

Bay Pines VA Healthcare System Neuropsychology Postdoctoral Residency Program Training Brochure (2025-27)



Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Welcome prospective residents!

Thank you for taking the time to learn about our neuropsychology postdoctoral residency training program by reading through our brochure. We hope that you consider our site for training, as Bay Pines, Florida, offers not only incredible quality of life (psychology on the beach) but a rich, rewarding, and supportive training culture that values work-life balance, fairness and equality and a respect for individual differences and diversity in its staff and trainees. Please reach out to us with questions about our program and larger community.

The application deadline for the 2025-27 academic training years is Jan. 2, 2025.

Highlights of our training program and community

- **Location!** The Bay Pines VA Medical Center is waterfront, located next to the Gulf of Mexico and Boca Ciega Bay and offers 360 days of sunshine and warm (54-90 degrees) weather year-round. During lunch you can walk out to our pier and watch for dolphin and manatees.
- **Balance!** Our staff models true work-life balance and promotes wellness and self-care in every aspect of the training program. While residents work hard, they can expect to have plenty of time to enjoy the ocean, parks and community events. Within the facility itself, residents have access to gyms, yoga and tai chi classes, as well as a running path surrounding the campus.
- **Respect and Support!** Psychology Service is well-respected across the medical center. We are also highly integrated into most aspects of patient care which provides ample opportunities for collaboration with other disciplines. We also have Psychologists in key leadership positions which provides exposure for trainees to learn about the administrative roles Psychologists can hold. Residents are held in high regard for their role within various treatment teams.
- **Post Program Placement!** All postdoctoral graduates have been successful in securing prestigious job placements prior to completing the program. Bay Pines VA has excellent psychology service career retention of previous trainees which speaks to our service culture and staff. Currently, 12 of our 36 training committee staff members were previous trainees at Bay Pines VA!
- **Culture and Diversity!** Bay Pines VA offers monthly on-campus multicultural events and fairs available for staff and trainees to attend during work hours. Our training programs take their commitment to promoting multicultural competence very seriously. The Multicultural Diversity Sub Committee meets monthly with a mission to support the development of multicultural competencies, appreciation of diversity in all its forms, and the promotion of social justice. The members help cultivate an environment of safety, that supports open and respectful dialogue, exchange of ideas, and self-reflection. Psychology staff and trainees at all levels are encouraged to join and participate. In addition, the larger Tampa Bay area offers a diverse and rich cultural makeup. Community festivals, parades, sporting events, fund raisers, advocacy events, faith-based events, music, film, and art shows are offered throughout the year. Many occur outdoors on our beautiful beaches or in our multitude of public parks.

ACCREDITATION STATUS

The Neuropsychology Postdoctoral Residency Training Program at Bay Pines VA Healthcare System is APA accredited. Bay Pines VA has trained neuropsychology postdoctoral residents since 2015 and was granted APA accreditation status for specialty training in neuropsychology in 2020.

For general information, individuals may contact:

American Psychological Association
750 First Street, NE
Washington, D.C. 20002-4242
(800) 374-2721

For information related to the programs accredited status, please contact the CoA at:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
Phone: (202) 336-5979
E-mail: apaaccred@apa.org
Web: [APA Accreditation](https://www.apa.org/credentialing)

PSYCHOLOGY SETTING AND PHILOSOPHY

The structure of Bay Pines VA Healthcare System's two-year Neuropsychology Postdoctoral Residency Program offers advanced specialty training in clinical neuropsychology within an interprofessional framework. During the 2025-2027 training years, Bay Pines VA Healthcare System's Neuropsychology Postdoctoral Residency Program anticipates that it will provide training for two full-time residents. We are pleased to welcome you to the C.W. Bill Young VA Medical Center and look forward to reviewing your application for admission.

The Neuropsychology Residency Training Program is committed to the scientist-practitioner based model in the delivery of clinical care, clinical research, and professional teaching. We emphasize and demonstrate respect for the individual differences and diversity in the delivery of clinical care, clinical research, and professional teaching. We strive to provide residents with significant working experience with a variety of clinical populations while simultaneously applying scientific information in the conceptualization, assessment, and treatment of clinical problems. The neuropsychology resident is expected to spend 70% time in direct clinical service activities and 30% time engaged in research and learning/teaching activities. We believe that teaching residents in clinical practice, scholarly thinking, and clinical research design is best received and maintained within a "junior colleague" model of training. Our commitment to the residents' professional growth and academic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Residents are challenged to use critical thinking and encouraged toward creative participation in their scientific and clinical endeavors.

A guiding principle in all aspects of service delivery within the program is respect and human dignity for our patients. We emphasize patients' rights, self-determination, and the right to choose, including the patient's right to adequate medical, psychological, educational, recreational and other

community services, the patient's right to family participation in treatment, and delivery of care with the utmost privacy in the least restrictive environment. We honor cultural, ethnic, sexual orientation, religious, political and gender differences in our patients and deliver services accordingly.

ABOUT THE BAY PINES VA HEALTHCARE SYSTEM

Bay Pines VA Healthcare System is a level 1a tertiary care facility headquartered in Bay Pines, FL. Originally opened in 1933, the main medical center is located on 337 acres situated on the Gulf of Mexico approximately eight miles northwest of downtown Saint Petersburg, FL. Co-located on the medical center campus are a VA Regional Office and a National Cemetery. This area is part of Tampa Bay, the second most populated metropolitan area in the state. The healthcare system operates nine facilities to include the main medical center in Bay Pines and community-based outpatient clinics (CBOCs) located in the Florida cities of Bradenton, Cape Coral, Naples, Palm Harbor, Port Charlotte, Sarasota, St. Petersburg, and Sebring. The medical center and its outpatient clinics serve Veterans residing in 10 counties in central southwest Florida. Every year, the Bay Pines VA Healthcare System provides a full range of high quality medical, psychiatric, and extended care services in outpatient, inpatient, residential, nursing home, and home care settings. The facility maintains several accreditations and certifications including designation as a leader in LGBTQ healthcare equality by the Human Rights Campaign Foundation.

In FY21, more than 115,000 Veterans were served. 924,7444 outpatient visits were completed, and 12,851 hospital admissions occurred. The system is one of the busiest VA healthcare systems in the country based on patients treated or served. Medical care was provided to Veterans of all eras to include World War II, Korean War, Post-Korean War, Vietnam, Post-Vietnam, Persian Gulf (including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND)) as well as other non-combat periods. Most Veterans cared for in FY21 served in the Vietnam and Gulf War conflicts. Consistent with nationwide trends, the facility consistently serves a growing population of OEF/OIF/OND Veterans. Additionally, female Veteran enrollment at the facility is expected to increase by 12.9% every five years.

Bay Pines VA is affiliated with 139 academic institutions representing a broad range of disciplines that provide training leading to certification through Internships and both Postdoctoral Fellowship and Fellowship training. During FY22-23, Bay Pines VA hosted a total of 626 Allied Health trainees and medical fellows, completing a total of 742 clinical rotations within psychology, social work, medical, dental, optometry, audiology, speech, language pathology, pharmacy, nursing, social work, and other affiliated health training programs.

PSYCHOLOGY SERVICE AT BAY PINES

The C.W. Bill Young Medical Center - Bay Pines VA Healthcare System psychology staff includes 59 doctoral level clinical and counseling psychologists, 7 interns, 6 residents, and a psychometrist. The mission of our facility is to provide high quality psychological services to medical and psychiatric patients within the context of cooperative, multi-disciplinary teams. In addition, the staff is highly committed to the training of new professionals and is actively involved in our Psychology Training programs. Individual as well as interdisciplinary research opportunities are found throughout the healthcare system.

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Psychology is part of the Mental Health & Behavioral Sciences Service within the organization. The two primary disciplines in the service are Psychology and Psychiatry. The chief is a psychologist and manages two sections of mental health - community reintegration and recovery service and mental health hospital and clinical services. Staff psychologists are assigned to a variety of areas throughout the Bay Pines VA Healthcare System, to include the C.W. Bill Young VA Medical Center, the Lee County Healthcare Center, and our Community-Based Outpatient Clinics (CBOCs). This diversity in assignment is augmented by diversity among our staff as well with a variety of theoretical orientations, clinical and administrative experiences, multiple research and clinical specialties, and cultural backgrounds.

Staff psychologists participate in various profession-specific and system-wide committees that address issues relating to quality of patient care, efficient delivery of services and development of new programs.

GENERAL PSYCHOLOGY TRAINING COMMITTEE

The General Psychology Training Committee (TC) is responsible for overseeing all levels of psychology training programs on campus. The general training committee consists of, at minimum, the following individuals:

- Chief, mental health and behavioral sciences service
- Psychology training director (TD), chair
- Assistant training director (ATD), Health Service Psychology Internship Program and Neuropsychology Postdoctoral Residency Program
- Assistant training director (ATD), General Postdoctoral Residency Program
- Clinical supervisors
- Adjunctive teaching and research supervisory staff
- Postdoctoral residents and fellows
- Intern representative

Any Bay Pines VA staff psychologist with an active, valid, and unencumbered psychology license is eligible to join the training committee and participate in the training programs. The psychology training committee is responsible for establishing policies pertaining to training; participating in the recruitment and selection of new trainees; evaluating and approving trainee training plans and goals; provision of didactic seminars; addressing training issues as they affect the university-VA training relationships; considering any trainee grievances; and participation in the psychology training programs ongoing self-assessment and quality improvement efforts. All training committee members are required to attend monthly seminars targeting ongoing learning and development in the considerations of ethics and legal issues in training, and multicultural diversity. All supervisors must attend monthly supervision of supervision seminars and the annual supervisor bootcamp to review all national, state, facility, programmatic and accreditation requirements, conduct self-assessments, and develop targeted individual development plans for the following year.

NEUROPSYCHOLOGY POSTDOCTORAL TRAINING SUB COMMITTEE

Within the psychology training committee, there is a neuropsychology postdoctoral training subcommittee, made up of TC staff members privileged in neuropsychology. Those individuals

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

are responsible for establishing policies pertaining to specialized and advanced training in neuropsychology. The neuropsychology training subcommittee members participate in the recruitment and selection of new residents; evaluate and approve neuropsychology resident training plans and goals; provide specialty didactic seminars; provide clinical supervision and serve as research Supervisors for residents; consider any resident grievances, probation or remedial plans; and participate in the neuropsychology training programs ongoing self-assessment and quality improvement efforts. Subcommittee consists of, at minimum, the following individuals:

- Psychology Training Director, Chair
- Assistant Training Director, Neuropsychology Postdoctoral Residency Program
- Neuropsychology primary supervisors
- Neuropsychology research supervisors
- Neuropsychology postdoctoral residents

VHA ELIGIBILITY REQUIREMENTS FOR NEUROPSYCHOLOGY RESIDENCY PROGRAM

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a federal appointment, and the following requirements will apply prior to that appointment:

1. **United States Citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Citizen verification is required following selection. All residents must complete a Certification of Citizenship in the United States prior to beginning VA training. We are unable to consider applications from anyone who is not currently a U.S. citizen.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **A male applicant born after 12/31/1959 must have registered for the draft by their 26th birthday to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are rarely granted.**
4. **Health professions trainees (HPTs) are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.**
5. **Drug Screening.** The VA conducts drug screening exams on randomly selected personnel as well as new employees. Residents may be required to be tested prior to beginning work, and once on staff, they are subject to random selection as are all other clinical staff. Institutional policies on allowed prescription medications are based on federal government requirements for employment at a VA facility, not on local or state level rules and guidelines. While Medical Marijuana is legal at the “state” level in Florida, it is not sanctioned by the Federal Government for use by Federal Employees. Use of unlawful substance could result in ineligibility of hire and/or dismissal from

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

program. Please contact the HR department for any questions on this. Please open link for Drug Free Workplace Policy:

[VA Drug-Free Workplace Program Guide for VHA Health Professions Trainees](#)

6. VA training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date and that you have been screened for active tuberculosis prior to starting your training at VA. Securing a statement from your current occupational health physician, regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training years (or taking additional preventative measures to limit patient exposure to the flu) may be required. Please discuss this with the TD after you have matched and well before to your start date to facilitate your onboarding.

7. On August 12, 2021, VHA mandated that all Hybrid Title 38 employees, to include Health Psychology Trainees (HPT)s receive and provide proof of the COVID-19 vaccine or have an exemption filed (medical or religious) with the Designated Education Officer as a condition of VA appointment.

[VA Form 10230 COVID-19 Vaccination Form CDC Vaccine Information for Adults](#)

8. Residents must have completed all doctoral requirements and **have record of degree conferral** prior to starting the program. Only graduates from an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology, or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science will be considered. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in clinical, counseling, or combined psychology may also be eligible.

9. Residents must have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship that is in the process of seeking accreditation to be eligible.

Health professions trainees (HPTs) to include neuropsychology residents, 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. 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.

[VA Office of Academic Affiliations HPT ELIGIBILITY](#)

Pre-Training Certification Process - Training Qualifications and Credentials Verification Letter (TQCVL): Unlike conventional professional staff who have their credentials verified by VETPRO and other means and may go thru an extensive pre-employment physical examination, residents have their readiness to train verified by the residency TD or other authorized

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

OAA/Education Service personnel. The residency TD or authorized personnel fills this form out based on review of submitted degree conferral documentation and physical and health documents by the trainee. Under state and federal rules, trainees have had to receive recommended vaccinations and other health screenings prior to beginning their residency. All trainees must have a Training Qualification Verification Letter on file prior to initiating residency training. The TQCVL serves three purposes: First, the TD or authorized personnel indicates that the trainee has completed academic requirements and is thus ready for this new level of responsibility/training. Second, to the fullest extent possible, the TD or authorized personnel will review submitted health documents to determine that the trainee is physically fit for duty. Third, to the fullest extent possible, the TD or authorized personnel will review the submitted health documents to determine if the trainee is psychologically healthy and able to undertake this new level of responsibility/training.

Psychology Postdoctoral Residency Verification Agreement: VA Training Program Directors (VA PD) are responsible for verifying that VA academic eligibility requirements have been met by all incoming residents. This includes all requirements for graduate program completion (coursework, filing of and acceptance of completed dissertation/final project, and internship). Receipt of a diploma **or** an official transcript documenting degree conferral from the graduate program may verify the completion of all doctoral degree requirements. If a diploma or official transcript cannot be produced prior to the postdoctoral program start date, the VA PD may use the VA Postdoctoral Verification Agreement form that requires attestation and signature that graduation requirements have been met by the resident, the resident's internship training director and the resident's graduate school DOT. All psychology postdoctoral candidates must have completed all VA eligibility requirements prior to beginning their first day of VA postdoctoral training. Generally, HR onboarding begins prior to completion of all verifications. Selected/matched applicants are expected to communicate anticipated internship completion, dissertation defense and degree conferral dates with the hosting training program's VA PD to facilitate the onboarding process.

Physical Examination and Finger Printing/Background Check

Prior to initiation of Residency, all incoming Trainees must go through a physical examination with Occupational Health. Often, with the properly executed TQCVL, this will involve only having the TQCVL reviewed by the Occupational Health clinician, followed by a discussion of any additionally needed screenings/vaccinations required to work in a healthcare setting.

Physical Examination appointments must be conducted prior to initiating Residency and are coordinated through Human Resources. They can occur at a local VHA facility near your current place of employment or your current Internship, or at the Bay Pines VA Healthcare System.

Fingerprint Screening and Background Investigation. Residents are subject to fingerprinting and background checks and must meet all institutional and federal government requirements for employment at a VA facility. Match result and selection decisions are contingent on passing these screens. All incoming trainees must complete finger printing and a background check prior to initiating residency. This is arranged once the trainee has completed their OAA Mandatory Training for Trainees (MTT) and submitted the online forms to the Bay Pines OAA Education Service representative and HR Specialist. Once approved, the facility can initiate the ePAS

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

(Electronic Permission Access) and PIV (personal Identity Verification) cards that will ultimately, allow your computer and medical record access.

APPLICATION PROCESS

The Bay Pines VA Healthcare System Neuropsychology Postdoctoral Residency Program welcomes and strongly encourages applications from all qualified applicants, regardless of racial, ethnic, sexual orientation, disability, age, or other minority status. The expectation is that the selected applicant will possess his or her doctorate prior to the start date of Residency.

The application procedure begins with a letter of interest. Your letter should describe: your reasons for applying to the program, your status regarding completion of doctorate degree (including date/anticipated date for dissertation defense), your experience with Neuropsychological Assessment and Rehabilitation (including populations with which you have experience), and your areas of clinical research interest.

Application packets must be complete by JANUARY 2, 2025. Earlier submissions are preferred. We plan to participate in the APPCN Resident Matching Program.

SELECTION PROCEDURES:

Applications will be reviewed by the neuropsychology training staff and current residents. Selected candidates will be invited to interview with (2) neuropsychology staff members. Invitations for interviews will be made by the Training Director or designee. The residency program will also notify applicants when a decision is made that we are unable to extend an interview offer. Until the Residency Program notifies an applicant of an interview offer or informs them that an offer will not be forthcoming, applicants should consider their candidacy to be active.

For the 2025-27 academic training period, we plan to conduct virtual and/or in person interviews in late January – early February 2025 to correspond with the National Match date. Interview dates and times will be arranged based on candidate and staff availability/preference. We will also hold a virtual open house Day during this time period for invited candidates in early to mid-January 2025. The Open House will be conducted via Zoom from 12:00-4:00 p.m. EST. We will provide a program overview with the TD, followed by neuropsych staff introductions and rotation presentations and Q&A with our training staff, slide shows of our larger Tampa Bay community, medical campus, resident offices and clinical program areas, and a meet and greet Q&A with our current postdoctoral cohort. If a candidate would like an in-person tour of the facility, or to interview on campus, it can be arranged (but it is NOT required or expected and will not be a factor in selection).

Following interviews, the selection committee will rank order applicants. We plan to participate in the APPCN Resident Matching Program. This Residency site agrees to abide by the APPCN Match Policy that no person at this facility will solicit, accept, or use any ranking-related information from any Residency applicant. Details of the National Match can be found at:

[APPCN National Match](#)

APPLICATION DUE DATE: JANUARY 2, 2025 - FOR THE 2025-27 ACADEMIC TRAINING YEARS

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

How to apply: Please submit the following via email in pdf format:

- A letter of interest (cover letter). Please indicate if you prefer an in-person interview at INS or virtually using Zoom.
- Curriculum Vitae that includes detailed descriptions of training, experience, research, and other relevant activities
- Three letters of recommendation, each sent directly from the letter writer.
- All doctoral level academic transcripts (these can be unofficial for application purposes, but candidate must be able to provide official version once selected)
- Application for Associated Health Occupations (10-2850C) available at:
- [VA Associated Health Occupations Application Form](#)
- A letter (or APPCN form) from the chair of your dissertation committee that details the status of your dissertation (including anticipated completion date).

NOTE: Your doctoral degree must be completed before the start date of your postdoctoral training. Applicants are strongly encouraged to defend their dissertations **at least** one month prior to the beginning of the start date.

The materials must be received by application due date. They must be emailed to:

Zoe Proctor-Weber, PsyD, PhD, ABPP-CN
Psychology Training Director
Zoe.Proctor-Weber@va.gov

Finally, applicants are reminded that they should feel free and are welcome to contact the Neuropsychology Training Director to discuss any issue of relevance. Please contact Zoe Proctor-Weber, PhD at Zoe.Proctor-Weber@va.gov or by phone at (727) 398-6661 x14678.

If you have any specific questions related to eligibility requirements for Federal Employment, please contact Human Resources at 727-398-6661 x 15663.

For further information, please contact us by email at vhabaypsychologytraining@va.gov.

Psychology Training Programs at Bay Pines VA Healthcare System
Chief of Mental Health and Behavioral Sciences Service
Rod Velezmoro, PhD

BAY PINES VA COMMITMENT TO DIVERSITY

DIVERSITY STATEMENT

The Bay Pines VA Healthcare System serves Veterans who represent a wide variety of dimensions of diversity, including but not limited to gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Bay Pines VA's Psychology Training Programs are deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, residents continue to build on their graduate training in expanding their awareness, knowledge, and skill set to enhance multicultural competence through a variety of experiences. These include diversity-focused presentations, readings, learning activities; engagement in directed study, research and/or QS/PI projects; discussions with Supervisors, peers, and other clinical staff; and direct provision of services to Veterans with diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence within the mental health profession and society as a whole.

MULTICULTURAL DIVERSITY SUB COMMITTEE

The multicultural diversity subcommittee for the psychology training programs, functions as an extension of the general psychology training committee to assist psychology trainees in developing multicultural competencies, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology training programs, the multicultural diversity subcommittee for psychology training seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection. It is composed of Bay Pines VA psychologists and psychology trainees who are invested in helping to promote multicultural competence for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldview, biases, theoretical framework, and life experiences affect our clinical work. In conjunction with the training committee, the multicultural diversity subcommittee facilitates the multicultural training seminar series and its associated experiential / immersion activities.

In keeping with the APA Code of Ethics (2010), the Bay Pines neuropsychology postdoctoral residency training program does not require residents to disclose personal information in program-related activities. At the same time, the program recognizes that self-reflection is an important part of the process and is a crucial aspect of developing multicultural competence. The program also acknowledges that developing insight into our own identities and personal histories is a delicate process – one that is best accomplished within a nurturing, non-judgmental context. The multicultural diversity subcommittee along with the core general training committee works to provide such an environment, with hopes that all will feel comfortable engaging in the self-reflection necessary to develop a meaningful appreciation for diversity in all its forms. To create a supportive and constructive learning environment, personal disclosures made by participants as part of their diversity training will be treated sensitively and respectfully AND by including all levels for facilitation, we hope to create working relationships in which everyone will feel safe exploring personal feelings, thoughts, beliefs, and life experiences that affect their multicultural competencies.

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

For further information about the Multicultural Diversity Sub Committee and Training Seminar, please contact the interim chair by email Zoe.Proctor-Weber@va.gov.

NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY PROGRAM SPECIFICATIONS TRAINING MODEL

Within the Bay Pines VA Healthcare System Clinical Neuropsychology Postdoctoral Residency Program, we offer and implement a specialty practice training program in Clinical Neuropsychology within an interprofessional context. We identify with and conceptualize from a scientist-practitioner model.

TRAINING AIM

The primary aim of the program is to prepare early career Neuropsychologists for entry level positions in Neuropsychology within the VHA equivalent of a GS13, or a community/academic medical center within the context of interprofessional practice who will ultimately be prepared to apply for board certification in Clinical Neuropsychology. The 2-year program is designed to promote clinical specialization in the field of Neuropsychology through advanced training that is consistent with the American Psychological Association, Division 40 Houston Conference Guidelines and the American Board of Professional Psychology (ABPP). The resident's duties would be centered in clinics at the Bay Pines VA Healthcare System. Structurally, the Neuropsychology Postdoctoral Training Program will consist of two core rotations and one minor rotation. The structure of the 2-year training program will allow for two full time residents to alternate between the offered core rotations during year 1 and year 2. These duties involve activities in both core mental health settings and medical care clinics/team settings.

Over the course of two years, neuropsychology residents will be challenged to build on their past experiences and think autonomously. Across all clinical training experiences, the residents will gain advanced specialty training in the administration, interpretation, and feedback of neuropsychological evaluation through the use of an evidence based, flexible and hypothesis-testing method. Clinical, educational and research activities will promote the resident's knowledge base of neuroanatomy, neuropathology, psychopharmacology, neuro-ophthalmology, and neuroradiology. Residents will also be involved in the implementation of psychoeducational and cognitive rehabilitation strategies from a team based, interprofessional model of care that is patient centered. The two-year format readily accommodates repeated encounters that build and sustain relationships with staff in all clinical areas and promotes the opportunity for interprofessional collaboration fostered by observed competence and collaboration. Postdoctoral residents are "fresh eyes" in areas of long-standing protocols and procedures. As such, they are ideal for participation in performance improvement initiatives and can experience first-hand the process improvement and outcome measurement activities.

In fulfillment of these aims, graduates of our Postdoctoral Residency will demonstrate advanced practice competency in the following areas:

LEVEL I COMPETENCIES.

GENERAL ADVANCED COMPETENCY AREAS AT THE POSTDOCTORAL LEVEL.

Consistent with all postdoctoral psychology training programs, we emphasize the development of core competencies encompassing respect for the individual differences and cultural diversity in

the delivery of evidence based clinical care, clinical research, and professional teaching. We strive to provide residents with significant breadth and depth of experience working with a variety of clinical populations while simultaneously applying an approach utilizing scientific information in the conceptualization, assessment, and treatment of clinical problems:

Competency 1. Integration of science and practice

1a) Psychological assessment

Residents should be able to appropriately assess, evaluate and conceptualize a broad range of patients, including those with complex presentations and complicated co-morbidities. Selection and use of assessment tools and/or evaluation methods should be appropriate to the clinical needs of the patient and the clinical setting, and responsive to the needs of other professionals. Assessment should be practiced in a culturally competent manner, and conducted with an awareness of current ethical, legal and professional standards. Benchmark elements associated with this Competency include:

- Diagnostic skill
- Case conceptualization and treatment goals/recommendations
- Psychological test selection, administration, and interpretation
- Psychological assessment writing skills

1b) Treatment, intervention, and consultation

Residents should demonstrate the ability to effectively work with diverse populations and provide appropriate intervention in response to a range of presenting problems and treatment concerns. They should also demonstrate skill in applying and/or adapting evidence-based interventions with a specialized population and be able to provide clinical leadership when working with junior providers. Residents should demonstrate effective consultation skills with other professionals and may provide counsel regarding difficult clinical matters in areas of their expertise. Benchmark elements associated with this Competency include:

- Assessment feedback
- Patient rapport
- Patient risk management
- Individual or family therapeutic interventions
- Group therapy skills and preparation
- Organization management: efficiency and time management
- Organization management: documentation

1c) Teaching and clinical supervision

Residents should demonstrate the ability to provide professional presentations in a formal didactic setting; to teach skills to interdisciplinary medical faculty, students, residents, and allied health professionals. Residents in medical center training settings; and/or to educate and support other professionals in medical center settings. Residents may also demonstrate the ability to use telemedicine and other technological modalities to provide mental health consultation to remote clinical sites; and may demonstrate emerging mentoring skills by providing consultation to junior trainees. Residents should demonstrate emerging skills in the provision of clinical supervision, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision. Benchmark elements associated with this Competency include:

- Supervisory skills

- Teaching skills

1d) Scholarly inquiry, review of relevant literature, research design, execution of research, monitoring progress, evaluation of outcomes, communication of results. Residents should demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. Residents should demonstrate the general ability to formulate testable and meaningful research hypotheses; to design and carry out studies to test these hypotheses; to present research findings in professional forums and/or to publish data resulting from independent or collaborative work; to participate as a contributing member to a research group; and/or to prepare a grant proposal for submission. Residents should demonstrate knowledge of, and sensitivity to, general ethical, legal, and cultural issues in the conduct of research. Residents should demonstrate an awareness of the limitations and cautions in translating evidence-based practices to individual cases, particularly in non-majority populations. Benchmark elements associated with this Competency include:

- Seeks current scientific knowledge.
- Implementing research designs
- Protection of human subjects and ethical issues
- Publishing and presenting research findings.

Competency 2. Individual and cultural diversity

Residents should demonstrate a knowledge of the VA health care and mental health care system, including economic, legal and socio-cultural aspects of health care delivery. They should show awareness of, and sensitivity to individual differences and systemic issues that impact the delivery of services, especially those that involve other professionals and disciplines. Exhibits knowledge, awareness, and sensitivity to marginalized populations and individuals. Benchmark elements associated with this Competency include:

- Sensitivity to patient diversity and individual differences
- Awareness of own cultural and ethnic background

Competency 3. Ethical and legal

Residents should demonstrate continued growth in professional development and identity. In accordance with their level of training, Residents should assume increasing professional responsibility for patient care, consultation, research, and teaching activities. They should demonstrate advanced knowledge in ethical, legal, and cultural issues related to all of the above objectives and conduct themselves in accordance with these principles and with current professional standards.

Benchmark elements associated with this Competency include:

- Knowledge of ethics and law
- Consumer protection
- Seeks consultation/supervision.
- Uses positive coping strategies.

LEVEL II. PROGRAM SPECIFIC COMPETENCIES

Competency 4. Interprofessional collaborative practice

As defined by the Inter-professional Education Collaborative; residents should exhibit the ability to work with individuals of other professions to maintain a climate of mutual respect and shared values. The resident uses the knowledge of his/her own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served. The resident exhibits effective communication skills with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease. The resident can successfully apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Benchmark elements associated with this Competency include:

- Inter-professional teamwork
- Use of interprofessional leadership skills
- Professional interpersonal behavior
- Maintains appropriate personal boundaries with colleagues and patients.

LEVEL III. NEUROPSYCHOLOGY SPECIALTY COMPETENCIES

Residents will have adequate exposure to clinical experience and structured learning activities to develop the fund of knowledge necessary to specialize in neuropsychology, as defined by the APA Division 40 Houston Guidelines. This is described as the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to normal and abnormal functioning of the central nervous system. Residency education and training is designed to provide clinical, didactic, and academic training to produce an advanced level of competence in the specialty of Clinical Neuropsychology and to complete the education and training necessary for independent practice in the specialty.

Competency 5. Foundations for the study of brain behavior relationships

To prepare residents to assume entry level positions in the subspecialty practice of neuropsychology within the VHA equivalent of a GS13, or a community/academic medical center and who will be prepared to apply for board certification in clinical neuropsychology, residents will achieve competency in the study of brain behavior relationships.

Benchmark elements associated with this competency include:

- Functional neuroanatomy
- Neurological and related disorders
- Non- neurologic conditions affecting central nervous system functioning.
- Neuroimaging and other neurodiagnostic techniques
- Neurochemistry of behavior
- Neuropsychology of behavior

Competency 6. Foundations for the practice of clinical neuropsychology

To prepare residents to assume entry level positions in the subspecialty practice of neuropsychology within the VHA equivalent of a GS13, or a community/academic medical center and who will be prepared to apply for board certification in clinical neuropsychology, residents will achieve competency in foundations for the practice of clinical neuropsychology.

Benchmark elements associated with this competency include:

- Specialized neuropsychological assessment techniques.

- Specialized neuropsychological intervention techniques.
- Research design and analysis in neuropsychology
- Professional issues and ethics in neuropsychology
- Practical implications of neuropsychological conditions

PROGRAM STRUCTURE - NEUROPSYCHOLOGY CORE CLINICAL ROTATIONS

1a. Outpatient Physical Medicine and Rehabilitation (PM&R) Polytrauma Traumatic Brain Injury (TBI) Major (2.5 days per week):

The unique nature of polytrauma injuries creates the need for an interprofessional polytrauma program to handle the medical, psychological, rehabilitation, and prosthetic needs of these individuals. The Bay Pines VA Healthcare System Polytrauma TBI Rehabilitation Service utilizes an interprofessional team-based approach to provision of patient centered outpatient services. The interprofessional team consists of a psychiatrist, speech language pathologist, occupational therapist, physical therapist, social worker, audiologist, nurse practitioner and a neuropsychologist. The treatment of polytrauma injuries requires a flexible, innovative approach that involves shared decision making. The interprofessional team meets weekly to promote patient centered goal setting, health behaviors and self-management. The polytrauma rehabilitation environment is fast-paced and exciting, with immense opportunity to contribute to this burgeoning field. Residents can anticipate participation in the following activities based on individual training plan:

- Conduct outpatient comprehensive neuropsychological evaluations on Veterans with mild-to-severe TBI.
- Conduct intervention feedback sessions in person, with family and/or with use of Telehealth Video on Demand
- Manage and participate in the TBI Assessment Clinic w/supervision of psychometrist.
- Conduct Individual and Group based outpatient TBI Cognitive Rehabilitation
- Attend and participate in weekly Physical Medicine and Rehabilitation (PM&R) Polytrauma TBI IPT meetings.
- Attend and participate in PM&R Polytrauma IPT family conferences.
- Complete eConsults
- Provide vertical supervision of Neuropsychology Interns
- Engage in 2 hours of individual supervision within Neuropsychology.

1b. Inpatient Physical Medicine and Rehabilitation (PM&R) Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) Team and Inpatient NEUROLOGY C/L Minor (1.5 day per week)

PM&R Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP):

This team utilizes an interprofessional team-based approach to provision of patient centered inpatient services. The interprofessional team consists of a physiatrist, speech language pathologist, occupational therapist, physical therapist, pharmacist, social worker, nurse, and a neuropsychologist. The nature of inpatient rehabilitation also requires flexible, innovative treatment approaches that involve shared decision making. The time dedicated to this training rotation will vary, based on CIIRP needs. The resident can anticipate consultation with team members on Veteran presentation and needs and answer inpatient consults for neuropsychological

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

evaluation and/or intervention. In addition, the resident can join in the weekly IPT meetings with patients and families to promote patient centered goal setting, health behaviors, self-management, and the highest possible level of independence. The inpatient rehabilitation environment is fast-paced and exciting, with immense opportunity to contribute to this burgeoning field.

Inpatient Neurology C/L: Residents rotate with inpatient Neurology C/L attendings one day per week. Neurology staff, medical residents and MSIII students address stat inpatient consults for Veterans admitted to the hospital Med-ICU and telemetry units under conditions of stroke alert, acute TBI, MS exacerbation, delirium/dementia, and other neurologic presentations. Residents will participate in neurologic examinations and engage in discussion with attending on need/value of bedside neuropsychological evaluation. Residents will be able to accept 1 inpatient neuropsychological evaluation consult per week.

Residents can anticipate participation in the following activities based on individual training plan: Weekly rounding/supervision with the attending physiatrist (CIIRP) and/or attending inpatient Neurologist Participation in the weekly PM&R CIRRP IPT meetings; daily Neurology huddle. Conducting neuropsychological assessment of select neurology, telemetry, and rehabilitation patients (via the Neuropsychology Consult service/procedures). Providing individual and group based Cognitive Rehabilitation Treatment. Providing supportive and behaviorally based therapeutic interventions (e.g., mirror imagery, guided imagery, biofeedback, MI), and feedback sessions.

The resident will receive specialized training in the delivery of NP inpatient Services:

- a.) NP Assessment and Intervention following acute or subacute Moderate to Severe TBI and/or CVA (e.g., assessment of field cut, hemi-spatial neglect, aphasia, agnosia).
- b.) NP Assessment of learning/memory to inform amputee treatment and prosthetic planning.
- c.) NP Assessment of Driving Test Prediction.
- d.) NP Assessment to render opinion for d/c placement and level of oversight required

2a. Outpatient memory disorders (Geriatrics) Major (3 days per week):

The primary clinical role of the neuropsychology postdoctoral resident in this rotation is to provide a variety of assessment and consultation services on an outpatient basis. The general purpose of such evaluation is to determine potential disruption of general cognitive and behavioral function secondary to neurologic disease; identification of specific neurobehavioral deficits, and identification of critical areas of dysfunction which relate to level of independence, future planning or rehabilitation potential. Residents can anticipate participation in the following activities based on individual training plan:

- Conduct outpatient comprehensive neuropsychological evaluations.
- Conduct intervention feedback sessions in person, with family and/or with use of Telehealth Video on Demand
- Management and participation in the Memory Disorder Screening Clinic w/supervision of psychometrist
- Conduct Individual or group based cognitive rehabilitation
- Assessment of Telemetry, Neurology and MICU Hospital inpatients (delirium, capacity, discharge placement recommendations, baseline r/o dementia)
- Complete eConsults

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

- Provide vertical supervision of neuropsychology Intern.
- Engage in 2 hours of individual supervision within neuropsychology.

2b. Inpatient medical psychiatry consultant/liaison geriatric Minor (1 day per week)

The inpatient Consultant/Liaison Minor involves rounding and bedside assessment with the inpatient Psychiatry Team within the inpatient medical units (i.e., Neurology, Telemetry, MICU and Surgery). The Inpatient Psychiatry Team includes a psychiatrist, ARNP, social worker, Neuropsychologist and MS-III medical student. Residents will practice in the role of consultant/liaison in the medical management of acute and long-term medical and mental health illness. Bedside cognitive screenings, capacity evaluations and suicide risk screens are common daily activities. On this rotation, the resident will develop an advanced Psychopharmacological knowledge including indications & contraindications for psychotropic medications, adverse effects, drug interactions, and iatrogenic illness; Learn approaches, components, and nuances to assessing capacity in adult patients; Tailor and conduct neuropsychological evaluations for the purposes of screening geriatric inpatients for treatment and discharge/placement planning; Develop and apply a working knowledge of and sensitivity to multicultural diversity issues (e.g., ethnic, racial, religious, political, age, gender, sexual orientation, and disability factors) that intersect in medical inpatient settings.

3. Neurology Clerkship (six weeks)

Residents will complete a six-week Neurology clerkship toward the end of their first year. This is a full-time experience that will be completed within Neurology Service. Residents will be released from primary Neuropsychology responsibilities during this time. As an overview, the Neurology clerkship is a six-week didactic and practical experience involving third year medical students from surrounding universities (e.g., University of Central Florida, University of South Florida). Residents will work closely with the Neurologists and MS-III's during this experience. There are a variety of opportunities on this clerkship. Primarily, residents will work with the on-call Neurologist on an inpatient basis. This provides the opportunity to work with multiple Neurologists across the six weeks and exposure to a diverse population experiencing CNS and PNS disorders in their acute phases and during the early stages of resolution. Additionally, residents can shadow neurologists and a neuro-ophthalmologist during outpatient evaluations. Residents will also work closely with third year medical students. Together with medical students, residents receive and staff inpatient consults, evaluate patients (includes obtaining history and neurologic exam), and discuss the findings with the Neurologist. Didactic information is provided regarding various diagnoses, etiology, and treatment recommendations should the students and/or residents have limited knowledge of a particular disease process. Disease processes that will likely be encountered include, but are not limited to: seizure, syncope, CVA, TIA, autoimmune diseases, neuromuscular diseases, dementia, Parkinson disease, Parkinson plus syndromes, migraine, and brain injury. In addition to learning how to conduct a neurologic exam, residents will also can learn/review EEG, EMG, and neuroimaging (MRI, CT).

MORNING NEUROPSYCHOLOGY TEAM STAFFING MEETINGS/CLINICAL & ETHICS CONSULTATION

Neuropsychology staff and residents (and interns on rotation) meet twice a week (Tuesdays and Thursdays) from 8:00-8:30 for research update meetings, ethics consultation and case presentations.

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Case presentations in neuropsychology staffing meetings

- 8:00 a.m. - 8:05 a.m. – up to five minutes to log in/arrive and handle any administrative or clinic staffing issues.
- 8:05 a.m. - 8:20 a.m. – one neuropsychology practicum student, intern, or resident (alternating schedule) presents their case for that day (1st quarter/rotation) or a recent case that has already been seen (2nd quarter/rotation).

1st quarter/rotation – initial staffing of a new case (August through October)

10-to-15-minute presentations would include approximately

- Five-to-ten minutes of background information (i.e., referral source, demographics, HPI, medical history, psychiatric history, and psychosocial history) gleaned from EMR.
- Three-to-five minutes to discuss possible r/o and differential diagnoses.
- Five minutes to discuss plan for testing battery (e.g., flexible battery you are planning on giving, anticipated barriers to testing and how to manage them – vision, motor, hearing, etc.).

2nd quarter/rotation – interesting or complicated case presentation (November – January)

10-to-15-minute presentations would include approximately

- Five minutes of background information (i.e., referral source, demographics, HPI, medical history, psychiatric history, and psychosocial history)
- Three-to-five minutes to discuss preliminary differential diagnoses.
- Ten minutes to present/discuss the testing data, their conceptualization, impressions (discuss how you ruled out other differentials), diagnosis and recommendations.

8:20-8:30 – time for questions, comments, and suggestions from other staff and trainees

The individual presenting will make email/copies of the data sheet for the other individuals (staff and trainees) present.

Guidelines for the presentations format:

1. Basic demographics
2. Reason for referral / referral question/history of present illness
3. Relevant history
 - a. Developmental / educational / occupational / military / social / marital / legal
 - b. Medical / neurological / family medical history
 - c. Psychiatric/sleep/pain
 - d. Substance abuse / dependence
 - e. Social / interpersonal / occupational / academic functioning
4. Current functioning
 - a. Cognitive complaints
 - b. ADLs / IADLs
 - c. Treatment / rehabilitation and response
 - d. Third party information (if applicable)
5. Current medical issues
 - a. Diagnosed medical conditions
 - b. Complaints (e.g., pain, sleep, sensorimotor)

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

- c. Mood / affect / personality change
- d. Medications / drugs
- e. Neuroimaging
- f. Pertinent Labs
- 6. Behavioral observations (during evaluation) / MMSE/MS3/MoCA
- 7. Other pertinent background information as appropriate
- 8. Differential diagnoses
- 9. Neuropsychological test results
- 10. Case formulation
 - a. Diagnosis
 - b. Treatment/management
 - c. Recommendations/plan

Trainees will be responsible for obtaining coverage in case they are off/sick on a day they are scheduled to present.

Research Update Thursdays

The first Thursday of the month will focus on a research update. This will allow real-time discussion regarding active and proposed research projects with staff investigators and research supervisors. 8:05-8:30 a.m. first Thursday of the month.

February through July

For the second half of the academic year, residents and staff will use the daily staffing time as professional consultation time. Residents and staff will bring current cases that are diagnostically challenging, involve legal issues, ethical considerations, or some other clinical or procedural concern that is related to clinical care or professional development. There will be routine practice of mini FFC and ethical vignettes targeting preparation for Board Certification examination.

CLINICAL ROTATION ADMINISTRATION

At the beginning of each rotation, residents will meet with their primary supervisor and interprofessional supervisor for rotation orientation and development of individualized goals. Individualized goals will include specified targets related to both their major outpatient and minor inpatient rotations. Supervisors will complete a change of rotation form at year 1 end.

2-year neuropsychology training outline

Core clinical rotations 70%	Research; Supervision; Didactics 30%
<p>YEAR 1 MAJOR OUTPATIENT PM&R POLYTRAUMA TBI and COGNITIVE REHABILITATION Rotate 2.5 days per week. Conduct outpatient neuropsychological evaluations. Conduct intervention feedback sessions Manage TBI assessment clinic w/supervision of psychometrist.</p>	<p>MONDAYS YEAR ROUND Multi-site neuropsychology didactic- in collaboration with 10 VHA medical center training sites, residents will participate in weekly multisite didactics. Hour 1 Case Conference/ABCN fact finding exercise. Hour 2 reading seminar/didactic (Neuroanatomy/pathology/psychology) Competencies: Teaching; Psychological</p>

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

<p>Provide individual and group based cognitive rehabilitation Member of weekly PM&R Polytrauma TBI interprofessional team (IPT) Participate in weekly PM&R Polytrauma TBI IPT family meetings Conduct eConsults Provide vertical supervision for TBI/Rehab NP intern</p>	<p>Assessment; Foundations for the study of brain behavior relationships; Foundations for the practice of clinical neuropsychology WEDNESDAYS YEAR ROUND Medical grand rounds/neurology seminar Medical GR-attended by all medical and allied health staff Neurology seminar-attended by neuropsychology, neurology, radiology, SLP Collaborative competencies: Foundations for the study of brain behavior relationships; Interprofessional collaborative practice; Teaching.</p>
<p>YEAR 1 MINOR PM&R CIIRP INPATIENT REHABILITATION AND/OR INPATIENT NEUROLOGY C/L Rotate 1.5 days per week as Consultant/Liaison for Inpatient PM&R CIIRP/Inpatient Neurology Conduct bedside neuropsychological evaluations, provide therapy and CRT within the PM&R inpatient rehabilitation unit. Medical rounds with inpatient PM&R staff Attend inpatient IPT meetings.</p>	<p>THURSDAYS YEAR ROUND ABPP-CN seminar Weekly didactic series targeting Level III competencies in Neuropsychology for board certification preparation Competencies: Teaching; Foundations for the study of brain behavior relationships; Foundations for the practice of clinical neuropsychology</p>
<p>YEAR 2 MAJOR OUTPATIENT MEMORY DISORDER (GERIATRIC) Rotate 3 days per week. Conduct outpatient neuropsychological evaluations. Conduct intervention feedback sessions manage and participate in the memory disorder screening clinic w/supervision of psychometrist Conduct individual and group based cognitive rehabilitation Provide vertical supervision for memory disorder np intern</p>	<p>FRIDAYS YEAR ROUND Postdoctoral peer consultation Attended by neuropsych and generalist postdoctoral residents. Competencies: Professional development Research journal club Attended by psychology staff, residents, interns, Competencies: Integration of science and practice; Teaching and clinical supervision Multicultural diversity and ethics seminar Attended by TC staff, residents, interns (monthly) Competencies: Individual and cultural diversity Ethics and legal issues in training seminar Attended by TC staff, residents, interns Competencies: Ethics and legal Supervision of supervision Attended by residents and staff (monthly)</p>

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

	<p>Competencies: Supervision, ethics and legal Neurology didactic (during clerkship) Interprofessional attendance, led by neurology service</p> <p>Competencies: Interprofessional collaborative practice; Foundations for the study of brain behavior relationships; Teaching</p>
<p>YEAR 2 MINOR Inpatient Consultant/Liaison Geriatric focus Rotate 1 day per week as consultant-liaison with medical inpatient psychiatry Conduct bedside neuropsychological evaluations, capacity evaluations and suicide screenings within inpatient medical units. Medical rounds with inpatient psychiatry team 6 week neurology clerkship</p>	<p>RESEARCH PROJECT Year 1: Develop proposal, IRB, data collection Year 2: Data analysis; presentation and publication submission</p> <p>Competencies: Integration of science and practice</p>

Resident(A) Year 1	Resident(B) Year 1	Resident(A) Year 2	Resident(B) Year 2
MAJOR Outpatient polytrauma-TBI OEF/OIF/OND and cog rehab treatment	MAJOR Outpatient memory disorder (geriatrics)	MAJOR Outpatient memory disorder (geriatrics)	MAJOR Outpatient polytrauma-TBI OEF/OIF/OND
MINOR Inpatient consultant-liaison PM&R CIIRP/neurology rehab focus	MINOR Inpatient consultant-liaison medical psychiatry geriatrics focus Neurology clerkship	MINOR Inpatient consultant-liaison medical psychiatry geriatrics focus Neurology clerkship	MINOR Inpatient consultant-liaison PM&R CIIRP/neurology rehab focus

SUPERVISION AND TRAINING METHODS TO ACCOMPLISH PROGRAM AIMS AND COMPETENCIES

Within this learning/teaching environment, residents are expected to provide clinical services to patients and spend most of their time (70%) engaged in direct patient services and clinical supervision. They will spend the remaining time (30%) engaged in structured learning activities, teaching and research.

CLINICAL SUPERVISION

All clinical activities of neuropsychology postdoctoral residents are supervised by the licensed psychologist(s) serving as the primary neuropsychology rotation supervisor(s), and the designated interprofessional doctoral level licensed medical provider of their minor rotation (i.e. psychiatrist, psychiatrist or neurologist). Frequency of supervision will vary depending on the activities and

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

skills of the resident, but a minimum of four hours of formal supervision will be arranged each week as mandated by APA and VHA guidelines. Of these four hours a minimum of two hours per week will be regularly scheduled individual, face to face clinical supervision with a licensed psychologist serving as their primary neuropsychology supervisor to meet state licensure requirements for postdoctoral training. One hour a week will be in a group format with the Training Director. While on rotation, the resident will have regularly scheduled additional opportunities to engage in interactive educational experiences with their primary supervisor. These experiences are evaluative and hierarchical and extend across the duration of the clinical rotation period. These experiences allow for enhancement of the resident's professional development and allows the supervisor to monitor and provide immediate feedback on the quality of professional services offered. Additional hour(s) of supervised experience over and above that which occurs with their licensed clinical neuropsychologist primary supervisor will be in the form of interactive, structured learning activities (i.e., seminars and didactics) with staff psychologists serving on the TC, and regularly scheduled individual supervision with their interprofessional supervisor and research supervisor.

METHODS OF EVALUATION

1. The main method of evaluation is communicated by use of the neuropsychology postdoctoral residency competency evaluation. The Primary Supervisor of each resident will complete formal written evaluations at the mid-point and completion of each postdoctoral year based on collaborative discussion with research and interprofessional supervisors, to assess progress towards clinical independence and achievement of program competencies.
2. Residents will also be provided immediate written feedback on their participation in required didactic and structured learning activities (e.g., skill delivering ABPP-CN or multisite didactic presentation, facilitation in the research journal club, performance on a fact-finding exercise). performance in these activities is factored into the neuropsychology postdoctoral residency competency evaluation form.
3. More frequent, ongoing informal evaluation will be provided on an ongoing basis during the course of their major and minor rotations to promote professional and clinical development and to identify and address any remediation needs.
4. Residents will evaluate the rotations and their supervisors at the mid-point and completion of each postdoctoral year as well, providing written mid and end of year programmatic and supervisory feedback. Feedback is also regularly solicited at TC meetings and routinely integrated into the program.

COMPETENCY BASED EVALUATION SYSTEM

The competency ratings used in our program are based on the amount of supervision that is required for the resident to perform the task competently. This rating scale is intended to reflect the developmental progression toward becoming an early career neuropsychologist ready for an entry level position in neuropsychology within the VHA equivalent of a GS13, or a community/academic medical center within the context of interprofessional practice who is prepared to apply for board certification in clinical neuropsychology.

It is our intention that evaluation of neuropsychology resident's progress be open, fair, and part of the developmental learning process. Residents are involved in all phases of evaluation from the

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

initial concurrence with training goals through the final evaluation. Ongoing feedback during regularly scheduled supervisory sessions is presumed and residents should request clarification from their Primary Supervisors and/or adjunctive Interprofessional staff if there is uncertainty about progress.

To assist in our residency training and evaluation process, and to document the attainment of general advanced core, interprofessional and specialty (neuropsychology) practice competencies and outcomes, competency evaluations are conducted for the resident's professional activities at a minimum of (4) times during their training program. The competency domains expected at the completion of each residency year are described below.

In accord with VHA Handbook 1400.04 Supervision of Associated Health Trainees and its supervision requirements related to graduated levels of responsibility for safe and effective care of Veterans, we have determined that the trainee can perform the following clinical activities within the context of the following assigned graduated levels of responsibility (GLR):

Room. The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.

Area. The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with Veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a graduated level of responsibility commensurate with this type of supervision.

Available. Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a graduated level of responsibility commensurate with this type of supervision.

There are 5 possible rating levels depicting how much supervision is required for the resident to perform the professional activity or task competently. They are as follows:

1. Requires intensive/close supervision

Performance expected at the mid-to-exit level of the pre-doctoral intern: resident exhibits novice core, program specific and/or specialty competencies (basic knowledge, skills, and abilities with limited experience). Residents require close supervision for unfamiliar clinical activities and/or novel circumstances. Ratings at this level represent an area of underdeveloped competency, which requires specific attention when noted. A formal remediation plan may or may not be implemented. The most commonly assigned level of responsibility (GLR) is area; However, room (direct observation and modeling) may be required for some routine, and many complex or new experiences. Most common rating during internship. Routine, and intensive, supervision is generally needed.

2. Requires routine/occasional supervision

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Performance expected at the entry level of the first-year resident: resident exhibits intermediate core, program specific and/or novice to intermediate specialty competencies (able to practically apply and generalize knowledge, skills, and abilities) across clinical activities and settings. Can engage in routine clinical activities with minimal structure but may need closer supervision for more complex situations. Ratings at this level is expected of incoming doctoral staff members just starting at the GS-11 level within the VA system who have just received their doctorate and are beginning to undergo postdoctoral supervision. The most common (GLR) assigned level of responsibility is area or available; direct observation and modeling is infrequently required. Common rating at the end of internship through mid-evaluation period of a 1st year resident. Routine supervision of most activities.

3. Requires consultation-based supervision

Performance expected at the exit level of the first-year resident: Resident exhibits advanced core competencies and program specific and specialty competencies. That is, consistently integrates and applies knowledge, skills, and abilities into all aspects of professional service-delivery. Able to engage in less familiar clinical activities, and function proactively and independently in most contexts. Ratings at this level is expected of unlicensed, entry level psychologists, such as those who have been working at the GS-11 level in the VA system for six months or longer. The assigned level of responsibility is available; immediate access (area) is only needed for very complicated cases. The resident acts as an unlicensed “junior” colleague, requiring supervision according to compliance standards. Residents requires only consultation-based/resident directed supervision for core health service psychology tasks with ongoing consultation and supervision as required for advanced practice areas. This level rating is expected at the mid-point of residency for all target competency measures.

4. Ready for autonomous practice

Performance at the mid to exit level of the second-year resident: Skills exhibited at the Mid through exit period of year ii represent independence of core competencies and program specific and specialty competencies in clinical neuropsychology. This is the rating expected of a psychologist ready to apply for licensure, or newly licensed, equivalent to a GS-12 level. Supervision is required for compliance with professional standards, but the resident is essentially ready for autonomous practice. Consultation is self-guided and directed toward life-long learning and ongoing advanced practice development. Assigned level of responsibility for this activity would be limited to available. Residents must achieve this level rating on all targeted competency measures for successful program completion.

5. Advanced practice, life-long learner, and consultant.

This rating reflects advanced mastery of core competencies and program specific and specialty competencies in clinical neuropsychology. This rating would be expected of a fully licensed, independent psychologist at the GS-13 level within the VA system. Residents may achieve this rating on a few advanced practice tasks that represent strengths. This rating is for rare occasions when a resident can serve as a consultant to other licensed psychologists in a particular area.

RESEARCH TRAINING AND DIDACTIC SEMINARS

RESEARCH TRAINING

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

It has been our experience that residents value and benefit from a scientist practitioner-based training program which encourages skillful use of the empirical literature and opportunities for collaborative or self-directed research. The research requirement for the neuropsychology postdoctoral resident would allow for up to 20% (equivalent to a maximum of 8 hours per week) of dedicated time to include journal club seminar participation and research supervision/ research lab meetings. To meet the research requirement, residents will have the opportunity to collaborate with staff and trainees from other disciplines on a program improvement/quality systems project, assist in ongoing research, and/or design and implement an independent research project under the mentoring of one staff member.

Individual research projects

At the beginning of the year, neuropsychology residents will participate in a research kick off meeting where they will have the opportunity to learn about the current research projects, meet the pool of available research supervisors and share information about their research interests and experience. Within the two weeks following the kickoff, trainees will connect with the research supervisor(s) whose interests and skill set align with the trainee's research goals. Residents may select a research supervisor and communicate their selection to the training director or be matched to a research supervisor.

Once matched, the neuropsychology resident will immediately meet with their research supervisor to develop a research plan including timeline with clearly identified, measurable objectives/goals and to set up regularly scheduled research supervision. Research training goals are individually tailored, based on a resident's level of interest, academic training, and professional goals. Residents will be allotted up to 8 hours of protected time per week to work on their selected projects. They will have access to research resources (ex. PSPP and SPSS software, reference books on conducting analysis in Excel and SAS, contact information for R&D IRB Coordinator).

The neuropsychology residents will have two options regarding their research projects over the course of their residency. These options are designed to give the resident some degree of flexibility when designing their research questions and the manner in which they choose to answer these questions.

Option 1: The resident can choose to engage in expedited or exempted research by utilizing existing databases to produce a minimum of one (1) manuscript submitted to a peer-reviewed journal in one of their Residency years and one (1) presentation (paper or poster) presented at a national conference (e.g., AACN, INS, NAN, APA) one of their residency years. This would give the resident a minimum of 1 manuscript competitive for submission in a peer reviewed journal and 1 national professional association presentation. A resident may opt to produce a second empirical manuscript, PI/QS project, Case Study or Content Article for publication; however, this would be considered additional to the minimum requirement and not in lieu of. Of note, to gain access to existing database, the resident will be required to code a minimum of 25 cases into the database.

Option 2: The resident can choose to engage in human subject's research by designing their own project through IRB that would encompass all aspects of research design, including a full IRB proposal and subject selection/recruitment. The expectation for the resident choosing option 2 is that the IRB and subject recruitment portion of the project would encompass year 1 while the data

analysis, preparation of one (1) presentation (paper or poster) presented at a national conference (e.g., AACN, INS, NAN, APA) and one (1) manuscript submitted to a peer-reviewed journal would encompass year 2. The resident can, if they wish, produce more than one manuscript based upon their project; however, this would be considered additional to the minimum requirement and not in lieu of. This would give the resident a minimum of 1 manuscript competitive for submission in a peer reviewed journal and 1 national professional association presentation, as well as experience navigating the IRB process.

Regardless of whether the resident chooses option 1 (pre-existing database or exempted project) or option 2 (IRB original data collection project), the resident is required to present their research project in a poster or symposium format at a national level conference (i.e., NAN, INS, APA, FPA) for a minimum of (1) of their training years. Additionally, residents may present/disseminate their completed research project as a poster, presentation, symposium at the annual MH&BSS trainee research poster fair, community outreach, or state level conference.

During each year, the resident will be evaluated on their ability to successfully design viable projects, navigate IRB and developing the time management, planning and organization skills required to conduct clinical research in a busy medical center. The pass/fail status of the peer review projects will be based on ability to prepare and submit product on time to their supervisor and will not be contingent on acceptance of the manuscript in a journal.

Research supervision and neuropsychology research lab meetings

The Resident will meet with the neuropsychology supervisors at the beginning of the residency year i for selection/assignment of primary research supervisor. The resident and the primary research supervisor will work together to develop a research question within the previously listed research options. The resident and the research supervisor will develop a bi-weekly supervision schedule dedicated to the resident's research project. In addition to these individual research meetings, there will be a monthly Research Update meeting on the first Monday of the month from 8:00-8:30 in place of the morning team meeting and a bi-monthly neuropsychology research committee meeting for the entire neuropsychology team. residents must meet all designated MLA for research competencies on their profession-wide competencies evaluation form.

SUPERVISION TRAINING

In order to promote advanced competencies in provision of clinical supervision, including continued development of knowledge and sensitivity to ethical, legal and multicultural issues in providing supervision, both didactic and vertical model training in clinical supervision will be integrated over the course of the 2-year training program.

a. Supervision institute (required)

At the start of year, I, the residents will participate in a day long workshop to provide foundational knowledge and baseline skills assessment.

A.M. session: didactic lectures by tc staff on:

- The role of a supervisor & characteristics that make a good supervisor
- Laws, VA and APA rules and liability, tiered vertical supervision and supervision contracts
- Provision of critical and positive feedback

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

- Boundaries – the ethics of supervisory relationships and dealing with conflict within supervisory relationship (remediation and grievances)
P.M. session: experiential role play exercises with TC staff
Targeted vignettes, simulated exercises and role play:
lay the cards on the table exercise

b. Supervision of supervision/ethics and legal issues in training seminars (required)

Twice a month, residents will attend the supervision of supervision and ethics and legal issues in training seminar with staff members of the training committee. Based on the perspective that similar to training in psychotherapy, acquiring supervision competencies is a lifelong, cumulative, and developmental process. The content and goals of this seminar attends to the importance of multicultural diversity awareness, knowledge, sensitivity, and advocacy within the supervisory relationship. Consideration of legal and ethical issues related to supervision are the focus of discussion once a month, as well as the influence of individual professional and personal factors, including beliefs, values, interpersonal biases, and conflicts on the process of supervision.

In this seminar, which allows for structured learning activities (articles, guest speakers, PowerPoint lectures...) and discussion involving senior, mid-career, ECP and trainee supervisors, benefits include competency development and growth within a supportive, collegial environment in which issues of supervision can be candidly discussed; Development of an accessible, supportive peer group to provide consultation and support, particularly when experiencing difficulties in the supervisory relationship; reduce professional stagnation; additional opportunity to monitor and shape skills; reduce chances of ineffective or damaging supervision.

c. Vertical (tiered) experiential supervision (required)

Vertical supervision, the provision of individual clinical supervision by one resident level trainee, to a more junior intern level trainee under the “Umbrella” guidance and supervision of the more senior licensed provider is a valuable way to develop supervision competencies. Vertical supervision by more senior trainee increases their proficiency in providing supervision and benefits the junior trainee through the addition of multiple perspectives and additional oversight. Residents will have ample opportunity to supervise both outpatient and inpatient cases with the neuropsychology tracked Interns across the course of both program years. In all cases, it is ultimately the licensed and privileged supervisor who retains clinical, ethical, and legal responsibility for all supervision and patient care provided by trainees.

INTERPROFESSIONAL AND DEVELOPMENT AND EDUCATIONAL SEMINARS

1. Psychology research journal club (Required): 1 hour every other week.

The research journal-club didactic is held bi-weekly and involves an informal, weekly gathering of Interns, Residents, and professional staff to critically evaluate recent peer reviewed articles in the scientific literature. The first week, residents will be provided with instruction on how to critically review an article and how to search for and access peer reviewed journal articles through the Bay Pines VA On-line Library Services (e.g., Ebsco databases: MEDLINE, CINAHL, PSYCHINFO).

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

For the rest of the academic year, interns and residents will rotate in selecting an article of interest and providing an electronic pdf, or hard copy to participants for review prior to the next journal club meeting. The intern/resident will then lead the discussion that can include but is not limited to: evaluation of research methodology/design and analysis employed by investigators, implications and limitations thereof, cultural and ethnic factors, clinical application, ecological validity and considerations for treatment with identified populations. TC staff will rotate in joining this journal club and will provide immediate written feedback on facilitation that will be factored into the neuropsychology residency competency evaluation.

In addition, every 4th journal club, the topic will focus on developing competencies in the practice/provision of clinical supervision. Interns and residents will be required to present a journal article utilizing the same format as all the other journal clubs on a clinical supervision topic.

2. Multicultural diversity (MCD) didactic seminar (required): 1 hour per month.

Multicultural competence is a broad and multifaceted aspiration that requires commitment to a lifelong learning process, which can incorporate awareness of diversity issues, knowledge of cultural variation, clinical application of skills relevant to individual differences, and community advocacy and outreach. This monthly seminar is attended by interns, residents, and training committee staff. It is intended to support continued development of multicultural competence by fostering an appreciation for culture and individual differences among clinicians; developing insight into clinicians' own multicultural identity and the limits of one's worldview, an understanding of multiculturalism; facilitating better care to Veterans served by addressing cultural components of difficult cases; and creating a rich learning environment for continued progress toward multicultural competency. During this seminar, self-exploration and an openness to personal growth is strongly encouraged, supported, and modeled. Each seminar is led by a triad of facilitators at each level of professional development (intern, resident, and career/staff) to explore a variety of topics relevant to specific patient populations and to the promotion of multicultural competence. This may include formal didactics, or administrative discussion on exploring new initiatives/activities to promote the need of our training community. On occasion, cultural immersion experiences may be pre-arranged, intended to build awareness in areas relevant to work with VA populations, followed by group debriefing of the experience and a discussion on how our own cultural identities, biases, and values may match or deviate from others. This seminar is coordinated by the multicultural diversity subcommittee, whose mission is to promote cultural competence, self-awareness and appreciation of others viewpoints in training and health care provision, and to foster acceptance and a culture of safety across the facility at large.

3. Ethics and legal issues in healthcare and training seminar (required): 1 hour per month.

Interns are required to attend and participate in the monthly ethics and legal issues in healthcare and training seminar. This monthly integrated learning activity is hierarchical and evaluative. It is attended by interns, residents, supervisory training committee staff and the Training Director. It is intended to support the development of ethical decision making and understanding and application of laws, rules and guidelines directing our practice within a large healthcare organization. By participating in this structured learning activity, Interns will develop increasing professional responsibility for patient care, consultation, research, supervision, and teaching activities. They will demonstrate advanced knowledge of the APA ethics code and understanding

of local facility, state jurisdictional and federal laws, and rules as they apply to practice as a trainee and a psychologist. The ability to use consultation to navigate ethical conundrums, and to conduct oneself in accordance with these principles, laws and rules is formally evaluated. Each seminar is led by a triad of facilitators at each level of professional development (intern, resident, and career/staff) to explore ethical and legal conundrums and guiding facility, state and national-level laws and rules. The Intern participants are evaluated formally at the start of Internship during the baseline exercises with their Training Director (see attached ethics questionnaire). They are provided ongoing, written evaluative feedback within their mid- and end of quarterly rotation evaluation form on the development of targeted competencies including ethics, professional values, attitudes and behaviors, communication and interpersonal skills competencies.

4. Medical grand rounds (optional):

This is an optional weekly lecture series presented by attending and visiting medical staff throughout the medical center. Participants include pharmacy, primary care, geriatrics, rheumatology, infectious disease, physical medicine, cardiology, neurology, radiology, mental health and others.

5. ABPP-CN neuropsychology board certification seminar (required): 1 hour per week.

This is a structured, weekly seminar is delivered in an interactive, lecture and journal club format focused on development of specialty competencies in neuropsychology, specifically targeting fund of knowledge for board certification preparation. Residents and staff rotate in facilitating/teaching the seminar with topics that cover foundations for the study of brain behavior relationships and foundations for the practice of clinical neuropsychology. neuropsychology staff will provide immediate written feedback on the resident's presentation performance that will be factored into the neuropsychology residency competency evaluation.

Examples of 2023 Fall Topics

Assessment of premorbid estimations of intelligence
Performance validity testing
Diffuse Lewy body dementia
Vascular dementia
Alzheimer's disease/mild cognitive impairment
Frontotemporal dementia
Moderate to severe TBI
Multiple sclerosis
Visuocognition (agnosia, field cuts, neglect)
Neuroanatomy of attention
Neuroanatomy of language (aphasia and alexia/agraphia)
Neuroanatomy of sensory motor (apraxia)
Motor speech & dysarthria
Cognitive interventions and neurologic disease

6. Neurology seminar (Required during clerkship):

This is a weekly team based didactic shared with neurology, radiology, ophthalmology and SLP staff and postdoctoral level trainees/residents from all five disciplines. Content includes neurology and radiology lectures, case presentations and interactive live patient evaluations. This is designed

to promote interprofessional collaborative competencies including values/ethics for interprofessional practice, roles/responsibilities, and communication within a team-based framework.

7. Multi-Site neuropsychology seminar (required): 2 hours per week.

This is a weekly collaborative seminar that is shared with 10 VHA Medical Center neuropsychology residency training sites via zoom technology. Staff will provide immediate written feedback on the resident's facilitation/teaching/participation, that will be factored into the neuropsychology residency competency evaluation. The didactic consists of two parts:

HOOR 1: Case conference/fact finding exercise:

During the Fall/Winter months, residents will select and present on a clinical should select a case of their choice. Selected cases typically include those that illustrate an important learning point or complexity for extra feedback on. The presenter circulates a sanitized data sheet to all participating residents and staff. The presenter summarizes case, data and findings and then facilitates a more in-depth discussion.

Fact-finding case conference:

During the Spring/Summer months, residents will participate in ABPP-CN fact-finding exercises modeled after the oral examination requirement for board certification. In this format, one boarded training staff member (examiner) presents basic case information to the resident (examinee) who will gather HPI, background information and test data in an organized manner. The examinee then uses the information to provide a case formulation, including data interpretation, differential diagnoses, prognosis, and treatment recommendations.

HOOR 2: Reading/PowerPoint seminar:

Weekly fund of knowledge PowerPoint presentation will be conducted by training staff and residents. Content will align with assigned weekly readings from traditional neuropsychology board certification written examination preparatory materials.

8. Postdoctoral residency wellness & professional development mid-year retreat (required): half day

The psychology postdoctoral wellness & professional development retreat is a 4-hour experiential activity, typically occurring at the midpoint during the academic year. The focus of this retreat is to provide the space for trainees to engage in discussion and exercises that promote health and wellbeing through physical, psychological, or spiritual activities. Trainees may target self-care, ways in which to combat compassion fatigue and professional burnout and how to maintain a healthy life-work balance within a holistic framework. Trainees can participate in relaxation and guided imagery exercises, mindfulness and gratitude practices, preparation of a nutritious meal or snack, yoga, tai chi, discussions in ways to bolster self-care, and engagement in values reflection. The retreat can be self-driven, designed by the trainee cohort or collaborative, where content and exercises are developed in collaboration with our whole health service. The postdoctoral cohort (including both general postdocs and neuropsychology postdocs) are required to turn in the psychology postdoctoral wellness & professional development mid-year retreat plan 6 weeks prior to intended date for Training Director approval.

9. Postdoctoral residency bi- weekly peer consultation (required): 1 hour every other week.

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

The TC recognizes that postdocs often relocate to complete their residency from various localities, both near and far. Many move to the Tampa Bay area anticipating a (1 or 2) year-long separation from their families and primary support systems. The bonding and friendships that can develop between trainees during these pivotal training years can last a lifetime. In addition to building a strong support system early in the program due to the commonalities in circumstances, adjacent office space that fosters daily interactions and participating in structured learning activities together, the TC protects additional time for all general and neuropsychology postdoctoral residents to gather informally on a bi-weekly basis for peer consultation. There are many benefits to holding a bi-weekly peer consultation group. In addition to fostering the development of a trainee support system by creating the space and honoring the time together, peer consultation can also improve communication between residents and the larger, training committee. The bi-weekly opportunity to come together as a group privately, allows each resident the opportunity to discuss training needs with each other, to share resources, and support one another. It also facilitates group-based feedback and information for the TC.

REQUIREMENTS FOR PROGRAM COMPLETION

Hours: The residency requires completion of 4160 hours to be completed in no more than 24 months. This includes paid federal holidays and accumulated paid annual and sick leave that can be taken during the year.

Minimal level of achievement (MLAs)

MLA by the completion of the residency year I

(END of rotation I – Neuropsychology postdoctoral residency competency evaluation form):

By the completion of the residency year I, residents are required to meet 100% of the competency element benchmarks for the residency level I (i.e., 100% of benchmarks should be rated as 3 or higher). None of the benchmarks should be rated as 1 or 2. Residents identified with any observed deficiencies must have a signed remediation plan in place prior to the end of residency year I. If the remediation plan is not successfully met within the stipulated timeframe, stated as no later than the mid-evaluation period of year II, residents' risk non-continuation (fail) of the Residency program.

MLA by the completion of residency year II

(END of rotation II - Neuropsychology postdoctoral residency competency evaluation form):

By the completion of residency year II, residents are required to meet 100% of the competency element benchmarks for the residency level II (i.e., 100% of the benchmarks should be rated as 4 or higher). None of the benchmarks should be rated as 1, 2 or 3.

Research project:

Residents will complete one of the following over the course the year I and II:

Option 1: Production of 1 presentation (paper or poster) presented at a national conference and 1 manuscripts/work product submitted to a peer reviewed journal via use of existing databases, PI/QS project, case study or content article.

Option 2: Production of 1 presentation (paper or poster) presented at a national conference and 1 manuscripts/work product submitted to via designing their own human subjects research project that encompassed all aspects of research design, including a full IRB proposal and subject selection/recruitment.

PROFESSIONAL DEVELOPMENT SUPPORT

LICENSURE AND THE CLINICAL EXPERIENCE LOG:

As part of the resident's overall training goals, it is anticipated that trainees will seek licensure to practice as a psychologist in a selected US state territory, or province prior to completing the program. Group supervision topics will cover how to narrow down options based on career and personal goals, how to initiate the process, and how to maintain clinical records that will support expected and unanticipated changes in career over time.

As part of this process, residents will be asked to maintain a detailed, weekly log of Didactic Presentation titles/objectives, patient contact services involving assessments, consultations, staffing, treatment planning, supervision, research, and administrative and preparatory activities. This log will be compared to generated reports documenting co-signed consultation and therapy notes in CPRS. This log serves to document exact clinical care activities and the range of experiences acquired on a particular rotation. The second purpose of this log is to provide you with "hard" copy of your experiences should you need later references for various state licensing and professional credentialing activities. Additionally, the residents will be instructed to maintain documentation within the log of any required administrative, clinical, research or preparatory activities conducted outside of regular tour hours (e.g., preparatory readings for journal club, seminars, meetings held during the lunch hour). These data should be maintained regularly and kept indefinitely for future State Licensure documentation purposes. The contents of the log will be monitored by the Training Director to ensure you have an adequate number of cases and a diverse workload.

EPPP I and II PREPERATION AND LICENSURE SUPPORT

Bay Pines training staff want to support you in preparing for the national licensure examinations and applying for licensure. To that end, we provide materials, resources, and trainings to assist you in setting up a plan to study for and take the examination by the end of your first year. We also provide a full week of administrative leave the week prior to your scheduled exam to prepare.

ABPP-CN EARLY ENTRY ELIGIBILITY

In addition, we would like to support our trainees in developing an early career plan that will support their attainment of board certification in Clinical Neuropsychology following graduation. Through preparatory seminars, access to reading and study materials and trainings on the process of ABPP, it is our expectation that you will be prepared to apply for early entry status of the ABPP-CN prior to completing your licensure. We will teach you how to collect and organize necessary materials for ABPP application (e.g., keeping track of the names/objectives of relevant courses, seminars, didactics, and experiences) to fulfill the eligibility criteria for areas of training and experiences. We will also discuss the merits of banking your credentials, and the options available to you. Neuropsychology staff will assist you in developing a training plan that builds in multiple opportunities to take practice written exams, practice Fact Finding and Ethics oral exams and to develop a study strategy and timeline that meets your personal goals.

THE BUSINESS OF NEUROPSYCHOLOGY

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Professional development is a focus of the resident's weekly group supervision with the Training Director. These discussions support successful entry into the field as an early career neuropsychologist. In addition to the nuts and bolts of passing the EPPP, banking education and training credentials, selecting a state to seek licensure in and planning a strategy for board certification, group supervision topics cover other aspects of professional practice. Popular topics have included the importance of professional affiliations, advocacy, personal branding, job search/interviewing, billing/coding, and productivity, diversifying revenue streams and seeking out leadership opportunities, to name a few.

BASELINE AND EXIT MEASURES:

APA guidelines require Postdoctoral sites to have a clear and coherent curriculum plan that provides a formal, quantitative baseline and exiting measures in designated competency areas. This is measured primarily with the use of the neuropsychology postdoctoral residency evaluations. Formal evaluations in the form of immediate written feedback related to the residents' teaching, case presentations, journal club facilitation and oral fact-finding exercises and ethics vignettes will occur over the course of the residency and be incorporated into the mid and end of rotation neuropsychology postdoctoral residency evaluations. In addition, at the start of year I and at the exit of year II, the residents will engage in the following exercises/examinations.

Program baseline and exit measures include:

- a. ABPP-CN written examination (also administered at the end of year I)
- b. Cultural diversity examination (CAQ)
- c. Ethics examination

WELLNESS AND SELF CARE

The ability to fully participate in clinical training and provide supervised clinical care to Veterans:

VA has as statutory mission to train clinicians for VA and the nation. Clinical learning is an active process, and this requires that trainees are well. Trainee wellness is assessed prior to the initiation of training via the TQCVL form based on review of physical and other health records submitted, and then both informally and formally, as needed, during the training appointment. As trainees provide supervised clinical care like regular clinical staff, trainees need to be well throughout their training appointments.

Wellness during training: Advanced clinical training experiences are exciting, challenging, and stressful. Despite efforts to support residents, they may succumb to illnesses, including acute mental health conditions. Like the assessment of wellness prior to the onset of training, wellness is a key requirement throughout a clinical training appointment. When wellness issues arise, it is important to consider the safety of the resident and patients.

Of course, all clinicians need to learn to self-monitor their health status so they can decide when to take time to rest and/or seek professional assistance. Thus, it is common to address self-care and wellness as part of training and supervision. When things work well, residents can self-monitor and are open to discussing how the work is affecting them and how their wellness affects their clinical work. Often, residency is a time in which a resident discovers their own personal limits, and supervision can assist with this, preparing residents to effectively manage stress as a

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

professional. When residents are able self-assess and learn to manage their wellness, this is ideal. When residents deny infirmities or do not address wellness issues, these issues can be problematic.

Informal training supervision: Supervision typically provides the format for teaching, discussion, and processing of clinical knowledge, reactions to providing clinical care, and ancillary issues affecting patient care like wellness of the resident provider. In achieving core competencies/skills, it is normal for supervisors to provide guidance and feedback and facilitate the growth of the resident.

Formal remediation plans: Wellness issues that impact resident performance or conduct are not always amenable to informal supervision. Furthermore, wellness issue may be so severe that they need to be more immediately addressed. In these cases, more formal remediation plans should be developed. Clear feedback should be given, plans for improvement should be developed, achievable goals should be developed, special assistance, if required, should be offered if feasible, and a timeline for improvement should be developed.

In the case where a resident is ill, they should be encouraged to seek and follow professional guidance leading to recovery and a restoration of functioning. Although training goals, core competencies, and required accumulation of training hours need to be achieved, generally, there is latitude on providing sick leave, annual leave, and, with permission from OAA, longer leave without pay status for longer periods of convalescence to accommodate an illness and recovery period.

Recommendations When a resident appears impaired, denies illness, and does not voluntarily seek health care evaluation and guidance: When supervisors, ancillary staff, trainee peers, or TD become concerned about the wellness of a resident, the supervisor or TD should first address this with the resident. On the one hand, clinical supervisors are trained to assess and treat patients. Nonetheless, as they are in a supervisor-resident role and not a doctor-patient relationship, supervisors may not be best individuals to formally assess or manage the health of a resident. The TD should discuss the concerns with the Resident and confirm the observations of others. If the TD questions the ability of the resident to effectively provide patient care and/or fully benefit from the training program due to suspected health reasons, the resident should be placed on administrative status until the resident is cleared for duty. It is critically important to address these concerns directly, but with kindness and tact. Residents are likely to be embarrassed with these circumstances, and therefore it is critically important to make these process as non-punitive as possible.

Residents may seek external professional assessment, as approved by facility leadership and Human Resources. Alternatively, the TD may consult IGA, HR or VA occupational health and request a wellness assessment or formal fitness for duty evaluation prior to returning to residency training. As noted above, latitude can be granted for rest and recovery. If a health condition is identified in an assessment, the resident has the right to request reasonable accommodation for their condition. Generally, when returning to duty after a period of absence, residents should be cleared, at a minimum, by VA occupational health.

REASONABLE ACCOMODATIONS

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Under federal law, employers are required to make reasonable accommodation for most health conditions, when requested by an employee/resident. In these circumstances, the TD will consult with the Executive TC, ACOS, OAA, Education Service, HR, Legal and/or the Local Reasonable Accommodation Coordinator. Although core competencies and total training time must be achieved, there is often latitude and assistance available to support residents in completing their training programs. Note that a reasonable accommodation is considered when requested. The rules are clear that the resident/employee would initiate such a consideration with a request.

INTERPROFESSIONAL TRAINING STAFF FOR THE NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY PROGRAM

1. MENTAL HEALTH AND BEHAVIORAL SCIENCE SERVICE - NEUROPSYCHOLOGY

DAYANA CALVO, PHD

Kent State University, 2017

Neuropsychology Internship & Residency, Tampa VAMC (2016-2019)

Licensed Psychologist - Florida

Neuropsychology Clinic

Dr. Calvo's area of specialization is clinical neuropsychology. She completed her doctoral degree in clinical psychology from Kent State University in 2017 with a specialization in neuropsychology. Following her graduate training, she went on to complete an internship in neuropsychology at the Tampa VA, where she stayed on board for two years of specialized postdoctoral residency training in clinical neuropsychology. She received advanced academic training providing neurocognitive assessments to patients with a wide variety of neurological and psychological diagnoses. Her primary clinical interests include dementia, medical neuropsychology, and advanced geriatric issues. Her primary research interests revolve around health factors (i.e., diet, exercise) associated with cognition. Dr. Calvo serves as the State Representative (FL) for the Early Career Neuropsychologist Committee, APA Division 40. She is a member of the Bay Pines VA Multicultural Diversity Subcommittee and provides clinical services to our Spanish-speaking Veterans. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a Cuban American, bilingual woman, Dr. Calvo is committed to increasing cultural awareness and knowledge in the workplace. She takes note of any diversity factors that may impact patient care and her approach to each evaluation, including selection of neuropsychological instruments, and patient factors such testing behaviors and reception to feedback. She also focuses on being open regarding her own knowledge gaps when working with diverse patients, and takes an open communication approach to foster rapport and allow for her patients to feel understood.

STEPHANIE HODGES, PSYD

Nova Southeastern University, 2009

Neuropsychology Residency Scott & White Memorial Hospital, 2009-2010

Neuropsychology Residency North Texas VA Health Care System 2010-2011

Licensed Psychologist - Florida

Neuropsychology Clinic

Dr. Hodges' area of specialization is clinical neuropsychology. She completed her doctoral degree in clinical psychology from Nova Southeastern University in 2009 with a specialization in neuropsychology. Following her graduate training, she went on to complete an internship in neuropsychology at the North Texas VA Health Care System, followed by two years of specialized postdoctoral residency training in clinical neuropsychology. She received advanced academic training providing neurocognitive assessments to patients with a wide variety of neurological and psychological diagnoses. She has performed intraoperative WADA assessments and pre- and post-surgical evaluations for patients with chronic pain, intractable epilepsy, tumor resection and movement disorders. Her primary research interests include cognitive assessment of concussion and movement disorders. She also provides weekly didactics to multidisciplinary staff and trainees on a variety of topics involving neuropathology and neuroanatomy targeting specific regions and circuitry. Currently, she serves as a supervisor for interns and fellows within the neuropsychology consult service. Clinical population includes Veterans with a history of known or suspected TBI, neurodegenerative disorder, NPH, CVA, MS, epilepsy, neoplasm, metabolic disorder, LD and/or ADHD. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a lifelong Floridian, Dr. Hodges is committed to increasing cultural awareness and knowledge through communication, supervision, and training exercises. Supervision focuses on aspects of cultural diversity using authentic discussions. Supervision aims to facilitate discussions on diversity issues to increase multicultural awareness within the treatment setting but also within the supervisory relationship.

STEPHANIE JOHNSON, PHD

University of North Texas, 2015

Neuropsychology Postdoctoral Fellowship, G.V. (Sonny) Montgomery VAMC, 2015-2017

Licensed Psychologist – Florida

Clinical Neuropsychologist

GeriPACT Outpatient Clinic

Dr. Johnson received her doctoral degree in clinical psychology from the University of North Texas in 2015. She completed her predoctoral internship in neuropsychology at the VA Illiana Health Care System in Danville, IL. She completed her two-year postdoctoral fellowship in neuropsychology at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS, with consortium training at the University of Mississippi Medical Center and Methodist Rehabilitation Center. Her training included evaluation of both inpatients and outpatients, at nearly all stages of injury or disease process and recovery, including assessment and treatment of post-acute stroke, moderate and severe traumatic brain injury, and neurosurgery patients. Her experience includes evaluation of patients who have a wide range of memory disorders (e.g., Alzheimer's disease), neurological diagnoses (e.g., movement disorders, multiple sclerosis, NPH, epilepsy), medical conditions that affect cognition (e.g., HIV, liver failure, thiamine deficiency), and psychiatric diagnoses. She has advanced training and experience in conducting psychological and neuropsychological evaluations of candidates for bariatric, spinal cord stimulator, deep brain stimulator, and organ transplant surgeries. Her research interests broadly include neurocognitive testing and test development, ecological validity in neuropsychological testing, feigned cognitive impairment, and traumatic brain injury. Dr. Johnson is a member of the Bay Pines VA neuropsychology service. She works in the Geropsychology Clinic where she conducts comprehensive neuropsychological evaluations, cognitive screenings, and brief psychotherapeutic

interventions for older adults. Prior to joining the Bay Pines staff, Dr. Johnson worked in private practice and as a consulting provider at local hospitals. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** I strive to provide a safe space to facilitate discussions on diversity issues to increase awareness and introspection. It is critical to acknowledge the ways in which our own worldview and experiences impact our understanding and interpretation of a patient's clinical presentation. With deliberate acknowledgement of the characteristics that place me in a position of power and privilege, and of those that do not, I model an attitude of perpetual self-examination. In neuropsychological training specifically, I also encourage careful evaluation of the limitations of the normative data we use to interpret test findings, as well as attention to the complex interaction of age, race, ethnicity, and education level, quality, and location.

KATYA NAMAN, PSYD, MBA

Pepperdine University, 2018

Neuropsychology Residency, Bay Pines VAMC (2019-2021)

Internship, Sepulveda VA (2017-2018)

Licensed Psychologist – Florida, California

Neuropsychology Clinic/PM&R

Assistant Director of Training, Psychology Internship and Neuropsychology residency Programs

Dr. Naman's areas of specialization are Clinical Neuropsychology and Psychology Training. Dr. Naman received an M.B.A. from American University and her Psy.D. from Pepperdine University. She completed an APA-accredited internship at Sepulveda VA Ambulatory Care Center, an additional year of neuropsychology training at the UCLA Semel Institute and the Long Beach VA Healthcare System, and a two-year APA-accredited postdoctoral residency at Bay Pines VA Healthcare System. Prior to becoming a psychologist, Dr. Naman was a Senior Vice President in a national commercial real estate firm. Her primary clinical interests include working within rehabilitation units, inpatient units, and interdisciplinary teams. Additionally, Dr. Naman serves as the Assistant Director of Training for the psychology internship and the neuropsychology postdoctoral residency programs. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** As a Lebanese American woman who has lived in many different countries and had to acculturate to many different cultures, I have come to realize that unless you have walked in a person's shoes, you cannot fully understand them. You can conceptualize them, you can listen to them, but you cannot really know what they have gone through (their lived experience). Instead, we can commit to the lifelong process of acknowledging our own biases and embracing cultural humility.

ZOE PROCTOR-WEBER, PSYD, PHD, ABPP-CN

Nova Southeastern University, 2005

Neuropsychology Postdoctoral Residency Tampa VAMC 2005-2007

Licensed Psychologist - Florida

Director of Psychology Training

Supervisor/Program Manager Neuropsychology Section

Dr. Proctor-Weber is a board-certified clinical neuropsychologist. She completed her 2-year Division 40 neuropsychology fellowship at the Tampa VAMC in acute poly-trauma TBI, epilepsy

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

and memory disorders. She has worked at USF within the psychiatry department assessing memory disorders and at Tampa General Hospital within the neurology and rehabilitation departments providing intraoperative Wada assessment and comprehensive pre and post-surgical NP evaluations for patients with intractable epilepsy. Primary research interests involve cognitive assessment, traumatic brain injury and intra-individual variation within neurologically compromised individuals. She is PI on multiple active research projects, including a large Neuropsychology Research Database. She is the Alternate Chair of the Bay Pines IRB and serves as Chair of the National VA Psychology Training Council (VAPTC). She teaches weekly didactics focused on neuropathology, neuroanatomy and neuropsychological assessment. She serves as a research mentor and administrative leadership rotation supervisor for psychology trainees. She is a Past President of the Florida Psychological Association and serves as the editor for the American Psychological Association's Division 31 Newsletter. Dr. Proctor-Weber is also the Director of Psychology Training, providing administrative oversight for practica, internship and fellowship programs. She is the program manager for the neuropsychology service at Bay Pines. She is a member of AACN, FPA and APA Division 40, 18 and 31. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** In supervision, I join our trainees in cultivating an advanced appreciation for how culture and diversity affect the evaluation process. Selection of appropriate measurements and normative comparison groups take into consideration external factors, such as language proficiency, access to education and level of acculturation. Additionally, we attend to our own beliefs, worldview and innate biases that moderate the way in which we interpret behaviors, awareness of, and sensitivity to the unique aspects of identity and self are critical in conducting a culturally informed examination.

DEBORAH RADMANESH, PsyD

Nova Southeastern University, 2020

Licensed Psychologist - Florida

Enrichment Program Co-Chair

Clinical Neuropsychologist (Lee County Health Care Center)

Dr. Radmanesh serves as a neuropsychologist at the Lee County Healthcare Center (LCHC) in Cape Coral, Florida. She earned her doctoral degree from Nova Southeastern University. She completed her pre-doctoral internship training in neuropsychology at the Miami VAMC. Dr. Radmanesh also completed a two-year post-doctoral fellowship in clinical neuropsychology at the South Texas Veterans Health Care System. Her clinical work and interests include neuropsychological assessment of older adults, cognitive rehabilitation in individual and group settings, and neuropsychiatric consequences of COVID-19.

She enjoys being active, spending time with family and friends, and spending time with her dog.

Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship: Dr. Radmanesh identifies with several underrepresented communities and values diversity in her professional and personal lives. She strives to practice cultural humility and incorporate diversity issues into clinical practice, supervision, and research.

JADA J. STEWART-WILLIS, PHD, ABPP-CN

Nova Southeastern University, 2015

Neuropsychology Postdoctoral Residency, Bay Pines VA Health Care System (2015-2017)

Licensed Psychologist - Florida

Clinical Neuropsychologist, Neuropsychology Outpatient Clinic

Dr. Stewart-Willis completed her doctoral degree in clinical psychology at Nova Southeastern University in June of 2015. Following her graduate training, she successfully completed an internship in neuropsychology at the Bay Pines VA Health Care System followed by two years of specialized postdoctoral residency training in clinical neuropsychology. Dr. Stewart-Willis received advanced academic training providing neurocognitive assessments and cognitive rehabilitation treatment to patients with a wide variety of neurologic and psychiatric diagnoses. She is licensed in the state of Florida, and her current specialized clinical interests include assessment of movement disorders, CVA & vascular-related cognitive impairment, immune mediated demyelinating diseases, and assessment and rehabilitation of traumatic brain injury. She also serves as consultant liaison to the Bay Pines VA Radiation/Oncology Service. As an attending on the neuropsychology outpatient consult service, she works with a diverse Veteran population, and provides evaluation services for individuals admitted to inpatient units (e.g., Telemetry, Physical Medicine & Rehabilitation, and Community Living Center). Dr. Stewart-Willis coordinates the neuropsychology research lab/collective, and her primary research interests include cognitive aging, vascular correlates of neurocognitive decline, and the clinical utility of cognitive measures used in the assessment of TBI and neurodegenerative disorders. She is an active member of professional affiliations including INS and APA Division 40. **Please describe how you address diversity in the context of supervision including how your own diversity characteristics play a role in the supervisory relationship:** Deliberately. In supervision, aspects of diversity often shape our understanding of an experience or issue, as well as provide a context for our interpersonal exchanges. Other times, we encounter aspects of diversity in ways that don't require further examination at all. In either circumstance, I encourage students toward authentic interactions with elements of diversity (their own as well as their patient's). I also attempt to model this by exploring in supervision how my own cultural background (e.g., African American, female, middle-class), informs my understanding and views of a certain topic and/or how I approach training and my clinical work. It is my belief that when we can explore cultural differences and similarities in supervision, we are better prepared to sit with, discuss, and address them when needed as they arise in practice.

2. MENTAL HEALTH AND BEHAVIORAL SCIENCE SERVICE - PSYCHIATRY

Holly Love, MD

University of North Carolina Hospitals; Residency, Psychiatry, 2013 - 2017

Brody School of Medicine at East Carolina University, 2013

American Board of Psychiatry and Neurology

Dr. Love serves as a Bay Pines VA Healthcare System psychiatrist within the MH&BSS.

3. NEUROLOGY SERVICE

Angel Cruz, MD

Escuela De Med San Juan Bautista, 1981

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Residency: Brooklyn Hospital Center; University Hospital SUNY Health Science Center; University of South FL College Of Medicine

Dr. Cruz serves as a Bay Pines VA Healthcare System neurologist with a specialty in pain. He is adjunct staff of MH&BSS within the neuropsychology residency and internship programs serving as the interprofessional neurology seminar coordinator, and as an interprofessional supervisor for the 6 week neurology clerkship training experience within neurology service.

Esther Baldinger, MD

State University of New York Downstate Medical Center College of Medicine

Internship: Albert Einstein - Montefiore Medical Center (Internal Medicine)

Residency: SUNY Health Science Center at Brooklyn (Neurology)

American Board of Psychiatry and Neurology - Certified in Neurology

Dr. Baldinger serves as a BAY PINES VA Neurologist with a specialty in EEG, movement disorders, and Botox injections for the treatment of migraine. She is adjunct staff of MH&BSS within the neuropsychology residency and internship programs serving as a primary interprofessional supervisor for the 6-week neurology clerkship training experience within neurology service.

Amanda Pennington, MD, PhD

University of South Florida College of Medicine

Internship: University of Alabama at Birmingham (Internal Medicine)

Residency: University of Alabama at Birmingham (Neurology)

Fellowship: University of South Florida College of Medicine-Clinical Neurophysiology-Epilepsy

American Board of Psychiatry and Neurology - Certified in Neurology and Clinical Neurophysiology

Dr. Pennington serves as a Bay Pines VA neurologist with a specialty in EEG, EMG, and epilepsy. She is adjunct staff of MH&BSS within the neuropsychology residency and internship programs serving as a primary interprofessional supervisor for the 6-week neurology clerkship training experience within neurology service.

4. PHYSICAL MEDICINE AND REHABILITATION SERVICE

Shanti Ganesh, MD

McGaw Medical Center of Northwestern University, Residency, Physical Medicine, and Rehabilitation, 2006 - 2010

Duke University School of Medicine, 2006

American Board of Physical Medicine and Rehabilitation

Dr. Ganesh serves at the Bay Pines VA Healthcare System as a physiatrist, and is Chief of PM&R.

Jodi Shield, MD

Medical School: Loyola University Chicago, Stritch School of Medicine, 1989

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Residency: Schwab Rehabilitation Hospital

Dr. Shields serves at Bay Pines VA Healthcare System as a physiatrist in the PM&R Polytrauma TBI and Pain clinics.

ADMINISTRATIVE POLICIES AND PROCEDURES

Supervised Duty Hours:

Normal duty hours are 8:00 a.m. to 4:30 p.m. for all neuropsychology clinic staff. Residents may choose to work at their desks before and/or after duty hours but may not provide clinical services to patients unless an identified supervisor is available on site for consultation. When a supervisor is on leave, another staff member will be assigned to provide consultation. If, for some compelling reason, clinical services are required after normal duty hours, you should secure Supervisor approval and make sure that on-site supervision is available. Overtime hours do not accrue compensatory time and are regarded as normal professional responsibilities.

All staff are required to wear their photo ID badge while on station.

Lunch periods are typically scheduled for thirty minutes between 11:00 a.m. and 1:00 p.m. On-station meals are available through the Canteen located in Bldg. 1. Due to scheduling constraints, residents and staff often choose to meet during the lunch period and “carry in” lunches. You are required to notify your supervisor if you anticipate leaving station.

Neuropsychology Postdoctoral Training Years:

The neuropsychology postdoctoral residency is a two-year, full-time appointment (constituting 4160 hours) to be completed during the August/September 2025 to August/September 2027 calendar years. Should illness or emergency disrupt your training schedule, approval by our Training Committee and OAA are required for any extension beyond September 2027. Stipend funding is not available for any extension.

Outside Professional Activities:

Residents will not be allowed to participate in any other outside professional activities without first receiving permission from the NP Training Sub Committee. Funded teaching, clinical or research positions on non-duty time will be considered by Training Sub Committee on a case-by-case basis.

Stipend:

The current annual stipend for full-time VA Postdocs is \$52,005, paid biweekly throughout the 1st year and 54,816 for year (2). This stipend is subject to Federal Income Tax withholding. Residents are classified as full-time employees, making them eligible for health insurance benefits. Residents are not eligible for participation in the VA retirement programs. Questions concerning payment of the stipend or related topics about benefits may be directed to the Training Director.

Leave Time:

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

The neuropsychology postdoctoral resident is a full-time, two-year appointment to begin in August/September of 2023. All residents receive a full stipend – no resident can be accepted on a without compensation (WOC) status. Under the federal sick leave/annual leave program, residents will accrue 4 hours of paid sick leave and 4 hours of paid annual leave (vacation) every 2-week pay period. This equates to approximately 26 days of sick leave and 26 days of annual leave over the course of the 2-year neuropsychology postdoctoral residency. In addition, there are 11 federal holidays per calendar year. Residents are encouraged to use leave time judiciously and require approval from the Training Director and primary supervisor. As with doctoral staff, leave requests must be coordinated with patientcare needs and the leave requests of other neuropsychology staff.

With the approval of the primary and interprofessional rotation supervisors and the Training Director, each resident will be allocated up to 64 hours of authorized administrative leave - absence (LN -Administrative) for educational purposes (e.g. conferences, institution approved research presentations, licensure examinations, VHA job interviews etc...) as per VA Handbook 5011, Part III, Chapter 2, Section 12 which states that employees, including trainees, may be given authorized administrative absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. While LN leave may be approved at the service level, it is up to the discretion of HR and the Director to finalize approval. Ultimately, it is your responsibility to plan for and use your leave appropriately. The training subcommittee and Training Director has the right to deny LN if it is likely to have a negative effect on the course of training.

Authorized absence for travel time is limited and must be approved separately. Further, residents are responsible for all expenses associated with off-station training activities. All anticipated leave must be requested 6 weeks in advance for consideration.

All leave requests should be entered electronically in advance and require approval by the Assistant Chief, Mental Health & Behavioral Sciences Service (MH&BSS). In addition, an informational e-mail with dates and times of the leave request, forwarded through your rotation Supervisor, should be submitted to the Director of Training. If you are unable to report to work because of illness or emergency, you must CALL the service secretary before, but no later than one hour prior to your scheduled duty time, as well as notify your primary supervisor and the Director of Training. An electronic leave request for unanticipated leave must be completed on the same day as your return.

Vacation (LA) and Sick Leave (SL or CB) requests should be entered electronically in advance and require approval by the Assistant Chief, Mental Health & Behavioral Sciences Service (MH&BSS). In addition, an informational e-mail with dates and times of the leave request, forwarded through your primary supervisor, should be submitted to the Director of Training. If you are unable to report to work because of illness or emergency, you must call the service secretary within one hour of your scheduled duty time, as well as notification to your primary supervisor and the Director of Training. An electronic leave request must be completed on your return.

EXTENDED LEAVE –

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

The Bay Pines Veterans Affairs Healthcare System (BAY PINES VA)'s neuropsychology residency is committed to training that aligns with the Houston conference /APA Division 40 specialty guidelines for the training of Postdoctoral Residents in Neuropsychology as well as the American Board of Professional Psychology, clinical neuropsychology (ABPP-CN) requirements. With this in mind, when a resident has to miss an extended period of time that might significantly limit their experience (less than 2 years of training) or limits the program's ability to ensure adequate training and attainment of competencies, then the TC and ACOS will convene and determine the most appropriate strategy to ensure the neuropsychology resident completes the necessary training requirements to ensure ABPP-CN eligibility. Residents are eligible for FMLA and all such strategies will include the involvement of VA OAA, Education service and HR department when appropriate.

Holidays:

There are eleven federal holidays during each postdoctoral year. Staff and residents typically do not work on these dates:

Labor Day	Columbus Day	Veterans Day	Thanksgiving
Christmas	New Year's	Martin Luther King Day	President's Day
Memorial Day		Independence Day	Juneteenth

Administrative Support:

Our service has administrative staff that aid the psychology training programs. General supplies, fax, scanner, and a copy machine are located within the various Mental Health sections for easy access. Please be aware that supplies, mailing materials and copier access are to be used only in direct support of patient care and current training activities. Use of VA letterhead and envelopes for other than official business is strictly prohibited and carries serious consequences. If in doubt, please consult your supervisor or the Director of Training. Any specific requests (e.g., materials required for cognitive rehabilitation, office supplies, appointment letters, etc.) should be directed to MH&BSS Training Coordinator or the Director(s) of Training.

Basic supplies and a copy machine are located within the various mental health sections for easy access. Please be aware that supplies, mailing materials and copier access are to be used only in direct support of patient care and current training activities. Use of VA letterhead and envelopes for other than official business is strictly prohibited and carries serious consequences. If in doubt, please consult your primary supervisor or the Director of Training.

Neuropsychological Testing Center

Automated Testing: On-line administration and scoring of numerous self-report inventories and questionnaires is available to staff neuropsychologists and trainees via the mental health package. The mental health package gives staff neuropsychologists and trainees access to a range of individual and group psychological tests (e.g. MMPI2, PAI, MCMI etc...), allowing computerized administration to patients.

Psychometrist: Trainees have access to psychometrist services for the administration and scoring of select personality and cognitive tests.

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Testing Library: Neuropsychology program hosts a comprehensive testing library that includes more than 200 common neuropsychological test instruments (e.g., HRB, WAIS-IV, WMS-IV, WTAR, WRAT-IV, WCJ-III, DKEFs, BDAE, JLO, CVLT-II, RCFT, HVLt-R, BVMT-R etc...). Neuropsychology program also offers specialty computerized testing software for trainees (e.g., WMT, Category Test, WCST, CPT-III etc...).

Dragon software: Trainees have access to Dragon software and training for dictation purposes.

SPSS software: IBM SPSS Statistics 29 is available for residents to analyze data for their research requirements.

Intellispace software: This software is available to residents to allow for detailed viewing of local and remote neuroimaging diagnostics.

Library Resources:

There are separate libraries for consumer health/patient education (patient education resource center) and for clinical professional needs (Medical library). The Medical library collection consists of over 400 journal (print) subscriptions and approximately 5,000 books and audiovisual titles. Books and audiovisuals are available for a two-week checkout period with renewal options available. Print journals are for in-house use only but there is also an extensive online journal collection with many of them being full-text available and evidence-based. In addition, there is onsite access to many of the leading medical, nursing, and psychiatric databases. These include (but not limited to) PubMed, MD Consult, First Consult, CINAHL, Psychiatry Online, and UpToDate. PsychInfo, Health Business, and Cochrane.

The Medical Library has established a section containing materials on empirically supported psychological treatments. There are well-equipped computers (with Internet access and Microsoft Office products) available in the medical library. Internet use is restricted to educational needs and job-related activities. The Medical Librarian aids with computer-based literature searches and orientation sessions to the physical and online library resources. The library helps with reference requests, library instruction, and interlibrary loans. The interlibrary loans are limited to non-charging sources from across the United States unless approved by the Chief, library service. After-hours access to the medical library is restricted to individuals have a Bay Pines identification badge.

Emergency Procedures:

The C.W. Bill Young VAMC - Bay Pines VA Healthcare System (BAY PINES VA) has several different procedures for emergencies. During orientation and throughout the year, you will receive specific fire and safety training from BAY PINES VA professionals. In addition, you will also receive procedural instructions regarding suicide threats, armed aggressors, bomb threats, and hurricane precautions.

Accidents:

There are special requirements for reporting accidents that occur on station. You must report any accident or injury that occurs to your immediate Supervisor and Director of Training. Do this even

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

if you do not feel that medical care is necessary. It is necessary to report to Employee Health on the day of the incident. It is also necessary to file an incident report. Your primary Supervisor or TD can assist you in this.

Employee Health:

Information: The Occupational Health Service Unit at the Bay Pines VA Healthcare System provides employees with first-aid treatment for minor illnesses to enable employees to remain at work. Antibiotics will not be prescribed. The Occupational Health Physician/designee will refer the employee to his/her private physician for all additional or definitive care.

Emergency treatment for non-job-related serious illnesses may be given. If necessary, the employee may be hospitalized at Bay Pines until he/she is able to be moved to a private facility. Employees who receive such care and who are not entitled as beneficiaries of the VA or OWCP (worker's comp) will be charged for such services.

Procedure: As outlined in VAMC Memorandum "Occupational Health" 516-05-05-11:

During normal duty hours (8:00 am – 4:30 pm), Supervisors will call Occupational Health or accompany an employee to the Occupational Health Unit. For any non-medical emergency occurring outside normal duty hours, employees will be referred to or accompanied to the Emergency Room. The Administrator on Duty (AOD) will report any employee injury to the Occupational Health Unit on the next business day for appropriate follow-up. Any potentially serious employee illness/accident will be referred to the Emergency Room.

In the case of occupational illness, the employee's condition will be evaluated by the Occupational Health Physician, who will then request that the employee seek definitive treatment through a private physician. Employee must make application (Form CA-2) directly to the Workers' Comp Program Manager (05).

Employees will be billed for unauthorized treatment/diagnostic services. Employee(s) who provide(s) false/misleading information to gain free prescription/ diagnostic services will be billed and may face disciplinary/adverse action. Those employees, who are Veterans and wish to receive care as Veterans, must apply for Ambulatory Care Services prior to receiving medical treatment.

Only emergencies (i.e., needle punctures, cuts, acute onset of illness, traumatic job injuries, etc.) will be fully evaluated and treated anytime during the work shift. Before departing station, if you are sent off duty by the personnel physician, you will need to contact your Supervisor and the Training Director.

Hurricanes, Weather Events and Disasters:

The Office of Academic Affiliations has provided guidance related to trainees who may be impacted by significant weather events/disasters. Should an anticipated or unexpected weather event threaten our area the Bay Pines Training Program will assist trainees in the following ways to minimize the impact on training:

Coping and access to information and resources:

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

We recognize that Trainees are often new to our geographic region and may be disconnected from their normal social support network. The Training Director will provide trainees information on storm safety and resources (local and facility based). The Employee Assistance Program is available should a Trainee experience significant stress from an event. Cellular phones are often the first communication systems to be lost in a storm, but they are also the first system to be restored. Trainees will be provided with the cellular number of the Training Director to report their status following the storm.

Mandatory evacuations/clinic closure:

Residents may be considered for Authorized Absence coded as Weather/Safety Leave. Training Director and/or Supervisors may provide trainees with readings and other supplemental assignments to complete while on authorized absence. This may enable trainees to continue documenting and accumulating formal training hours.

After the storm/event – challenges to safe housing/transportation:

If the facility reopens but a Trainee is unable to immediately report for duty at the facility after storm impacts, the following steps should be taken:

- The Trainee should contact their Training Director and Clinical Supervisors.
- The Trainee should use all available leave (AL and SL).
- When leave is exhausted, the trainee may request advanced leave through Human Resources, which will be earned during the remainder of their training appointment.
- When all available leave is exhausted, and/or no advanced leave is available, the Training Director may contact OAA for further guidance. In special situations, they will recommend that the trainee go on Leave Without Pay status. Discussions between the Trainee and the Training Director should occur to ensure that the trainee will have the opportunity to meet hours requirements. This may occur as an extension to the training years on a without pay status, or on a limited basis and with pre-approval, OAA may offer training appointment extensions with stipend, to allow Trainees complete required training hours for licensure requirements and/or board certification eligibility.

Liability Insurance:

While performing your duties as a psychology resident at the Bay Pines VA Healthcare System residents are afforded full coverage under the Federal Tort Claims Act for any acts of negligence occurring during performance of their role at this medical center.

All faculty members and trainees of the sponsoring institutions, when at VA health care facilities or on VA assignment at offsite facilities and while furnishing professional services covered by this agreement, will have personal liability protection by the provisions of the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d).

The Federal Employees Liability Reform and Tort Compensation Act of 1988, Public Law 100-694 (amending 28 U.S.C. 2679(b) and 2679(d)), provides that the exclusive remedy for damage or loss of property, or personal injury or death arising from the negligent or wrongful acts or omissions of all Federal employees, acting within the scope of their employment, will be against the United States. Thus, contracted Psychology Trainees from affiliated educational programs will

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

be protected from personal liability afforded to all VA Psychology staff under those stated provisions.

Programs Statement on Non-Discrimination:

Federal law prohibits discrimination based on race, color, religion, sex, national origin, age, and disability. The Bay Pines VA neuropsychology postdoctoral residency program extends this definition to mean that no information about the applicants irrelevant to the applicant's potential to succeed in the training program is to be utilized in its selection process.

During the years of Residency training, should there be an instance of discrimination experienced or observed by trainees or staff, there is a positive obligation to address the problem to minimize psychological harm. Residents are encouraged to consult with their Clinical Supervisor, Research Supervisor, Interprofessional Supervisor, Assistant Chief of MH&BSS or Training Director for assistance in such matters.

Where this level of resolution is not effective or the instances are systemic, residents as well as staff have access to formal procedures (see referenced Medical Center Policies and Procedures at the end of this handbook). The local Bay Pines VA EEO Program Manager is Tanya Weick and she is available for any assistance, consultation or to assist in any employee's exercise of their rights.

<http://vaww.visn8.portal.va.gov/baypines/executive/eoo/default.aspx>

Programs Statement on Diversity

The Department of Veterans Affairs and its component agencies seek to serve the Veteran population, which is their charge from the Congress and thus from the American people who elect them. The composition and diversity of the Veteran population seeking healthcare from the VA reflect a multiplicity of factors that define American society. People who join the Armed Forces represent a large cross section of that society, and the Veteran population who have served their country and are enrolled for health care as a benefit from their service, represent a diverse group defined by that cross section. The Bay Pines VA neuropsychology postdoctoral residency program seeks to have a diverse staff and trainee population along many dimensions, since the need to bring care that represents the dignity and uniqueness of all VA patients is an organizational mandate that reflects VA values.

The program operates to teach the trainee to identify all the aspects of human diversity (i.e., individual differences) and to bring a heightened awareness of these elements of personhood into their psychological conceptualization and actions. The program staff searches for and aggressively takes opportunities to teach the importance of human diversity and individual differences in real time, as they occur continuously in clinical practice. Residents are encouraged to question and explore themselves the elements of diversity as they affect human behavior. Discussions with staff regarding the provision of psychological serves in the context of human diversity are strongly encouraged, as both staff and Trainees benefit from increased awareness, understanding, and study of human diversity; it is the patient who has the greatest potential benefit.

Filing an EEO Complaint:

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

As a resident, you are protected from acts of discrimination by employees and patients. If you believe you have been discriminated against because of your race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age (40 years and over), physical or mental disability, genetic information, and/or retaliation, you can use the Equal Employment Opportunity (EEO) discrimination complaint process. You are also protected from filing a complaint (No Fear Act) and whistleblowing.

Employee Assistance Program:

Bay Pines recognizes its employees as one of its most valuable resources. While everyone experiences stress, sometimes the effects of too much stress can disrupt work performance and personal well-being. The EAP and WorkLife Service is designed to help you and your family members deal with problems before they become unmanageable.

Services available to employees through LifeServices EAP include, but are not limited to:

- Personal Counseling
- Family Counseling
- Financial Counseling
- Financial Information and Resources
- Legal Support and Resources
- Work-Life Solutions
- And more

Additional Information can be found by contacting LifeServices EAP directly:

- 1-800-822-4847 or visit [Life Services EAP](#)

Ethical Conduct:

The Bay Pines VA Healthcare System Neuropsychology Residency Training Program strives to produce an atmosphere of mutual respect, ethical practice and professionalism as guided by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (APA, 2012). Please review the content of the attached 2012 revision of the Ethical Principles of Psychologists and Code of Conduct which is available online at:

[APA Ethics Code](#)

DUE PROCESS, REMEDIATION OF PROBLEMATIC RESIDENT PERFORMANCE, AND GRIEVANCE PROCEDURES

This section provides a definition of problematic resident performance and how these situations are handled by the program, as well as a discussion of due process and grievance procedures.

Due process within psychology training is defined as an obligation in which entities with greater power and authority (i.e., Chief of MH&BSS, Training Director, supervisor, etc.) consider and respect the rights of those with less power (i.e., trainees; Aosved, 2017). The training program follows due process guidelines to assure that decisions are fair and nondiscriminatory. Due process should be employed when trainee behavior becomes problematic.

The residency program follows due process guidelines to assure that decisions are fair and nondiscriminatory. At the start of the academic year, trainees review the neuropsychology postdoctoral residency handbook, which contains written information (policy) regarding:

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

- Expected performance and conduct
- The evaluation process, including the format and schedule of evaluations
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program's decisions or actions

At the end of orientation, residents sign a form indicating that they have read and understood these policies.

Problematic resident performance and/or conduct

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic resident performance.

Definition of problematic behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the resident's professional role and ability to perform required job duties, including the quality of the resident's clinical services; his or her relationships with peers, supervisors, or other staff; and his or her ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the resident's inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The resident does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training
- The resident's behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the resident are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality and or privacy
- Failure to respect appropriate boundaries
- Failure to identify and report patients' high-risk behaviors
- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA policies and procedures, as outlined during orientation.

Remediation of problematic performance and/or conduct

It should be noted that every effort is made to create a climate of access and collegiality within the service. The TDs are actively involved in monitoring the training program and frequently checks informally with residents and supervisors regarding residents' progress and potential problems. In addition, neuropsychology TC subcommittee and general TC supervision of supervision meetings are held once a month to provide another forum for discovery and resolution of potential problems. Residents are encouraged to raise concerns with the TDs as they arise. It is our goal to help each resident reach his/her full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The neuropsychology TC subcommittee consists of the TD, the ATD and all neuropsychology supervisors involved in residency training. This subcommittee meets once per month to discuss training issues, attainment of postdoctoral competencies and programmatic development. In addition, the primary supervisors and residents meet once per month with the General TC staff members and postdocs for Supervision of Supervision. This format addresses ongoing competencies of staff and postdocs in the provision of supervision, as well as providing a regular format to address resident performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Residents also receive direct feedback from their Primary Supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout each year. All written evaluations become a part of the resident's permanent file with the Psychology Section. These records are maintained by the TDs and are kept in secure, locked cabinets.

Residents are continuously evaluated and informed about their performance about the training goals and objectives of the program. It is hoped that residents and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the resident and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although residents are formally evaluated at regular intervals (see previous section on the evaluation process), problematic behaviors may arise and need to be addressed at any given time.

If the resident fails to meet expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

1.) Supervisor meets with TDs and/or training subcommittee to assess the seriousness of Resident's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.

2.) After a thorough review of all available information, the TDs, supervisor and/or training subcommittee may adopt one or more of the following steps, as appropriate:

- A. No further action is warranted.
- B. Informal remediation – the supervisor(s) may seek the input of the TDs, training subcommittee and/ or Chief, MH&BSS and decide that the problem(s) are best dealt within ongoing supervision.
- C. Formal remediation – This is a written statement issued to the resident which includes the following information:
 - A description of the problematic behavior(s)
 - Documentation that the Chief, MH&BSS and general training committee is aware of and concerned about the problematic behavior(s) and that this has been discussed with the resident
 - A remediation plan to address the problem(s) within a specified time frame.

Remediation plans set clear objectives and identify procedures for meeting those objectives.

Possible remedial steps include but are not limited to:

- o Increased level of supervision, either with the same or other supervisors.
- o Additional readings or classes.
- o Changes in the format or areas of emphasis in supervision.
- o Recommendation or requirement of personal therapy, including clear objectives which the therapy should address.
- o Recommendation or requirement for further training to be undertaken.
- o Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution).
- o Requirement that an element of a rotation be repeated.

The resident is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, TDs, and resident will meet to discuss resident's progress at a specified reassessment date. The TDs document the outcome and gives written notification to the Resident and Supervisor(s) and Chief, MH&BSS. VA Office of Academic Affiliations (OAA) and the facility Education service and Human Resources will also be notified when a formal remediation plan has been implemented and may be utilized by the program for further consultation. ***If the neuropsychology residency ATD is in a dual role of also being the resident's primary supervisor, the Director of Psychology Training (TD), or general postdoctoral ADT will assume the administrative role for the Formal Remediation Plan and Process to eliminate bias and promote fairness. The same is true if the TD has the conflict. Then the administrative role will be assumed by the neuropsychology residency ATD or the general residency ATD.

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

- D. Probation notice – this step is implemented when problematic behavior(s) are deemed to be more serious by the TDs/Chief, MH&BSS and general training committee and/or when repeated efforts at remediation have not resolved the issue. The resident will be given written statement that includes the following documentation:
- A description of any previous efforts to rectify the problem(s)
 - Notification of and/or consultation as required with OAA, APPIC/APPCN, HR, Legal and other resources (e.g., VAPTC) regarding further courses of action
 - Specific recommendations for resolving the problem(s)
 - A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the resident is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), TDs, Chief, MH&BSS and a representative from OAA or Education Service or HR (optional) and/or Legal will meet to discuss resident's progress at the end of the probationary period. The TDs document the outcome and gives written notification to resident, supervisor, Chief, MH&BSS, VA OAA, Education Service and the facility Chief of Human Resources.

- E. Termination – if a resident on probation has not improved sufficiently under the conditions specified in the probation notice, termination will be discussed by the TDs, training committee and Chief, MH&BSS, as well as VHA OAA, Education Service and the facility HR Chief and if required, APA, APPIC/APPCN. In some circumstances, a resident may choose to withdraw from the program rather than being terminated. The final decision regarding the resident's passing is made by TDs and Chief, MH&BSS, based on the input of the TC and other governing bodies, and all written evaluations and other documentation. If it is decided to terminate the residency, the resident will be informed in writing by TDs that they will not successfully complete the residency. The resident, hospital PENTAD, VA OAA, Education Service, APPIC/APPCN and HR will be informed of the decision in writing.

All documentation related to the formal and informal remediation process becomes part of the resident's permanent file with the psychology section. These records are maintained by the TDs and are kept in a secure, locked cabinet.

Unethical or Illegal Behavior

Any illegal or unethical conduct by a resident must be brought to the attention of the TDs or Chief, MH&BSS who will document the issue in writing, and consult with the appropriate parties, depending on the situation (see description below).

Infractions of a very minor nature may be resolved among the TDs, the supervisor, and the resident, as described above.

Examples of significant infractions include but are not limited to:

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable federal, state, or local laws.
3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with Veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or Veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the TDs may consult with the Chief, MH&BSS, OAA, Education Service, Training Committee, APA, APPIC/APPCN, HR and/or Legal to get further information and/or guidance. Following review of the issues, the training committee may recommend either formal probation or termination of the resident from the program. Probationary status will be communicated to the resident, Chief, MH&BSS, VHA OAA, Education Service, APA, APPIC/APPCN and HR in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the probation notice will result in the immediate termination of the resident from the program.

The TDs may also consult with the TC, Chief, MH&BSS, Human Resources, APA, APPIC/APPCN, Legal/regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), Human Resources, VHA OAA, and Education Service in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the TDs may immediately put the resident on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the Residency program may be required to alert other professional organizations (e.g., APPIC, APA, state licensing boards) regarding unethical or illegal behavior on the part of a resident.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the resident may request assistance and/or consultation outside of the program and utilize the resources listed above.

All documentation related to serious infractions becomes part of the resident's permanent file with the MH&BSS Psychology Section, and in the trainee record folder that is maintained by the TDs, both of which are kept in a secure, locked cabinet.

Regrettably, you may observe poor professional conduct, disregard for hospital procedures/policies or possibly ethical or illegal misconduct on the part of another member of the hospital staff. Should this occur, seek immediate consultation from a member of the psychology staff to assist you with assessment, understanding and any subsequent action that may be indicated. Be aware that the hospital has mandatory reporting procedures for patient abuse/exploitation.

GRIEVANCE

Although infrequent, differences in perspective may arise between a resident and a supervisor or another medical staff member, which do not appear resolvable at the supervisor/staff-resident level. Should this occur, the following procedures can be followed by a resident:

1. The resident will meet individually with the Psychology Training Director and/or ADT within 1 week of reporting grievance to discuss grievance and explore strategies to resolve disagreement/conflict/grievance at the resident-supervisor/staff member level. Should the conflict exist between the resident and the Training Director or ATD serving as a Primary Supervisor on a research project or within a rotation, the resident will meet individually with the Assistant Training Director of the general postdoctoral program or the Chief of MH&BSS. If grievance cannot be satisfactorily resolved by all parties at this level within 10 working days...
2. The resident and supervisor will meet with the Psychology Training Director (or ATDs or Chief of MH&BSS if required due to TD conflict) to allow assessment of the problem. If satisfactory resolution has not been reached within 10 working days....
3. The resident and supervisor will meet with the executive training committee, made up of, at a minimum, of the Psychology Training Director, Assistant Training Directors of neuropsychology, general postdoctoral, internship programs and Chief of MH&BSS to attempt to develop a workable solution. If satisfactory resolution has not been reached within 10 working days....
4. The supervisor and resident will meet with a fully convened psychology training committee. The Committee as a whole, will then attempt to develop a workable solution. If satisfactory resolution has not been reached within 10 working days....
5. The supervisor and resident will meet with the Chief, Mental Health & Behavioral Sciences Service (MH&BSS) who will review all pertinent data and make a final determination. If the Chief, Mental Health & Behavioral Sciences Service's decisions are unacceptable to either individual, or the supervisor, the Chief, (MH&BSS) will outline any further options available as per local and VHA policy.

At any stage of the process, a resident may request additional assistance and/or consultation; please see section below on grievances. Residents may also request assistance and/or consultation outside of the program. Resources for outside consultation include:

VA Office of Resolution Management (ORM) –

Department of Veterans Affairs

Office of Resolution Management (08)

810 Vermont Avenue, NW, Washington, DC 20420

1-202-501-2800 or Toll Free 1-888- 737-3361

[VA Office of Resolution Management](#)

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high-quality manner. These services and programs include:

- Prevention: programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
- Early Resolution: ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
- Equal Employment Opportunity (EEO) Complaint Processing

Association of Psychology Postdoctoral and Internship Centers (APPIC)

APPIC has established both an informal problem consultation process and a formal complaint process in order to address issues and concerns that may arise during the residency training year.

[APPIC Problem Consultation](#)

Informal Problem Consultation (IPC) Jason Williams, Psy.D. (720) 777-8108

Chair, APPIC Board of Directors

Formal Complaints Elihu Turkel, Ph.D.

Chair, APPIC Standards and Review Committee

turkel@lij.edu

APA Office of Program Consultation and Accreditation:

750 First Street, NE

Washington, DC 20002-4242

(202) 336-5979

[APA Office of Program Consultation and Accreditation](#)

Independent legal counsel

Please note that union representation is not available to residents as they are not union members under conditions of their VA term-appointment.

PREVIOUS RESIDENTS

Applications are encouraged from all geographical areas. To date, our residents have been graduates of Nova Southeastern University, University of South Florida, University of Hartford; Georgia School of Professional Psychology/Argosy-Atlanta; Palo Alto University and Pepperdine University.

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Such diversity in training, theoretical perspectives, cultural experiences, and interests enhances our program and ensures both challenging and valuable professional growth for our residents.

GRADUATES OF BAY PINES NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY

Of particular interest to applicants is the successful transition of our graduating residents to professional positions. Former residents are now employed in a variety of academic, VHA and rehabilitation medical centers across the country.

Program Tables – Admissions, Support, and Placement Data

As required by the APA Commission on Accreditation, below is the current postdoctoral residency admissions, support, and initial placement data for the neuropsychology postdoctoral training program.

Postdoctoral residency admissions, support, and initial placement data
Date program tables are updated: 08/01/2023

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	
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 intern selection and practicum and academic preparation requirements:	
The primary aim of the program is to prepare early career Neuropsychologists for entry level positions in Neuropsychology within the VHA equivalent of a GS13, or a community/academic medical center within the context of interprofessional practice who will ultimately be prepared to apply for board certification in Clinical Neuropsychology. The 2-year program is designed to promote clinical specialization in the field of Neuropsychology through advanced training that is consistent with the American Psychological Association, Division 40 Houston Conference Guidelines and the American	

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

Board of Professional Psychology (ABPP). We review applicants to our program using the following criteria: supervised clinical experience in Neuropsychology and intervention, research experience, letters of recommendation, motivation/professional development, commitment to and/or experience/interest in diversity, and interview/match with our program. Ideally, we are looking for individuals committed to the scientist-practitioner model and who are committed to pursuing board certification in Clinical Neuropsychology.	
Describe any other required minimum criteria used to screen applicants:	
Prior to invitation for an interview and consideration for selection, completed applications must exhibit the following minimum criteria:	
<ol style="list-style-type: none"> 1. Attestation of United States Citizenship. 2. U.S. Social Security Number. 3. Attestation that biologically male applicants born after 12/31/1959 registered for the draft by their 26th birthday. 4. Evidence that they are working toward an advanced PsyD/PhD degree from an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology, or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of Psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology may also be eligible for review. 5. Evidence that they are currently in or have successfully completed an internship program accredited by the APA Commission on Accreditation or are currently in, or have completed a VA-sponsored internship that is in the process of seeking accreditation. 	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	\$52,005 (1 st year) \$54,816 (2 nd year)
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period
Hours of Annual Paid Sick Leave	4 hours per pay period

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Federal Holidays off; up to 8 days authorized absence for approved professional activities (e.g., conferences, workshops, etc.), health, vision and dental insurance	Yes
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of Residents who were in the 3 cohorts	6
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=2
Veterans Affairs Health Care System	PD=0, EP=3
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Other	PD=0, EP=1
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

Bay Pines VA Neuropsychology Postdoctoral Residency Training Program

