Updated October 2023

Clinical Neuropsychology Postdoctoral Residency Program

Battle Creek VA Medical Center Psychology Service 116B 5500 Armstrong Road Battle Creek, MI 49037

Battle Creek VA Psychology Training Program Website

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This document may contain links to site external to Department of Veterans Affairs.
VA does not endorse and is not responsible for content of the external linked websites.

Dear Prospective Applicants:

Thank you for your interest in our APPCN member, 2-year, APA accredited Clinical Neuropsychology Residency program. We accept one new resident each year to maintain a cohort of a first year and second year resident. The program is primarily clinical with up to 25-percent research. Residents work under neuropsychology supervisors who are board certified in Clinical Neuropsychology by the American Board of Professional Psychology and preparation for this certification is integrated throughout our training program. Didactics include weekly Neuropsychology seminars shared with several midwestern VA Medical Centers as well as the Salisbury MIRECC giving residents access to a broad range of expertise and content. Topics include neuroanatomy coursework, disease/pathology, syndromes, professional issues, and wide-ranging DEI topics. Additional book club based on trainee interests is offered. Residents observe brain cutting at the Western Michigan University Medical School's neuropathology laboratory including discussion of neuroanatomy and clinical findings. The cases include both clinical and forensic autopsies requested by medical examiners nationwide. Residents receive supervision and didactics to prepare them to supervise an intern during their second year. Most importantly, our program is based on offering individualized training with a deep respect for residents having a meaningful quality of life in the role of a junior colleague.

We welcome applications from couples (e.g. applying to our neuropsychology position and one of our Clinical Psychology residency positions), individuals from historically marginalized communities, those with disabilities, and persons of non-traditional training backgrounds with emphasis on goodness of fit between prior preparation and training activities at our site. We are able to accommodate extended medical and family leave allowing "leave without pay" to extend your training time by up to three months. Applicants who wish to know the options for persons with disabilities are welcome to contact the reasonable accommodations office via email: VISN10ReasonableAccommodationsAccess@va.gov

As of Fall 2023, COVID-19 based protocols are no longer needed; however, should need arise, we are able to pivot to a variety of accommodations to keep our patients and staff safe. At this point, Neuropsychology practice in our clinics is robust and uninterrupted. We do allow some telework as allowed by VA and APA policy. Current trainees telework 2 days weekly. Both face-to-face and teleneuropsychology practice is offered.

Please do not hesitate to contact training leadership with any questions regarding the application process and the training experiences available. We look forward to reviewing your application and potentially welcoming you into our program!

Warmest Regards,

Jessica H. Kinkela, PhD ABPP & Jeremy M. Bottoms, PsyD ABPP

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ACCREDITATION STATUS

The Clinical Neuropsychology Postdoctoral Residency Program at the Battle Creek VA Medical Center is Accredited by the Commission on Accreditation of the American Psychological Association. Our next accreditation site visit is scheduled for 2025.

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

Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979

E-mail: apaaccred@apa.org www.apa.org/ed/accreditation

APPLICATION AND SECECTION PROCEDURES

The Battle Creek VA Medical Center (BCVAMC) recruits applicants annually for our Clinical Neuropsychology Postdoctoral Residency Program. **Our Aim is to prepare early career Neuropsychologists for entry level positions in Neuropsychology such as at the VA equivalent of GS-13 within the context of interprofessional practice, who ultimately will be prepared to apply for ABPP board certification in Clinical Neuropsychology**

We recruit ONE full time, two year residency position annually, maintaining a cohort of 1 first year resident and 1 second year resident. Training begins on or around the third week of August. The stipend rate for full-time, first year psychology Residents is $52,005. Comprehensive benefits are available to VA trainees including medical insurance, paid sick and vacation leave, as well as 5 days of guaranteed authorized leave for professional activities during the training year. We participate in the APPCN Match. All interviews will be virtual. We do not complete on-site interviews.

Eligibility & Start Date

Our start date is August 12, 2024, but if desired we can move it up or delay under certain circumstances. Degree must be conferred within one month of starting.

Applicants should review national VA training eligibility carefully and only apply if they believe they meet requirements. Details are found at this website:

Eligibility information from VA national psychology training website

Although Michigan law allows cannabis use for medical and recreational purposes, federal employees like Clinical Neuropsychology Residents fall under the federal prohibition of cannabis. A positive drug screen for cannabis or illicit substances may result in dismissal, regardless of reason. See the link above for more details on our drug testing policy. While health professions trainees are not drug- tested prior to appointment, they are subject to random drug testing throughout their entire VA appointment period.

Application Process

The Battle Creek VAMC will utilize the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS). The following application materials must be included by uploading them in APPA CAS

1. Cover letter detailing your career aspirations and how this training program is suited to help in achieving them.
2. Vita
3. Three letters of recommendation, ideally one should be from an internship supervisor.
4. A letter from your dissertation chair regarding dissertation status and anticipated DEGREE CONFERRAL date (not defense date). If your dissertation chair is one of your letters of recommendation, this information can be included in that letter. The APPCN statement of satisfactory progress is also acceptable.
5. All graduate transcripts associated with training for your degree (masters and doctoral). If you cannot upload previous program transcripts via the portal, unofficial transcripts may be attached to the file containing your cover letter. Current program transcripts should be official.
6. One de-identified adult neuropsychological report

Except under very unusual circumstances, all application materials must be submitted through the APPA CAS by **DECEMBER 15**

Interviews

We will participate in the APPCN Neuropsychology Match. This residency program agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant. Details may be found here: NMS APPCN Neuropsychology Match Information

Notification of interview selection will occur ASAP or by January 3 at the latest. Interviews on-site are not offered. Applicants will meet with the primary neuropsychology supervisors and participate in Q&A with current residents. Applicants are encouraged to reach out to discuss the program with the current resident either via phone or email.

Selection Criteria

Selection will be based on the goodness of fit between the applicant's training goals and prior experiences with the training offered within the Residency program. We have welcomed PsyD and PhD trainees from clinical, counseling or combined programs. We prefer applicants whose internship includes approximately 50-percent time working under a Clinical Neuropsychologist. Previous formal Neuropsychology and Neuroanatomy coursework is also preferred.

Notification of Selection

Upon notification of a match, we will reach out via phone and follow-up with a formal letter acknowledging the match. The Resident will be asked to sign and return a formal letter of acceptance within 48 hours, which is the basis of starting the Human Resources onboarding process.

Licensure

We meet licensure requirements for the state of Michigan provided the resident obtains a Doctoral Education Limited License (not 'doctoral temporary educational limited license') during the first year of training and completes a full 12 months of supervised experience afterwards**.** You should investigate the licensure requirements of any jurisdiction in which you hope to be licensed (especially clinical contact hours) and we will attempt to meet them if possible. If you have no desire to ever be licensed in Michigan, you can skip the rest of this section.

For Michigan full psychology licensure, residents need to obtain the Doctoral Education Limited License prior to start of postdoctoral experience. This should be started as early as possible, ideally shortly after matching with our site. Steps involved:

1. Complete the application online
2. Pay the fee which is approximately $100.
3. Complete a criminal background check
4. Have internship training director complete Psychology Supervision Evaluation form.
5. Complete required Human Trafficking and Implicit bias training.
6. Submit transcripts that show degree conferral. The license is typically issued one to two weeks after they receive it.

Once the Doctoral Education Limited License is obtained, the clock is started for 12 months of supervised postdoctoral experience and you become eligible to contact the board to sit for the EPPP. Residents are expected to sit for the EPPP spring of their second year; however, they may wish to sit sooner in response to the timeline of EPPP-part two roll out.

At the completion of 12 months, the training director will send in the Psychology supervision form for postdoctoral experience. Provided you passed the EPPP you're eligible to apply for full licensure, which essentially only involves paying the fee as the documentation submitted for the Doctoral education Limited License is carried over.

Sensitivity to Diversity

The Battle Creek VA Medical Center in which our training program resides is an Equal Opportunity Employer. We are committed to ensuring a range of diversity among our training classes. Our Residency program welcomes and strongly encourages applications from all qualified candidates, regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Trainees from diverse cultural backgrounds or historically underrepresented groups are strongly encouraged to apply. This program welcomes applications from individuals for whom a partner is also applying to our other residency programs or couples applying to the neuropsychology program on alternate years provided both are individually a strong fit for the training we offer. Disclosure of couples status is not required unless there is an ethical issue or conflict of interest that merits disclosure.

Travel Requirements

Residents matching to this site may elect to travel between the Wyoming, Michigan clinic and the Battle Creek VA Medical Center for additional training experiences. This is occasional and only during business hours. Travel to Western Michigan University to participate in brain cutting is also required provided virtual option is not offered. Additional travel between sites to participate in peer support, completion of research activities and engaging in site-specific training opportunities may be required and will occur during business hours. Carpooling or using a government vehicle is available for required travel.

FACULTY INFORMATION

Jessica H. Kinkela, Ph.D. ABPP

Director of Psychology Training

Board Certified in Clinical Neuropsychology Psychology Service (116B)

VA Medical Center 5500 Armstrong Road Battle Creek, MI 49037

269-966-5600, extension 31155 Jessica.Kinkela@va.gov

Dr. Kinkela serves as Training Director for the Psychology Training program and is a supervisor in both the internship and residency programs. Specifically, she supervises outpatient, inpatient and residential neuropsychology consults as well as limited general assessment cases for non- neuropsychology trainees. Dr. Kinkela completed her graduate work at Ohio University and internship at the Detroit VAMC. She completed 2-year Neuropsychology residency at Hines VA Hospital. Her interests include cognitive screening, substance inducted cognitive disorders, recovery-focused assessment, and strength-based feedback. Her supervision style is direct, with a developmentally anchored but competency driven approach. She emphasizes developing life-long professional processes and evidence based practices in the context of diversity awareness. Her orientation is behavioral/cognitive-behavioral, with heavy emphasis on Motivational Interviewing techniques. She serves on the Continuing Education Workgroup, and consults with the medical training programs on campus. When not enjoying her career as a VA Neuropsychologist she spends her time making music, gardening, and raising three silly kiddos.

Jeremy M. Bottoms, Psy.D. ABPP

Associate Training Director for Clinical Neuropsychology Residency Board Certified in Clinical Neuropsychology

Psychology Service (116B) VA Medical Center

5500 Armstrong Road Battle Creek, MI 49037

269-966-5600, extension 31171 Jeremy.Bottoms@va.gov

Dr. Bottoms is Associate Training Director for the Clinical Neuropsychology residency program and primary supervisor for internship and postdoctoral level neuropsychology trainees. He served as internship Psychology Training Director at Chillicothe VAMC before starting at the Battle Creek VAMC in 2014. He completed his graduate training at Wright State University School of Professional Psychology, his internship at the Cincinnati VAMC, and his postdoctoral residency at Geisinger Health System. His interests are Quality of Life, Ecological Validity, Dementia, and Training. He serves on the Mental Health Improvement committee and chairs the facility Dementia Committee. He completes pre-employment and annual Police evaluations. His supervision style is described as warm, evidenced based, and rooted in developing a strong professional identity and interprofessional relationships. His theoretical orientation is Cognitive-Behavioral. He is an avid woodworker and fly fisher.

Michael Scholz, PsyD

Clinical Neuropsychologist

Psychology Service (116B)

Wyoming VA Community Based Outpatient Clinic

5838 Metro Way, Wyoming MI 49519

616.249.5300 ext. 38038

Michael.Scholz@va.gov

Dr. Scholz serves as a licensed psychologist at the Wyoming VA Community Based Outpatient Clinic. He provides outpatient neuropsychological evaluations to Veterans referred for concerns about their cognitive status, decision-making capacity, and/or level of functioning in daily life. He completed his master's degree at Sam Houston State University, his doctoral degree in Clinical Psychology at Wheaton College, and his doctoral internship at the University of Texas Health Science Center at Tyler. He completed an APPCN-member, two-year Neuropsychology postdoctoral residency at Mary Free Bed Rehabilitation Hospital. Dr. Scholz currently does not offer a primary rotation; however, he is available for ad hoc experiences, mentorship and supervision back-up for the other supervisors. His interests include neuropsychological assessment of individuals experiencing a variety of neuropsychiatric concerns, brief psychotherapy with those experiencing mood disorders, the relationship between mood states and cognitive skill use, and cognitive rehabilitation. When not working he enjoys spending his time with his spouse and their children, playing miniature wargames, and reading semi-classic literature.

Our Community: Southwest Michigan

The training program at the Battle Creek VAMC is embedded within the community of Southwest Michigan and the faculty and patient populations mirror those demographics. Areas of particular interest to incoming trainees include Calhoun County (where the medical center is located), Kent County (where our major community based outpatient/satellite clinic is located) and Kalamazoo County (where many trainees and staff chose to live). US Census data for these counties may be compared here. While Battle Creek is still a majority white city, the city is growing more diverse and integrated: more so than the state and more similar to national diversity profiles. There are multiple cultural, business, religious, and heritage based organizations to support community members of various backgrounds and historically marginalized communities. For example, Pride Kalamazoo is one of the biggest Pride events in the state.

Like for many states, equity is a consistent challenge toward building healthy communities and state government has multiple initiatives to improve disparities including due to race. Michigan does not shy away from the challenge and has implemented policies to improve equity. For example, in the 2023 budget, all Michigan school children may receive free breakfast and lunch at school. Education equity in Michigan includes state-based initiatives; however, the region has implemented other innovations. Kalamazoo is home of a pioneering public-private collaboration with the Kalamazoo promise, which offers college funding for Kalamazoo Public Schools graduates attending any public and some private colleges in Michigan. This program has been mirrored for Battle Creek public schools Bearcat Advantage with the additional benefit of including historically black colleges and universities nationwide. Considering public-private partnerships, this region of Michigan has a long history of welcoming immigrants and hosts several of Michigan's primary refugee service organizations. As a community, we value the contributions of New Americans including those who end up serving in the military within the medical center. More than 45 ethnic groups call West Michigan their home. Data is available regarding immigration stats for Kent County show that approximately 1 in 10 residents were born out of the US. Interns often appreciate the friendliness of the region which can range from "Midwest Nice" to "Aggressively helpful" as one East Coast intern described it.

When considering relocating to the area, Interns have found various housing styles available including houses, apartments, townhomes, and settings that welcome pets. Interns are invited to contact each other about sharing housing if they desire, although it is not necessary to have a roommate to have affordable rent. Information about Southwest Michigan can be found at www.discoverkalamazoo.org and www.puremichigan.org. Kalamazoo was featured in an episode of John McGivern's Main Streets that highlights some community institutions. In collaboration with Kellogg Community College, a "second per day" video was created about life in Battle Creek in January 2022. Several social media personalities offer their experiences of the area including More History Per Square Mile Than Any City - Battle Creek, Michigan - YouTube.

For sports fans, the region boasts several semi-pro teams including baseball with the Growlers and Battle Jacks in the Northwoods league. Hockey teams include K-Wings in Kalamazoo and the minor league team Grand Rapids Griffins, affiliated with the Detroit Redwings. For arts fans, being between Detroit and Kalamazoo, the Miller Auditorium boasts an excellent line up of high quality traveling productions traveling theater productions that stop here enroute to Chicago.

No point in Michigan is more than 6 miles from an inland lake or more 85 miles from a great lake. Day trips for water focused activities, hiking, or biking are affordable and fun for many ages and abilities.

Southwest Michigan is known for its Farm to Table dining and foodies will not be disappointed. The region offers high quality cuisine from fine dining (Rustica, Principle, Four Roses, Kitchen Proper]) to dives and food trucks, folks find many options. Visit "Hidden Gems" list covers several local favorites. Prior intern cohorts endorse cohort lunches at Umami Ramen, Nina's Taccoria, Clara's on the River, Mancinos, Torti Taco, and Horrock's Market. For those who prefer to prepare their own, the region offers multiple affordable farm shares, farm markets, and grocery co-ops.

Please also take a look at our photo tour of campus.

We hope you enjoy checking out what it might be like to live and work in Southwest Michigan.

*External videos and links are for information purposes only and reflect the views of the developer and not the Battle Creek VAMC or Department of Veterans Affairs.

TRAINING SETTING

Mission

The MISSION of the Battle Creek VA Medical Center is to provide primary medical care, comprehensive psychiatric care, specialty care, extended care and related social support services to veterans in the Lower Peninsula of Michigan and parts of Ohio, Indiana, and Illinois. Further, the mission of the Medical Center is to honor America's Veterans by providing exceptional health care that improves their health and well-being. The VISION of the Battle Creek VA Medical Center will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies. The Core VALUES of the Medical Center are: Integrity, Commitment, Advocacy, Respect, and Excellence. The Domains of Value are: Quality, Access, Function, Satisfaction, Cost- effectiveness, and Healthy Communities. The Guiding Principles of the Medical Center are: People centric, results driven and forward looking.

In the context of the basic mission of the Battle Creek VAMC to provide quality health care services, the mission of Psychology Service is to: (a) promote the physical and psychological well-being of VA patients, their families, and VA staff through comprehensive quality psychological health care services, (b) provide training in psychology to students and VA staff, and (c) advance the knowledge and applications of psychology through clinical practice, education, and research. The training program is viewed as an integral part of the Medical Center's and Psychology Service's missions. The Battle Creek VAMC Psychology Service is committed to providing high-quality training in psychology, which includes in-depth training in applied skills and exposure to a variety of clinical professional issues.

Overview of the Medical Center & Psychology

Since 1924, the Battle Creek, Michigan VA Medical Center (VAMC) has been improving the health of the men and women who have served our nation. The facility is a campus style setting on 206 acres located between the cities of Battle Creek and Kalamazoo in Southwestern, Michigan. The medical center provides outpatient Primary and Specialty Medical care as well as comprehensive Mental Health care to approximately 45,000 Veterans in 22 counties. The Battle Creek VAMC is classified as a neuropsychiatric facility and is the hub of mental health care for VA Medical Centers in the lower peninsula of Michigan including Inpatient Psychiatry (Acute, Geriatric), Mental Health Residential Treatment (Substance Abuse, PTSD, and Psychosocial), Inpatient Rehabilitation & Nursing Care (Community Living Center Dementia Unit, Short-Term Rehabilitation, Long-Stay Nursing Care), and outpatient clinics (Mental Health, Women's Health, Primary Care-Mental Health Integration, Pain, PTSD Clinical Team, Neuropsychology, Wellness and Recovery Center). Additional care is provided through outpatient clinics in Benton Harbor, Lansing, Muskegon, and Wyoming, Michigan.

The Neuropsychology Team consists of 4 Neuropsychologists and two psychometrists. These support the 2 residency positions, a neuropsychology intern and an occasional practicum student in neuropsychology. At times fourth year Psychiatry Residents join for an interprofessional team for dementia care.

Approximately 45 staff Psychologists are employed at the Medical center and are well respected members of the medical staff. Many are actively involved in training as supervisors, presenters, and mentors. Key leadership roles are frequently filled by psychologists due to the unique ability of the profession to pair data-driven decision-making with interpersonal skill and Veteran centric perspective. Psychological services are typically provided within a multidisciplinary treatment program and cover the full range of treatment and assessment modalities. Members of the training council come from a variety of universities, internships and residencies representing a wide range of approaches and orientations. Considered as a whole, the staff has expertise in most areas of current clinical and counseling psychology practice. All supervising psychologists are fully, independently licensed in psychology within the jurisdiction in which they practice. Usually, this means they hold a Michigan Psychology license; however, some may hold licenses from other states.

Patient Demographics

The majority of the patient population served were Vietnam era Veterans (44-percent) followed by Persian Gulf (27-percent), Post Vietnam (12-percent), Korean (7-percent), Post-Korean (4-percent) World War II (3-percent) and Other (3-percent). Approximately 8-percent of Veterans identify as female. Veterans come from a mix of rural (41-percent) and urban (59-percent) settings. The largest age group represented is 55-74 year old Veterans. Racial and ethnic makeup is primarily white at 83-percent followed by 8-percent African American. Site specific statistics on gender identity and sexual orientation are not kept in a formal way; however, national estimates indicate 7-percent of the US Veteran population identify as LGBT. Most trainees are able to work with at least one individual identifying as LGBTQ. Battle Creek VAMC was the first VA medical facility in Michigan to earn the designation as Leader in LGBT Health Equality through the Healthcare Equality Index.

Patients are medically and psychiatrically complex with comorbidity reflecting the normative presentation. Residents may expect to work with complex dementia referrals with a majority of cases reflecting a mixed neurocognitive disorder followed by Alzheimer's disease, Vascular dementia, Frontotemporal Dementia primarily behavioral variant, Lewy Body dementia, and substance induced dementia. Medical neurology cases are also common including cognitive sequala of kidney disease, liver impairment, autoimmune disorders, anoxia and hypoxia associated with lung and breathing disorders, and delirium. While less common, residents do work with patients with diagnosed movement disorders such as Parkinson's disease and Multiple Sclerosis. Psychiatric and substance related neuropsychological presentations are common as is mild traumatic brain injury. Acute or subacute stroke or moderate TBI cases are uncommon; however,

referrals for residual impacts several years after the event is common. Evaluations for capacity to make medical decisions, manage finances, live independently, or designate alternate decision-maker occur regularly.

TRAINING MODEL AND PROGRAM PHILOSOPHY

Within the Battle Creek VA Medical Center Clinical Neuropsychology Postdoctoral Residency Program, we offer and implement a specialty practice program in Clinical Neuropsychology. We identify with and conceptualize from a scientist-practitioner model. Residents generate new research projects and/or join current research projects already underway at this facility.

TRAINING AIM & COMPETENCIES

Aim

To prepare early career Neuropsychologists for entry level positions in Neuropsychology at the VA equivalent of GS-13 within the context of interprofessional practice, who ultimately will be prepared to apply for ABPP board certification in Clinical Neuropsychology

Competencies

All residents participating in an APA-accredited residency are required to demonstrate competency in the areas described APA Commission on Accreditation Implementing Regulations (Page 124)

LEVEL 1 Advanced Competencies

I. Integration of Science and Practice

1. Resident demonstrates the ability to critically evaluate foundational and current research that is consistent with or representative of Clinical Neuropsychology.
2. Resident integrates knowledge of foundational and current research consistent with Clinical Neuropsychology in the conduct of professional roles (e.g. research, service, and other professional activities).
3. Resident demonstrates knowledge of common research methodologies used in the study of Clinical Neuropsychology and the implications of the use of the methodologies for practice.
4. Resident demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.

II. Ethical and Legal Standards

1. Resident is knowledgeable of and acts in accordance with the current version of the APA Ethical

Principles of Psychologists and Code of Conduct.

2. Resident is knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
3. Resident is knowledgeable of and acts in accordance with relevant professional standards and guidelines.
4. Resident recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas as they pertain to Clinical Neuropsychology.
5. Resident conducts self in an ethical manner in all professional activities

III. Individual and Cultural Diversity

1. Resident demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
2. Resident demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to Clinical Neuropsychology including research, training, supervision/consultation, and service
3. Resident demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
4. Resident demonstrates the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s)

LEVEL 2-Program Specific Competencies

I. Patient Centered Practices

1. Resident fosters self-management, shared-decision making, and self-advocacy/direction in their patients
2. Resident solicits the preferences, needs, and goals of the patient during professional work and integrates that information into care plans and interventions, advocating for their patients as needed
3. Resident recognizes the role of caregivers/family in improving outcomes for Veterans and involves them in care-planning as desired by the Veteran

II. Additional Neuropsychology Competencies not captured in level 3 items.

1. Resident demonstrates working knowledge of the central nervous system, functions attributed to a particular part of the brain or spinal cord and functional pathways and networks. Integrates this knowledge into delivery of Neuropsychological Practice (i.e. case conceptualization, interpretation of data, differential diagnosis, treatment recommendations and intervention).
2. Resident demonstrates working knowledge of neuroimaging and neurodiagnostic techniques (e.g. MRI, EEG, Biomarkers). Integrates this knowledge into delivery of Neuropsychological Practice (i.e. case conceptualization, interpretation of data, differential diagnosis, treatment recommendations

and intervention).

3. Resident demonstrates working knowledge of neurochemistry and the impact on cognition, mood and behavior. Integrates this knowledge into delivery of Neuropsychological Practice (i.e. case conceptualization, interpretation of data, differential diagnosis, treatment recommendations and intervention).

LEVEL 3 Clinical Neuropsychology Specialty Competencies

I. Research

1. Resident accurately and effectively performs neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.
2. Resident applies knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.

II. Professional Values, Attitudes and Behaviors

1. Resident behaves in ways that reflect the values and attitudes of psychology and Clinical Neuropsychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Resident engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
3. Resident actively seeks and demonstrates openness and responsiveness to feedback and supervision.
4. Resident responds professionally in increasingly complex situations with a greater degree of independence.
5. Resident demonstrates an emerging professional identity consistent with the Clinical Neuropsychology specialty.

III. Communication and Interpersonal skills

1. Resident develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
2. Resident produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
3. Resident demonstrates effective interpersonal skills and the ability to manage difficult communication well.

IV. Assessment

1. Resident utilizes clinical interviews, behavioral observations, record review, and selection, administration, and scoring of neuropsychological tests to answer the assessment question.
2. Resident demonstrates the ability to accurately discern and clarify assessment questions, the recipients of the assessment results, and how assessment results will be utilized.
3. Resident interprets assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations informed by functional aspects of everyday

living, quality of life, and educational/working/social/living environments.

4. Resident addresses issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.
5. Resident communicates both orally and in written reports the results and conclusions of assessments in an accurate, helpful, and understandable manner, sensitive to a range of audiences.
6. Resident demonstrates knowledge of theories and methods of measurement and psychometrics relevant to brain-behavior relationships, cognitive abilities, social and emotional functioning, performance/symptom validity, test development, reliability validity, and reliable change.
7. Resident demonstrates knowledge of the scientific basis of assessment, including test selection, use of appropriate normative standards, and test limitations.
8. Resident demonstrates knowledge of patterns of a) behavioral, cognitive, and emotional impairments associated with neurological, psychiatric, and general medical conditions that affect brain structure and functioning and b) incidence, prevalence (i.e., base-rate), natural course, and key signs/symptoms of disease processes for conditions of interest in neuropsychology.

V. Intervention

1. Resident demonstrates an understanding of evidence-based interventions to address cognitive and behavioral problems common to recipients of neuropsychological services.
2. Resident demonstrates an understanding of how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.
3. Resident uses assessment and provision of feedback for therapeutic benefit.

VI. Consultation and Interprofessional / Interdisciplinary Skills

1. Resident demonstrates knowledge and respect for the roles and perspectives of other professions such as effective communication, appropriate referrals, and integration of their perspectives into case conceptualizations.
2. Resident functions effectively in consulting roles across settings (e.g., clinical, legal, public policy, research), clarifying referral questions, applying knowledge appropriate to each setting, and communicating results to referral sources both verbally and in writing.

VII. Teaching / Supervision / Mentoring

1. Resident demonstrates knowledge of supervision models and practices related to Clinical Neuropsychology.
2. Resident teaches, supervises, and mentors others by accurately, effectively, and appropriately presenting information related to Clinical Neuropsychology

STRUCTURE OF THE PROGRAM

Our program offers advanced postdoctoral training within the specialty practice area of Clinical Neuropsychology, with a primary site of training at the Battle Creek VA Medical Center (BCVAMC) campus in Battle Creek, Michigan with additional training providing video based assessments (CVT) to Community Based Outpatient Clinics. Over the two year training period, the resident will devote at least 50-percent of their time to clinical care including face to face direct services, report writing, scoring and other activities to support patient care. Up to 25-percent of time is designated for research activities and at least 10-percent

of their time is devoted to educational and didactic activities.

Residents receive at least 2 hours of face to face individual supervision per week. Supervision includes live observation.

A formal training plan is developed over the first six weeks to include clinical experiences, professional opportunities, scholarly investigations as well as other activities to meet training competencies. This document is updated over the course of the training period as needs and interests shift.

CLINICAL EXPERIENCES

Residents complete core neuropsychology rotations at the Battle Creek VAMC campus with additional experiences in teleneuropsychology. The resident also selects elective experiences according to their needs and goals.

Sample Training Schedule

August Year 1: Orientation and observation of staff and clinics

September through December Year 1: Complete two evaluations weekly to start between outpatient face to face and virtual clinics, increasing to three evaluation with a tech or as skill allows. Neuropsychology didactics Wednesday afternoons and Diversity, Interprofessional Seminar on Fridays. Several Wednesday mornings will include Brain Cutting (Live or via video). Develop research project

January & February Year 1: Continue 2-3 evaluations weekly. Participate in interviews and evaluation of prospective Neuropsychology Internship applicants in preparation for supervising an intern in Fall Year 2. Participate in recruitment of Neuropsychology resident. Didactics remain the same.

March through June Year 1: Continue 2-3 evaluations week across in person and virtual neuropsychology clinics. Didactics remain the same. May engage in optional rotational experience (e.g. CogSmart group, CLC/Geropsychology). May attend Midwest Neuropsychology Group conference.

July Year 1 through September Year 2: Prepare to switch to 3 outpatient cases per week. Participate in training the interns on WAIS administration. Neuropsychology didactics & brain cutting take a hiatus over the summer allowing increased engagement in research tasks. Friday didactics include only new diversity series presentations and topics of interest. Take the APPCN mock written exam. Submit a poster for INS if planning to attend.

October through December Year 2: Maintain a caseload of 12 outpatients per month, supervising one or two cases with the intern. Neuropsychology didactics resume Wednesday afternoon. Continue Neuropsychology didactics and Friday didactics include only new diversity series presentations and topics of interest. Submit poster for AACN if planning to attend.

January and February Year 2: Participate in recruitment and selection of neuropsychology resident and interns. Continue case load within the outpatient clinic accordingly. Continue Neuropsychology didactics and Friday didactics as appropriate. Attend INS as desired. Schedule or take the EPPP by this time.

February through August Year 2: Continue case load of 12 patients per month across Neuropsychology Clinics in Battle Creek and virtual clinics. Present research project, provide diversity seminar presentation, engage in administrative rotation with consult management. Continue Neuropsychology didactics and Friday didactics as appropriate. Apply for jobs. Apply for ABPP early entry (optional) BEFORE formally licensed. Obtain license before graduating. May attend Midwest Neuropsychology Group in May and/or AACN in June typically at their own expense (paid authorized absence available)

Neuropsychology Experiences

The resident will provided a combination of in-person and teleneuropsychology evaluations with greater emphasis on teleneuropsychology in the first year. Referrals are primarily outpatient, but some inpatient evaluations occur over the course of the year (10 per year). Dr. Kinkela is primary supervisor for Teleneuropsychology while Dr. Bottoms is primary supervisor for in-person consults. They share responsibility for residential and inpatient consultation.

- Approximately 75-percent of outpatients patients are referred for dementia differentials. Consistent with frequency in the general population, Alzheimer's Disease, Vascular Dementia, Lewy Body Disease, and Frontotemporal Behavioral Variant are the primary Major Neurocognitive disorders seen, with frequent mixed presentations. Capacity for medical decision-making and safety issues are common considerations.
- Approximately 15-percent of outpatient consults reflect middle aged Veterans with a variety of medical and mental health presentations impacting cognition such as chronic kidney disease, cancers, unmanaged diabetes, post-surgical changes, hypoxia secondary to heart attack or suicide attempt, chronic pain, respiratory issues, chronic severe mental illness, Major Depressive Disorder, movement disorders or substance use.
- Approximately 10-percent of outpatient consults are related to issues in younger Veterans including PTSD and TBI concerns, reported difficulties in academic or work activities without clear neurological causes. Frequently these individuals are hesitant to address mental health concerns directly and cognitive evaluation helps clarify presentation. Compensation seeking and invalidity are frequent issues in the younger populations. Occasionally, evaluations are completed at the request of Compensation and Pension examiners.
- Teleneuropsychology evaluations are mostly dementia, capacity, and functional level evaluations for adults 65+ years old. They follow one of two fixed teleneuropsychology batteries and each patient is scheduled for 4-5 hours. Interview, testing and preliminary feedback are provided during this time, although a follow-up call with additional feedback is sometimes necessary. This may include working with a Psychiatry Resident in a geriatric collaborative appointment.
- Inpatient Psychiatry Consults come from the acute inpatient mental health (IMH) unit. The resident may serve as consultant or round more frequently with the team depending on level of involvement desired and staffing availability. The IMH addresses the acute psychiatric needs of patients with suicidal ideation or recent attempts, decompensation of chronic severe mental illness, or dementia or seriously mentally ill patients in geriatric patients. In both settings evaluations are bedside in nature; however, for more stable patients they may be transported to the outpatient clinics. Referrals for both inpatient settings tend to be for capacity to live independently for discharge planning, level of cognitive impairment, need for guardianship, and dementia versus delirium differentials.
- Mental Health Residential Rehabilitation Treatment Program participants referrals are wide ranging. These individuals are seen in the outpatient clinics and involve substantial collaboration with psychologists on the unit. Typical referrals are related to behavioral challenges impacting the Veteran's ability to be successful in the program such as personality pathology versus neurological condition, cognitive challenges from substance use, implications of concussion on presentation, validity of presentation cognitively, and level of intellectual/cognitive functioning to help with career/job planning or a return to school.
- Residents have offered a Cognitive Remediation group intervention (CogSmart) or other sychological interventions based on their interests and supervisor availability.

- A Memory Disorders clinic is under development scheduled to be piloted in February 2024 with collaboration with Psychiatry and potentially Social Work.

RESEARCH EXPERIENCES

Up to 25-percent of their training time is devoted to completing an Institutional Review Board/Research Development approved research project or other scholarly project. During their first three months they will identify a project and complete an application or join a current project. Their research must result in a scholarly product, defined at minimum as including both a written and oral dissemination to an appropriate audience (e.g. a paper or poster presentation at a regional or national Neuropsychology conference; a CE offering; a presentation in Neuropsychology Didactics) The resident will identify a primary mentor to assist them with this project and additional consultation with the research coordinator is available.

EDUCATIONAL EXPERIENCES

Residents complete four hours of educational activities weekly, two of which are face-to-face individual supervision. The remaining two hours of educational activities weekly are made up of required and optional activities. Traditionally, residents average significantly more than two hours of individual supervision and elect to attend more than just the required educational experiences. While updates are often sent out via email, Residents are responsible for attending as scheduled and contacting the training director or listed presenter for clarification as needed.

Required Educational Experiences

- Individual Supervision (required 2 hours/weekly)
- Professional Development Meeting (required; monthly as scheduled with Training Director or designated psychologist)
- Diversity Series (required first year; optional second year; 6 times annually) Interprofessional Seminar (required first year; Monthly Sept-June)
- Preceptor Development (required first year; New topics only second year; 6 times annually) Mental Health Grand Rounds (optional, monthly)
- Peer Support (Required, approximately 2 times monthly)
- Neuropsychology Seminar-Midwest Group (Required; Twice monthly, September-June)
- MIRECC Advanced Neuropsychology & Neuroanatomy Seminar Series (Required; weekly, Sept-May) Brain Cutting (Required; approximately 6 sessions annually)
- Peer Consultation by Advanced Trainees or “Vertical Supervision” (required, based on training plan)

Individual Supervision

Residents receive a minimum of 2 hours of face-to-face supervision weekly by rotation supervisors. Primary purpose of individual supervision is to facilitate clinical competencies and resident professional development as well as provide oversight of clinical care provided by the resident. Supervision may take place over synchronous video technology to minimize infection sharing and due to unforeseen circumstances that would otherwise result in cancelation of supervision if video conferencing is not used.

Professional Development Meeting

Residents from all residency programs on campus meet as a group with the training director or designated Psychologist for professional development, orientation, and training plan monitoring directed by the needs of the residents. Initially this will occur more frequently than monthly; however, it will decease to monthly

as the trainees progress. This does not take the place of individual supervision and is not meant for primary clinical supervision. It is either via video conference or in person.

Diversity Series

This series is an APA sponsored CE offering attended by Psychologists and Trainees. Neuropsychology residents are excused from repeat topics during the second year. Additional supplemental diversity experiences occurring on other days are required when relevant learning opportunities arise. For example, residents have been required to attend continuing education programs on Human Trafficking and Transgender care on other days of the week. Attendance requirements are made typically three months in advance to avoid disruption in patient care. Within the Friday Diversity Series topics may be formal presentations by staff on a topic of interest such as "Psychotherapy Modifications for Geriatric Patients", experiential activities such as identifying normative and psychometric properties of measures used with patients of diverse backgrounds, or a case presentation and journal discussion combination. Trainees historically appreciate the breadth and depth of topics addressed within this series and frequently comment on how applicable they are to their own work with their patients. Residents present at least once in this series.

Interprofessional Seminar

A collaboration between pharmacy, optometry and psychology training programs, residents gain cross discipline experience discussing ethical and practice found in a complex medical center. The first part of the training year includes a review of the various disciplines' ethical guidance followed by interprofessional case presentations that include both clinical and ethical elements. Staff model presenting for the first few cases then trainees present. Trainees report this seminar can be challenging due to the disparity in exposure to ethical principles between disciplines; however, it also provides leadership experience given the depth of training psychology residents have in ethics. The interprofessional element is highly appreciated and learning the perspective of providers outside of psychology is a key benefit of this seminar. It is optional the second year.

Mental Health Grand Rounds

This seminar covers a wide range of topics and targets an interprofessional mental health staff. Continuing education credit is offered to various disciplines and thus the quality of presentation is high. Typically presentations are more applied in nature; however, more specific research presentations are made over the course of the year. At least one session is devoted to ethics. Residents often present their research project in Mental Health Grand Rounds. This is available via video conferencing to all CBOCs. While mainly occurring within Battle Creek VAMC, presenters may broadcast from the other locations. Residents may view this in person or via video conference along with their Mental Health Service Line peers within their setting. It is optional.

Preceptor Development

This seminar is interdisciplinary in nature attended by pharmacy, optometry, psychology and other disciplines based on their interest. It offers continuing education credit and is targeted toward staff looking to improve their supervision skills. Historically this seminar has been optional for interns and residents; however, when they have attended feedback was overwhelmingly positive. Ultimately, the Psychology Training Council decided to make this seminar a core aspect of psychology training. Topics are varied and almost always include some experiential, simulated practice exercises as well as review of associated literature. References for further learning are provided.

Peer Support

Residents meet for mutual support, discussion of professional or personal issues, and general collaboration

and bonding. If they are working on shared research or quality projects, peer support time is appropriate for that. They may elect to meet via videoconference, phone, or either the Battle Creek or other locations. Additionally, they may meet off-site with training program approval. Prior residents have had monthly video calls, a meal off campus, or gathering in a conference room.

Neuropsychology Seminar-Midwest Group

Neuropsychology staff as well as practicum, internship, and postdoctoral trainees at this and other midwestern VA settings connect with other sites via videoconferencing. Presented primarily by staff neuropsychologists, trainees are invited to contribute to a topic with significant mentorship by their staff preceptor. The 2019 and 2020 topics include Multicultural Neuropsychology, Neuroanatomy, Postdoc applications, Alzheimer's disease update, Epilepsy, Neuroimaging, Mock Interviews, Fact Finding, Pediatric Neuropsychology, Stroke, Non-AD dementia, Tumors, Parkinson's Disease and Movement Disorders, Neuropsychology of Substance Abuse Disorders, Reliable Change and Repeat Evaluation.

MIRECC Advanced Neuropsychology Seminar Series

Topics are presented at the Salisbury VAMC MA-MIRECC shared with this site via video conference. Examples include but are not limited to TBI rehab, Substance use Disorders, Sleep medications, CVA and Vascular diseases, Bipolar and Schizophrenia, Mock Exam, Ethics, Atypical Dementias, and Lab Values and Cognition. Neuroanatomy topics are varied and based on targeted readings. Some are more applied, while as others are more theoretical.

Brain Cutting

The neuropathology lab at the Western Michigan University School of Medicine offers trainees the opportunity to observe brain cutting. These are part of autopsies completed at the request of various medical examiners across the nation for both clinical and forensic purposes. These are offered at the Western Michigan University campus or virtually. Carpool and government vehicle options are available as needed. The actual number of brain cuttings a resident will attend is based on their training goals; however, eight would be considered a minimum.

Peer Consultation by Advanced Trainees or "Vertical Supervision"

The Battle Creek VAMC Psychology Training Council affirms the value of "vertical supervision" of psychology trainees by advanced trainees once appropriate competency has been demonstrated and documented. Within the Neuropsychology Residency program, some Vertical Supervision will be required. What form this takes is typically negotiated within the resident's training plan. The Resident may expect to be involved in "testing out" incoming interns on WAIS-IV administration as a simulated patient. They will also be involved in providing administration training for interns both in and outside of the neuropsychology track. Provided the resident is in good standing and the intern agrees, the second year resident will supervise an intern on at least once case monthly including interview, testing, and report write-up. To obtain additional clinical exposures, an intern may participate in all but the writing aspect of an encounter with a resident. This allows the resident the opportunity to supervise clinical care encounters, providing guidance to the intern while the intern has the opportunity for meaningful clinical exposure to different cases without the extra writing burden.

Optional Educational Experiences

Community Outreach

Trainees regularly elect to participate in community activities sponsored by the VA Medical Center. One such event is the annual Mental Health Summit, a community event that includes national and locally known presenters on a variety of topics. The facility also hosts symposiums open to community partners on relevant health care topics. Stand Downs are outreach events to homeless or indigent Veterans with the

goal of connecting them to services. Trainees may join the VA LGBTQ workgroup or represent the VA at the local Pride events.

Medical Grand Rounds

Occurring on the first Friday of every other month from 12-1pm, this is a regularly occurring event that is optional, although trainees may be required to attend at the direction of a supervisor or training director if the topic is relevant to trainee development.

VA National Webinars

Residents are able to participate in national educational seminars presented via video conference. These typically are optional; however, participating in presentations may be required if they are relevant to trainee development. If required, it will appear on the didactics schedule, typically 2-3 months in advance to avoid patient care disruption. In particular, the South Central MIRECC sponsors National CBOC Mental Health Grand Rounds. Topics for 2019 include: Cognitive Behavioral Treatment of Insomnia, Whole Health Program, Depression Treatment for Pregnant and Nursing Women, Consultation for Veterans with Persistent Psychosis, Ethics of Safety Aids, Rural PTSD outreach, Problem Solving Therapy training, PTSD & TBI, Substance Abuse/Use Disorders and CBT, Ethical Issues of Working with Patients who use Hate Speech, Nightmares and Nightmare Treatment, and The Impact of Guns on Public Health Issues Related to Global Suicidal Ideation Risk in the US.

Mentorship

Residents receive professional mentoring within their rotations, particularly as it applies to specialty competency and career preparation as well as with the Training Directors. Residents are also encouraged to select a non-evaluative mentor, meeting with them approximately once monthly. A non-evaluative mentor is typically identified at the onset of the training year and is integrated within the resident's training plan.

The limits of confidentiality of the mentor/mentee relationship are discussed at the onset of the relationship. Specifically, if the resident reports unethical behavior as demonstrated by themselves or others, they will be encouraged to share this information through the appropriate administrative channels. This typically will be the Training Director, Assistant Training Director, or Chief of Psychology. If the resident refuses or otherwise fails to do so, such reports are mandated to be disclosed to the Training Director or Chief of Psychology. When shared with the mentor, appropriate judgment should be used in the disclosure of any medical or mental health difficulties a resident might be experiencing if the

problem(s) create a functional interference with training. The mentor has the responsibility to encourage the resident to speak with the Training Director or Assistant Training Director regarding any concerns about suboptimal but not unethical training experiences and/or interactions with current or former supervisors. In these instances, the mentor should not go to the training committee on the resident's behalf. The role of the mentor is not intended to place the mentor in a position of advocacy or mediation for the resident but rather have them serve in a role that is developmentally supportive and professionally empowering. A non-evaluative mentor has no input in the evaluation process for the resident within the program. None of the above is meant to limit the resident's or mentor's ability to seek EEO/hospital policy based avenues to address concerns.

ADMINSTRATIVE STRUCTURE

The Psychology Training Program exists within the Psychology Service line. Ultimate responsibility for the Psychology training program rests with the Chief of Psychology Service. This responsibility is delegated to the Psychology Training Council. Day-to-day administrative decisions for the program are made by the Training Director. The Training Director's duties include: serving as Chair of the Psychology Training Council, arranging training seminars, serving as preceptor for trainees, communicating with the university training directors as indicated, coordinating trainee and staff evaluations, overseeing the trainee selection process, and coordinating the program's self-assessment and quality enhancement procedures as decided upon by the Training Council.

The Psychology Training Council is responsible for overseeing all Psychology training at all levels on campus. The Council consists of, at minimum, the following individuals:

- Director of Psychology Training, Chairperson Chief of Psychology Service
- Associate Training Director, Practicum Associate Training Director, Internship
- Associate Training Director, Clinical Psychology Residency Associate Training Director
- Neuropsychology Residency Training Supervisors
- Chief, Learning Resources Service, Ex-officio
- Current Trainees as appropriate to their role as learner

The Psychology Training Council is responsible for establishing policies pertaining to training; participating in the selection of new trainees; evaluating and approving trainee training plans; addressing training issues as they affect university-VA training relationships; considering any trainee grievances; and conducting the psychology training program's self-assessment and quality improvement efforts. The Psychology Training Council meetings are held at quarterly at minimum or at the call of the Training Director to specifically review and discuss trainee progress and to facilitate trainees' overall success in the Program. A "Training Supervisor" is any psychologist with a valid license who elects to be involved in the planning and implementation of the training program and who is willing to offer a clinical rotation for trainees. Training Supervisors need not actually be supervising a trainee to participate. The designation "Other Agency Supervisors" includes licensed psychologists who are not involved in the planning/implementation of the training program but may serve as a clinical supervisor in a limited way. Examples include non-VA psychologists offering external rotations or VA staff psychologists who serve as back-up supervisors when the primary supervisor is unavailable. The designation "Other Contributor" refers to an individual who does not provide any clinical supervision, but may participate in offering training opportunities. Examples include unlicensed staff psychologists who co-facilitate a group together

while both are under supervision or individuals who provide didactic seminars. Other Agency Supervisors and Other Contributors are invited to attend and provide input during Psychology Training Council meetings; however, only Training Supervisors vote regarding program changes and trainee progress decisions. Current trainees attend Psychology Training Council meetings to provide input, but do not attend meetings related to trainee progress or vote on program improvement activities unless it directly impacts their training currently.

REQUIREMENTS FOR COMPLETION

Competency

Residents need to be evaluated as Level 4 or higher at the mid-point of the year and Level 5 or higher at the end of the training year on all target competencies. Completion of licensure paperwork is dependent on achieving successful end of the year competency ratings.

Hours

The residency requires two years of full-time training (2080 hours annually) to be completed in no less than 24 months. This includes paid federal holidays and accumulated paid annual and sick leave that can be taken during the year. The Resident is encouraged to examine individual licensure requirements for any state they wish to be licensed in to ensure that use of annual or sick leave does not need to be subtracted from total licensure hours. This is particularly important in the case of transferred leave or prior federal service placing the resident in a higher leave bracket.

Patient Contact

Successful completion of the resident requires a minimum of 25-percent time direct patient care. Direct patient care includes face-to-face, telehealth, or phone contact in which the resident and the patient(s) are interacting. Consulting with other staff about a patient when a patient is not present in the consultation is not considered direct patient care. Typically residents spend between 12-18 hours weekly in direct patient care. Please note, while we meet criteria for the state of Michigan with regard to patient contact, the Resident should investigate minimum patient contact requirements for any jurisdiction in which they would like to be licensed.

Diversity Seminar

The Residents are required to lead a diversity series seminar during their training period, observed by a staff member who will offer feedback on teaching methods and presentation.

Research/Scholarly Project

The Residents are required to complete a research/scholarly project that would include literature review, oral presentation, and written presentation.

RESEARCH PROJECT

Expectations

- Participate in formulation of a project idea including methods for completing the project following appropriate policy/medical center procedures
- Determine appropriate deadlines to successfully complete the project
- Meet deadlines as determined above
- Gain approvals as needed to implement the project

- Implement and complete the project using the developed methods
- Present the findings of the project
- Prepare a manuscript/poster or other written document of the project
- Report to assigned mentors on a routine basis

General Timeline:

Within three months of start date: Complete an **initial project proposal**. It should be approved by project mentors/supervisors and include the following elements:

- Topic Title
- Project Participants (e.g. other staff/trainees involved)
- Names of Project Mentor &/Or Clinical Supervisor for the project. Identify how often you will meet and the specific dates if known. Should these be two different people, describe their roles and how they will work together.
- Narrative description of project, with preliminary literature review. (10 references minimum, 5 of which need to be from peer reviewed journals within the last 5 years. Use APA-format. This would be your IRB/RD amendment/ proposal narrative documentation.
- Please describe the intended publication plan. Typically residents target an August abstract submission for INS.
- List of steps and the timeline for completing these steps. Include who is responsible for each step.
- Description of Research & Quality Team involvement (e.g. a date when youmeet)
- After this step is completed, you may move forward with IRB/RD submissions/Quality Application

6 months: Integrate full literature review to your project proposal and update steps/description as indicated (at least 30 relevant articles, APA format.) This will be approved by your mentor. **Provide completed/updated project proposal to training directors for final acceptance during first quarter evaluation.**

8 months: **Complete a written progress report** including steps completed and areas that still need to be addressed. This should be reviewed and approved by your mentor/clinical supervisor listed in your proposal before providing to training directors. This could be simply the "timelines/steps" section of your proposal updated.

12 months: **Complete a written progress report** including steps completed and areas that still need to be addressed. This should be reviewed and approved by your mentor/clinical supervisor listed in your proposal before providing to training directors. The project should be nearly completed and ready for preparation for presentation. This could be simply the "timelines/steps" section of your proposal updated.

Year 2: Present your findings. If presenting during Mental Health Grand Rounds, **provide full PowerPoint and any handouts** to MHGR workgroup at least two weeks before your scheduled presentation. You will also need to submit your CV and disclosure forms. Your presentation should be reviewed and approved by your mentor/clinical supervisor listed in your proposal before submitting.

FACILITY AND TRAINING RESOURCES

Residents are provided a similar level of support as staff psychologists in terms of office space, access to computing resources, clerical support, assessment materials and other supplies. Dictation software is available, without need to request it, by downloading it from the software center. All offices have webcams to facilitate consultation with supervisors and live observation. Audio and video recording software is also available at all workstations. The Medical Center offers access to a variety of electronic periodicals and online professional reference materials such as Psychiatry Online and Up-to-Date. The physical medical library, though small, has access to a variety of reference materials and interlibrary loan is available to access materials from across the VA network.

Residents are assigned a private office within the Neuropsychology Clinic. They are invited to bring in items to personalize the space if appropriate. Some rotations use offices are shared by multiple professionals who may use them on different days of the week (e.g. CLC or PCMHI experiences). This is a set-up commonly used by part-time staff and staff who provide services in multiple clinics. All residents have access to lockers for personal items as well as locked drawers for patient materials.

All offices and clinic spaces are fully accessible. Most clinics have a mix of single restrooms and male/female group restrooms. In renovating, clinics have transitioned to primarily private restrooms. Private lactation spaces are scattered throughout the medical center: trainees may use any open space without need to make a request. If the trainee prefers to use their office instead, privacy curtains can be requested from the training director. A renovated gym with excellent locker rooms is available for staff and trainee use over the lunch hour, which is designated as “staff-only” hours. Gym facilities include ample treadmills, cycles and elliptical machines, weight machines and free weights, a volleyball court and basketball half-court. The pool is available to staff over the lunch hour two days weekly. Trainees are invited to use the gym before or after work, although having a work-out partner is suggested. Most clinics have a designated staff lunch room with refrigerator and microwave. A private employee dining area is available in building 5. Facilities may be closed per state or national guidance for safety (e.g. COVID-19).

POLICIES AND PROCEEDURES

Stipends & Work Hours

The residency is a full time, 24-month experience beginning around the third week of August. The resident is required to obtain 2,080 hours of training in the Medical Center annually. Currently the first year resident stipend is $52,005 per year divided into 26 equal bi-weekly payments that are automatically deposited into an account of the trainee's choice. A small increase is offered in the second year. Residents are also eligible for health benefits, including family and spousal health benefits. This includes any legally married spouse (regardless of gender) and dependents. Trainees are encouraged to switch to "electronic only" documentation. This can be established at this site: https://mypay.dfas.mil/ which also is where electronic copies of paystubs and tax forms may be downloaded.

The scheduled work hours typically are 8:00 a.m. - 4:30 p.m. Monday through Friday except for federal holidays. Lunch breaks are 30 minutes, usually taken from 12:00 noon to 12:30 p.m. but may occur sooner or later based on patient care flow. Residents may not stay on the medical center grounds after hours unless one of the resident supervisors is present and available. This should be rare. The exception it to come in early or leave late to use the fitness facilities. As always, having a partner in the gym is suggested.

Evaluation

Formal Competency Ratings will be completed at the 3, 12, 18 and 24 month period using the Standards of Accreditation (SoA) Competency Assessment Form, which is provided to Residents at the onset of training. Each Resident will have the Training Director and Associate Training Director review progress in required rotations. Elective rotation supervisors are invited to provide comments to inform ratings either by joining in the evaluation meeting or by providing written comments that will be integrated into the evaluation. Informal evaluation and feedback by supervisors will occur on an ongoing basis. Resident progress will also be discussed at Training Committee meetings. The Resident is encouraged to engage in self-assessment and ongoing performance improvement. The Resident is encouraged to provide feedback to supervisors and program leadership to improve their overall residency experience.

Residents will be evaluated based on the level of supervision required:

Level 6: Advanced Practice, life-long learner and Consultant

Competency in this area is at the level expected of fully licensed, independent psychologists such as at the GS-13 level in the VA System

Residents may achieve this rating on a few advanced practice tasks that represent particular strengths. This rating is for rare occasions when a Resident can serve as a consultant to other licensed psychologists in a particular area.

Level 5: Ready for Autonomous Practice.

Competency in this area is at the level expected of psychologists ready to apply for licensure, such as those at the GS-12 level in the VA system.

> Supervision is required for compliance with professional standards, but with proper licensure, Resident could perform independently. Consultation is self-guided and directed toward life-long learning and ongoing advanced practice development. **Residents must achieve this level rating on all target competency measures for successful program completion.**

Level 4: Requires consultation-based supervision

Competency in this area is at the level 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.

> The resident acts as a unlicensed "junior" colleague, requiring supervision according to compliance standards. Resident 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 is expected at the mid-point of residency (12 months) for all target competency measures.**

Level 3: Requires occasional supervision.

This is the rating 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 towards licensure.

This is the rating expected of incoming postdoctoral residents and would be a common rating for first quarter evaluations. The resident requires occasional supervision for core health service psychology tasks, but regular supervision for advanced practice tasks.

Level 2: Requires close supervision

Resident requires close supervision for core health service psychology tasks. 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.

Level 1: Requires Substantial Supervision

Resident requires substantial supervision for core health service psychology tasks. Ratings at this level requires a formal remediation plan.

Leave

Residents typically accumulate 4 hours sick leave and 4 hours annual leave per two-week pay period. Residents with significant prior paid federal service who fall into a higher leave bracket or who have banked sick leave should discuss use of them with the training director to ensure minimum hours are met. In addition, residents receive 11 federal holidays. Frequently December 24 is made a holiday at the last minute. Trainees are directed not to schedule patient care activities that day. Occasionally, in response to significant national events such as the death of a former present, additional holidays are added. Up to five days of authorized leave per year may also be approved for use for professional psychology activities. This might include attending trainings, conferences, presenting in the community, or interviewing for positions. Additional leave may be granted for off-site educational workshops, seminars, lectures, conferences, professional meetings and other approved training activities.

Planned Leave Requests

Except in the case of emergencies or acute sickness, all leave must be approved in advance. To avoid disrupting patient care, the resident should schedule planned leave as soon as possible. Requesting leave 60 days in advance is the standard for staff members and residents are expected to follow that whenever possible. Residents should first request leave from their immediate clinical supervisors. Once they approve, the resident should seek permission from the training director. Once all approvals are obtained, Resident should inform the Training Director and ALL supervisors of planned absences, typically by

sending an outlook invite to the training director and following the procedures outlined by rotation supervisors. This facilitates coordination of unexpected clinical or administrative issues that cross beyond

rotation days. If approved, the resident submits leave request via the VATAS system. Professional leave is not entered into VATAS, rather the resident should discuss the process with the training director. Leave requests are approved by the Chief of Psychology Service.

Unexpected Leave

Residents will discuss with their supervisors what to do in the event of unexpected leave. At the minimum, residents will contact the time keeper, Training Director, all their clinical supervisors and Chief of Psychology via email as soon as they are aware of the need to be absent. These emails are provided to resident at the start of the training year and they are encouraged to keep them handy at home. Other actions as indicated based on rotation will also be required, again as discussed with the rotation supervisor. It is the resident's responsibility to take appropriate action for scheduling patient care responsibilities and appointments (e.g. informing your supervisor or requesting other staff cancel the appointments). Any missed supervision will need to be made up accordingly. Upon return from unexpected leave, a leave request is entered into VATAS.

Extended Leave

Our site espouses a policy of inclusivity and work-life balance. We recognize that at times life circumstances require an extended period of leave. This could include periods of severe illness, maternity or paternity status, adoption, or leave due to caring for a family member with significant medical issues. If this causes a resident to have exceed available paid leave during their appointment, the resident will have to work beyond the planned appointment without stipend to accumulate the extra hours that were lost. Individuals in a higher leave bracket or with banked sick leave may need to make up leave that exceeds that which is earned at the 4 hours per pay period rate. At present, the VA does not offer maternity or paternity benefits for trainees; however, if that changes this policy may be adjusted.

Authorized Professional Leave

To request use of professional leave, the trainee should contact their supervisors and the training director as described for planned leave. After approvals are made, a new email describing the dates and circumstances of the professional leave should be sent to the training directors and the psychology service secretary. The training director will reply that it is approved. No entry into VATAS is required. For professional leave greater than 8 hours, a memorandum will need to be sent to the chief of staff's office. The psychology service secretary will facilitate this so as much advance notices as possible is suggested.

Record-Keeping

Logs

A retrospective record should be completed indicating the resident's activities. This data should be uploaded into the Psychology Training folder for review by the Training Director and the residents current rotation supervisors. This data is reviewed at least quarterly by the Training Director and supervisors.

Documentation

All clinical documentation requires a licensed psychologist cosigner. The cosigner has primary responsibility for patient care and also receives clinical credit for the work done by trainees under their supervision. This is done via clinical encounters or event captures. Supervisors provide training in capturing workload as part of their rotation. At times more than one psychologist is responsible for covering clinical care for a specific patient encounter. For example, if a primary supervisor is located off- site temporarily during a particular encounter and another supervisor is providing on-site supervision, the on-site supervisor is always the co-signer and both are listed in the clinical encounter or event capture. If a primary supervisor is on leave, the

onsite supervisor is the cosigner and is the only one listed on the clinical encounter or event capture. A statement within the trainee's note is appropriate to describe the supervision structure when more than one psychologist is involved. A postdoctoral resident can never be the cosigner for a note nor should they be listed in the encounter or event capture. Examples of statements describing supervision are as follows:

- This clinical episode of care was provided by Dr. Jung under the close supervision of a licensed psychologist. Onsite supervision is provided by Dr. Adler, who was available in the clinic at the time of this clinical encounter. Primary supervision is provided by Dr. Klein who was off-site, but who will review this case in regularly scheduled supervision.
- This clinical episode of care was provided by Dr. Jung, a under the close supervision of Dr. Klein, who was available at the facility at the time of this clinical encounter.
- This clinical episode of care was provided by Dr. Jung, a Psychology Resident under the supervision of Dr. Klein. Dr. Adler provided back-up supervision today due to Dr. Klein being out of the office. Dr. Adler was available in the clinic. This case will be discussed with Dr. Klein during regularly scheduled supervision.
- Dr. Klein is the supervisory psychologist responsible for this episode of care and was available in the area. Dr. Jung, Psychology Resident and A. Freud, Psychology Intern participated in this case under Dr. Klein's supervision. (appropriate for vertical supervision)
- Dr. Klein supervised this clinical episode of care, observing the interview via secure video technology, reviewing results, and providing feedback.

All documentation should be completed in the electronic record as soon as possible, as directed by your supervisors. Typically, for outpatient work that means by the end of the day. You will need to work with your supervisor to ensure that a plan is in place for timely documentation and coverage of cosignature should your primary supervisor be away from the facility for any reason.

Billing

For billing to occur there must be information written by the supervising practitioner pertaining to the presenting problem/reason the Veteran had an appointment, the clinical diagnosis, intervention/treatment that transpired during the appointment, plan/next steps. Residents are encouraged to follow-up to ensure that an appropriate addendum or separate note for the encounter is entered meeting these requirements

Future Credentialing

Residents should keep copies of logs and evaluations. These will be archived by the training director and serve as official documentation of their training for the purpose of licensure and other professional paperwork. If state licensure requires additional documentation that is not represented in logs, please discuss with the training director as soon as possible so that the additional elements may be incorporated into official record keeping.

Materials

Keys

Keys are issued directly to the trainee who is financially responsible for lost keys. Keys to the test materials cabinet are distributed by the training director. In the event that keys are left at home, a spare set may be checked out with the psychology service secretary. In the event of lost keys, the resident should contact the Training Director and Chief, Psychology Service immediately.

Testing materials

Testing materials are located in the neuropsychology suite of Building 7/Mental Health and Wellness Center. Neuropsychology Residents typically have their own core "kit" with frequently used items that are stored in their office. Other less frequently used measures are kept in a cabinet in Building 7 Room 123. WAIS-IV kits are signed out using the log in the cabinet. Materials are to be kept on campus except with express permission by the Training Director. Test forms are located in the same cabinet. Trainees are responsible for all lost materials. Mental Health Assistant contains multiple patient administered measures and may be accessed via the "tools" menu of CPRS. Test protocols available on MHA may be printed out to give to patients in paper format or administered via computer. In order for patients to use the computer to complete measures without someone directly staring at the screen with them, "Secure Desktop" software must be installed. You can have this installed by putting in a help desk ticket. Computers already set up for patient testing are found in Building 7 room 123 and other clinics. Reference books are available in the testing cabinet in Building 7 room 123.

Business Cards

Residents will be provided business cards during their first few weeks on station. Residents will work with the Training Director to format the cards with proper title (Neuropsychology Resident), contact information and the suicide help line.

Identification "PIV" badge

A PIV badge with identifying information is worn above the waist during duty hours. This badge is also used to provide access to the computer system. In the event that the PIV is lost, trainees should contact the Training Director and Chief of Psychology service as soon as possible. If the PIV is left at home, contact the helpdesk to request a PIV exemption. The trainee will then be provided a temporary log-in code to access the computer system. In the event of a PIV malfunction, please contact the PIV office in Human Resources, including the Psychology Service Secretary and training director as necessary.

Personal Items

The resident is invited to bring personal items to decorate their office, keeping in mind safety and sensitivity to the variety of individuals served at this facility. Valuables should be kept secure. Lockers and locked drawers are available for use.

Emergency Contact Information

Residents should give the Service Secretary their current home address and phone number, hospital preferences, and emergency contacts during the week of orientation. It is also the resident's responsibility to notify the Service secretary of any changes in this information.

Reasonable Accommodations

All offices and patient care areas are fully accessible. A variety of tools are available to all trainees including dictation software, adjustable office furniture, accessible packages for computing, and flexibility in scheduling. This training program has a strong history of responding to requests quickly and with the privacy and dignity of the trainee in mind. Within the training program requests for disability accommodations may be informally requested by discussing with the training director or supervisor or formally by contacting Human Resources at extension 35239. A formal request involves greater documentation such as by a medical provider and is more binding. The medical center policy regarding accommodation requests is found in the policy SharePoint. Prospective trainees may request this policy by contacting Human Resources.

Emergency Consultation

For an immediate problem, the resident is expected to contact their direct supervisor or supervisors first. If the direct supervisor is not available, the resident should first attempt to contact their designated back- up supervisor, the Director of Training, the Associate Director of Training or the Chief of Psychology Service in that order for emergency consultation. In the event that a psychologist is not immediately available, the resident may consult with any licensed independent provider, following up as soon as possible with their supervisor or another supervising psychologist. If, in the course of conducting patient assessment or treatment, the resident has any concern about a patient's dangerousness to self or others, the resident is required to bring this to the supervisor's attention as soon as possible or necessary to prevent untoward outcomes. For outpatients, this consultation should occur prior to the patient leaving the clinic. For psychiatric inpatients, this consultation should occur no later than the end of the same day as the concern occurs. The supervisor will then determine whether any steps need to be taken to protect the patients or others, and will assure that documentation appropriately reflects actions taken.

Program Self-Assessment And Quality Improvement

The Psychology Training program is committed to program self-assessment and quality improvement. The Psychology Training Council has the basic responsibility for program self-assessment and quality improvement. The program is evaluated in an on-going manner by both staff and trainees participating in the program. The Psychology Training Council reviews aggregate trainee feedback about the program experience and their suggestions for improvements. The Psychology Training Council meets quarterly to review the status of the program and any opportunities for improvement. Informal evaluation of the internship is a continuing, on-going process. Quality improvement is guided by self-assessment by the Psychology Training Council, Training Directors, Training Supervisors, Other Agency Supervisors, and Other Contributors. Additionally, feedback from trainees is used to guide quality improvement. Trainees are encouraged to bring up issues, concerns, and suggestions for improvement throughout the year to their supervisors, members of the Psychology Training Council and the Training Directors. Upon completion of each rotation, trainees are requested to prepare a confidential narrative evaluation that is returned to the Training Director. Evaluations of the Training Director are provided to the appropriate Associate Training Director and/or Chief of Psychology Service. These evaluations include a description of the primary activities of the rotation, aspects of the rotation the trainee found most beneficial, and suggestions for improving the rotation. The trainee will also be asked to include suggestions for improving the Training Program overall. Whenever specific rotational or supervisor concerns arises that requires more immediate intervention, the Training Director will inform the Chief of Psychology Service and a corrective action may occur. The Psychology Training Council promotes open and collaborative feedback between supervisors and trainees. Trainees are strongly encouraged to share their evaluation of rotation with their supervisors, although they are not required to do so. An exit interview is completed with trainees by the training director to obtain final impressions of the training year and to ensure final documentation is complete.

The Psychology Training Council also surveys graduates six months to one year after completion of the program to obtain feedback and suggestions for improvement from the perspective of the graduate after working in the field. Rotation surveys and post-graduate evaluations are shared with the training council annually or biannually in the form of qualitative summary of comments that do not implicate any one trainee. Individual supervisors are provided aggregate numerical ratings and comments typically every 2- 3 years once an appropriate anonymized sample is obtained. The ratings and comments are used to guide and direct program improvement. The Psychology Training Council also consults with other VA consultants from APA Accredited Training Programs as appropriate for feedback on training policies, procedures, and seminar offerings.

Conduct

It is important that Residents conduct themselves in an appropriate, professional manner in all interactions with patients and other staff of the Medical Center. Under no circumstances should Residents accept gifts from, or engage in any monetary transactions with VA patients or family members. Residents are expected to abide by all ethical guidelines as stated in the APA's Ethical Principles for Psychologists. Residents will receive a copy of these guidelines as part of orientation. Notify your supervisor, Director of Training, or the Chief, Psychology Service immediately if you are asked to engage in unethical behavior or if you have any questions regarding ethics. Serious conduct violations may result in termination of the Residency appointment. Substantiated allegations of patient abuse are also grounds for termination.

Grievance Procedures

Residents have a responsibility to address any serious grievance they have concerning the Residency Program, the Psychology Service, or the other Medical Services. A Resident has a grievance if he or she believes that a serious wrong has been committed and that a complaint is in order. A grievance can be addressed either formally or informally. Usually, an effort should be made to attempt to resolve the grievance informally. Embedded within Mental Health Service line, Psychology Service is responsible for initially addressing grievances of Psychology Trainees that cannot be addressed informally between the Resident and involved party. The Resident can attempt to direct resolution of the grievance with the involved party, or the Resident can informally address the grievance with a supervisor, the Training Director, or Chief, Psychology Service. Additional involvement of leadership in other Service Lines may occur depending on the relevant chain of command for involved staff members.

If an informal procedure does not satisfactorily resolve the grievance, or a formal procedure is indicated, the Resident should prepare a written statement describing the grievance and any actions taken to try to resolve the grievance, and submit the written statement to the Residency Training Director with a copy to the Chief, Psychology Service. Within 10 working days, the Residency Director or Chief, Psychology Service will provide a written response describing any decisions made and any corrective actions taken. The Resident also will be informed if further consideration of the grievance is required.

The Training Director or Chief, Psychology Service will notify the Training Committee if a grievance has the potential of affecting the Residency's evaluation of the Resident, or if it might substantially affect the future conduct or policies of the Residency. The Training Director or Chief, Psychology Service will notify the Training Committee if the Resident has requested an appearance before the Committee.

Throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. Although the Training Committee will be sensitive to the privacy and confidentiality of the individuals involved in a grievance, the Committee reserves the right to discuss among its members any grievance that is brought to its attention from any source. If the committee desires a discussion with anyone associated with the grievance, it will make this request to the Chief, Psychology Service.

It is not the charge of the Training Committee to judge the actions of those involved in a grievance or to have direct responsibility for the resolution of the grievance. The responsibility of the Training Committee is to ensure that a Resident is evaluated fairly, to ensure that a Resident's training experience meets APA guidelines and policies of the Residency, and to advise the Residency Director and Chief, Psychology Service.

The Chief, Psychology Service has the ultimate responsibility for the sensitive, proper, and appropriate evaluation of all Resident grievances against Psychology Service personnel and will make the final decision concerning a grievance. Additional leadership may be involved should grievances involve non- Psychology Service personnel. The Chief, Psychology Service also is responsible for maintaining equitable and unbiased

procedures regarding trainee grievances. The Chief will eliminate any conflict of interest in the evaluation of a grievance.

The Resident can also discuss a grievance with the Chief, Human Resources Management Service to determine other procedures for addressing a grievance within the policies and procedures for the Department of Veterans Affairs.

Equal Employment Opportunity (EEO)

If a trainee has an EEO complaint of discrimination or sexual harassment, the trainee should follow procedures outlined in Medical Center Memorandum MCM-00-1010 and make a report within 45 days of the event. The trainee should contact the EEO Manager at extension 35235 and obtain a list of current EEO counselors who are available for EEO counseling.

Employee Assistance Program

Any paid trainee or staff member may access the employee assistance program, which offers free, confidential services for a variety of concerns such as time management, substance use, stress, relationship problems, burnout and other issues that may or may not impact performance. This is found on the Battle Creek VA intranet homepage “Resources”

Remedial Action, Termination and Appeal Procedures

This program approaches issues of below competency level performance as an opportunity for growth for the trainee.

When any concern about a Resident's progress or behavior is brought to the attention of the Training Committee, the importance of this concern and the need for immediate action will be considered. If action by the Resident is considered necessary to correct the concern, the Training Director or designee will discuss the concern and reach agreement about action to be taken.

If the concern is sufficient to raise the possibility of discontinuing the Residency, the Resident will be asked to meet with the Training Committee, and the concerns and a proposed plan of action will be communicated to the Resident in writing.

A recommendation to terminate the Resident's training must receive a majority vote of the Training Committee. The Resident will be provided an opportunity to present arguments against termination at that meeting.

Concerns of significant magnitude to warrant termination include but are not limited to: (a) failure to demonstrate competency or adequate progress towards competency in performing psychological assessment and treatment services, (b) violation of the APA Ethical Standards of Psychologists, (c) failure to meet minimum standards for patient contact, didactic training, testing or treatment competence, (d) behaviors or conduct which are judged as unsuitable and which hamper the Resident's professional performance.

Should the Training Committee recommend termination, the Resident may invoke his/her right of appeal. The Chief, Psychology Service will then appoint a panel composed of at least three members who may be drawn from the Psychology Service staff and Residency Training staff not on the Training Committee or other members of the Medical Facility at large. The panel will include at least one member of the staff from another APA approved training program. The Director of Training will present the position of the Training Committee; the Resident, together with any counsel he or she may choose, will present the appeal. The Chief, Psychology Service will abide by the majority judgment of the Appeal Panel. If termination is recommended, the Chief will direct the Human Resources Service to suspend the Resident's appointment. The training staff will abide by the Panel's majority judgment if the Appeal Panel recommends continuation, and the Director of Residency Training, the Resident's rotation supervisors, and the Resident are responsible for the negotiating an acceptable training plan for the balance of the training year.

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 **Clinical Neuropsychology Psychology Program.**

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 10/01/23

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:	
We are seeking applicants desiring specialty training to prepare them to for entry level positions in Neuropsychology at the VA equivalent of GS-13 within the context of interprofessional practice, who ultimately will be prepared to apply for ABPP board certification in Clinical Neuropsychology. Applicants with prior VA or major medical center experience in Neuropsychology, as well as relevant coursework and/or research in neuropsychology will be most competitive. Applicants from Clinical, Counseling and Combined programs, either PsyD or PhD, have matched with our site. Applicants are invited to contact the training director directly if they have specific questions about fit for a frank discussion about their competitiveness at our site. Our program is an equal opportunity employer and as such, strongly welcome individuals of diverse backgrounds and disabilities. Applicants who require accommodations are invited to contact our Reasonable Accommodations office for clear information about options without having to disclose information to training leadership.	

Describe any other required minimum criteria used to screen applicants:	
Prospective applicants should review the eligibility checklist for VA health professions trainees found here Am_I_Eligible_v5.pdf (va.gov) and should only apply if they feel they meet criteria, including healthcare worker vaccination. In addition, applicants must complete an APA-accredited doctoral internship or a VA-sponsored doctoral internship. While Michigan state law allows for legal recreational and medical cannabis use, Federal law prohibits use by VA staff and trainees and use of such, or other illicit substances may nullify an offer to an applicant or result in termination from the program. The drug testing policy and other eligibility resources are found here: Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	52,005
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?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per full 2 week pay period worked
Hours of Annual Paid Sick Leave	4 hours per full 2 week pay period worked
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): After 90 days, may be eligible for transportation and day care subsidies, or to purchase vision and dental insurance. 11 paid federal holidays. 5 days authorized paid leave for professional activities.	
*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	5
Total # of residents who remain in the residency program	2

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=3
Veterans Affairs Health Care System	PD=2, EP=0
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=0
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.	