



**VA NEW
MEXICO**

Healthcare
System

POSTDOCTORAL FELLOWSHIP IN NEUROPSYCHOLOGY

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2024-2025

**NMVAHCS NEUROPSYCHOLOGY
FELLOWSHIP**

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INTRODUCTION

Welcome to the New Mexico VA
Postdoctoral Fellowship in Clinical
Neuropsychology!

We have APA-accredited postdoctoral programs in clinical psychology, clinical health psychology, and neuropsychology. This is the handbook containing all policies for the clinical neuropsychology fellowship. The neuropsychology program funds two postdoctoral fellows: one first year fellow and one second year fellow. We are recruiting for one postdoctoral fellow in clinical neuropsychology for the 2024-2026 training cycle.

The NMVAHCS Postdoctoral Fellowship in Clinical Neuropsychology is a two-year full-time program that starts the second week of August. The current annual salary is \$52,426 for year 1 and \$55,260 for year 2. Postdocs are eligible for 13 days of paid annual leave per year, 13 days of paid sick leave per year, paid time off for all federal holidays, and authorized absence for attendance at professional and scientific meetings. The following federal holidays are recognized by the VA: Labor Day, Indigenous Peoples' Day / Columbus Day, Veterans Day, Thanksgiving, Christmas, New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, and 4th of July.

The NMVAHCS Clinical Neuropsychology Postdoctoral Fellowship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). We participate in the APPCN Resident Matching Program (the "Match"). We are accredited by the American Psychological Association (APA) Commission on Accreditation. We are accredited by the American Psychological Association (APA) Commission on Accreditation. Our most recent site visit occurred in 2022.

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Program Website

<https://www.va.gov/new-mexico-health-care/work-with-us/internships-and-fellowships/psychology-training/>

Application Due Date

December 1, 2023

APPCN Match Code

APPCN Match Code: 9442

APPCN Member since 2016

Accreditation

The NMVAHCS Postdoctoral Fellowship in Clinical Psychology is accredited by the American Psychological Association. We are also members of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and meet its training standards. The next APA site visit will occur in 2030.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE

Washington, DC 20002-4242

(202) 336-5979

apaaccred@apa.org

TRAINING SITE

The New Mexico VA Healthcare System is a VHA complexity level 1b, tertiary care referral center that also serves as a large teaching hospital affiliated with the University of New Mexico. The NMVAHCS serves all of New Mexico along with parts of southern Colorado, western Texas, and eastern Arizona via 13 Community- Based Outpatient Clinics (CBOCs). Inpatient services include 184 acute hospital beds (including a 26 bed Spinal Cord Injury Center and a 26 bed locked Inpatient Psychiatry Unit), 90 residential rehabilitation treatment program beds (treating factors leading to homelessness, PTSD, SUD, 40 bed Domiciliary RRTP), and a 36-bed Nursing Home Care Unit. The NMVAHCS has multiple specialized programs including a sleep medicine center, a psychosocial rehabilitation specialty program, and interdisciplinary pain rehabilitation services.

The NMVAHCS has 40 full-time psychologists on staff, many of whom play key leadership roles in the Behavioral Health Care Line (BHCL) and in other programs throughout the medical center. Psychologists are also in leadership/ managerial roles, and postdocs have the opportunity to work with supervisors who oversee program operations. The New Mexico VA is also home to APA-accredited Southwest consortium predoctoral internship, and is a major practicum site for the University of New Mexico doctoral program in clinical psychology.

AIMS & COMPETENCIES

The aim of the NMVAHCS neuropsychology postdoctoral fellowship is to produce licensed psychologists who demonstrate competence for independent practice in Clinical Neuropsychology and who are eligible and prepared for Board Certification in Clinical Neuropsychology under the American Board of Professional Psychology (ABPP). Fellows who complete this program are expected to demonstrate advanced practice competency for work with adults who present with a broad range of neurologic, medical and psychiatric disorders as well as a broad range of referral issues.

This program follows the 2017 APA Standards of Accreditation for Health Service Psychology and the Houston Conference Guidelines for specialized training in clinical neuropsychology. As with all APA-Accredited postdoctoral fellowships, we will develop competencies in the areas of integration of science and practice, individual and cultural diversity, and ethical/legal practice. All general neuropsychological programmatic guidelines are met by our program, including: (1) the presence of a board certified neuropsychologist on faculty, (2) two years full-time training, (3) provision of training at formally affiliated and proximal training sites with on-site direct clinical supervision, (4) training in allied health specialties (e.g., neurology), (5) interaction with other residents outside the immediate program, and (6) a program structure that assures that residents spend a significant percentage of time in clinical service, research, and educational training proportional to the residents' needs. Furthermore, the program provides training in all specific content areas identified in the Houston Conference Guidelines, including assessment, intervention, consultation, supervision, research, consumer protection, and professional development, with competent and ethical application of these domains across diverse cultural, ethnic, and linguistic populations. Competency standards will change upon finalization of the Minnesota Conference Guidelines.

The overarching aim of the program is to prepare fellows for eventual leadership roles in a broad variety of interprofessional settings, with a specific focus on the knowledge and skills required for success in complex healthcare settings. To this end, training is structured around three levels of competency: (1) advanced areas competency required of all programs at the postdoctoral level, (2) program-specific competencies, and (3) specialty competencies related to the practice of clinical neuropsychology.

Level 1: Advanced Competency Areas Required of All Programs at the Postdoctoral Level

- Integration of science and practice
- Individual and cultural diversity
- Ethical and legal standards

Level 2: Program Specific Competencies

- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills
- Systems
- Professional development
- Leadership

Level 3: Specialty Competencies

- Neuropsychological assessment
- Feedback and intervention as related to the specialty of clinical neuropsychology
- Consultation and interprofessional skills as related to the specialty of clinical neuropsychology

By the end of their second year, fellows should be eligible for state or provincial licensure or certification for the independent practice of psychology and eligible for board certification in clinical neuropsychology by the American Board of Professional Psychology. Fellows are expected to obtain licensure prior to the end of the training program. All costs of licensure are the responsibility of the fellow. The program provides support for licensure by regularly checking on progress in the fellow seminar and providing time for EPPP preparation with sufficient advanced notice. Specifically, fellows are allowed a reduction of up to 3 cases the week of the EPPP if clinics are blocked 45 days in advance or more. Additionally, the training program has EPPP study materials for trainee use. Clinical neuropsychology fellows are expected to take and pass by the EPPP by the end of fellowship (and in doing so, are responsible for the costs associated with this).

Clinical neuropsychology fellows are also required to submit the early entry application to the American Board of Clinical Neuropsychology (ABCN). As with licensure and EPPP, the application cost of ABCN early entry (currently \$25) is the responsibility of the fellow

OVERVIEW OF TRAINING PHILOSOPHY

The training philosophy of the NMVAHCS Neuropsychology Fellowship is consistent with the International Neuropsychological Society, American Psychological Association Division 40 (Neuropsychology), and Houston Conference specialty guidelines for training in Clinical Neuropsychology. As such, the program is guided by the **Scientist-Practitioner model**.

The educational goals of the training program include:

- Development of an advanced understanding of brain-behavior relationships;
- Establishment of expertise in neuropsychological evaluation and consultation; and
- Training on the intelligent consumption of empirical research findings to guide, interpret, and adapt assessment procedures to improve validity and treatment effectiveness. Intelligent consumption of research and a hypothesis-testing approach to clinical work is taught through supervision and didactic activities.

Fellows are allotted up to 10% of their time in program development, program evaluation activities, or research.

MISSION STATEMENT

The mission of the NMVAHCS Neuropsychology Clinic Fellowship program is to train intellectually curious and culturally competent future leaders in neuropsychology. At the core of our mission are four fundamental objectives: (1) fostering a relentless pursuit of clinical excellence; (2) championing critical thinking, the discerning use of empirical literature to inform diagnosis and intervention, and inferring appropriate conclusions and recommendations in the absence of an evidence base; (3) cultivating a deep understanding and appreciation of all aspects of diversity, with diversity-related knowledge integrated into clinical services; and (4) prioritizing personalized, patient- centered care. Our vision is to shape independent clinicians and scholars who are empowered, resilient, astute, and humble within a supportive milieu characterized by academic rigor, mutual respect, and self- reflection. To this end, our fellowship endeavors to strengthen professional identity through an unwavering commitment to ethical practice and professional integrity.



UNDERSTANDING OF INDIVIDUAL & CULTURAL DIVERSITY

We consider our training in cultural and individual diversity to be a particular strength of the program. We follow the [Reflective Local Practice](#) framework (Sandeem et al., 2018, *Professional Psychology: Research and Practice*). This model emphasizes the importance of self-reflection in the service of lifelong cultural growth; familiarity with one's local community and cultures; and incorporating this knowledge to clinical practice.

The framework rests on the following assumptions:

1) culture is universally present,
2) culture exists within a matrix of multiple cultural identities (i.e., intersectionality),

3) culture is ever shifting,
4) bias is universal, and
5) understanding power structures within systems and historical events is necessary for providing competent care.

We emphasize self- and other understanding to effectively integrate issues related to culture and individual differences into professional activities. Personal self-disclosure is encouraged to facilitate increased cultural awareness. Thus, fellows may be invited to share aspects of their background that have shaped their world views. This is voluntary and takes place within individual supervisory relationships and the fellowship cohort during postdoc seminars.



The psychology training program (including the internship and fellowship programs) has an Inclusion, Diversity, Equity, and Access (IDEA) workgroup. This workgroup aims to promote recruitment of diverse trainees and recruitment and retention of diverse staff and fosters a work environment that includes all social identities and draws upon strengths and works against barriers of marginalization.

The IDEA workgroup holds monthly meetings to discuss implementation of the goals of the program and ongoing projects and hosts a monthly “Lunch and Learn”. Trainees are expected to attend whenever possible.

Neuropsychology Rounds also keeps issues of individual diversity as a regular focus of discussion, especially the biases and limitations inherent in our established practices. We frequently refer to the **ECLECTIC framework** (Fuji, 2017, *The Clinical Neuropsychologist*) and address issues of bias and racism in individual supervision.

The core values of the IDEA workgroup include:

- The notion that individual perspectives contribute to a brave space in pursuit of learning from our mistakes, openness to feedback, and personal growth and promotion of honest and open discussions about inclusion, diversity, equity, and access;
- Embodiment of the philosophy of the reflective local practice model;
- Acknowledgement that approaches to diversity, equity, and inclusion evolve, and we assist psychology staff and trainees as they grow in their approach to inclusivity;
- Advocacy of the creation of a welcoming and responsive environment that grows and changes with an evolving culture; and
- The belief that by attending and responding to these values, we strive to provide culturally responsive and just care to an increasingly diverse veteran population.

PROGRAM STRUCTURE

The NMVAHCS Neuropsychology Postdoctoral Fellowship program is a two-year full-time program. Fellowship begins the second week of August and continues through the first week of August of the following year. Postdocs' typical schedule is 8:00 a.m.- 4:30 p.m., Monday through Friday. Fellows are expected to work a minimum of 40 hours per week. Realistically, most neuropsychology fellows work 40 to 50 hours per week depending on their efficiency and time management skills. Per AACN guidelines, fellows complete a minimum of 2,080 hours of supervised clinical experience per year.

The Neuropsychology Clinic is located at the main campus of the NMVAHCS in Albuquerque in Building 52. Fellows spend approximately 20-25 hours per week engaged in providing professional psychological services and they will receive at least two hours of individual supervision per week, along with at least two additional hours of other structured learning activities.

Beginning in the Spring of 2020, staff at the New Mexico VA have been permitted to telework for a maximum of two days per week. The Neuropsychology Clinic allows postdoctoral fellows to work from home up to one day per week, assuming that the current supervisor approves of the arrangement and they do not have overdue tasks. Fellows are initially expected to be on campus full time, with the option to transition to some telework as applicable. Patient contact is not permitted while teleworking; telehealth evaluations and feedbacks are conducted on site with the supervisor available in the area.

Telework is a privilege (rather than an expectation) and the clinic and patient needs supersede the desire to telework. As is true for staff, if a fellow is teleworking one day per week it is expected that those days remain the same week to week, except in specific circumstances.

TRAINING ENVIRONMENT

The NMVAHCS Neuropsychology Clinic is the primary training site for the Fellowship, where fellows spend more than 50% of their time. This clinic receives more than 800 outpatient consultation requests each year, with referral issues including dementia and neurodegenerative diseases, decisional capacity, traumatic brain injury, differential diagnosis of psychiatric and neurological contributions, and complex medical conditions.

Within the Neuropsychology Clinic, fellows are exposed to a wide variety of referral questions and patients with complex neurologic, psychiatric and medical etiologies. Fellows will complete adjunctive training experiences in the New Mexico VA Geriatric & Behavioral Neurology (i.e., Memory Disorders) Clinic, Movement Disorders clinic, Spinal Cord Injury Unit, and the University of New Mexico Health (UNMH) Sciences Center for Neuropsychological Service, which provide exposure to distinctive populations inherent to those settings.

In addition to direct clinical services, fellows will participate in a variety of didactics to increase their depth of knowledge in clinical neuropsychology. Weekly Neuropsychology Rounds is the core didactic experience, which consists of one hour of case discussion(s) in either a group supervision or inter-professional communication format as well as a second hour of didactics focused on neuroanatomy, discussion of special topics. Twice monthly we also have an additional didactic experience focused on ABPP preparation and journal club discussions. Didactics are conducted either through remote video technology or in person depending on public health conditions.

In the past there has been the opportunity to attend Rounds at UNM School of Medicine, including Psychiatry, Clinical Neurosciences, and Neuropathology Rounds, although the availability of some of these opportunities has been impacted by restrictions related to the COVID-19 pandemic.

TRAINING EXPERIENCES

Neuropsychology clinical training primarily takes place in the **NMVAHCS Neuropsychology Clinic**. The patient population at NMVAHCS includes Veterans across all Service branches. Given our location in New Mexico, our patient population is very diverse and includes a large number of individuals of Hispanic, Latinx, and Native American heritage.

Referral questions in the clinic commonly include the differential diagnosis of various neurodegenerative conditions or dementia syndromes, TBI, complex medical cases, psychiatric conditions, and cerebrovascular disease/stroke. The majority of our evaluations occur in outpatient settings (which includes some teleneuropsychology). Nevertheless, there are occasional opportunities to evaluate patients on our residential (e.g., STARR and PRRC), medical inpatient, and psychiatric inpatient units.

Adjunctive training experiences are also available in the following clinics:

- **UNMH Center for Neuropsychological Services:** Typically three months long, occurring one and a half-days per week on site at UNM in their Outpatient Neuropsychology Clinic. This experience involves:
 - Comprehensive neuropsychological assessments with the opportunity to work with psychometrist support
 - Exposure to and assessment of diverse cases not typically seen at the VA, including pre-surgical epilepsy cases, movement disorder cases (e.g., Parkinson's disease and atypical parkinsonism, essential tremor, pre-surgical DBS evaluations)
 - Cases with multi-lingual patients with medical interpreter services.
 - Supervisors: S. Laura Lundy, Ph.D., ABPP-CN & Jennifer Monzones, Ph.D., ABPP-CN

- **Spinal Cord Injury (SCI) Unit:** Typically three months long, occurring one half-day per week in the SCI unit at the NMVAHCS. This experience involves the evaluation and treatment of Veterans with acute and chronic spinal cord injuries and conditions affecting the spinal cord. Specifically, fellow will:
 - Psychological evaluations as part of the SCI annual exam
 - Brief psychotherapy to facilitate adjustment issues and engagement in the rehabilitation progress
 - Get experience working with part of a cohesive multi-disciplinary team
 - Supervisor: Erika Johnson-Jimenez, Ph.D.
- **Geriatric & Behavioral Neurology Clinic (i.e., Memory Disorders Clinic):** Typically one month long, occurring one half-day per week. This experience involves observation of neurologic exams with a behavioral neurologist. Cases consist of various neurodegenerative/dementia syndromes.
 - Supervisor: John Adair, M.D.
- **Movement Disorders Clinic:** Typically one month long, occurring one half-day per week. This experience involves observation of neurologic exams with a neurologist who specializes in movement disorders. Cases consist of Parkinson's disease, dystonia, and essential tremor.
 - Supervisor: Sarah Pirio-Richardson, M.D.
- **Consult-Liaison Psychiatry (C&L):** Typically one month long, occurring one day per week. Fellows will work along side the C&L team to perform bedside psychiatric and neurocognitive screenings, diagnostic assessments, and capacity evaluations of medically ill inpatients.
 - Supervisor: Kevin Vicenti, M.D.
- **Home-Base Primary Care (HBPC):** Typically three months long, occurring one and a half days per week. This experience offers fellows the opportunity to screen psychological functioning and mental status and provide specific therapeutic interventions in the home care setting. Fellows will serve as an active member of an interdisciplinary primary medical care team.
 - Supervisor: Christine Burns, Ph.D.

DIDACTICS

Weekly Neuropsychology Rounds is the core didactic experience. The first hour is Case Conference, in which assigned trainees present a case either in a group supervision format or in a teaching format. In group supervision format, one trainee or staff member will have 30 minutes to present patient demographic factors, the referral question, a brief background, behavior observations, results, and preliminary conceptualization, after which there will be a 10 minute discussion with other trainees and staff. In the teaching format, the trainee will similarly present relevant information in a structured format, after which staff will engage trainees in a deeper discussion on aspects of the case. Regardless of whether the case conference is held in a group supervision or teaching format, the didactic is structured such that trainees gain experience and develop competence presenting case details and conceptualizations in a manner that is organized, succinct, and appropriate for intra- and inter-professional communication. The second seminar hour will feature our Structures, Systems, & Syndromes series, which is designed to solidify knowledge of brain behavior relationships and neurologic syndromes and to facilitate critical thinking on other important subjects(e.g., local culture, PVTs, and capacity evaluations).

Twice monthly, we have an additional hour-long Clinical Development Seminar that features mock ABCN oral exams (Fact Finding and ethics vignettes), journal club on relevant and trending topics, or discussion related to professional development. The second-year fellow manages this series.

First-year neuropsychology fellows also participate in the monthly Postdoc Seminar Series along with the clinical psychology fellows. The fellows themselves heavily involved in the creation and evaluation of the seminar series. A prominent focus in the seminar series is on professional development issues and the transition from student/trainee to professional.

RESEARCH & PROGRAM EVALUATION

Fellows are expected demonstrate evidence of scholarly activity by completing either as program evaluation or research project, the scope of which will be determined by the fellows' history of research productivity, feasibility, interests, and overall training plan.

If the fellow decides to complete a program evaluation project, they will attend the Program Evaluation Seminar. This seminar provides training in program evaluation design, planning, and implementation with the expectation that fellows complete a project over the course of the fellowship. The culmination of this project is a formal presentation to the training program, other psychologists, and facility leadership.

Alternatively, fellows may elect to conduct a research project during their fellowship. Fellows work with neuropsychology staff to identify topics of interest and specific research question(s) based on available archival data or new data collection, after which they will work to analyze and write up the data for publication or presentation. For interested fellows, a research project could also take the form of a review article.

Fellows are allotted up to 10% of their time to engage in scholarly activities. Scholarly activities may require additional time beyond the standard tour of duty to achieve the trainees goals for the project.

PSYCHOLOGY GRAND ROUNDS

Fellows have an option to provide a formal presentation (Psychology Grand Rounds) held at the NMVAHCS and attended by providers within and outside the VA for continuing education credit. The content of the presentation should focus on a clinical situation that synthesizes the scientific literature related to the situation in question.

SUPERVISION

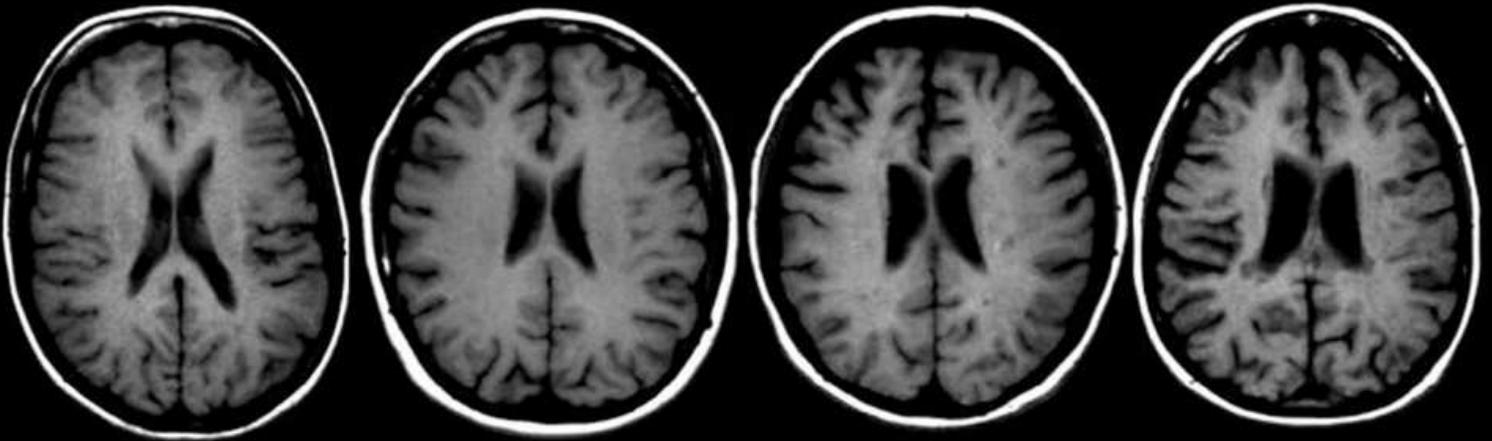
At the level of fellowship training, supervision takes on a mentorship approach, characterized by a close, collegial relationship with several different supervisors over the course of fellowship. Supervisors serve to model a scientist-practitioner approach to clinical activities, facilitate increasing autonomy over the course of the training year, and provide focused feedback regarding fellows' progress in the competency domains.

We have a strong focus on constant improvement in the area of faculty competence in supervision skills. To that end, we use supervision of supervision (Sup of Sup) to provide peer supervision and consultation on their supervision techniques and approaches. In addition, we ask postdocs to provide feedback on supervision to their supervisors using a detailed behaviorally based evaluation form. Postdoctoral fellows who are currently supervising participate in 'supervision of supervision with faculty at least once per month, while faculty participate in an additional separate biweekly supervision of supervision.

The NMVAHCS postdoctoral fellowship has a strong emphasis on training future clinical supervisors. All postdoctoral fellows are expected to provide tiered supervision to the neuropsychology intern during their second year once or twice per month. Supervising postdoctoral fellows will also attend Sup of Sup with neuropsychology faculty twice per month. In addition, postdoctoral fellows can participate in biweekly supervision of supervision group with clinical fellows and faculty that focuses clinical psychology. The purpose of the supervision of supervision consultation groups is to aid postdoctoral fellows and faculty to progress as supervisors by providing a forum for receiving and providing feedback regarding one's own behavior as a supervisor.

TEACHING

Postdoctoral fellows participate in the teaching of the neuropsychology intern, other postdoctoral fellows, and staff psychologists. Examples of teaching opportunities include presentations in the Neuropsychology Rounds and to psychology faculty (detailed below under Psychology Grand Rounds). The Neuropsychology Clinic also hosts rotations for UNM School of Medicine residents. Accordingly, postdoctoral fellows will have the opportunity to teach observing internal medicine, psychiatry, and neurology residents about the neuropsychological assessment process.



GRADUATED LEVELS OF RESPONSIBILITY



A key component to our preparation of fellows for eventual leadership roles is to facilitate training that goes beyond direct clinical service provision. Therefore, fellows have the option of attending a monthly leadership seminar to receive didactics on leadership models.

Second year fellows will have an increased role in clinic management, including training in consult triaging and management and involvement in organizing and running the bimonthly Clinical Development seminar.

ELIGIBILITY

Applicants must have completed APA- or PCSAS-accredited graduate programs in clinical or counseling psychology programs, as well as an APA-accredited internship prior to beginning the fellowship. All requirements toward the doctoral degree, including dissertation defense, must be completed and documented before the start date.

The VA conducts drug screening exams on randomly selected personnel as well as new employees, and postdoctoral fellows are subject to these random screens. In accordance with the Federal Drug-Free Workplace Program, a postdoctoral fellow may be selected for random drug testing during the course of their training year. Postdocs are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

The Office of Academic Affiliations (OAA) provides this information about eligibility requirements for those in VA-funded positions.

Male applicants who were born after 12/31/1959 must have registered with the Selective Service and sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. Postdocs will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship.

APPLICATION REQUIREMENTS & SELECTION PROCESS

Application Procedure

The program uses the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS). Each emphasis area is listed separately, so applicants should ensure they have selected the correct emphasis area(s) prior to submitting their application.

Within APPA CAS, applicants are asked to submit the following:

1. Curriculum Vitae.
2. A cover letter including a brief statement of your major clinical and research interests.
3. Three letters of recommendation (in the APPA CAS portal they are referred to as "Evaluations") from people who are familiar with your clinical and/or research work. At least one letter should be from an internship supervisor.
4. Letter from your dissertation chair regarding your dissertation status and anticipated defense date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
5. Graduate Transcripts.

Application Submission Process

All application materials must be uploaded into APPA CAS by **December 1, 2023**. Please contact Joseph Sadek, Ph.D., ABPP-CN, Director of Postdoctoral Training in Clinical Neuropsychology, for questions or further information.

Dr. Sadek can be reached by phone at (505) 265-1711 ext. 5390 or by email at joseph.sadek@va.gov.

Selection Procedures

Application materials will be initially reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program, from which a pool of applicants will be selected for interviews. Interviews will be conducted by video or telephone. We will not offer in-person interviews.

We participate in the APPCN Match. Applicants will need to register for the APPCN Resident Matching Program through the National Matching Services. Select the link "Applicants" at the top of the page, then select the option to "Register."

Selection Criteria

Application materials will be initially reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program, from which a pool of applicants will be selected for interviews. Interviews will be conducted virtually.

Applicants are evaluated across several criteria, including breadth and quality of training, documented experience in clinical neuropsychology, scholarly activity, quality of written application materials, strength of letters of recommendation, interest in issues related to diversity, and goodness of fit with the program's goals and objectives.

Interview Procedures

We offer virtual open house and interview days to selected applicants. We do not conduct on-site interviews. We have decided to hold virtual rather than in-person interviews because of the social justice implications of doing so. The economic burden of traveling to interviews can be great, and we are aware that if an in-person option is offered, applicants may feel pressured to avail themselves of that option.



The NMVAHCS Clinical Neuropsychology Fellowship aspires to recruit and train diverse fellowship classes. To that end, we follow Federal Equal Opportunity guidelines. Moreover, our continuing commitment to self-examination regarding diversity issues, the diversity of our clinical populations, and the diversity of our faculty have helped us to go beyond guidelines to become a truly welcoming place for persons with varied ethnic, cultural, sexual orientation, parental status, or disability backgrounds.



COVID-19 IMPACT ON TRAINING

The pandemic has created many personal and professional challenges for everyone. A major challenge impacting our training program is the substantial uncertainty about how COVID-19 will impact healthcare for the foreseeable future. We strive to be transparent with potential applicants to our program with regard to how training opportunities may be affected. Unfortunately, this means that we cannot definitively predict how specific training experiences may change for the 2024-2025 training year, although the majority of our clinical experiences have continued to this point with appropriate modifications.

We can state with confidence that we will continue to provide high-quality patient care to those they are charged to serve. In addition, we expect the telehealth modalities will continue to be utilized. Finally, we will be conducting a 100% virtual open house and interview process. We remain committed to our mission of excellence in psychology training and take pride in the adaptations we have made to our training and patient care modalities as the situation requires. We will update our materials as we learn more about changes for the coming year. Please feel free to contact us if you have any questions.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. It is Veterans Health Administration (VHA) policy that all VHA health care professionals, including health profession trainees, receive a COVID-19 vaccination or obtain an exemption for medical or religious reasons. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

POSTDOCTORAL FELLOW ADMISSIONS DATA

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:

We review each application holistically and we look for applicants who are good fit with our programs, such as a strong interest and experience with diversity and individual differences, good experience with evidence-based practice, and/or career goals that are closely aligned with our program aims.

Describe any other required minimum criteria used to screen applicants:

Applicants must have completed APA/CPA/PCSAS-accredited graduate programs in clinical or counseling psychology programs, as well as an APA/CPA-accredited internship prior to beginning the fellowship. All requirements toward the doctoral degree, including dissertation, must be completed and documented before the start date.

Applicants must also meet the following Federal Government requirements: Male applicants who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. Fellows will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship. VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

POSTDOCTORAL FELLOW SUPPORT DATA

Financial and Other Benefit Support for the Upcoming Training Year	
Annual Stipend/Salary for Full-Time Postdoctoral Fellows (Year 1)	\$52,4264
Annual Stipend/Salary for Full-Time Postdoctoral Fellows (Year 2)	\$55,260
Annual Stipend/Salary for Half-Time Postdoctoral Fellows	N/A
Insurance	
Program provides access to medical insurance for fellows?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage or legally married partner available?	Yes
Coverage or domestic partner available?	Yes
Time Off	
Hours of Paid Personal Time Off (PTO &/or Vacation)	4 hours accrued every two weeks
Hours of Annual Paid Sick Leave	4 hours accrued every two weeks
In the event of medical conditions &/or family needs that require extended leave, does the program allow reasonable unpair leave to fellows in excess of PTO and sick leave?	Yes; negotiated on case-by-case basis
Other benefits:	Up to five days of professional leave to use for conference attendance &/or interviews

INITIAL POST-RESIDENCY POSITIONS: TALLY FOR 2019-2021 COHORTS

Total number of postdoctoral fellows who were in the past three cohorts:		3
	Postdoctoral Residency Position	Employed Position
	Community mental health center	
	Federally qualified health center	
	University counseling center	
	Veterans Affairs medical center	
	Military health center	
	Academic health center	1
	Other medical center or hospital	
	Psychiatric hospital	1
	Academic university/department	
	Community college or other teaching setting	
	Independent research institution	
	Correctional facility	
	School district/system	
	Independent practice setting	1
	Not currently employed	
	Changed to another field	
	Other	
	Unknown	

LIVING IN ALBUQUERQUE

New Mexico and the Albuquerque metropolitan area offer a unique ethnic and cultural mix of persons with Hispanic, Anglo, and Native American heritage, among others, which is reflected in the traditional folk arts of the region, other visual arts, dance, and theater. The state boasts a highly concentrated intellectual and scientific climate, with national laboratories (Los Alamos National Laboratories, Sandia National Laboratories), the University of New Mexico, CASAA (Center on Alcoholism, Substance Abuse, and Addictions; a center for Motivational Interviewing research and training) and the Mind Research Network, one of the nation's leading neuroimaging facilities.

Many consider New Mexico's unique high desert and mountain landscape to be unsurpassed in terms of sheer natural beauty, and the climate in Albuquerque's "mile-high" metropolitan area is moderate. New Mexico offers great opportunities for hiking, climbing and skiing, and a number of natural hot springs, ruins, and other destinations lie within an hour or two of Albuquerque.

The calendar year features an incredible mix of activities, ranging from devotional events (public feast days and dances at many of the pueblos, Good Friday pilgrimage to Chimayo), arts festivals (Spanish and Indian Markets on the Plaza in Santa Fe, the International Flamenco Dance festival in Albuquerque), and athletic competitions throughout the state.

Albuquerque has attracted national attention, having been rated as #1 for its size in appeal to the "Creative Class" by sociologist Richard Florida, and Men's Health Magazine consistently rates Albuquerque as one of the top 'Most Fit Cities' due to the array of bike paths, trails, gyms, and other amenities that are available in this vibrant city.



NEUROPSYCHOLOGY CLINIC STAFF

JESSICA FETT, PSY.D.

Dr. Fett (William James College, 2020) is a staff neuropsychologist at the New Mexico VA Health Care System. She completed her internship at the Tennessee Valley Health Care System (Nashville and Murfreesboro VA campuses). She completed a postdoctoral fellowship in clinical neuropsychology at the Memphis VA Medical Center where she also completed training at St. Jude Research Hospital and Semmes Murphey Clinic. Dr. Fett has conducted research on the extent to which various cognitive abilities may impact a defendant's ability to be competent to stand trial. She has completed additional research projects on the clinical utility of various performance validity measures. Areas of professional interest include neuropsychological assessment, training and supervision, neuropsychological intervention/cognitive rehabilitation, forensic assessment, and fitness for duty evaluations. Dr. Fett utilizes a developmental approach to supervision. Dr. Fett views her role as one that blends teaching, supporting, and consulting depending on trainee experience, needs, and goals. Outside of work, Dr. Fett spends her time with her husband and two Goldendoodles. She is an avid runner and enjoys spending downtime reading.



RACHEL BENCIC HAMILTON, PH.D.

Dr. Hamilton (University of Wisconsin - Madison, 2019) is a staff neuropsychologist at the New Mexico VA Health Care System. She completed her postdoctoral fellowship in clinical neuropsychology at Atrium Health Wake Forest Baptist Medical Center in 2021. Dr. Hamilton has conducted research on the mechanisms underlying cognitive deficits in psychopathy, focusing on the neurocognitive, psychophysiological, and neurobiological correlates of attentional abnormalities characteristic of the syndrome. Additional research projects include investigation of the cognitive and neuropsychiatric predictors of deteriorating social cognition in behavioral variant frontotemporal dementia and collaboration on a project formalizing a decisional capacity assessment protocol for research centers. As a clinical neuropsychologist, she provides comprehensive cognitive assessment and diagnosis of patients experiencing a variety of neurological and psychiatric conditions, with a particular interest in neuropsychiatric disorders, degenerative conditions (e.g., Alzheimer's disease, Parkinson's disease, atypical parkinsonism, frontotemporal dementia), autoimmune-inflammatory diseases, concussion and traumatic brain injury, stroke, and seizure disorders. Dr. Hamilton adopts a developmental approach to supervision. She is an avid animal lover and spends her non-work hours trying to keep up with her six-year-old son.



JOSEPH SADEK, PH.D., ABPP-CN

Dr. Sadek (University of Florida - 2000; postdoctoral fellow, Medical College of Wisconsin 2002) is an Associate Professor in the University of New Mexico Department of Psychiatry and Behavioral Sciences and a staff neuropsychologist at the New Mexico VA Health Care System. Dr. Sadek's supervision philosophy is that fellows are junior colleagues, and that fellowship is a place for deep exploration of clinical neuropsychology. His research interests include effects of cannabis use in TBI, performance-based functional assessment, impact of clinical neuropsychology in the context of the VA's comprehensive health care system, and performance validity assessment. He has mentored at the undergraduate, graduate, postdoctoral, medical student, and medical resident level. He has collaborated on research projects on cardiovascular exercise in Alzheimer's disease; everyday functioning in unilateral stroke; biological mechanisms of vascular dementia; schizophrenia; neuropsychological sequelae of West Nile Virus; and functional neuroimaging. He also has research experience in the neurobehavioral effects of HIV and methamphetamine use disorder. He is a long-time member of the New Mexico VA Health Care System Research and Development Committee and is a member of the UNM Psychiatry Research Committee. He serves on the local Individual Diversity, Equity, and Access (IDEA) work group. He was a recipient of UNM Psychiatry's Rosenbaum Award for Clinical Research. He has served on the editorial board of the Journal of the International Neuropsychological Society and continues to perform ad hoc manuscript reviews for several neuropsychology journals, and has mentored fellows on journal article reviews. Outside of work he spends his time with his four children exploring New Mexico.



KRISTINA MONTANO, B.A.

Kristina Montano, B.A.: Kristina is the staff neuropsychological technician or psychometrist at the New Mexico VA Health Care System. She obtained her bachelor's degree from the University of New Mexico, with a dual major in psychology and English studies with a focus on creative writing. Kristina has worked as a psychometrist since 2018 in both private practice and hospital settings, testing patients for clinical neuropsychological evaluations, forensic evaluations, Independent Medical Evaluations (IMEs), and Workers Compensation cases. She has also done extensive evaluations of patients pre- and post-awake craniotomy procedures at the University of New Mexico Hospital for research on the use of neuropsychological evaluation in brain tumor removal. Being familiar with a wide variety of tests and procedures, she takes pride in training others in test administration and scoring. In her technician work, she has gotten to guide patients through one of the longest and most stressful doctor's appointments they will ever have. She enjoys getting to know her patients personally, in a way other professionals with shorter appointments cannot. In her free time, Kristina likes playing board games and Dungeons and Dragons with her friends.



An aerial photograph of a Sandia Peak cable car. The cable car is suspended from a steel tower and is moving down a steep, rocky mountain slope. The background shows a vast, hazy landscape of rolling hills and valleys. The word "SANDIA PEAK" is visible on the side of the cable car. The word "POLICIES" is overlaid in large, white, bold, sans-serif font across the center of the image, with a thin white horizontal line underneath it.

POLICIES

GRIEVANCE POLICY

We believe that most problems that postdocs may have during the fellowship year are best addressed through face-to-face interaction between the postdoc and the supervisor or other staff who are directly involved in the problematic situation. This approach is also consistent with APA ethical guidelines, which specify that psychologists always discuss problematic issues involving another psychologist with that person before taking any other steps. Postdoctoral fellows are therefore encouraged first to discuss the problem with their direct supervisor, who can provide the postdoctoral fellow with guidance on how to approach the individual(s) involved in the concern (if unrelated to the direct supervisor) or attempt to directly resolve the concern (if related to the direct supervisor).

Supervisors are expected to be receptive to postdoctoral fellows' concerns, attempt to solve the concern in collaboration with the postdoctoral fellow, and seek consultation of other training faculty as appropriate. If satisfactory resolution is not achieved by direct interaction between the postdoctoral fellow, the supervisor, and/or other involved staff, the following additional steps are available to the postdoctoral fellow.

1. Informal Mediation: Either party may request that the Director of Training (DoT) serve as a mediator or assist in selecting an appropriate mediator from among active NMVAHCS clinical supervisors, for assistance in problem resolution. Informal mediation may result in satisfactory resolution with no changes to the postdoctoral fellow's training plan or, in some instances, may result in recommendations for alterations of the postdoctoral fellow's training plan, including changes to either supervisors or rotations. Any recommended changes to rotation assignments must be approved by the Training Committee.

2. Formal Grievance: If informal resolution does not result in satisfactory resolution, or if there is a serious grievance (i.e., legal/ethical allegations) the postdoctoral fellow may initiate a formal grievance by sending a written request to the DoT detailing the nature of the grievance, the postdoctoral fellows desired outcome, and any attempts at resolution already taken.

- The DoT will convene a meeting of the Training Committee as soon as possible, not to exceed one month, to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. The postdoctoral fellow and supervisor/other involved parties will be invited to attend the meeting to provide the Training Committee with information relevant to the grievance. The ex-officio members of the Training Committee will not attend this meeting in order to allow themselves to be available as impartial agents for future appeals, if necessary (see next bullet point).
- Within 2 weeks of the Training Committee meeting, the committee creates a written set of recommended actions to be taken, to include modifications in training procedures, which will be provided to the postdoctoral fellow and other involved parties. If the postdoctoral fellow accepts the recommendations, the recommendations will be implemented, and the DoT will meet with the postdoctoral fellow within two weeks post-implementation to ensure appropriate adherence to the recommendations. If the postdoctoral fellow disputes the recommendations, he or she may appeal to the ex-officio members of the Training Committee, the Associate Chief of Staff for Education, and/or the Chief of Psychology. These two individuals will obtain information as needed and render the final appeal decision in consultation with the appropriate legal resources, and communicate the decision to the postdoctoral fellow, DoT, and Training Committee.
- The implementation of the suggested actions will be reviewed by the DoT within two weeks after the written recommendations are in place. If any party to a grievance fails to make recommended changes, further recommendations will be made by the Training Committee, to include termination of the rotation or other training experience for that postdoctoral fellow. If the rotation is terminated, the postdoctoral fellow is reassigned to a rotation which is appropriate for her/his training needs.
- If the grievance involves a member of the Training Committee, that member will excuse him or herself from any Training Committee meetings pertaining to the postdoctoral fellow grievance. If the grievance involves the DoT, the postdoctoral fellow may submit the grievance to the Assistant Director of Psychology Training, who will serve in place of the DoT for the formal grievance process and will chair Training Committee meetings pertaining to the postdoctoral fellow grievance.

REMEDICATION OF PROBLEMATIC PERFORMANCE & DUE PROCESS POLICY

This policy provides doctoral postdoctoral fellows and training faculty a definition of problematic performance, a listing of sanctions and an explicit discussion of due process.

Definition of Problematic Performance: Problematic performance is said to be present when supervisors perceive that a postdoctoral fellow's competence, behavior, professional values, professional relationships, or other characteristics significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."

Procedures for Responding to Problematic Performance: When it is identified that a postdoctoral fellow's skills, professionalism, or personal functioning are problematic, supervisors are expected to notify the postdoctoral fellow immediately of these concerns. Supervisors should present these concerns to the postdoctoral fellow using the Postdoc Evaluation Form, even if the problematic performance occurs outside of a formal evaluation period. Supervisors are also expected to immediately notify the DoT of the problematic postdoctoral fellow performance who will then forward the concerns to the Training Committee. The Training Committee, with input from other relevant supervisory staff, then initiates the following procedures:

1. The negative evaluation(s) will be reviewed with discussion from the Training Committee and other supervisors and a determination made as to what action needs to be taken to address the problems identified.

2. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:

- The Training Committee may elect to take no further action.
- The Training Committee may direct the supervisor(s) to provide additional constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.

3. Where the Training Committee deems that remedial action is required, the identified problematic performance of behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

- Increased supervision, with the same or other supervisors.
- Change in the format, emphasis, and/or focus of supervision.
- Change in rotation or other training experiences.
- Recommendations of a leave of absence.

4. Alternatively, depending upon the seriousness of the problematic performance, the Training Committee may place the postdoctoral fellow on probation and issue a formal Remediation Plan which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Remediation Plan is a written statement to the trainee that includes the following items:

- A description of the problematic performance behavior.
- Specific recommendations for rectifying the problems.
- Timeframes for periodic review of the problematic performance behavior(s).
- Competency domains in which the postdoctoral fellow's performance is satisfactory. Areas of satisfactory performance must be maintained while the postdoctoral fellow works to correct the identified problematic performance behavior(s).
- Procedures to assess at each review period whether the problem has been appropriately rectified.

The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and VA Regional Counsel will be alerted that a formal remediation plan has been issued.

5. Following the delivery of a formal Remediation Plan, the Training Director will meet with the postdoctoral fellow to review the required remedial steps. The postdoctoral fellow may elect to accept the conditions or may grieve the Training Committee's decision following the postdoctoral fellow grievance policy. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the postdoctoral fellow's status will be reviewed using the timelines listed on the Remediation Plan.

Failure to Correct Problematic Performance: When the defined remediation recommendations do not rectify the problematic performance within the defined time frame, or when the trainee seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If a postdoctoral fellow on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Remediation Plan, the Training Committee will conduct a formal review and then inform the postdoctoral fellow in writing that the conditions for removing the postdoctoral fellow from probation have not been met.

The Committee may then elect to take any of the following steps, or other appropriate action:

1. Continue the Remediation Plan for a specified period of time.
2. Inform the postdoctoral fellow that he or she will not successfully complete the traineeship if his/her problematic performance does not change. If by the end of the training year, the postdoctoral fellow has not successfully completed the training requirements, the Training Committee may recommend that the postdoctoral fellow not be graduated. The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, VA Regional Counsel, and IHS and UNMH representatives (as appropriate) will be informed of the Training Committee recommendation that the postdoctoral fellow not be graduated. The postdoctoral fellow will then be informed that he/she has not successfully completed the program.

3. Inform the postdoctoral fellow that the Training Committee is recommending that he or she be terminated immediately from the postdoctoral fellowship program. The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, VA Regional Counsel, and IHS and UNMH representatives (as appropriate) will be informed of the Training Committee recommendation that the postdoc be terminated immediately.

4. When the Training Committee determines that the postdoc is not suited for a career in professional psychology, the committee may recommend a career shift for the postdoctoral fellow and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.

Appeal Process: A postdoctoral fellow may appeal the decision of the Training Committee by submitting a detailed response to the recommendations of the Training Committee. A review panel, comprising five VA psychology faculty members, will be appointed by the Director of Training with the restriction that no one involved in the original action shall be on the panel. This panel will convene within 2 weeks of receipt of the postdoctoral fellow's written response document. Legal representation from VA Regional Counsel shall be available to the panel concerning due process issues and the NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and IHS and UNMH representatives (as appropriate) will also be informed and available for consultation. The Director of Training shall present the position of the Training Committee and the postdoctoral fellow, together with any counsel he or she may choose, shall present the appeal. The Training Committee shall abide by the panel's judgment if it recommends a change to the postdoctoral fellow's remediation plan or continuation of training (in the event that the Training Committee has recommended that postdoctoral fellow be removed from the program).

All of the above steps will be appropriately documented and implemented in ways that are consistent with due process, including opportunities for trainees to initiate grievance proceedings to challenge Training Committee decisions.

ILLEGAL OR UNETHICAL POSTDOCTORAL FELLOW BEHAVIOR

1. Infractions by a postdoctoral fellow of a very minor nature may be dealt with among the DoT, supervisor, and the postdoctoral fellow. A report of these infractions will become a part of the postdoctoral fellow's file and will be reported to the Training Committee. Supervisors must report all ethical or legal infractions immediately to the DoT.

2. A significant infraction or repeated minor infractions by a postdoctoral fellow must be reviewed by the Training Committee and the Chief of Psychology after a written statement of findings is submitted to the Training Committee by the DoT. The Training Committee will review the case as soon as possible following the receipt of the written statement. After review of the case, the Training Committee will recommend either probation or dismissal of the postdoctoral fellow. Recommendations of a probationary period will follow the Remediation of Problematic Performance and Due Process Policy.

3. The postdoctoral fellow can appeal any decision of the Training Committee by submitting a written request for appeal to the DoT and/or any member of the Training Committee. In such cases, a committee of psychologists not on the Training Committee will be convened by the Chief of Psychology and the DoT, and such a committee (the "appeal committee") will review the case, including the DoT written findings and the postdoctoral fellow's written rebuttal. This review and recommendations coming from this review will occur as soon as possible, but certainly within 2 weeks of receipt of the request for appeal. The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, and the VA Office of Academic Affiliations will be informed of such recommendations. The recommendations of this committee can include continuation of the original set of recommendations made by the Training Committee or a creation of a new set of recommendations. The recommendations of the appeal committee are considered final.

POSTDOCTORAL FELLOW LEAVE POLICY

1. Postdoctoral fellows will abide by the same leave policy as VA employees. This means that they will earn leave at a rate of 4 hours of Annual Leave and 4 hours of Sick Leave per pay period. Within the training year, this provides approximately 2 weeks (80 hours) of annual leave and approximately 2 weeks (80 hours) of sick leave. Sick leave can be taken to care for sick family members. Leave can only be taken once it is accrued.
2. If there is a pressing need to take leave prior to its accrual, postdoctoral fellows can petition the Training Committee to earn compensatory time prior to the requested leave, which could then be taken without a deduction in pay.
3. If it is not possible for postdoctoral fellows to arrange the earning of compensatory time prior to leave when there is insufficient accrued leave, postdoctoral fellows can take leave without pay, upon approval of the Training Committee. Postdoctoral fellows will not be financially compensated for this leave.
4. In the unusual event that a postdoctoral fellow requires extended leave (for example, pregnancy or lengthy illness), the postdoctoral fellow will be required to go on Leave without Pay (LWOP) status after their accrued sick and annual leave is used. The postdoctoral fellow will resume paid status after their return to duty and the training year will be extended to ensure that the 2080 hour training commitment is satisfied.
5. In the event that a postdoctoral fellow begins the with leave accrued from prior federal service, that leave is available for the postdoctoral fellow to use. However, any leave taken in excess of the two weeks of annual and sick leave that would be accrued over the course of the year will require an extension of the postdoctoral fellow's training year to ensure that the 2080 hour training commitment is met.

6. Postdoctoral fellows can petition the Training Committee for up to 40 hours/training year of Authorized Absence. Authorized Absence is given when the activity a postdoctoral fellow is engaged in is judged to be of sufficient instructional quality to be equivalent to hours spent in the postdoctoral fellowship experience. Examples of experiences that may qualify for Authorized Absence are: presenting a poster or paper at a scientific conference, appropriate workshops, job talks, or interviews.

7. To request accrued annual or sick leave, all postdoctoral fellows should first email their request (hours and days requested) to the DoT and their direct supervisors, preferably at least 30 days in advance of taking leave. Once the leave is approved at this level, postdoctoral fellows should use the VATAS system to request leave and should also email the timekeepers and any schedulers who schedule regular appointments for them.

8. To request Authorized Absence, postdoctoral fellows must petition the Training Committee by emailing the DoT with their request, including what they will be doing and the days/times they will be on leave. Postdoctoral fellows must then complete a VA form 71—Request for Leave or Authorized Absence, and have it signed by the Director of BHCL. All postdoctoral fellows must clear AA with their direct supervisors as well.



APPENDICES

- I. NEUROPSYCHOLOGY RESIDENT EVALUATION FORM
- II. NEUROPSYCHOLOGY RESIDENT TRAINING PLAN
- III. SUPERVISOR AGREEMENT

APPENDIX I

**New Mexico VA Healthcare System
CLINICAL NEUROPSYCHOLOGY FELLOW EVALUATION FORM**

Fellow Name:

Supervisor Name:

Date of Evaluation:

Semester: Choose an item.

Direct Observation for this Evaluation Period Occurred on:

Please rate the intern on each competency using the following anchors:

N/A = Not applicable or not observed.

- 1 = Lacks Basic Competency.** Trainee has no skill in this area yet and is need of remedial training. Requires didactic instruction to prepare for performance in this area, and is therefore not yet in client contact.
- 2 = Basic Competency.** Trainee requires intensive supervision that consists of direct observation and detailed preparatory instruction in this skill/domain.
- 3 = Intermediate Competency.** Trainee requires directive supervision and further growth is desirable.
- 4 = Entry-to-Practice Competency.** Trainee demonstrates sufficient competence in this skill/domain to be able to practice independently in an entry-level position. Trainee is aware of the boundaries of his/her competence in this skill/domain and knows when to seek supervision.
- 5 = Advanced Competency.** Trainee almost always brings his/her own appropriate ideas to supervision and is functioning beyond what would be expected for an entry-level psychologist in this domain.
- 6 = Advanced to Expert Competency.** Trainee demonstrates mastery in this skill/domain. Trainee would be able teach or supervise this skill with minimal guidance.

Exit Criteria: Fellows must receive a **5** or better on 100% of rated items by the end of fellowship.

To update averages: Select right column, and hit F9

LEVEL 1: ADVANCED COMPETENCIES REQUIRED OF ALL POSTDOCS**INTEGRATION OF SCIENCE AND PRACTICE**

- | | |
|---|--------|
| 1. Demonstrates critical thinking in research/scholarly endeavors | 1 to 6 |
| 2. Works to disseminate research/scholarly activities at the local, regional, or national level | 1 to 6 |
| 3. Demonstrates knowledge of and adherence to ethics in research/scholarly activities | 1 to 6 |
| 4. Applies the relevant research literature to clinical decision making | 1 to 6 |
| 5. Develops evidence-based intervention plans | 1 to 6 |
| 6. Selects and applies assessment methods that draw from empirical literature | 1 to 6 |
| 7. Effectively uses a hypothesis-testing approach in assessment | 1 to 6 |

Integration of Science and Practice Average:	5.56
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Integration of Science and Practice, General Comments:

ETHICAL AND LEGAL STANDARDS

- | | |
|---|--------|
| 1. Demonstrates knowledge of and acts in accordance with APA Ethics Code, relevant laws, regulations, and rules governing health service psychology, and relevant professional standards and guidelines | 1 to 6 |
| 2. Recognizes ethical dilemmas and applies ethical decision-making processes | 1 to 6 |
| 3. Conducts self in an ethical manner in all professional activities | 1 to 6 |

Ethical and Legal Standards Average	5.31
--	-------------

Ethical and Legal Standards, General Comments:

INDIVIDUAL AND CULTURAL DIVERSITY

- | | |
|--|--------|
| 1. Demonstrates understanding of how one's own personal/cultural history, attitudes, and biases may affect interactions with people different from oneself | 1 to 6 |
| 2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it applies to diversity | 1 to 6 |
| 3. Demonstrates an ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles | 1 to 6 |
| 4. Independently applies knowledge in working effectively with a range of diverse individuals and groups | 1 to 6 |

Individual and Cultural Diversity Average	5.55
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Individual and Cultural Diversity, General Comments:

LEVEL 2: PROGRAM-SPECIFIC COMPETENCIES**PROFESSIONAL VALUES AND ATTITUDES**

1. Shows awareness of own competence and limitations	1 to 6
2. Recognizes how personal characteristics impact clinical work	1 to 6
3. Demonstrates openness and responsiveness to feedback and supervision	1 to 6
4. Is well-prepared for supervision meetings and uses supervision effectively	1 to 6
5. Responds professionally in increasingly complex situations with an increasing degree of independence	1 to 6
6. Demonstrates concern for the welfare of others	1 to 6
7. Demonstrates accountability, dependability, responsibility, and initiative	1 to 6
Professional Values and Attitudes Average	4.96

Professional Values and Attitudes General Comments:**COMMUNICATION AND INTERPERSONAL SKILLS**

1. Develops and maintains effective relationships with a wide range of individuals	1 to 6
2. Effectively produces and comprehends oral, nonverbal, and written communications	1 to 6
3. Demonstrates effective interpersonal skills and the ability to manage difficult interpersonal challenges	1 to 6
4. Demonstrates awareness of and appreciation for diverse viewpoints	1 to 6
5. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in interpersonal contexts	1 to 6
Communication and Interpersonal Skills Average	5.71

Communication and Interpersonal Skills, General Comments:**SUPERVISION**

1. Demonstrates knowledge of neuropsychological supervision practices	1 to 6
2. Provides effective constructive feedback and guidance (e.g., direct, behaviorally specific, corrective guidance presented in terms of plans)	1 to 6
3. Effectively deals with boundary issues and the power differential in supervisory relationships	1 to 6
4. Effectively manages resistance and other challenges in supervisee	1 to 6
5. Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in the provision of supervision	1 to 6
6. Demonstrates awareness of and adherence to ethics in the provision of supervision	1 to 6
Supervision Average	5.96

Supervision, General Comments:

SYSTEMS

- | | |
|--|--------|
| 1. Translates complex psychological formulations in a useful and pragmatic manner | 1 to 6 |
| 2. Identifies appropriate patient care issues that would benefit from interdisciplinary consultation | 1 to 6 |
| 3. Participates effectively in interprofessional interactions (e.g., neuropsychology rounds, meetings, other settings) | 1 to 6 |

Systems Average	5.39
------------------------	-------------

Systems, General Comments:

PROFESSIONAL DEVELOPMENT

- | | |
|--|--------|
| 1. Displays developmentally appropriate career management as it relates to career opportunities, submitting applications, making professional contacts, progressing on dissertation, and other related tasks | 1 to 6 |
| 2. Completes work in a timely manner | 1 to 6 |
| 3. Interacts appropriately with non-clinical/support staff | 1 to 6 |
| 4. Arrives on-time for meetings | 1 to 6 |
| 5. Demonstrates appropriate responsiveness to email/other communications and facility policies (i.e. required trainings, etc.) | 1 to 6 |

Professional Development Average	5.77
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Professional Development, General Comments:

LEADERSHIP

- | | |
|---|--------|
| 1. Develops and offers constructive criticism and suggestions regarding management and leadership of organizations | 1 to 6 |
| 2. Takes initiative with regard to participation in team functioning (e.g., offers ideas, takes on projects, effectively gives and receives feedback) | 1 to 6 |
| 3. Demonstrates awareness of own limitations and appropriately asks for help when needed | 1 to 6 |
| 4. Demonstrates awareness of hierarchies and management structure | 1 to 6 |

Leadership Average	5.63
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Leadership, General Comments:

LEVEL 3: SPECIALTY COMPETENCIES IN CLINICAL NEUROPSYCHOLOGY**NEUROPSYCHOLOGICAL ASSESSMENT**

1. Discusses issues of confidentiality and informed consent relevant to assessment	1 to 6
2. Clinical interviewing including, interviewing collateral informants	1 to 6
3. Diagnostic skills and knowledge of DSM-5	1 to 6
4. Diagnostic skills and knowledge of brain diseases and related neurocognitive syndromes	1 to 6
5. Selection of psychological and neuropsychological tests to address referral question	1 to 6
6. Integrates behavioral observations into case conceptualization and diagnosis	1 to 6
7. Interpretation of psychological and neuropsychological tests	1 to 6
8. Assessment of risk of harm to self and others	1 to 6
9. Integrates adequate review of medical records into case conceptualization and diagnosis	1 to 6
10. Integrates awareness and knowledge of individual and cultural diversity in test interpretation, diagnosis, and conceptualization	1 to 6
11. Develops evidence-based recommendations and effectively adapts when a clear evidence-base is lacking	1 to 6
12. Communicates assessment results accurately through written reports and oral communication	1 to 6
13. Demonstrates awareness of and adherence to ethics in assessment	1 to 6
Neuropsychological Assessment Average	6.27

Neuropsychological Assessment, General Comments:**FEEDBACK/INTERVENTION**

1. Establishes and maintains effective relationships with the recipients of neuropsychological services	1 to 6
2. Communicates results of assessment effectively	1 to 6
3. Demonstrates use of therapeutic feedback approach	1 to 6
4. Demonstrates awareness of and adherence to ethics in feedback and intervention	1 to 6
Feedback/Intervention Average	5.71

Feedback/Intervention, General Comments:

CONSULTATION & INTERPROFESSIONAL SKILLS

- | | |
|--|--------|
| 1. Demonstrates knowledge and respect for the roles and perspectives of other professions | 1 to 6 |
| 2. Uses the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of patients and populations served | 1 to 6 |
| 3. Demonstrates awareness of and adherence to ethics in consultation | 1 to 6 |

Consultation & Interprofessional Skills Average

5.34

Consultation & Interprofessional Skills, General Comments:

Statement of Certification

Supervisor's Certification:

Date:

Supervisor's name here certifies that the supervisor has reviewed this evaluation with the Trainee.

Supervisor's Overall Comments (Mandatory):

Fellow's Certification:

Date:

Trainee's Name here certifies that the Trainee has reviewed this evaluation with the supervisor.

Fellow's Comments (Mandatory):

NEUROPSYCHOLOGY FELLOW TRAINING PLAN

Name of Fellow:

Training Period (2-year):

Date of Plan:

- Initial (First Year, First Semester)**
- First Year, Second Semester**
- Second Year, First Semester**
- Exit (Second Year, Second Semester)**

Name of Supervisor:

The following tables are designed to be tailored for each fellow and filled in with as much specific information as necessary.

The Fellow meets with the primary supervisor to discuss their background, including a self-appraisal of strengths and weaknesses. The supervisor and the fellow document the results of that discussion in the form that follows. The fellow is expected to take responsibility for much of the initial documentation, especially for the sections that are related to goals for the residency training and long-term professional career goals.

The form is completed and updated electronically, and the supervisor maintains a copy of the form in an electronic administrative folder. The Fellow Training Plan is developed during the first month of the residency (usually first two weeks) and is designed to provide a flexible plan that can be revised and updated as needed. The only inflexible items are the Exit Criteria, which stand in a separate table. The fellow is also expected to complete at least 50% of the rotation time in the VA out-patient Neuropsychology Consultation Clinic.

Appraisal of strengths/weaknesses: The supervisor and fellow will review the electronic evaluation form in this initial meeting, asking the fellow to self-appraise their own strengths/weaknesses in the various categories. This will ensure that the fellow understands the basis for future evaluations and will also aid the supervisor in identifying a reasonable baseline starting point for the evaluations. (The fellow should understand that we assume the most common self-rating on the evaluation will hover in the "internship" level of rating.)

Exit Criteria: The table for Exit Criteria is presented first, in order to remind the fellow to review progress toward these criteria at every update.

Goals: The Fellow's goals will provide a plan for training experiences that meet the individual fellow's personal and professional career goals. The plan should include goals for development of research skills and accomplishments, as well as development of clinical and professional skills. Initial discussion of goals should look ahead toward potential rotations that can be completed in the second year of training.

REQUIRED TRAINING ACTIVITIES	Behavioral Training Objective	Documentation of Completion	Proposed Due Date	Date of Successful Completion
Evidence of advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis	Evidence-Based Practice	5 or higher on every item on the evaluation	End of Fellowship	
	Assessment			
	Intervention			
	Consultation			
Evidence of advanced understanding of brain-behavior relationships	Scientific Knowledge and Methods	5 or higher on every item on the evaluation	End of Fellowship	
	Research/Evaluation			
Evidence of scholarly activity (any one of the following successfully completed)	Submission of a study or literature review for publication	Verification by the Neuropsychology Training Director		
	Submission of a study or literature review for presentation			
	Submission of a grant proposal			
	Presentation of an outcome assessment to a facility audience			
Evidence of eligibility for state licensure	Submission of application for state licensure (any state)	Verification by the Neuropsychology Training Director		
	Successful completion of EPPP			
Evidence of Eligibility for board certification (ABPP-Clinical Neuropsychology)	Completion of three "fact-finding" exams in Neuropsychology Rounds	Verification by the Neuropsychology Training Director		
	Completion of the ABPP-CN form for credentials review			
	Submit 3 unrevised reports for mock work sample review/defense to Dr. Sadek		Complete during last 4 months of Fellowship	

REQUIRED TRAINING ACTIVITIES	Behavioral Training Objective	Documentation of Completion	Proposed Due Date	Date of Successful Completion
Population Characteristics and Cultural Awareness	Fellow completes NP evaluations with therapeutic feedback for patients with variety of population demographics (ethnicity, sexual orientation, regional and SES)	Fellow documents population demographics, confirmed by supervisor	End of Fellowship	
Assessment Skills	Experience with standardized administration and interpretation of broad range of tests included in Neuropsychology Clinic Test Inventory	Administer and interpret 40% of tests on Neuropsychology Clinic Test Inventory	End of Fellowship	
Report-Writing Skills Develop proficiency with at least 3 report styles	Detailed "full" report	Fellow documents at least 150 "full" reports, confirmed by supervisors	End of Fellowship	
	Brief, "same-day" SOAP-style note	Fellow documents at least 5 SOAP-style or brief note, confirmed by supervisors	End of Fellowship	
	Decisional Capacity for the courts	Fellow documents at least 5 reports of decisional capacity, suitable for submission to court	End of Fellowship	
Intervention	Therapeutic Feedback with patients/caregivers/providers is provided for at least 80% of patients seen in completed evaluations	Supervisor documents observation of effective therapeutic feedback	End of Fellowship	
Supervision Experience	In Year 2, Supervise between 10-20 evaluations completed by the neuropsychology intern	Confirmed by supervisor	End of Fellowship	
	Attend Sup of Sup group supervision twice monthly	Confirmed by supervisor	End of Fellowship	

REQUIRED TRAINING ACTIVITIES	Behavioral Training Objective	Documentation of Completion	Proposed Due Date	Date of Successful Completion
Ethical and Legal Standards	Attendance in Ethics sessions in Clinical Development and Postdoc Seminars	Confirmed by supervisor	End of Fellowship	
	Regularly addresses ethical issues in supervision as documented by supervisor and/or fellow notes	Confirmed by supervisor	End of Fellowship	

PRIMARY TRAINING EXPERIENCE	Behavioral Training Objective	Expected Time Commitment, Population, Other Experiences	Supervisor(s) on Rotation	Rotation Time	Date of Successful Completion
Neuropsychology Clinic (Required, at least 50% time throughout residency)	Outpatient	Outpatient adult veterans, 90% male. Diverse patient backgrounds reflect New Mexico's cultural diversity. Clinical diversity estimated 30% TBI/PTSD, 30% dementia r/o, 20% other psychological contributions, 20% other neurological	Sadek/Hamilton/Fett	100% first semester At least 50% the rest of the training program	

ADJUNCTIVE ROTATIONS	Behavioral Training Objective	Expected Time Commitment, Population, Other Experiences	Supervisor(s) on Rotation	Rotation Time	Date of Successful Completion
VA Movement Disorders Clinic	Primarily observational, but offers opportunity to observe neurologist examining pts with a variety of movement disorders	Schedule is TBA, but usually offered 1 afternoon per month	Sarah Piro Richardson, MD (Contact Joann Harnar)	Any time after the first semester	
Home-Based Primary Care	Deliver neuropsychological assessments to home bound veterans	2-6 months, one patient per week, according to training needs	Christine Burns, Ph.D.	Any time after the first semester	
Memory Disorders Clinic	Observe neurologists in neurologic exam, teaching opportunity for NP fellow to oversee medical fellows administer brief cognitive screening evaluations	Fellows participate in 4-week rotation Tuesday afternoons (new patients) and at least 1 Thursday afternoon (follow-up) in Neurology Memory Disorders Clinic	John Adair, M.D.	Any time after the first semester	
Spinal Cord Injury Unit	Fellow sees veterans with SCI for annual evaluation, participates in a superlative treatment team experience, and works side by side with other interdisciplinary team members (SW, PT, OT, speech). Soaks up specialized knowledge about medical conditions and risks associated with chronic SCI	1 day/per week for 2 to 3 months. Rotation might involve work with pts undergoing adjustment to acute injury, but certainly includes appreciation for chronic complicating factors of PTSD, substance abuse Axis II disorders, as well as other medical circumstances that complicate the underlying SCI.	Ericka Johnson-Jimenez, PhD	Any time after the first semester	
UNM Center for Neuropsychological Services	Experience with a University-based setting that serves a mix of ages. professional, indigent, and highly complex cases. Exposure to different clinic set-up, longer test protocols, reporting format. Pediatric available to those with prior peds training.	2 to 6-month commitment, 2 evaluations per month.	Laura Lundy, Ph.D., ABPP-CN	2 nd year of postdoc	
Consult & Liaison Service	Experience with psychiatry consult/liaison for evaluation and disposition of inpatients hospital-wide	1 day/week for 1 to 2 months. VA hospitalized individuals in need of brief evaluations for diagnosis, treatment, and decisional capacity determinations	Kevin Vicente, MD	Any time after the first semester	

Neuropsychology Clinic Supervision Agreement

NMVAMC

Introduction to Supervision Agreement

The following supervision agreement outlines expectations for trainee performance; describe the expectations, goals, and parameters of supervision; delineate the roles and responsibilities of supervisee and supervisor(s); assist in supervisee professional development (whether licensure, post-licensure, or developmental supervision); delineate supervisor responsibilities; and specify limits of confidentiality in supervision (e.g., normative reporting/disclosures to graduate programs, licensing boards, training teams).

This agreement between supervisors Drs. Joe Sadek, Rachel Hamilton, and Jessica Fett and supervisee _____ at the Raymond G. Murphy VA Medical Center serves to verify supervision and establish its parameters.

Purpose of Supervision

Supervision is a professional relationship in which the supervisor directs, monitors, and evaluates the supervisee's practice while promoting development of the supervisee's knowledge, skills and abilities to provide neuropsychological services in an ethical and competent manner.

Timeliness Expectations

- It is expected that supervisees conduct a thorough chart review **prior** to seeing each patient and discuss any concerns for risk or ethical issues with their supervisor.
- Report drafts and finalized reports must be completed in a timely manner, with the following deadlines to be upheld *unless* otherwise noted by the a supervisor:
 - **Initial report drafts:** Initial report drafts and the folder with scored tests and a summary sheet must be submitted to the supervisor *no later than* one week after the date of the evaluation.
 - **Final report drafts:**
 - **For postdoctoral fellows:** Final reports must be entered into the medical record with supervisor approval *within 2 weeks* of the initial evaluation date **OR** *within 2 business days of receipt of first-round supervisory edits* (the clock starts the morning after edits are returned), whichever is later.
 - **For neuropsychology intern:** Final reports must be entered into the medical record (with supervisor approval) *within 2 weeks* of the initial evaluation date **OR** *within 4 business days of receipt of first-round supervisory edits* (the clock starts the morning after edits are returned), whichever is later.
 - **Note that factors such as planned time off/leave/vacation and illness are NOT excuses for late reports. Trainees are still expected to turn around reports on time or in a reasonable time with a plan that is discussed and approved by their supervisor.**
- All trainees must provide or have scheduled patient feedbacks within 24 hours of the uploaded final report.
- Documentation of feedback must be entered into the medical record the same day that feedback occurs.

Evaluation

- Summative evaluation of trainee performance will occur at the following intervals:
 - Twice per year for postdoctoral fellow (every 6 months; in February and August)
 - Three times per year for interns (every 4 months; in November, February, and June)
- Forms used in summative evaluations are available in the training program handbooks (**for postdocs:** <https://www.va.gov/new-mexico-health-care/work-with-us/internships-and-fellowships/psychology-training/>, *master copy for faculty in:* S:\BHCL\Psychology ADM\Psychology Post-Doctoral Training\PostDoc\Clinical Post-Doc\website; **for interns:** S:\BHCL\SHARED\Psychology Training (SharePoint Replacement)\Manuals).
- If the supervisee may not meet criteria for successful completion, they will be informed immediately and a more intensive supervision process will be initiated as outlined in the training program handbook.

Responsibilities of the Supervisor include but are not limited to:

1. The supervisor will monitor the performance of the person supervised and provide regular, documented individual consultation, guidance, and instruction that is specific to the neuropsychological assessment services being performed with respect to the clinical skills and competencies of the person supervised in accordance with the ABPP-CN Postdoctoral Fellowship and Houston Conference Training Guidelines.
2. The supervisor will assume full responsibility for the activities of the supervisee set forth in the regulations once the supervisory arrangement is accepted (for the duration of the supervision or until terminated).
3. The supervisor will evaluate and document minimal competencies in the areas of: case conceptualization and differential diagnosis, development of a professional and ethical patient-provider relationship, and the assessment of imminent risk and understanding the requirements of law for mandated reporting.
4. The supervisor will ensure that the supervisee is practicing within the appropriate scope.
5. The supervisor will conduct supervision as a process distinct from personal therapy or didactic instruction.
6. The supervisor will make a reasonable effort to ensure the supervisees competence to practice.
7. The supervisor will immediately report any unethical practice performed by the supervisee to the Neuropsychology Clinical Director and/or Psychology Training Committee.
8. The supervisor will initiate a remediation plan per clinic guidelines (detailed below in Procedural Considerations) to facilitate supervisee attainment of clinical competencies during the training year.

Supervisor Duties:

The supervisor agrees to provide clinical supervision for a minimum of one hour per week (40 hours of work experience) of face-to-face individual supervision. The following duties may include but are not limited to:

- Discusses and ensures understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision
- Oversees and monitors all aspects of client case conceptualization and report writing
- Signs off on all supervisee reports
- Assesses competencies in the following areas of baseline knowledge: clinical interviewing skills, test selection and administration, psychometrics, neuroanatomy, neuropharmacology, differential diagnosis, cross-cultural neuropsychology, secondary influences on test performance, test interpretation, performance and symptom validity, strengths and limitations of neuropsychological assessment, selection of normative samples, risk assessments, efficient report writing, research within neuropsychology, and provision of supervision
- Takes responsibility for assessing supervisee training/level of knowledge
- Assists in development of goals to achieve in supervision based on the assessed competencies
- Identifies and builds upon supervisee strengths as defined in competency assessment
- Support supervisee's development as a clinical neuropsychologist
- Promotes a safe, supportive environment that allows for self-disclosure as supervisee feels is necessary
- Provides interventions for patients at risk or in cases in which there are ethical issues that must be addressed
- Initiates discussion of issues of culture and diversity, equality, and inclusion in supervision
- Ensures a high level of professionalism in all interactions
- Identifies and addresses strains or ruptures in the supervisory relationship

Responsibilities of the Supervisee include but are not limited to:

1. The supervisee will uphold the APA Ethical Principles of Psychologists and Code of Conduct
2. The supervisee will attend supervision on the agreed upon basis.
3. The supervisee will come to supervision prepared for discussion, with topics including but not limited to: case conceptualization, diagnoses, and recommendations of each patient for relevant cases, problems in the supervisee's clinical milieu, and logistical issues.
4. The supervisee will consult with the supervisor outside of scheduled supervision, as needed.
5. The supervisee will avoid engaging in activity for which the supervisee lacks competency, training, and/or supervision or that may compromise client safety and wellbeing.
6. The supervisee will refrain from representing himself or herself as an independent, autonomous practitioner or licensed neuropsychologist and will identify to patients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and the name of the clinical supervisor.

Supervisee Duties:

I agree to be consistently engaged in my supervision, to attend supervision on time and be prepared to discuss personally salient aspects of my experience, to complete all client documentation in a timely manner, to log all supervision experiences, and to act at all times in an ethical manner with clients. In addition, the following duties may include but are not limited to:

- Identify goals to achieve in supervision (to attain specific competencies) as well as specific needs and areas of future development
- Understand the liability (direct and vicarious) of supervisee behavior on the supervisor
- Consult with supervisor or delegated supervisor in all cases of emergency
- Come to supervision with patient files prepared to discuss cases, to outline your preliminary case conceptualization, and to review questions
- Disclose errors, concerns, and clinical issues as they arise
- Raise issues or disagreements that arise in the supervision process to move towards resolution
- Meet clinic expectations regarding report turnaround times
- Proofread report drafts to ensure that (1) there are minimal typos, grammatical issues, and errors in information; (2) all data and raw scores are entered appropriately and are correct; and (3) your test list accurately reflects the tests you administered. **First drafts should be treated as final drafts.**
- Be prepared to present integrated case conceptualizations that are culturally competent
- Provide weekly feedback to the supervisor on the supervision process

Procedural Considerations:

- Although only the information which relates to the client is strictly confidential in supervision, the supervisor will treat supervisee disclosures with discretion.
- There are limits of confidentiality for supervisee disclosures. These include ethical and legal violations, indication of harm to self and others (and others as specific to the setting).
- Progress reports will be submitted to the Neuropsychology Clinical Director and/or Psychology Training Committee describing your development, strengths, and areas of concern.
- If the supervisor or supervisee must miss a supervision session, the session will be rescheduled.
- A remediation plan will be triggered in any of the following situations, in an attempt to ensure that supervisee meets relevant clinical competencies:
 - **Supervisee has three or more consecutive late** (unless there were extenuating circumstances and supervisor approval) **OR sufficiently poor quality drafts** (e.g., omitting information that is easily found, making repeated careless mistakes, failing to address issues despite prior discussion of the matter / requiring the same feedback across multiple reports);
 - **Supervisee has five or more total late** (unless there were extenuating circumstances and supervisor approval) **OR sufficiently poor quality drafts** (e.g., omitting information that is easily found, making repeated careless mistakes, failing to address issues despite prior discussion of the matter / requiring the same feedback across multiple reports).
- Per Neuropsychology Clinic-specific guidelines, **supervisees are allowed to telework no more than one day per week** (i.e., no more than 20% of the work week) unless there are extenuating circumstances that have been discussed with supervisors and the Clinic Director. If you have the intention of working from home, **you must get approval from your current supervisor** upon entering the supervisory relationship.
 - This policy is designed to: allow better access to CPRS and patient charts by reducing connectivity/VPN issues; maximize support and access to clinic resources to further the development of professional competencies and quality reports; enable increased engagement in rounds, group discussions, and supervision; support clinic cohesion; facilitate on-the-fly supervision; give trainees more time for patient contact; and prepare trainees for realistic workplace expectations.
- Note that **trainees are NOT permitted to work from home if they are behind on report draft, final report submission, or feedback deadlines.**
- Per Neuropsychology Clinic-specific guidelines, **all patient contact (including feedbacks) must take place on campus.**
- **Per facility-wide telework policy, all telework must be completed at the supervisee's designated alternate work site** (i.e., the residence specified when completing the VA telework expectations documentation). As such, a trainee cannot 'count' working out of state as teleworking and must take leave for that time.

- As outlined in the Neuropsychology Clinic Postdoc Training Program Handbook, postdoctoral fellows are allotted up to 10% of their time to engage in scholarly activities (i.e., a research project or program development). The amount of time protected time is to be negotiated with the Training Director based on the complexity of the project. Accordingly, **research demands are meant to be kept separate from and to not interfere with clinical work.**
- The supervisee may contact the supervisor at the phone number specified in the Clinic Handbook (available in S:\BHCL\CLIN\NP Clinic Admin\Clinic Handbook) or the on-site supervisor(s). The supervisor must be contacted for all emergency situations.

Tiered Supervision:

- During the course of the training year, interns will have ten to 20 cases supervised by the second year fellow in a tiered supervision format. The 'staff supervisor' of each case will be the second year fellow's current primary supervisor.
- Guidelines and deadlines regarding tiered supervision are available in the Neuropsychology Clinic Manual.

We as supervisors and supervisee agree to uphold the directives and provisions outlined in this agreement to the best of our abilities and to conduct ourselves in keeping with our Ethical Principles and Code of Conduct, laws, and regulations.

Supervisor's Certification: _____ **Date:** _____
Joseph Sadek, Ph.D., ABPP-CN

Supervisor's Certification: _____ **Date:** _____
Rachel Hamilton, Ph.D.

Supervisor's Certification: _____ **Date:** _____
Jessica Fett, Psy.D.

Supervisors names here certify that this agreement has been reviewed with the Trainee.

Trainee Certification: _____ **Date:** _____