appropriately rectified. Possible remedial steps include (but are not limited to) the following: a) increased supervision, and b) change in the format, emphasis and/or focus of supervision.

Termination

A Fellow may be terminated from the Fellowship Program under a variety of serious conditions.

A Fellow may be terminated when overall performance ratings on the CAF remain below the set expectations outlined above on the same training objectives rated by the supervisor(s) in two consecutive quarters.

A Fellow may also be terminated from the Program at any point during the year if the Fellow has demonstrated behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct and/or Federal Employee Code of Conduct.

Furthermore, a Fellow may be terminated if the Fellow demonstrates a pattern of dysfunctional behavior that interferes with acceptable practice of psychology and that appears unlikely to remediate by the end of the Fellowship year, as determined by two consecutive primary supervisors.

Termination from the Fellowship Program requires involvement of the Psychology Training Committee meeting with the Psychology Training Director to review the Fellow's training progress and performance. The Fellow receives written notification of the meeting between the Fellowship Program Psychology Training Committee and the Psychology Training Director within 14 days of that meeting. A written recommendation regarding termination will be completed by the Psychology Training Committee and the Psychology Training Director within 14 days.

An appeal of their decision may be made within 14 days to the Chief, Psychology Service, who will gather information from all parties involved in order to arrive at a decision. The Fellow will receive written notification of this decision within 14 days of the appeal by the Fellow.

If the Fellow does not agree with the decision made by the Chief, Psychology Service, the Fellow may formally appeal this decision to Human Resources Service or EEOC at Hines. The Fellow may also report ethical or procedural violations that the Fellow believes were made by the Psychology Service to the appropriate committees of the American Psychological Association and/or the Association of Psychology Postdoctoral and Fellowship Centers.

NON-DISCRIMINATION POLICY

It is the responsibility of the Psychology Training Director, through the Chief, Psychology Service, to ensure that applicants and trainees in its training programs are not discriminated against in application to the programs and in their training experience in the hospital, including these programs' avoidance of any actions that would restrict program access on grounds that are irrelevant to success in these training programs and in the practice of clinical or counseling psychology. The training programs fully follow hospital policy regarding Equal Employment Opportunity as outlined in hospital memoranda.

Copies of the Psychology Service policy memoranda on Feedback, Advisement, Retention and Termination; Grievances; and Non-Discrimination are provided Fellows during Psychology Orientation.

STATEMENT ON DIVERSITY

As a Psychology Service, we are aware that we function within a larger culture that has often ignored and shunned the needs of people of minority statuses. We are deeply committed to righting the systemic inequities for oppressed groups. In this process, we vow to work on having a continued awareness of the ways in which we actively facilitate processes or policies that have suppressed minority groups and the individuals who belong to these groups. We welcome having our eyes opened to what we have ignored. Collectively, we seek to further inclusion and equity for all Veterans, all staff members, and all people. This is daily, effortful, and never-ending work. This is our unwavering pledge to work towards forging a more just world.

SEMINARS OUTSIDE PSYCHOLOGY SERVICE/RESEARCH TIME

A variety of locally held (Hines/Loyola) seminars and conferences are open to students at Hines. Fellows are referred to our listing of these regularly scheduled meetings, and should receive approval from their immediate supervisor(s) before making arrangements to attend.

There are some limited opportunities for interns to receive authorized absence (AA), which is pre-approved paid time away from the facility.

Fellows may request authorized absence (AA) to present at conferences or attend conferences and training opportunities outside the hospital. AA is limited to the documented time at the conference/training and is counted as paid time.

Limited AA (i.e., up to one day) may also be available for specific professional activities such as sitting for the EPPP or attending a VA employment interview.

All AA must be requested of the Fellow's primary supervisor(s) at least two weeks ahead of time, as approval requires supervisor, Psychology Training Director, and/or Chief, Psychology Service, input. Exceptions must be approved by the supervisor(s) and Training Director. Our timekeeper, Georgene Kareiva, must have approval from both the

Training Director and your supervisor(s) to give time credit for activities away from Hines VA. Obtaining these permissions is the Fellow's responsibility. In a request for AA away from the hospital, the Fellow must complete a Request for Leave or Approved Absence. In addition, a memorandum is required for attendance at educational and/or research activities away from the hospital that require more than one day away from work. The memorandum should be completed at least two weeks prior to departure.

Up to 25% research time may be integrated into the training year, with the approval of the Fellow's supervisor(s) and Training Director. The amount and duration of ongoing research time will be explicitly agreed upon and will be expected to take place on site at Hines. If a personal laptop is required, it cannot be connected to any Hines VA network. Furthermore, your supervisor will work with you to prevent any and all threats to Hines VA proprietary and protected health information.

Failure to follow this leave policy as stated may result in action per Hines VA human resources policy. If disputes or conflicts arise regarding use of AA, issues will be resolved as outlined in the Grievances section of this Handbook.

HOSPITAL CARE LIABILITY

Fellows will be provided emergency care for injuries or accidents on the job while at Hines. Other than emergency treatment, Hines assumes no responsibility for care or treatment of injuries if sustained at the hospital before or after scheduled working hours. Under these circumstances (as well as for general medical care and illness), the Fellow and the Fellow's medical insurance are responsible for health care coverage. Medical insurance (and life insurance) is available through the VA.

MALPRACTICE LIABILITY

Legal assistance for malpractice suits is provided by the VA for employees/ Fellows in the execution of their assigned duties. This coverage does not extend to psychological services provided at non-VA facilities or to professional activities which are not a part of the VA Fellowship or are not within scheduled work hours.

PSYCHOLOGY SERVICE PROGRAMS/PSYCHOLOGY STAFF MEETING

Schedules of required and optional Psychology Service seminars, workshops, and other meetings are emailed to Fellows in advance. The required seminars are considered as much a part of the Fellowship Program as patient contact, supervision and unit activities. Fellows may allocate up to six hours per week (or 15% of their time) to attend seminars, workshops, etc. Additional time may be allowed at the discretion of the supervisor. The seminar schedule is noted above. Fellows and staff are responsible for filling out an evaluation form at the time of each seminar they attend. The seminar evaluation should be left in Dr. Meyers' mailbox. Psychology Service seminars are open to students and staff.

Psychology Service staff meetings are held on the first Wednesday of the month. The meeting is held in Psychology Service Room 3027, on 3S, Building 228, at 12:00 p.m.

Fellows are to attend. The meetings have been virtual since COVID started.

SUPERVISORS

The direct patient experience, combined with the supervision received, constitute the most important elements of any training experience. The Psychology Staff at Hines is a large and varied group of doctoral level Psychologists. They come from over 22 different universities, and some currently hold faculty appointments at various teaching institutions in the Chicago area. There is a wide variety of theoretical orientations across supervisors. Almost all of the Psychology staff are full time, and therefore supervisors are available not only for regularly scheduled meetings but for unscheduled supervision as well.

ADMINISTRATIVE SERVICES

Two full-time program assistants in Psychology Service provide limited clerical and sufficient administrative support to the Fellows. The Fellows have access to the Test Library and can request items be purchased within the limits of the budget for Psychology or the hospital. Support services available include EAP services if desired, VA legal assistance available to all VA employees, library resource services, computer and telephone technical support, and hospital day care (although usually wait-listed if not sought in advance). As federal employees, Fellows have malpractice liability covered through the protection of the Federal Tort Claims Act. Psychology Service provides additional technical services (e.g., computer trouble-shooting, software access) and some clerical support within Psychology and the Mental Health Service Line (e.g., educational registration, travel memoranda, new employee preparation). Hospital-wide services are described during New Employee Orientation.

PHYSICAL RESOURCES

The facilities that Fellows use in their work vary somewhat across rotations. Each Fellow has an office setting within a room shared by the Fellows with their own desk, chair, telephone with voice mail and computer with internet and e-mail capabilities. Some rotations offer individual offices to the Fellow on rotation with the aforementioned furnishings and equipment. Psychology Service and the Mental Health Service Line have conference rooms that are sufficiently spacious to accommodate our educational programming and administrative activities.

Treatment/assessment rooms in Psychology are available on a reserved basis for use by trainees. Additional rooms for treatment and assessment are also available in all rotational areas with the exceptions of Primary Care and Health Promotion/Disease Prevention. The Fellows providing clinical services on those rotations provide those services in the reserved treatment/assessment offices in Psychology. A Program Assistant can help you in the procedure for reserving treatment/assessment rooms.

ACCREDITATION STATUS

Our Postdoctoral Fellowship Program was awarded full APA specialty accreditation in

2017. Our next Fellowship Program site visit is scheduled for 2027. Our Internship Program has been APA-Accredited since 1976.

FINANCIAL/HOUSEHOLD SUPPORT

Financial support for Fellows is distributed annually by the VA Office of Academic Affiliations in Washington, from funds allocated by the U.S. Congress for VA training programs. Fellowship stipends at Hines are determined by locality pay for the Chicago area and are currently \$57,815 for the first year and \$60,939 for the second year. In addition to the stipend, Fellows receive 13 days of Annual Leave, 13 days of Sick Leave and 10 Federal holidays, as do all Federal employees in their first three years of Federal employment. Fellows are also eligible for health, vision, dental and life insurance benefits. Human Resources can provide information regarding insurance programs and benefits. Hospital day care is available (although usually wait-listed if not sought in advance). Hospital-wide services are described during New Employee Orientation.

GENERAL INFORMATION

Number of hours of supervised training required during Fellowship = 2,080. The Program meets State of Illinois requirements for supervised postdoctoral practice hours.

Benefits include 13 days vacation leave and 13 days available sick leave, in addition to all Federal Holidays that fall within the training year. (Within VA/federal employment, sick and annual [i.e., vacation] leave roll-over with no limit on sick leave and a 240 hour [30 day] limit on vacation leave.)

Health insurance coverage is available to Psychology Fellows in the VA system.

VA will provide malpractice liability coverage through the protection of Federal Tort Claims Act.

Free parking. Public transportation subsidy for Fellows using public transportation to come to work.

Personal computers with internet access in most Fellow offices and work areas.

Full use of Hines and Loyola medical libraries, including their resources and capabilities for topical searches (including Ovid and Medline), are available to the Fellows. Various software applications (e.g., SPSS) available to all Psychology staff are also available to Fellows.

Fellows may request administrative absence to attend conferences outside the hospital and to present at them. Time at conferences is counted as work time.

There is a possibility for government background checks and for pre- and post-employment drug screening. The Program may not provide letters of recommendation to Fellows who depart the Program prior to completion of it.

THE END.