

**MEDICAL COLLEGE OF WISCONSIN
CLINICAL NEUROPSYCHOLOGY
FELLOWSHIP HANDBOOK**

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knowledge changing life

***POSTDOCTORAL FELLOWSHIP PROGRAM IN
ADULT AND PEDIATRIC CLINICAL NEUROPSYCHOLOGY***

**Division of Neuropsychology
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Member Program of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN)

The Neuropsychology Postdoctoral Fellowship Program is accredited in Clinical Neuropsychology by the Office of Program Consultation and Accreditation/Commission on Accreditation (CoA) of the American Psychological Association

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

Web: www.apa.org/ed/accreditation

Division of Neuropsychology website: <https://www.mcw.edu/departments/neurology/divisions/neuropsychology>

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Our Institution

The Medical College of Wisconsin (MCW) Mission: We are a distinguished leader and innovator in the education and development of the next generation of physicians, scientists, pharmacists and health professionals; we discover and translate new knowledge in the biomedical and health sciences; we provide cutting-edge, collaborative patient care of the highest quality; and we improve the health of the communities we serve.



In 2019, MCW celebrated its 125th anniversary of the institution's founding. MCW is a major national research center and is the largest research institution in the Milwaukee metro area and 2nd largest in Wisconsin.

MCW providers practice at three major affiliates – The Froedtert & Medical College of Wisconsin regional health network, Children's Wisconsin, and the Zablocki VA Medical Center.

Froedtert Hospital, the primary adult hospital, is a Level 1 Trauma Center and nationally recognized academic medical center. Froedtert is a 500-bed facility that delivers advanced medical care and state of the art treatment and technology. Froedtert & MCW are at the forefront of new technology and care in many areas, including cancer, heart and vascular diseases, brain injury and disorders, spinal cord injury, transplant, limb reattachment, gastrointestinal diseases, diabetes, epilepsy, and women's health. In 2016, Froedtert Hospital and MCW ranked as one of the top four academic medical centers in the nation as well as 1 of 5 nationally to be recognized for excellence in outpatient care. **Children's Wisconsin** (CW) is the principal pediatric hospital affiliate of MCW. CW is a Level 4 Epilepsy Center and was the 3rd pediatric hospital to receive the designation Diagnostic Imaging Center of Excellence. CW also ranks among the best in the nation by US News and World Report in specialties that include Neurology and Neurosurgery, Cancer and Cardiology. CW has also been listed among the 20 most innovative Children's Hospitals by Parent Magazine in 2018. CW has one of the few Level 1 trauma centers in the country that is devoted to pediatric patients. MCW physicians are on staff at the **Clement J. Zablocki VA Medical Center**, a major hospital affiliate of MCW since 1946.

MCW invests significantly in expanding its community mission to build strategic community-academic partnerships that have the greatest impact on Wisconsin's most critical health needs. MCW faculty and staff, along with approximately 600 community organizations, partner in more than 2100 community outreach activities.

Our Program

The Division of Neuropsychology was founded in 1979 and is located at the Medical College of Wisconsin in the Hub for Collaborative Medicine (HCM) building. The Division of Neuropsychology is housed in the Department of Neurology. Sara Swanson, PhD, ABPP and Amy Heffelfinger, PhD, ABPP are the Neuropsychology Division Co-Chiefs. The Program Director for the Clinical Neuropsychology Postdoctoral Fellowship is Julie Janecek, PhD, ABPP and the Assistant Program Director is Michelle Loman, PhD, ABPP. The Education Program Coordinator is Haylee Hopp. The Division also includes psychometrists who provide training and supervision in test administration, scoring, and testing logistics, graduate-level practicum students who participate in evaluation and testing, and other dedicated support staff who are responsible for scheduling, checking insurance, and billing procedures.



The Division of Neuropsychology offers two-year postdoctoral fellowships in pediatric and adult neuropsychology. Clinical training is divided into adult and pediatric tracks, and fellows are recruited to one track. All fellows attend the same didactic series, which contains a wide range of topics across the lifespan. This division facilitates mastery of the set of advanced knowledge and skills considered necessary for independent practice in clinical neuropsychology with adult or pediatric populations. The postdoctoral fellowship program begins and ends around the first of July (September 1st if internship concludes end of August). Education and evaluations are competency-based. The purpose of the training program is to provide doctoral-level psychologists with sufficient clinical and research training to competently practice independently in the specialty of clinical neuropsychology. Our postdoctoral training program is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN; *The Clinical Neuropsychologist*, 1993, 7, 197-204) and adheres to the Houston Conference (HC) standards (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology. The program is accredited by the American Psychological Association. The HC education plan “is predicated on the view that the training of the specialist in clinical neuropsychology must be scientist-practitioner based, and may lead to a combined, primarily clinical practice, or primarily academic career (p. 1).” As applied to clinical neuropsychology, the scientist-practitioner model envisions an integration of science and practice at all levels of training, including both programmatic and competency-based components. The model recommends a sequence of education and training that begins at doctoral and internship levels, and concludes in postdoctoral fellowship, that is designed to enable independent practice in the specialty of clinical neuropsychology. Our postdoctoral fellowship provides a full-time training experience that is designed to complete the sequence of education and training necessary for independent practice in the specialty of clinical neuropsychology. The program builds on the knowledge and skills acquired in graduate and internship levels by providing advanced instruction and supervised clinical, research, and teaching experiences designed to achieve the HC exit criteria, i.e., advanced understanding of brain-behavior relationships and advanced competencies in the neuropsychological evaluation, treatment and consultation to patients and professionals in the specialty of clinical neuropsychology. It is a goal for graduates of our program to be eligible for licensure and certification in clinical neuropsychology by the American Board of Professional Psychology.

The primary method of training is experiential, by providing clinical service, consultation, and teaching, and accomplishing scholarly projects. Our training also integrates the fundamentals of basic and cognitive neuroscience, neural development, neuropathology, and neuropsychology through didactics to facilitate advanced

knowledge about neurobehavioral systems and behavioral manifestations of pathological states. The program stresses a flexible battery approach to neuropsychological assessment that is tailored to addressing referral questions and clinical issues uncovered during the interview, generating meaningful recommendations, and working closely with referring professionals in development of a treatment plan. Typically, multiple cognitive domains are assessed in varying levels of depth, depending on the nature of the clinical issues, the severity of deficit, and the adequacy of patient compliance and tolerance. In some populations, a short battery or a fixed battery approach is used to efficiently answer referral questions or as part of a multidisciplinary clinical research protocol. Brief but thorough and informative clinical reports that speak to the referral question are written. Consultation to inpatient services and outpatient medical clinics is emphasized. Intervention is primarily focused on educational/therapeutic feedback provided to patients and caregivers about neuropsychological findings and diagnostic conclusions, and translation of assessment conclusions into meaningful recommendations and referrals.

Fellowship in Adult Neuropsychology:



Clinical Locations:

- Froedtert Hospital, 9200 W. Wisconsin Avenue, Milwaukee WI 53226
- Clement J. Zablocki VA Medical Center, 5000 W. National Avenue, Milwaukee WI 53295

The adult neuropsychology fellowship emphasizes assessment of the full range of neurobehavioral disorders including dementia, confusional states, primary amnesia, attentional disorders, aphasic disorders, and frontal lobe disorders, among other focal brain disorders of both the dominant and nondominant hemisphere. Common clinical populations include head trauma, primary dementias, seizure disorders, brain tumors, multiple sclerosis, stroke, hydrocephalus, and somatic symptom disorders. The majority of referrals come from departments of neurology, neurosurgery, physiatry, and psychiatry on the campus of the Milwaukee Regional Medical Center, in addition to geriatric, general medicine, Herma Heart, and organ transplant programs on campus. Also, occasional referrals are received from regional colleges, attorneys, disability insurance companies, and private practice physicians and psychologists. The Neuropsychology Division maintains an active involvement in a number of interdisciplinary programs including the Neurology department's Interdisciplinary Memory Assessment Clinic, Mild Traumatic Brain Injury Clinic, Deep Brain Stimulation, Normal Pressure Hydrocephalus, Comprehensive Epilepsy Surgery, and Neuro-oncology programs. In addition, the division is involved in the evaluation of patients being seen by specialists treating multiple sclerosis, movement disorders, amyotrophic lateral sclerosis, and congenital heart conditions. Neuropsychology faculty and fellows conduct intracarotid amobarbital testing and clinical functional magnetic resonance imaging (fMRI) for determination of hemispheric representation of language and memory functions in epilepsy surgery candidates. Faculty and fellows conduct intra-operative mapping during awake tumor surgeries using NeuroMapping. Fellowship training is provided through sequential assignment to four 6-month clinical rotations, in addition to routine responsibilities for assisting with inpatient consultation services. The four rotations are:

- 1) ***Memory/Neurodegenerative Disorders:*** The goal of this rotation is to develop a working knowledge of common neurological and psychiatric disorders affecting memory function and aid in differential neurobehavioral diagnosis of different types of dementia. Fellows also become independent in the consultation and disposition planning of patients presenting with memory complaints. Fellows will work alongside faculty and neurologists in the Interdisciplinary Memory Assessment Program (IMAP) clinic, conduct outpatient

memory disorder's evaluations and provide inpatient and outpatient evaluations for normal pressure hydrocephalus.

- 2) ***Comprehensive Epilepsy Service:*** During the epilepsy rotation, fellows develop a working knowledge of common seizure disorders, the effects of seizures on cognition, and how neuropsychological assessment can be used to assist in selection of patients for surgical treatment of their epilepsy. Fellows also learn to conduct and interpret intracarotid sodium amytal testing and fMRI for lateralizing language and memory and predicting cognitive outcome after epilepsy surgery.
- 3) ***General Clinical Service:*** On this rotation, fellows develop a working knowledge of common medical, neurological and psychiatric disorders that are associated with impairments in cognitive and emotional capacities. Fellows in this rotation become independent in the neuropsychological assessment, differential neurobehavioral diagnosis, consultation and disposition planning of patients presenting with a variety of conditions.
- 4) ***TBI / Medicolegal Evaluation Service:*** The training goals of this rotation are to 1) obtain a working knowledge of the evaluation, triage and treatment of adult patients during the first few weeks and months following traumatic brain injury, and 2) learn the role of the neuropsychological evaluation in medicolegal cases involving civil, criminal, and disability issues for individuals claiming impairments in cognitive and emotional functions. Fellows in this rotation provide evaluation, triage and treatment to adult patients during the first few weeks and months following injury. The aim is to assist patients with returning to work and school, and their pre-injury lifestyle.

Inpatient training experience is obtained at Froedtert Hospital. These evaluations are conducted to aid in differential diagnosis of neurobehavioral syndromes and for determining capacity for medical decision making.

Elective Rotation at the Zablocki VA Medical Center

Adult fellows have the opportunity complete a minor rotation at the VA which houses an independent APA Accredited Neuropsychology Fellowship. Dr. Eric Larson, ABPP-CN, is the training director for the Neuropsychology Fellowship. This rotation provides MCW's post-doctoral fellows with the opportunity to conduct supervised neuropsychological evaluations in a VA setting. They can participate in multidisciplinary clinics including the Geropsychiatry Clinic and Polytrauma Clinic, and/or see Veterans for outpatient neuropsychological testing in the Neuropsychology Clinic.

This elective rotation is offered during the General Rotation. Fellows are allowed to block one outpatient case per week in order to spend one day per week in the VA Clinics described above. Fellows who are potentially interested in pursuing this elective rotation should discuss this with their professional mentor and the MCW fellowship training director as soon as possible after beginning their fellowship so that the necessary arrangements can be made.

Elective Rotation in the MCW Neuro-Oncology Clinic – Cancer Center

Adult fellows have the opportunity to complete a minor rotation in the Neuro-Oncology Clinic at the Medical College of Wisconsin/Froedtert Hospital Cancer Center. This clinic is supervised by Drs. Alissa Butts. This rotation provides postdoctoral fellows with the opportunity to conduct supervised neuropsychological evaluations within the Cancer Center, participate in brief inpatient evaluations for individuals with brain tumors who are scheduled to undergo resection (as available), and observe intraoperative mapping for awake brain tumor surgeries (as available). Postdoctoral fellows who select this rotation will also be expected to attend Brain Tumor Board Case Conference, which takes place at 7:00am-9:00am on Wednesdays. This is a multidisciplinary team conference that includes neuro-oncology, neurosurgery, neuro-radiology, neuropathology, and neuropsychology.

This elective rotation is offered during the General Rotation. Postdoctoral fellows are allowed to block one general outpatient case per week in order to complete the activities described above. Fellows who are interested in

pursuing this elective rotation should discuss this with their professional mentor and the MCW fellowship training director as soon as possible after beginning their fellowship so that the necessary arrangements can be made.

In addition to these four primary rotations, there is opportunity to participate in several specialty programs and elective rotations. The *Normal Pressure Hydrocephalus (NPH) Clinic* provides testing to aid in differential diagnosis of NPH and to assess for cognitive change prior to and following spinal taps and lumbar drain procedures. This information is used to aid in determining which patients will benefit from shunting. For patients who proceed to shunting, testing is repeated prior to and following the neurosurgical intervention. This clinic employs a collaborative team including a neurologist, neuropsychologist, physical therapist for gait assessments, and neurosurgeon. Fellows see the NPH cases during their Memory Disorders rotation. The *Deep Brain Stimulation (DBS) Clinic* involves evaluation of patients who are considered candidates for DBS treatment for movement disorders. The aim of these evaluations is to identify any cognitive or psychiatric issues that may increase risk for poor outcome with DBS. The clinic also performs post-operative testing to establish neuropsychological outcome and assist with continued treatment planning as needed. Our neuropsychologists work as part of a multi-disciplinary team that consists of neurology, neurosurgery, psychology, psychiatry, nursing, and rehabilitation.

Approximately 65% of clinical work is outpatient and the remaining is inpatient.

Fellowship in Pediatric Neuropsychology:



Clinical Locations:

- Children's Wisconsin, 8920 W. Connell Court, Milwaukee WI 53226

The Pediatric Neuropsychology Postdoctoral Fellowship offers the opportunity to acquire and refine neuropsychological assessment, diagnostic, and consultation skills in pediatric populations from 0-18 years of age. Clinical emphases are in epilepsy, brain tumors, acute neurological injury and disease including traumatic brain injury, stroke, and infectious processes, hydrocephalus/spina bifida, common and rare genetic disorders including sickle cell disease, and congenital heart disease. Within these medical contexts, differential diagnosis of various neurodevelopmental disorders, including but not limited to Attention-Deficit/Hyperactivity Disorder, Specific Learning Disorder, and Autism Spectrum Disorder, are considered. Across all rotations, fellows complete neuropsychological assessments in our outpatient clinic for neurological and medical disorders. Fellows participate in primary rotational assignments that include:

- 1) **Medical and Neurosurgical Evaluation Rotation:** While on this rotation, fellows will have an emphasis on conducting evaluations with patients who may be candidates for resective surgery to treat intractable epilepsy, brain tumors, and vascular malformations. Fellows participate in the weekly multidisciplinary 1) epilepsy surgery, 2) brain tumor, and 3) vascular conferences that include neurology, neurosurgery, genetics, pathology and radiology. Fellows will participate in mapping of language and memory functions via extra-/intra-operative stimulation mapping or intracarotid amobarbital (Wada) testing. There may also be opportunities to observe fMRI language mapping and magnetoencephalography (MEG). Through participation in the Neuro-Oncology Multidisciplinary Team, fellows complete a pre-surgical/treatment evaluation for brain tumor patients to establish a neuropsychological baseline. Fellows will also evaluate post-surgically and throughout/post treatment to monitor for potential tumor and/or treatment related effects on cognition and emotional functioning and to assist in treatment planning. In addition to brain tumor patients, patients with other forms of cancer are seen in this clinic for evaluation and treatment planning.
- 2) **The Preschool and Infant Neuropsychological Testing (P.I.N.T.) Rotation:** Provides comprehensive neuropsychological evaluations for children under 6 years of age who are referred with neurological, medical, and developmental concerns. Emphasis is on holistic evaluation of the young child, including neuropsychological function development, parent and child relationships, and psychosocial factors. This rotation includes participation in the Developmentally Ready: Engagement for Achievement of Milestones [DREAM] Clinic. The DREAM Clinic is a multidisciplinary clinic focused on follow-up care for patients from CW's Neonatal Intensive Care Unit (NICU) including infants, toddlers, and preschoolers who sustained neurological injury or complications.
- 3) **The Complex Syndromes Rotation:** Emphasis on responding to physician referrals for evaluation of children with rare and difficult to diagnose disorders. This will frequently include characterizing cognitive profiles for children with genetic disorders or epilepsy syndromes with differential diagnosis of Autism Spectrum Disorder. This rotation will include specialized training on in-person assessments, such as the BOSA. Fellows may also have opportunities to participate in multidisciplinary consultations within the Neurogenetic Clinic and the Nelson's Rare and Undiagnosed Diseases Network.
- 4) **The Acute Med/Neuro (AcMN) Rotation:** Focuses on understanding and identifying cognitive dysfunction that occurs in acquired neurological injuries and infection (e.g., TBI, stroke/hemorrhage, encephalitis). This includes documenting functioning during acute, subacute, and postacute phases of recovery. In the CW inpatient setting, the fellow provides consultation, targeted neuropsychological assessment, monitoring of cognitive functioning and recommendations to aid ongoing cognitive recovery and support discharge planning. Fellows also conduct follow-up outpatient neuropsychological evaluations for children and adolescents in sub- and post-acute phases of recovery. Emphasis is placed on interdisciplinary collaboration with neurological, medical, and rehabilitation teams at Children's Wisconsin within the inpatient environment. Fellows also participate in the Brain Recovery Assessment and Interdisciplinary Needs (BRAIN) clinic, which is a multidisciplinary clinic focused on consistent outpatient follow-up care for inpatients with significant neurological involvement.

Additional Opportunities

- The **Sports Concussion Clinic** allows the fellow to work in the off-site Sports Concussion Clinic. Fellows will participate in this interdisciplinary clinic that includes sports medicine physicians, a neuropsychologist, a psychologist, physical therapists, and athletic trainers in assessing and managing acute and chronic concussion symptomatology.

Educational, Teaching, Supervision, Mentoring and Leadership Opportunities

Fellows are required to attend and participate in the Fellowship Program's weekly didactic series which includes: Neuropsychology Seminar, Journal Club, Neuropsychology Research Group, Professional Topics and Case Conference. Additional opportunities include Epilepsy Case Conference, Neuro-Oncology Case Conferences, Neuroradiology Conference, Physical Medicine and Rehab Conferences, Pediatric Grand Rounds, bedside

neurology or neurosurgery rounds, and observations of brain cuttings and neurosurgical procedures. The fellow can elect to learn more about state-of-the-art neuroimaging techniques (e.g., brain mapping, quantitative structural (NeuroReader) and functional MRI, positron emission tomography, diffusion tensor imaging, MEG, and magnetic source imaging) and participate in weekly seminars and lab meetings on functional imaging. Opportunities are available for gaining familiarity with electrophysiologic diagnostic procedures, including electroencephalography, extra-operative grid mapping of eloquent cortex, evoked potentials and neuromuscular studies. The fellow also will gain experience in teaching, supervising and mentoring psychology graduate students during their practica within the clinics. Faculty supervise the fellows supervising the graduate students in order to help them learn how to conduct supervision. Additionally, fellows often provide mentoring for the graduate students in the internship application and interview process. Finally, senior fellows often take on leadership opportunities related to the didactic series, addressing short term clinical problems, and are offered the opportunity to apply for competitive leadership opportunities in national neuropsychological organizations including APPCN, AACN, NAN, and SCN.

Research

Training in basic, translational and clinical research and, to a lesser extent, cognitive neuroscience is provided. Several faculty members are actively involved in the Center for Imaging Research (www.mcw.edu/CIR.htm) studying memory, language and attention functions in both healthy and clinical populations with weekly research workgroups and multidisciplinary seminars. Large databases are available from the Comprehensive Epilepsy Program (adult and pediatric), the PINT clinic, Brain Tumor (pediatric), Congenital Heart Disease (adult and pediatric), Acute Medical/Neurological (pediatric) and Autism. Three faculty members are investigators within MCW's Brain Injury Research Program and have a number of archival datasets and ongoing projects on concussion/mild traumatic brain injury in athlete and veteran populations. There are ongoing studies of the early development of neuropsychological functions in neurological disorders, with an emphasis on attention and executive function. The fellow may collaborate on an ongoing research project or initiate an independent project. Team research is common. It is expected that this activity will lead to production of a scholarly work product, such as presentation of results at a scientific meeting and publication in a peer-reviewed journal. Fellows are expected to commit a minimum of 10% or 4 hours per week to their research.

Supervision, Mentoring, and Evaluation Procedures

Supervision is provided on all aspects of clinical, research and teaching activities. Day-to-day supervisory responsibility is typically rotated among the teaching faculty so that the fellow is exposed to different expertise and professional styles. Progress towards achieving competencies is evaluated every 6 months, using the MCW Evaluation Scale. Feedback for these reviews is presented in person. If the fellow has not achieved the Minimum Level of Achievement for skill(s) within the Fellowship competency goals, a Competency Development Plan is implemented. Formal written evaluations of rotational progress are provided on a quarterly basis with results feeding into the semiannually end of rotation evaluations. In addition, each fellow selects a professional mentor during the first months of the program. The mentor learns the fellow's career aspirations and education and training history and forms a plan with the fellow and the Training Director to achieve both the program's and the fellow's personal goals. Fellows also select a research mentor who is responsible for guiding their completion of a scholarly project. We do not use distance education technologies for training and supervision.

Program evaluation tools are based on our program's competencies, which are as follows:

Foundational Competencies (applicable to all specialty areas in psychology)

- Integration of Science and Practice
- Ethical and Legal Standards/Policy
- Individual and Cultural Diversity

Neuropsychology Specialty Specific Competencies

- Professional Identity and Relationships/Self-Reflective Practice
- Interdisciplinary Systems/Consultation

- Assessment/Intervention
- Research
- Teaching/Supervision/Mentoring
- Management/Administration
- Advocacy

Responsibilities and Time Commitment

Fellows are expected to interview and evaluate patients with neurobehavioral disorders and participate in all activities that are necessary to make an inpatient and outpatient clinical service operational (e.g., informal consultation, participation in case conferences, etc.). Participation in several didactic exercises (see above) is required. Fellows are expected to make presentations in the Neuropsychology Seminar, Journal Club, Neuropsychology Research Group, and Neurology Grand Rounds, and assist in the instruction and supervision of psychology practicum students. The fellows are also expected to participate in some type of research activity and/or complete a scholarly exercise during their training. In some cases, a fellow's salary may be partly supported by funded research, therefore requiring their assistance with grant-related activities. Lastly, the fellows are asked to help develop the curriculum for the Neuropsychology Seminar Series and participate in the evaluation of the program through periodic evaluation of supervisors and the curriculum.

On average, clinical activities consume approximately three to four days of the week. Fellows are encouraged to reserve at least a half of a day per week for research activities. The remainder of time is consumed in various didactic and informal educational activities. Weekly time requirement is about 40-60 hours.

Benefits

Fellows are provided a stipend, health insurance, optional dental/vision insurance and life insurance. Fellows have 20 days of paid time off, which includes vacation and professional time including conferences, tests, and job interviews. Fellows receive 160 hours of sick time at the time of hire and then accrue 16 hours of sick time per month up to a maximum of 240 hours. A \$1000 annual expense account is provided each year that may be used to purchase educational materials or attend a professional meeting. Windows laptop PCs are available for word-processing (MS Office) and data analysis (SPSS).

Family Medical Leave of Absence (FMLA) is available for fellows after 12 months of employment, which allows 12 weeks of unpaid protected leave within a 12-month period for maternity, paternity, adoption, serious health condition of employee or family member, military qualifying exigency or care for an eligible covered service member. Parental leave provides up to 4 weeks of paid time off that can be taken by any new parent, which runs concurrently with other Family and Medical Leave and other approved leaves of absence as applicable. Prior to FMLA eligibility, in the event of a personal continuous medical disability including parental leave, short term disability (up to 180 calendar days) or long-term disability (longer than 180 days) is available. The Division of Neuropsychology and Department of Neurology leadership works with fellows on a case-by-case basis to complete all fellowship requirements in the event of an extended leave of absence including extending the fellowship.

Requirements of Potential Fellows

Only applicants with APA- or CPA-approved psychology (or related areas of study) graduate programs and internships are considered for the fellowship. Given the recent development of more internship programs in psychology, exceptions may be made for applicants in internship programs undergoing initial accreditation review. Post-doctoral fellows must have completed their dissertation prior to beginning the fellowship. Preferred applicants have completed training at the graduate and internship level consistent with a Major Area of Study as described in the Taxonomy for Education and Training in Clinical Neuropsychology (Sperling et al., 2017). At the

graduate level this includes a minimum of 1) three neuropsychology courses, 2) two neuropsychology practica, 3) additional coursework, practica, or didactics in neuropsychology, and 4) dissertation or research project in neuropsychology. At the internship level, the applicant would have had at least 50% of training time in clinical neuropsychology and 2) didactic experiences consistent with Houston Conference guidelines for knowledge and skill. Generally, only applicants who completed an internship that was at least 50 percent neuropsychological training are considered. Applicants with these credentials are generally well-prepared for the rigor of our program; thus, these credentials serve as the principal criteria for selecting post-doctoral fellows for interviews and also in final ranking. As Houston Conference Guidelines and continuing beliefs in the field encourage, however, there are multiple pathways to become a clinical neuropsychologist. Because of this, we also consider applicants with a level of training consistent with an Emphasis or Experience in Clinical Neuropsychology at the doctoral and/or internship level. At a minimum, an applicant needs to have 1) one neuropsychology course or 2) one clinical neuropsychology practicum, and 5% - 10% of supervised experience in clinical neuropsychology and/or didactic training in order to be considered.

The ideal fellow applicant is one with a solid foundation of general clinical knowledge and skills, coursework in lifespan neuroscience, human neuropsychology, and neuropsychological assessment, practicum and internship training in neuropsychological assessment. Enthusiasm and capacity for taking advantage of the unique education and training opportunities at MCW is also considered through individual interview, review of letters of recommendations and the nature of prior training experiences. Approximately 5 to 10 applicants are interviewed for every position available.

Application Procedures

To apply to our fellowship program, please submit a personal statement including your preference for the Adult or Pediatric track, curriculum vitae, and two samples of your clinical reports electronically as **one** PDF file. Please have graduate transcripts sent electronically and three letters of recommendation emailed directly from the recommender. All materials are to be submitted to [MCW Neuropsych Postdoc@mcw.edu](mailto:MCW_Neuropsych_Postdoc@mcw.edu).

Those who have not defended their dissertation are asked to have their dissertation chair provide written verification of their expected defense prior to the start of the fellowship. Deadline for submission of application materials is usually December to mid-January prior to the start of the academic year. Interviews of selected candidates will take place virtually in January and February prior to match day. The Program participates in the National Match. Deadlines for ranking programs and the Match date will be published annually by National Matching Services (www.natmatch.com), the same organization that manages the match for psychology internship programs. Rules for the Match are essentially identical to those for the internship program match.

ADULT FELLOWSHIP ROTATIONS

GENERAL ROTATION

Training Goals for General Rotation

To develop competence in the assessment, interpretation of cognitive profiles, differential diagnosis, and provision of recommendations for adults who have cognitive concerns associated with a range of medical, neurological, and psychiatric conditions by participating in the following activities:

1. Conducting comprehensive evaluations in the neuropsychology clinic
2. Participating in an elective rotation in the Neuro-Oncology Cognitive Clinic

Specific Rotation Goals

1. Develops a test battery that is adequate to answer the referral question(s), using the best available measures and normative data based on the patient's background
2. Demonstrates knowledge about medication effects (positive and negative) on cognition
3. Interprets neuropsychological profiles associated with a wide range of medical, neurological, and psychiatric conditions
4. Integrates information from record review, clinical interview data, behavioral observations, lab values, and neuroradiological data to aid in differential diagnosis, determination of etiology, and need for additional workup
5. Demonstrates knowledge about neuroanatomical correlates associated with cognitive decline due to specific medical and neurological conditions (e.g., stroke, brain tumor, multiple sclerosis)
6. Generates evidence-based recommendations that are tailored to the needs of the patient
7. Provides clear, culturally responsive feedback to patients and families
8. Writes reports that are clear, concise, and tailored to patient and referral source needs
9. Manages clinical volume

NEURODEGENERATIVE DISORDERS ROTATION

Training Goals for the Neurodegenerative Disorders Rotation

To develop competence in the assessment, interpretation of cognitive profiles, differential diagnosis, and provision of recommendations for older adults who have cognitive concerns by participating in the following activities/clinics:

1. Conducting comprehensive evaluations in the Neuropsychology Clinic
2. Conducting brief assessments in the Interdisciplinary Memory Assessment Program in collaboration with neurology and social work
3. Conducting pre- and post- assessments as part of the Normal Pressure Hydrocephalus Program

Specific Rotation Goals

1. Develops a test battery that is adequate to answer the referral question(s), using the best available measures and normative data based on the patient's background
2. Demonstrates knowledge about medication effects (positive and negative) on cognition for older adults
3. Interprets neuropsychological profiles of older adults with subjective cognitive concerns, mild cognitive impairment, and dementia
4. Integrates information from record review, clinical interview data, behavioral observations, lab values, and neuroradiological data to aid in differential diagnosis, determination of etiology, and need for additional workup

5. Demonstrates knowledge about neuroanatomical correlates of common neurodegenerative disorders (e.g., AD variants, FTD, LBD, Parkinsonian Syndromes)
6. Generates evidence-based recommendations that are tailored to the needs of the patient, considering local resources and implications for activities of daily living
7. Provides clear, culturally responsive feedback to patients and families
8. Communicates results clearly to interdisciplinary teams (IMAP; NPH)
9. Writes reports that are clear, concise, and tailored to patient and referral source needs
10. Manages clinical volume

TRAUMATIC BRAIN INJURY/MEDICOLEGAL ROTATION

Training Goals for the Traumatic Brain Injury/Medicolegal Rotation

To develop competence in the assessment, interpretation of cognitive profiles, differential diagnosis, and provision of recommendations for adults following brain injury and to gain familiarity with the role of neuropsychological evaluation in medicolegal cases involving civil, criminal, and disability issues for individuals claiming impairments in cognitive and emotional functions by participating in the following activities/clinics:

1. Conducting brief screening in the TBI Clinic within the first weeks and months following traumatic brain injury to track recovery, provide education, and assist patients with returning to work, school, and their pre-injury lifestyle
2. Conducting comprehensive evaluations in the Neuropsychology Clinic for patients with remote traumatic brain injury or nontraumatic brain injury (e.g., stroke, anoxia)
3. Participating in medicolegal cases involving civil, criminal, and disability issues for individuals claiming impairments in cognitive and emotional functions

Specific Rotation Goals

1. Develops a test battery that is adequate to answer the referral question(s), including performance and symptom validity testing, using the best available measures, and normative data based on the patient's background
2. Describes expected recovery trajectories following brain injury in the context of injury severity and individual patient factors (e.g., demographics, premorbid level of functioning)
3. Integrates information from record review, clinical interview data, behavioral observations, lab values, and neuroradiological data to aid in differential diagnosis, determination of etiology, and need for additional workup or treatment
4. Generates evidence-based recommendations that are tailored to the needs of the patient, with a particular focus on the return to pre-injury activities such as work, school, and driving
5. Provides clear, culturally responsive feedback to patients and families
6. Communicates results clearly to other providers (e.g., psychiatry)
7. Writes clinical reports that are clear, concise, and tailored to patient and referral source needs
8. Demonstrates understanding of the role of the neuropsychologist in IMEs (expert witness in civil or criminal cases) and limits of confidentiality
9. Critically examines neuropsychological evaluations performed by others
10. Writes detailed but concise medicolegal reports
11. Manages clinical volume

COMPREHENSIVE EPILEPSY PROGRAM ROTATION

Training Goals for the Comprehensive Epilepsy Program Rotation

To develop competence in the assessment, interpretation of cognitive profiles, differential diagnosis, and provision of recommendations for adults who have epilepsy by participating in the following activities/clinics:

1. Conducting comprehensive evaluations for patient with epilepsy (surgical and non-surgical and nonepileptic)
2. Giving presentations at the Multidisciplinary Epilepsy Case Conference
3. Observing fMRI for language lateralization as available
4. Observing Wada testing for language and memory lateralization as available

Specific Rotation Goals

1. Demonstrates understanding of seizure type and classification
2. Demonstrates understanding of the effects of seizure variables and AEDs on cognition
3. Accurately interprets profiles with lateralized dysfunction
4. Integrates information from record review, clinical interview data, behavioral observations, EEG findings, neuroradiological data, fMRI and/or Wada testing, and cognitive testing to predict cognitive outcome after epilepsy surgery
5. Accurately interprets meaningful change after epilepsy surgery
6. Generates evidence-based recommendations that are tailored to the needs of the patient, with a particular focus on the return to pre-injury activities such as work, school, and driving
7. Provides clear, culturally responsive feedback to patients and families
8. Writes detailed yet concise reports for use by neurologists, neurosurgeons, and other health care providers
9. Communicates clearly with the epilepsy team
10. Demonstrate understanding of the role of neuropsychological data, personality assessment, and psychological history in evaluating nonepileptic seizures
11. Manages clinical volume

INPATIENT CONSULTATIONS

Training Goals for the Inpatient Consultation Service

To develop competence in the assessment of capacity for medical decision making for patients who are hospitalized following brain injury, or with cognitive impairment due to another underlying condition (e.g., dementia, metabolic disturbance, developmental delay).

Specific Goals

1. Conducts a bedside assessment that is adequate to answer the referral question(s)
2. Integrates information from record review, clinical interview data, behavioral observations, lab values, and neuroradiological data to aid in case formulation and estimation of clinical course/recovery
3. Understand legal and ethical issues related to Power of Attorney for Healthcare documentation, activation, and inactivation
4. Determine capacity for medical decision making
5. Effectively communicates with the treatment team (social work, medical residents, nurses, attendings, therapists, and other healthcare providers)
6. Manages volume

PEDIATRIC FELLOWSHIP ROTATIONS

MEDICAL AND NEUROSURGICAL EVALUATION ROTATION:

Training Goals for the Medical and Surgical Evaluation Rotation

To develop competence in neuropsychological evaluation of patients who are candidates for resective surgery to treat intractable epilepsy, brain tumors, and vascular malformations. Fellows participate in the following activities:

1. Conducting comprehensive neuropsychological evaluations for patients with epilepsy (pre- and post-surgical), brain tumors (pre- and post-surgical/treatment), and vascular malformations (surgical and non-surgical).
2. Participating and giving presentations in multidisciplinary conferences for epilepsy and neuro-oncology.
3. Participating in mapping of language and memory functions via extra-/intra-operative stimulation mapping or intracarotid amobarbital (Wada) testing as available.

Specific Rotation Goals

1. Conducting record review and incorporating into the written report the relevant neurological and medical history.
2. Understanding seizure type classification and types of brain tumors.
3. Understanding the effects of seizures on cognition.
4. Understanding the effects of brain tumors and/or treatment on cognition.
5. Understanding predictors of cognitive outcomes.
6. Interpreting the pre/post-surgical test batteries.
7. Determining lateralized dysfunction.
8. Interpreting meaningful change after surgery.
9. Participating in and interpreting mapping procedures.
10. Communicating professionally with relevant medical teams and at multidisciplinary care conferences.
11. Providing feedback incorporating appropriately surgical risk to patients.
12. Managing clinical volume.

THE PRESCHOOL AND INFANT NEUROPSYCHOLOGICAL TESTING (P.I.N.T.) ROTATION:

Training Goals for the P.I.N.T. Rotation

To develop competence in neuropsychological evaluations for children under 6 years of age who are referred with neurological and medical concerns. Fellows participate in the following activities:

1. Conducting comprehensive neuropsychological evaluations for patients with medical and/or neurological diagnoses under the age of 6 years.
2. Conducting caregiver and child observational assessment as a component of the neuropsychological evaluation.
3. Participating in the multidisciplinary DREAM (NICU follow-up) clinic and multidisciplinary care conferences for neurologically complex NICU graduates.

Specific Rotation Goals

1. Understanding early brain development.
2. Understanding developmental differences across ages.
3. Understanding how medical/neurological disorders alter development
4. Understanding role of family factors in development
5. Conducting developmentally appropriate interviews

6. Writing concise yet comprehensive reports
7. Building rapport with young children
8. Demonstrating appropriate behavioral management skills
9. Administering preschool neuropsychological assessments
10. Conducting observational measures
11. Formulating cases in developmentally appropriate manner
12. Managing clinical volume.

COMPLEX SYNDROMES ROTATION:

Training Goals for the Complex Syndromes Rotation

To develop competence in neuropsychological evaluation of children with rare and difficult to diagnose disorders. This includes characterizing cognitive profiles for children with medical/neurological disorders, such as genetic disorders or epilepsy syndromes with differential diagnosis of Autism Spectrum Disorder (ASD).

Specific Rotation Goals

1. Conducting interviews that are both comprehensive and disorder-specific.
2. Interviewing effectively around ASD symptomatology.
3. Demonstrating understanding of how ASD symptomology can vary based on developmental level, gender, and other factors.
4. Designing assessment batteries appropriate for the referral question and the disorder.
5. Administering and scoring ASD-specific measures (i.e., BOSA, ADOS-2).
6. Demonstrating and facilitating effective behavior management during assessments.
7. Demonstrating knowledge of underlying neurological, physiological, and medical issues involved in both common and rare disorders.
8. Demonstrating understanding of how the interplay between medical, developmental, psychological, psychosocial, and cultural factors impacts a child's presentation.
9. Tailoring case formulation and treatment recommendations for the specific patient.
10. Providing feedback that conveys evaluation findings in a digestible, therapeutic manner.
11. Managing clinical volume.

ACUTE MED/NEURO ROTATION:

Training Goals for the Acute Med/Neuro Rotation

To develop competence in identifying and understanding cognitive dysfunction in the context of acquired brain injury and/or neurological infection (e.g., TBI, stroke/hemorrhage, encephalitis). Emphasis is placed on interdisciplinary collaboration with neurological, medical, and rehabilitation teams at Children's Wisconsin within the inpatient and outpatient environments. Fellows participate in the following activities:

1. Providing consultation, targeted neuropsychological assessment, monitoring of cognitive functioning and recommendations within the Children's Wisconsin inpatient setting to aid ongoing cognitive recovery and support discharge planning.
2. Conducting follow-up outpatient neuropsychological evaluations for children and adolescents in sub- and post-acute phases of recovery.

3. Participating in the [Brain Recovery Assessment and Interdisciplinary Needs \(BRAIN\)](#) clinic, which is a multidisciplinary clinic focused on consistent outpatient follow-up care for inpatients with significant neurological involvement.

Specific Rotation Goals

1. Understanding and differentiating acute impact of medical and neurological illness and injury.
2. Conducting and summarizing record review with identification of relevant medical factors.
3. Conducting appropriate clinical interview with identification of relevant medical and psychosocial factors, as well as information needed for premorbid functioning.
4. Designing appropriate assessment batteries for inpatient evaluation and targeted outpatient evaluation.
5. Understanding the importance of age, timing, and extent of injury.
6. Recognizing expected recovery trajectory.
7. Identifying appropriate follow-up evaluation needs and timing.
8. Interpreting test battery in the context of acute medical and neurological history.
9. Writing concise and timely documentation in the electronic medical record.
10. Explaining appropriate differential diagnosis and associated risk for long-term cognitive sequelae.
11. Tailoring treatment and school recommendations.
12. Interfacing with other providers involved in patient care in a professional manner.
13. Applying empirical knowledge about disease and recovery to case conceptualization and planning.
14. Managing clinical volume.

POLICIES AND PROCEDURES

Neuropsychology Fellowship Program Policies and Procedures

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I. Requirements for Potential Fellows

POLICY

Only applicants with APA- or CPA-approved psychology (or related areas of study) graduate programs and internships are considered for the fellowship. Exceptions may be made for applicants in internship programs undergoing initial accreditation review. Post-doctoral fellows must have completed their dissertation prior to beginning the fellowship. Preferred applicants have completed training at the graduate and internship level consistent with a Major Area of Study as described in the Taxonomy for Education and Training in Clinical Neuropsychology (Sperling et al., 2017). At the graduate level this includes a minimum of 1) three neuropsychology courses, 2) two neuropsychology practica, 3) additional coursework, practica, or didactics in neuropsychology, and 4) dissertation or research project in neuropsychology. At the internship level, the applicant would have had at least 50% of training time in clinical neuropsychology and didactic experiences consistent with Houston Conference guidelines for knowledge and skill. Generally, only applicants who completed an internship that was at least 50 percent neuropsychological training are considered. Applicants with these credentials are generally well-prepared for the rigor of our program; thus, these credentials serve as the principal criteria for selecting post-doctoral fellows for interviews and also in final ranking for the National Match. However, as Houston Conference Guidelines and continuing beliefs in the field encourage there are multiple pathways to becoming a clinical neuropsychologist. Because of this, we also consider applicants with a level of training consistent with an Emphasis or Experience in Clinical Neuropsychology at the doctoral and/or internship level. At a minimum, an applicant needs to have 1) one neuropsychology course or 2) one clinical neuropsychology practicum, and 5% - 10% of supervised experience in clinical neuropsychology and/or didactic training to be considered. The ideal fellow applicant is one with a solid foundation of general clinical knowledge and skills, coursework in lifespan neuroscience, human neuropsychology, and neuropsychological assessment, practicum, and internship training in neuropsychological assessment. Enthusiasm and capacity for taking advantage of the unique education and training opportunities at MCW is also considered through individual interviews, review of letters of recommendations and the nature of prior training experiences. Approximately 5 to 10 applicants are interviewed for every position available.

II. Application Process

PROCEDURE

Application involves electronic submission of a curriculum vita, a copy of graduate school transcripts, two sample reports, and three letters of recommendation. Those who have not defended their dissertation are to have their dissertation chair provide written verification of their expected defense date before the fellowship starts. The deadline for submission of application materials is usually early to mid-December prior to the start of the academic year. Interviews of selected candidates take place in January or early February. The Program participates in the National Match. Deadlines for ranking programs and the Match date are published annually by National Matching Services (www.natmatch.com), the same organization that manages the match for psychology internship programs. Rules for the Match are essentially identical to those for the internship program match.

III. Anti-Harassment and Non-Discrimination

Source: MCW Corporate Policies (AD.CC.050) Last Revision Date 12/30/2022

DEFINITIONS

Accommodation: A modification or adjustment to a job, space, method of performance or schedule that enables a qualified individual with a disability or genuinely held religious beliefs or religious practice which conflicts with job requirements to be considered for the job and/or continue to perform functions of the job in a manner that does not present an undue hardship for MCW.

Confidential Resources: The MCW Compliance Reporting Hotline accepts reports from anonymous and identifiable individuals. The Employee and Family Assistance Program (EFAP) provides free and confidential support to all employees and students.

Discrimination: Discrimination may occur when employment or academic decisions are threatened or made, implicitly or explicitly, based upon an individual's membership within a protected class or any other basis prohibited by law or regulation.

Harassment: Harassment may occur whenever unwelcome verbal or nonverbal conduct, comments, touching, teasing, joking or intimidation based on any of the behaviors, interferes with or creates an intimidating, hostile or offensive working or learning environment.

Harassment may occur:

- whenever submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or education, or
- whenever submission to or rejection of such conduct is used as a basis for decisions, or
- when such conduct unreasonably interferes with an individual's performance or creates an intimidating, hostile, or offensive working or learning environment.

Protected Class: Prohibited discrimination against individuals based upon race, color, sex, age, religion, disability, marital status, national origin, sexual orientation, gender identity, genetic testing, arrest and/or conviction record, ancestry, national origin, creed, or any other basis prohibited by law or regulation.

Retaliation: Punishment of an employee or student for engaging in legally protected activity, such as reporting harassment or participating in an investigation. Retaliation can include, but is not limited to, any negative action or change in circumstances that would chill participation in protected activity such as a demotion, corrective action, or a lower grade than what should be provided based upon the work. Retaliating against anyone involved in a report or an investigation pursuant to this policy is strictly prohibited.

Unwelcome Conduct: Unwelcome attention, sexual advances, requests for sexual favors, and other verbal or nonverbal, visual or physical conduct of a sexual nature or based upon a protected class, such as comments, touching, teasing, joking or displaying materials or other behaviors that unreasonably interfere with work or academic activities, are also serious violations of this policy and are prohibited.

POLICY

MCW is committed to creating and sustaining a safe learning and working environment that recognizes and values the dignity of all members of the MCW community. MCW prohibits all forms of Harassment, Discrimination based upon a protected class, or any other basis prohibited by law or regulation, and all other negative conduct that inhibits effective communication and productivity. MCW prohibits all forms of Retaliation for participating in a protected activity under this policy. MCW encourages early reporting of unprofessional behavior, Unwelcome Conduct, and any form of Harassment and/or Discrimination or Retaliation.

All employment and academic decisions are to be based upon a legitimate business or educational purpose and rationale. MCW will take immediate and appropriate action when it determines that Harassment, Discrimination and/or Retaliation has occurred.

PROCEDURE

Any member of the MCW community who feels that they have been harassed, or believe that they have witnessed unprofessionalism, Discrimination, or Harassment, should immediately report the situation to their direct or department leader, Human Resources, Faculty Affairs, Student Affairs, Course Director, Compliance Reporting Hotline, or Public Safety. Timely reporting of Unwelcome Conduct, unprofessional, offensive, harassing, and/or discriminatory behavior is critical for MCW and its leaders to learn of in order to take appropriate responsive action to halt the unwanted conduct.

If comfortable, an individual may approach the alleged violator of the policy to discuss the issue and request the other party to immediately stop the offensive activity. In some cases, a person may be unaware their behavior is offensive and open to the feedback if it is brought to their attention in a constructive manner. This step is not required if it makes the individual uncomfortable.

Regardless of whether the impacted individual decides to talk with the alleged violator of the policy, the individual or witness is required and has a duty to promptly report the conduct to their direct or department leader, Human Resources, Faculty Affairs, Student Affairs, Course Director, the Compliance Reporting Hotline, or Public Safety.

All claims of unprofessional behavior, Unwelcome Conduct, Harassment and/or Discrimination will be treated seriously. Upon receipt of the complaint, the Office of Human Resources and Faculty Affairs will determine if an investigation is appropriate. If an investigation is conducted, the Office of Human Resources and Faculty Affairs will follow up, to the extent possible, and provide closure with the appropriate parties. Confidentiality will be maintained as much as possible during the investigation.

Retaliation against an individual for reporting a claim or participating in an investigation of a claim of harassment or discrimination is a serious violation and is strictly prohibited. Any potential acts of Retaliation should be reported immediately.

If an investigation reveals that unprofessional behavior, Discrimination, Harassment or Retaliation has occurred under this policy, MCW will take immediate and appropriate corrective action reasonably designed to halt the conduct, and prevent recurrence, which may include corrective action up to and including termination, removal or dismissal. In some cases, the appropriate action may be to provide an individual who has violated this policy education, coaching, a leave of absence, compensation reductions, or other avenues to monitor and correct behavior.

Any individual found to be making knowingly or intentionally false accusations of Discrimination, Harassment or Retaliation or providing knowingly or intentionally false information with respect to an investigation will be subject to corrective action up to and including dismissal.

Accommodation:

MCW Human Resources has a process to evaluate and respond to requests for Accommodation from employees, applicants for employment and candidates on a case-by-case basis and may provide a reasonable Accommodation for a qualified individual with a disability to enable performance of job-related functions, or full participation in the application and selection process. Employees may submit requests for reasonable adjustment of work requirements that conflict with the individual employee's sincerely held religious beliefs. MCW aims to provide such religious Accommodations in a manner consistent with all legal requirements and as may reasonably be made available without undue hardship. Employee requests for Accommodation should be submitted to the Office of Human Resources and Faculty Affairs and should identify the proposed Accommodation sought by the individual and explain the reason or basis for the Accommodation request. MCW reserves discretion to determine and make available any alternate accommodations that would effectively alleviate the conflict between work requirements and the individual's disability and/or religious belief.

Student requests for Accommodation should be submitted to their respective school.

MCW prohibits discrimination in all employment practices including: job application procedures, hiring, firing, advancement, compensation, benefits, classification, leaves of absence, training and other terms, conditions and privileges of employment.

Reporting Requirements to External Agencies:

MCW will report findings of violations of this policy to external agencies such as the National Institutes of Health (NIH) and the National Science Foundation (NSF), as required for researchers, and may report through the credentialing process for clinical providers. MCW may also report findings of violations of this policy to other institutions of higher education and in response to requests for reference information. By accepting employment with MCW, employees agree to be a part of our culture of professionalism and acknowledge that findings may be reported.

IV. Administrative and Financial Assistance

Fellowship salaries are commensurate with NIH fellow salary rates. The training program is included in the departmental budget, which is managed by the Neurology Departmental Administrator. Training program budget items include post-doctoral fellow salary and fringe benefits, support for the fellowship, and basic resources. The costs of the fellowship program are covered by Division of Neuropsychology clinical revenue, grants and contracts, MCW Physician Groups (Medical College Physicians for adult practice and Children's Specialty Group for pediatrics), and affiliate hospital support from Froedtert Hospital and Children's Wisconsin.

The department provides the Division with support from the Administrator and an Education Assistant to the Department's training programs. The Division of Neuropsychology supports Case Managers/Administrative Assistants and full-time Psychometrists. The Case Managers/Administrative Assistants, along with hospital clinical central scheduling and Department billing and collection services, complete patient scheduling, insurance verification, billing and collections, and clerical assistance for didactics. These teams help support postdoctoral fellows.

A computer, typically an HP laptop with docking station and double 23-inch monitors, with access to a full array of programs and applications, including Office software, citation software, and statistical software, is provided to each post-doctoral fellow in the academic work space (MCW Hub for Collaborative Medicine). Electronic and technical support is provided to the fellows by MCW Information and Technology Services. These services are the same as those offered to MCW faculty, are sufficient for the work needs of the fellows, and are provided in a timely fashion. The computer is connected to the MCW secure drive for protection of information, convenient sharing of files and backup of work products. Depending on the research needs of the post-doctoral fellow, programs and equipment are available for neuroimaging and more complex analyses through the Center for Imaging Research, Language Imaging Lab, research computing core, the Neuroscience Research Center (NRC), and the Brain Injury Research Program in Neurosurgery. Fellows have access to statistical consulting through biostatistics and the NRC. Fellows will also have access to computer systems specific to the hospital network(s) within clinical settings.

Our resources and facilities are compliant with the ADA. The clinic rooms, didactic rooms, and commutes between parking and facilities are handicap accessible. Seminar didactics are in rooms with large projectors and topics are typically presented with visuals (e.g., power point presentations). Materials are shared electronically. As fellows have their own laptops, they are able to increase the size of visually presented materials as needed. Fellows have access to in person and phone language interpreters, including American Sign Language interpreters. Fellows also have access to dictation software as desired.

V. Supervision

POLICY

The program ensures weekly supervision. The fellows have routine face-to-face meetings at least weekly, for no less than 2 hours per week. The onus of the scheduling is on the fellows. They are instructed to make sure to have at least 2 hours of individual supervision per week. The Program Director or the Assistant Program Director are required to confirm the supervision time documented on each 6-month self-assessment.

PROCEDURE

Adult fellows have 10 regular supervisors (all licensed psychologists, all clinical neuropsychologists, 7 of whom are board certified in clinical neuropsychology) and pediatric fellows have 6 regular supervisors (all licensed psychologists, all clinical neuropsychologists, 3 of whom are board certified in clinical neuropsychology). The fellows receive supervision from all supervisors during their two training years. Fellows have weekly face to face supervision during clinical activities and as scheduled by the fellow and supervisor for no less than two hours of one-on-one supervision per week. The face-to-face supervision will include one-on-one meetings with their supervisor to discuss test selection prior to initiating testing, case formulation prior to writing reports including in-depth discussion of the differential diagnostic process and review of neuroimaging, one-on-one discussion of suggested changes to reports, and in-person demonstration of testing and interview techniques by and/or with their supervisor. Direct supervision also occurs throughout the day in specialty or multidisciplinary clinics, when faculty and fellows work side-by-side evaluating multiple patients, reviewing test results, and/or viewing brain imaging and records.

The primary supervisor is Julie Janecek, PhD ABPP (Program Director) for the adult fellows, and Michelle Loman, PhD ABPP (Assistant Program Director) for the pediatric fellows.

VI. Evaluation and Written Documentation

POLICY

Evaluations are completed at regular intervals throughout the fellowship to document progress toward the development of competence for independent practice in clinical neuropsychology and to identify benchmarks in each competency area that are below the minimum level of achievement required by the fellowship program at each evaluation timepoint.

PROCEDURE

Program evaluation tools are based on our program's competencies, which are as follows:

Foundational Competencies (applicable to all specialty areas in psychology)

- Integration of Science and Practice
- Ethical and Legal Standards/Policy
- Individual and Cultural Diversity

Neuropsychology Specialty Specific Competencies

- Professional Identity and Relationships/Self-Reflective Practice
- Interdisciplinary Systems/Consultation
- Assessment/Intervention
- Research
- Teaching/Supervision/Mentoring
- Management/Administration
- Advocacy

Education regarding evaluation procedures is provided during fellowship orientation, once per year in didactics, and reviewed at each performance review meeting. The Minimum Level of Achievement (MLA) in each competency area for each evaluation timepoint is also documented in the Fellowship Handbook, which all fellows have access to and are required to read. Fellows who have not successfully met the MLA in each competency area at the conclusion of their fellowship may not successfully complete the program.

Evaluations are completed at regular intervals as documented below throughout the fellowship. Fellows are provided with copies of all evaluations. These evaluations become a part of the fellows' permanent electronic file which is kept on a secure server that only training faculty can access in the Neuropsychology Division.

Faculty supervisors complete evaluations for all fellows as follows:

- Competency-based evaluations at months 6, 12, 18, and 23.
- Rotation-specific evaluations at months 3 and 6 for each 6-month rotation

Fellows complete evaluations as follows:

- Competency-based self-evaluations at months 1, 6, 12, 18, and 23
- Supervisor evaluations at months 6, 12, 18, and 23
 - Availability and dependability for supervision
 - Enthusiasm/interest in teaching
 - Encourages and answers questions
 - Approachability/openness to feedback
 - Acceptance/inclusivity of gender, sex, race, culture and individual differences
 - Overall
- Program evaluations at months 12 and 23
- Exit Interview at end of fellowship

Evaluations are reviewed every three months with each fellow and the Program Director (adult fellows) or Assistant Program Director (pediatric fellows), as well as other supervising faculty.

VII. Management of Performance Below the Minimum Level of Achievement

PURPOSE

The purpose of this policy is to outline the procedures to be followed for the management of fellow performance **below the Minimum Level of Achievement** by the Clinical Neuropsychology Program at the Medical College of Wisconsin (MCW), which is accredited by the American Psychological Association.

Definitions:

Performance Below the Minimum Level of Achievement (MLA) includes, but is not limited to, the failure to meet expected program performance standards, violation of MCW policy, unprofessional behavior, unsafe practices and/or egregious conduct.

Egregious conduct is behavior including, but not limited to, actions or statements that are malicious, obscene, threatening, illegal, immoral, disruptive, deceptive or dishonest or that show disregard for life or that undermine the public's trust in the profession of psychology or that demonstrate lack of character. Examples of egregious behavior include, but are not limited to, lying, violation of MCW privacy or security policies, aggressive or intimidating behavior toward patients or staff, actions or statements that violate the anti-harassment or non-discrimination policies of MCW, and actions or statements that violate the APA Ethical Principles of Psychologists and Code of Conduct.

POLICY

The Program Director and Assistant Program Director shall use reasonable judgment to determine the step(s) to be used to address fellows demonstrating performance below the minimum level of achievement. To the extent possible, performance that is below the minimum level of achievement will be managed progressively.

PROCEDURE

Competency Development Plan:

- 1) When faculty evaluations of fellows document that the Minimum Level of Achievement (MLA) has not been met at months 6, 12, 18, or 23, a Competency Development Plan will be initiated with the goal of providing additional supports and supervision so that the MLA will be achieved by the next evaluation date.
- 2) All competency skills areas that are below the MLA will be discussed with the fellow at their review meeting.
- 3) At a meeting with the Program Director or appointed proxy (e.g., Assistant Program Director) and the fellow, a Competency Development Plan will be generated. Specific training activities will be identified with the goal of improving each competency skill area that is below the MLA. Specific goals, actions, re-evaluation procedures, timeline (typically 3 months), and consequences for failing to meet the MLA when re-evaluated will be documented in a Competency Development Plan (CDP) Document that is reviewed with the fellow. The fellow

along with the Program Director and/or Assistant Program Director will sign the CDP Document as indication of the review and then it is placed in the fellow's permanent training file.

- 4) Fellows who believe that their Competency Development Plan was generated without reasonable basis for the decision may appeal and follow the procedures set forth in the **Due Process: Appeal of Adverse Academic Decisions Policy** below.
- 5) The Program Director or appointed proxy (e.g., Assistant Program Director) and the fellow will schedule a follow-up meeting to review progress. The timing for this progress review meeting will be established in the Competency Development Plan (typically 3 months).
- 6) If goals are not met, then consequences and/or plan for further development are reviewed, which may include generating another Competency Development Plan and the same procedure outlined above will be repeated.
- 7) It is anticipated that in most cases, the Competency Development Plan will facilitate significant progress so that the fellow will meet the MLA required for successful program completion. In rare cases, continued failure to meet the MLA may result in the fellow being placed on probation, non-renewal, failure to successfully complete the program, and/or termination.

Probation

- 1) When faculty evaluations of fellows document that the Minimum Level of Achievement (MLA) has not been met at months 6, 12, 18, or 23, or with evaluations completed through a Competency Development Plan, a probationary period may be initiated.
- 2) The Program Director must seek the counsel of the Vice Chair of Education in Neurology regarding the recommendation to place a fellow on probation or extend a probationary period. The Program Director has the ultimate authority to determine if a fellow is placed on probation.
- 3) Fellows may be placed on probation for up to six consecutive months. The Program Director can start fellows on a period of probation as short as one month and extend the probation as many times as they believe is appropriate within the six-month time frame. Prior periods of probation interspersed with a period of return to good standing, or a Competency Development Plan in the program, do not count toward the six consecutive month time limit for probation.
- 4) During a probationary period, fellows must meet with their professional mentor to review progress toward the training goals identified in the Competency Development Plan (or another identified faculty member) at least monthly and document each meeting; an email to the program director is sufficient. Documentation should include, at a minimum, the date and substance of the meeting and will be saved in the fellow's training file.
- 5) The Program Director may require a Fitness for Duty Evaluation if s/he feels the fellow is a safety risk to patients, themselves, or others.

- 6) The Program Director and Assistant Program Director must meet with and inform the fellow that s/he is being placed on probation. The discussion must outline the areas that are below the minimum level of achievement, remediation plan (goals, actions, timeline), mentor, frequency of mentor meetings, and specific behavior(s) and/or performance that is/are expected by a defined date.
- 7) The Program Director/Assistant Program Director must document in writing the decision to place the fellow on probation. This documentation is reviewed with the fellow and also saved in their permanent training file.
- 8) At the end of the probationary period, the Program Director must evaluate the fellow's performance based on a number of factors that must include faculty evaluations and mentor meeting summaries and may include other sources of information such as competency-based assessments and multi-source evaluations.
- 9) The Program Director must seek the counsel of the Assistant Program Director in determining the outcome of the probation. The Program Director has the ultimate authority to determine if the fellow is removed from probation. The Program Director may: a. end the probation; b. extend the probationary period (up to a total of six consecutive months); c. require other informal remediation; d. place the fellow on a competency development plan; f. not renew the fellow's training agreement for the second year; g. designate that the fellow has failed to successfully complete the program; or h. terminate the fellow.
- 10) If the fellow has successfully completed the remediation plan and her/his performance has sufficiently improved to the expected level, the probation shall be ended. The Program Director or appointed proxy (e.g., Assistant Program Director) must inform the fellow of this outcome and document the outcome in writing.
- 11) If the fellow has not successfully completed the remediation plan and/or performance is not at the minimum level of achievement, the Program Director or appointed proxy (e.g., Assistant Program Director) must meet and inform the fellow of the probation outcome and document the outcome in writing.
- 12) Fellows who believe that they are placed on probation without reasonable basis for the decision may appeal and follow the procedures set forth in the **Due Process: Appeal of Adverse Academic Decisions Policy** below.
- 13) Subsequent failure to meet the minimum level of achievement by fellows formerly on probation, but returned to good standing, may result in failure to successfully complete the program, non-renewal, or termination without an additional probationary period.

Non-renewal, failure to successfully complete the program, or termination

The Program Director may recommend to not renew a fellow's contract at the end of the first year, to designate that the fellow has not successfully completed the program at the end of the fellowship, or to terminate a fellow at any time during the fellowship.

1. The Vice Chair for Education and the Chair of the Department of Neurology must be consulted regarding decisions of non-renewal, failure to successfully complete the program, or termination. MCW Human Resources must also be notified of the decision.
2. The Program Director or appointed proxy (e.g., Assistant Program Director) must meet with the fellow to inform her/him of the decision of nonrenewal, failure to successfully complete the program, or termination. For terminations, the Program Director or appointed proxy must give the fellow an opportunity to discuss the reasons for dismissal prior to termination.
3. The Program Director must document in writing the non-renewal, failure to successfully complete the program, or termination decision. This documentation is shared with the fellow and saved in their permanent training file.
4. Written notification of non-renewal, failure to successfully complete the program, or termination must be given to the fellow. The Program Director is only required to provide the fellow with as much prior notice as circumstances reasonably allow.
5. Fellows who fail to successfully complete the program, are terminated, or whose contract is not renewed may request an appeal of the decision by following the procedures set forth in the **Due Process: Appeal of Adverse Academic Decisions Policy** below.
6. If a contract is not renewed, on the last day of employment, programs must collect from the fellow any equipment including, but not limited to, pagers, ID badges, keys, parking cards, laptops and immediately revoke email privileges. Additionally, programs must terminate the fellow's access to hospital and MCW computers and electronic records.
7. Upon termination, on the last day of employment, programs must collect from fellows any equipment including, but not limited to, pagers, ID badges, keys, parking cards, laptops, and immediately revoke email privileges. Additionally, programs must terminate the fellow's access to hospital and MCW computers and electronic records.

Unsafe Practice or Egregious Conduct

Unsafe practice or egregious conduct must be promptly addressed to maintain patient and staff safety and/or to protect the interests of MCW.

1. If the Program Director believes a fellow poses a threat to patient safety, themselves or others or her/his conduct is egregious, the fellow may be removed from patient care and placed on administrative leave pending an investigation.
2. If the fellow is placed on an administrative leave of absence, the fellow is relieved of all work-related responsibilities. Fellows continue to receive pay and benefits while on administrative leave.
3. Based on the circumstances, the Program Director may require the fellow to undergo testing for drug and alcohol use or a Fitness for Duty Evaluation. Failure to submit to testing or a Fitness for Duty Evaluation may be grounds for termination.
4. Within 24 hours of the decision to place the fellow on administrative leave, the Program Director or appointed proxy (e.g., Assistant Program Director) must inform the fellow that s/he is being placed on administrative leave.

5. The Program Director must document in writing the decision to place the fellow on administrative leave.
6. At the discretion of the Vice Chair of Education in Neurology, the Program Director will notify MCW and the affiliated hospitals' security and information services that the fellow is on administrative leave until further notice. Once the investigation is concluded, the program director will notify the same entities of the outcome.
7. At the conclusion of the investigation, the Program Director in consultation with the Vice Chair of Education in Neurology may end the administrative leave and:
 - a. determine that the fellow can return to work with no additional action taken;
 - b. place the fellow on other informal remediation;
 - c. generate a competency development plan for the fellow;
 - d. place the fellow on probation;
 - e. not renew the fellow's training agreement;
 - f. designate that the fellow has failed to successfully complete the program; or
 - g. terminate the fellow.
8. At the end of the administrative leave, the Program Director must inform the fellow of the outcome of the leave and document it in writing. This documentation is shared with the fellow and also saved in their permanent training file.
9. If the administrative leave has ended and additional action will be taken, the Program Director or appointed proxy must meet with the fellow, inform her/him of the outcome and document the outcome in writing. This documentation is given to the fellow and saved in their permanent training file.

VIII. Due Process: Grievances and Complaints

PURPOSE

We are committed to providing a professional learning environment and supportive culture for all trainees. This policy describes the procedure to use regarding fellow concerns that may arise during training regarding the work environment (e.g., interpersonal problems or problems with aspects of the training environment).

Definitions

Complaint: An oral statement expressing dissatisfaction with some aspect of the program, a faculty member, another trainee, a staff member or other program related issues which has resulted in a negative impact to the complainant.

Grievance: A written statement expressing dissatisfaction with some aspect of the program, a faculty member, another trainee, a staff member or other program related issues which has resulted in a negative impact to the complainant.

POLICY

A fellow may assert a complaint or grievance as outlined below. Retaliation against fellows for asserting a complaint or grievance will not be tolerated. Every effort will be made to resolve the complaint or grievance fairly and promptly.

PROCEDURE

Complaint and Grievance Process

Fellow complaints and grievances **regarding the work environment (e.g., interpersonal problems or problems with aspects of the training environment)** should be addressed using the following process.

Problems related to unprofessionalism, discrimination, or harassment are addressed in accordance with policies and procedures related to **Anti-Harassment and Non-Discrimination**.

Fellow disagreements regarding **generation of Competency Development Plans, probation, decisions of non-renewal, failure to successfully complete the program, and termination** should be addressed using the policies and procedures for **Due Process: Appeal of Adverse Academic Decisions Policy**.

1. The fellow may submit a complaint (verbally) or grievance (in writing) to their Program Director or Assistant Program Director. If the complaint is provided verbally, it is the responsibility of the individual receiving the complaint to summarize the complaint in writing and request the fellow confirm that the summary accurately reflects the substance of their concern.
2. If the complaint remains unresolved after taking the above steps, the fellow may raise concerns either verbally or in writing to other Neuropsychology Training Faculty, Vice Chair for Education in Neurology, the Neuropsychology Division Chief, or the Neurology Department Chair.

IX. Due Process: Appeal of Adverse Academic Decisions

PURPOSE

This policy establishes the structure and membership of the appeal panel, which is the Clinical Competency Committee (CCC), and outlines the process to be followed for appeals of adverse academic decisions.

POLICY

Fellows who believe that there is not a sufficient basis for an adverse academic decision (e.g., competency development plan, probation, non-renewal, failure to successfully complete the program, and termination) may submit an appeal to the Clinical Competency Committee (CCC). The issue for the CCC is whether the Program Director had a reasonable basis for the decision to place the fellow on a competency development plan, probation, to not renew or terminate the training agreement/contract, or to designate the fellow has not successfully completed the program. The CCC shall not conduct a de novo review of the Program Director's decision.

The Clinical Competency Committee (CCC) will review and make determinations for appeals for adverse academic decisions including a competency development plan, probation, non-renewal, failure to successfully complete the program, and termination.

PROCEDURE

APPEAL PANEL

The Clinical Competency Committee (CCC) shall serve as the appeal panel, comprised of the Vice Chair for Education in Neurology, Program Director of the Clinical Neuropsychology Fellowship, Assistant Program Director of the Clinical Neuropsychology Fellowship, Adult Clinical Neuropsychology Practicum Director, and Pediatric Clinical Neuropsychology Practicum Director. The CCC shall review all appeals of academic decisions (competency development plan, probation, non-renewal, failure to successfully complete the program, termination).

THE APPEAL PROCESS

1. To appeal an adverse academic decision, a fellow must submit a written request for an appeal to his or her Program Director and to the Vice Chair of Education in Neurology within fourteen business days of receiving written notification of the academic decision. Any request for appeal must include a statement of the adverse academic decision being appealed and the grounds supporting the request of the appeal.
2. The fellow may submit documentation in support of his/her positions. Copies of this submission shall be given to the appointed appeal panel members.
3. Additionally, the appointed appeal panel members shall be given copies of the fellow's training file. (See Policies for **Evaluation and Written Documentation, Management of Performance Below the Minimum Level of Achievement, and Maintenance of Records**).
4. The appeal hearing shall be held within four weeks of the written request for an appeal. A postponement of the appeal may be granted at the discretion of the Vice Chair for Education in Neurology based on the facts and circumstances known at the time of the request.
5. Requests for postponement should be made at the earliest possible opportunity to the Vice Chair for Education in Neurology.
6. Fellows must notify the appeal panel at least four business days prior to the hearing of his/her request to bring a faculty advocate.
7. The Program Director must notify the appeal panel at least four business days prior to the hearing of his/her request to have another faculty member address the panel.
8. When the appeal panel convenes, it will adhere to the following guidelines established for hearings: a. The committee shall determine which of the members will be responsible for chairing the appeal hearing and drafting the report. b. Both the fellow and the Program Director are expected to appear before the appeal panel. c. The fellow and the Program Director shall each have up to thirty minutes to present to the panel. The panel may grant additional time as it sees fit. d. Legal counsel shall not be permitted to appear, however either party may consult with his/her legal counsel prior to the hearing. e. At its discretion, the panel may allow the fellow to have a faculty advocate speak who may also have up to thirty minutes to present to the panel. f. The panel shall deliberate in closed session. g. The panel may determine to reconvene later if it is necessary to continue its deliberations and make its recommendations. h. The panel reserves the right to request additional information that it deems necessary to reach its conclusions and recommendations.

9. The appeal panel shall submit its written report and recommendations to accept, reject, or modify the decision of the program to the Program Director within one week of the hearing. The report shall include: a brief summary of the facts found; pertinent findings of the panel; and recommendations.

10. The written recommendations of the appeal panel and the decision shall be part of the fellow's training file maintained by the program and shall be released upon request for future applications for licensure, clinical privileges, or certification to the extent permitted by law.

X. MCW Separation

POLICY

A. Resignation

Employees need to know the proper amount of notice to give should they plan to resign from their employment with MCW. Unless otherwise adjusted between the employee and the supervisor, proper notice of resignation is as follows:

1. Exempt staff are requested to give at least a four week notice prior to the effective date of resignation. Neuropsychology fellows are exempt staff.
2. Non-exempt staff are requested to give a 14 day notice prior to the effective date of resignation.

To separate in good standing and assure eligibility for rehire, employees must comply with timely resignation requests and work through the notice period. A resignation, oral or written, received by the immediate supervisor is effective unless specifically reversed in writing by the supervisor with concurrence from the Office of Human Resources. The resignation date is the last day the employee was physically present performing work at the work site. The department and MCW reserve the right to accept an employee's resignation immediately, regardless of the date given in the resignation notice.

B. Discharge

In the event that unsatisfactory behavior/work performance continues after the progressive disciplinary process has been initiated, it may be appropriate to terminate the employee. In some instances, the severity of the rule infraction or work performance violation may be so great as to warrant discharge without any prior notice or warning (See **Management of Substandard Performance**).

PROCEDURE

A. Resignation

Fellows should submit their resignations in writing to their Program Director, giving the reason for their resignation. A copy of the resignation letter should be forwarded immediately to the Office of Human Resources by the program director for inclusion in the fellow's personnel file. Verbal resignations must be immediately confirmed in writing by the program director, giving reasons for the resignation, and a copy should be forwarded immediately to the Office of Human Resources.

B. Discharge

The Supervisor must obtain approval from the Department Administrator and the Director of Human Resources and Organizational Development (or his/her designee) prior to discharging an employee. Notification of a discharge recommendation must be given in a manner that allows the above mentioned individuals adequate time to review the facts and thoroughly investigate/discuss the situation prior to discharge action taking place. In the event that appropriate consultation cannot take place, the supervisor may send an employee home without pay until an appropriate investigation has occurred. If such investigation finds the employee was not at fault, pay for any lost time will be provided.

All notifications of discharge must be in writing. The discharge letter will contain the following information:

1. The specific performance deficiency or rule of employee conduct that was violated;
2. The date(s) of the most recent violation or performance problem;
3. Specific reference to previous disciplinary suspensions, written warnings, and oral reprimands;
4. Description of efforts made to assist the employee to correct the problem; and
5. The effective date of discharge.

Discharge letters must be signed by the Supervisor with a copy sent to the Director of Human Resources and Organizational Development or his/her designee.

C. Separation

After a fellow's resignation or discharge, the program director must do the following:

1. Forward all campus ID access cards, name badges, and keys to the Office of Public Safety;
2. Secure all other MCW property such as telephones, pagers, and equipment;
3. Notify Information Systems to disable all computer system access;
4. Notify Telecommunications to void voicemail password;
5. Electronically submit the termination action within appropriate Office of Human Resources systems.
 - a. Submit termination as soon as the employee's last day of work has been determined. Please note that in the event of discharge, the date of discharge is the last day of work.
6. Collect personal possessions the employee left at the work site and mail to the employee's home.

Employees who have been discharged from employment or fail to provide proper resignation notice are not eligible for rehire by MCW. Employees paid for time not worked must repay any overage. Failure to do so will result in the employee being ineligible for rehire. Any accrued vacation, if eligible in accordance with the Staff Paid Time Off Policy, will be paid out to the employee in a lump sum on the final paycheck and allocated to future weeks for the purposes of unemployment compensation. Employees rehired into a position at MCW after the end of employment, are not eligible for reinstatement of benefits, except where otherwise stated by benefits policy or Summary Plan Description.

XI. Maintenance of Records

PROCEDURE

All evaluations, competency development plans, progress letters, and certificates of completion are saved indefinitely in the fellow's electronic training file that is stored on a secure server only accessible by training faculty in the Neuropsychology Division.

COMPETENCY-BASED TRAINING AND EVALUATION

COMPETENCY-BASED TRAINING AND EVALUATION

Clinical Neuropsychology Fellowship Training at the Medical College of Wisconsin is centered around competency development in the following 10 broad areas:

Foundational Competencies (applicable to all specialty areas in psychology)

- Integration of Science and Practice
- Ethical and Legal Standards/Policy
- Individual and Cultural Diversity

Neuropsychology Specialty Specific Competencies

- Professional Identity and Relationships/Self-Reflective Practice
- Interdisciplinary Systems/Consultation
- Assessment/Intervention
- Research
- Teaching/Supervision/Mentoring
- Management/Administration
- Advocacy

Competency-based evaluations are completed at 6-month intervals throughout the fellowship to document progress toward the development of competence for independent practice in clinical neuropsychology and to identify benchmarks in each competency area that are below the minimum level of achievement required by the fellowship program at each evaluation timepoint.

Training expectation across the course of the fellowship and Minimum Level of Achievement (MLA)

Developmentally, there should be a shift that results in less modeling of behavior over time by the supervisor. The goal of the scale is to allow the supervisor flexibility in thinking about the amount of time spent **telling and showing** (i.e., modeling) versus time spent **listening and watching** (i.e., consulting). That is, there should be a shift regarding who is driving supervision and demonstrating competencies from supervisor to fellows by the end of the fellowship.

Minimum Level of Achievement (MLA) required at each evaluation period

6 month MLA = 2

12 month MLA = 3

18 month MLA = 4

24 month MLA = 5

Scores below the MLA may result in a Competency Development Plan. Scores may be rounded up at the discretion of the program directors.

Scale

- (1) **Rarely demonstrates this competency (~25% or less)**

- Most of the time, the supervisor is modeling behaviors (i.e., making unilateral decisions and giving directives)
 - (2) Independently demonstrates this competency sometimes (~ 50 of the time)
 - About half the time, the supervisor is modeling behaviors (i.e., making unilateral decisions and giving directives)
 - (3) Independently demonstrates this competency frequently
 - The supervisor shifts to more of a consultant (i.e., discussing, overseeing) for common neurobehavioral syndromes and situations
 - Modeling (i.e., making unilateral decisions and giving directives) by the supervisor is generally limited to new diagnoses, new patient populations, or complex situations
 - (4) Independently demonstrates this competency consistently
 - The supervisor shifts to more of a consultant role (i.e., discussing, overseeing) across most neurobehavioral syndromes and situations
 - Modeling (i.e., making unilateral decisions and giving directives) by the supervisor is generally limited to rare/atypical clinical presentations
 - (5) Ready for Independent Practice
 - The supervisor is a consultant (i.e., discussing, overseeing) nearly all the time
 - Modeling (i.e., making unilateral decisions and giving directives) is generally limited to the first few weeks of the new rotation
- N/A or Not observed (no numeric value)**

Entry level competence is defined as a rating of 5 (ready for independent practice) for each bulleted element that comprises each of the 10 competency areas below.

1. Integration of Science and Practice

- Discusses how research informs neuropsychological evaluations in didactics and supervision

2. Ethical and Legal Standards/Policy

- Navigates common ethical dilemmas and legal issues in neuropsychology (e.g., informed consent, use of technicians/psychometrists, third party observers, disclosure of neuropsychological test data, documenting limitations of test interpretation, test security, research)

3. Individual and Cultural Diversity

- Discusses how diversity issues are related to neuropsychological evaluations, research, and teaching (e.g., health disparities, language differences, educational level, cultural context, literacy, individual differences)
- Demonstrates how cultural, linguistic, disability, and other demographic/socioeconomic factors affect neuropsychological evaluation through test and normative data selection, test interpretation, case conceptualization, and tailored treatment recommendations

4. Professional Identity and Relationships/Self-Reflective Practice

- Demonstrates insight regarding personal strengths and areas for growth (e.g., via self-assessments and in supervision)

- Communicates clearly and effectively with referring providers, patients, and families/care partners, both orally and in writing
- Communicates clearly and effectively with colleagues and supervisors, both orally and in writing

5. Interdisciplinary Systems/Consultation

- Communicates clearly and effectively with providers in related disciplines (e.g., neurology, psychiatric, neuroradiology, rehabilitation, social work)
- Makes appropriate referrals to other health professionals

6. Assessment/Intervention

- Conducts a thorough record review (e.g., history, referral question, prior exams)
- Conducts a thorough clinical interview
- Selects appropriate tests and normative data to answer the referral question
- Correctly administers and scores tests
- Conceptualizes the case accurately (e.g., test interpretation, differential diagnosis, etiology, neuropathology, neuroanatomical correlates)
- Written report is accurate and tailored to patient/referral source needs
- Recommendations (e.g., resources, interventions) are tailored to patient/referral source needs
- Conducts feedback sessions that facilitate understanding of test results, diagnosis, and recommendations

7. Research

- Applies relevant research literature to all aspects of clinical practice (e.g., test/normative data selection, case conceptualization, evidence-based recommendations)
- Demonstrates skills in conceptualizing, implementing, and interpreting research design and statistical analysis (e.g., in didactics and by participating in a scholarly project)

8. Teaching/Supervision/Mentoring

- Demonstrates effective teaching activities within the Neuropsychology Division (e.g., leading lectures, journal club, supervision of practicum students)
- Demonstrates knowledge of supervision processes and techniques in group supervision

9. Management/Administration

- Follows coding and billing procedures
- Supervises psychometrists and monitors their skills following regulatory, ethical, and legal standards
- Manages clinical volume

10. Advocacy

- Demonstrates the ability to advocate for patients and families (e.g., identifies resources, barriers to services, tools, and supports in a culturally responsive manner)
- Advocates for oneself as needed (e.g., discusses training needs with program director or other training faculty)

READING MATERIALS

READING MATERIALS

HOUSTON CONFERENCE GUIDELINES

[Houston Conference](#)

APA ETHICS CODE

[APA Ethics \(2017\)](#)

TAXONOMY

[Taxonomy](#)

SUGGESTED READING LIST

General Training

Hannay, H.J., Bieliauskas, L.A., Crosson, B., Hammeke, T., Hamsher, K.D., & Koffler, S.P. (1998). The Houston conference on specialty education and training in clinical neuropsychology (Special issue). *Archives of Clinical Neuropsychology*, 13(2).

Behavioral Neurology

Blumenfeld, H. (2021). *Neuroanatomy Through Clinical Cases* (3rd ed.). Sinauer Associates/Oxford University Press.

Neuropsychological Assessment and Methods

Lezak, M. D., Howieson, D. B., Bigler, E. D., & Tranel, D. (2012). *Neuropsychological assessment* (5th ed.). Oxford University Press.

Neuroradiology

Nadgir, R., & Yousem, D. M. (2016). *Neuroradiology : the requisites* (Fourth, Ser. The requisites series). Elsevier. .

Neuroanatomy

Blumenfeld, H. (2021). *Neuroanatomy Through Clinical Cases* (3rd ed.). Sinauer Associates/Oxford University Press.

Vanderah, T. W., & Gould, D. J. (2021). *Nolte's the human brain : an introduction to its functional anatomy* (8th ed.).

The Human Brain: Surface, Three-Dimensional Sectional Anatomy With MRI, and Blood Supply, 2nd ed. *Arch Neurol*. 2000;57(10):1529

Lifespan and Development

Donders, J. & Hunter, S. (2018). *Neuropsychological conditions across the lifespan*. Cambridge University Press.

Neuropsychological Theories and Models

Heilman, K.M. & Valenstein, E. (2011) *Clinical neuropsychology*. Oxford University Press.

Kolb, B. & Whishaw, I.Q. (2021). *Fundamentals of human neuropsychology (8th Edition)*. Worth Publishers.

Parsons, M.W. & Hammeke, T.H. (2014). *Clinical neuropsychology: A pocket handbook for assessment*. APA.

Test Construction and Research Design

Slick, D. J. (2009). *Psychometrics in neuropsychological assessment*. In E. Strauss, E. M. S. Sherman, & O.

Strauss, E. Sherman, E. & Spreen O. (2006). *A compendium of neuropsychological tests: Administration, norms, and commentary*. New York: Oxford University Press

Adams, K. M., & Waldron-Perrine, B. (2014). *Psychometrics, Test Design, and Essential Statistics*. In K. J. Stucky, M. W. Kirkwood, & J. Donders (Eds.), *Neuropsychology Study Guide & Board Review*. New York: Oxford University Press

Ethics

Fisher, C.B (2022). *Decoding the ethics code: A practical guide for psychologist (5th Edition)*. SAGE Publications, Inc.

Bush, S.S. (2018). *Ethical decision making in clinical neuropsychology (2nd Edition): American Academy of Clinical Neuropsychology Workshop Series*. Oxford University Press.

Delivering Feedback

Postal, K. & Armstrong, K. (2013). *Feedback that sticks: The art of effectively communicating neuropsychological assessment results*. Oxford.

Business

Barista, M. (2010). *The business of neuropsychology*. Oxford University Press.

Diversity and Inclusion

[Byrd et al. \(2021\)](#)

[Jeffrey M. Cory \(2020\)](#)

Supervision

Stucky, Kirk J., Doug Bodin, and Shane S. Bush (eds), *Supervision in Neuropsychology: Practical, Ethical, and Theoretical Considerations* (New York, 2022; online edn, Oxford Academic, 21 Apr. 2022), <https://doi.org/10.1093/oso/9780190088163.001.0001>

FELLOWSHIP ORIENTATION CHECKLIST

ORIENTATION AND ONBOARDING

ORIENTATION CHECKLIST

FELLOW NAME: _____ DATE: _____

PRE-ONBOARDING:

- _____ Send welcome email and onboarding details – 2 weeks before start date (HH)
- _____ Submit MCW CAR form (network, email, groups) (HH)
- _____ Submit MCW Badge form (HH)
- _____ Submit MCW Citrix Access Request (HH)
- _____ Adult Fellows: Submit FMLH CAR (EPIC, PACS) (HH)
- _____ Adult Fellows: Learning Center Access to Schedule Epic Training – FMLH (HH)
- _____ FMLH or CW Epic training (HH follow-up as needed)
- _____ Ped Fellows: Submit forms for access to CW / EPIC and others (HH/Danielle Defrancisco)
- _____ Add fellow's name to email distribution lists (JR)

ONBOARDING – FIRST DAY:

- _____ Adult Fellows: Badges/MCW and FMLH (HH) = \$5.00/badge; *resident/fellow: yellow strip
- _____ Adult Fellows: FMLH-MCW Parking (HH) = \$10.00/parking badge; bring license plate #
- _____ Adult Fellows: Access to scrubs (KN)
- _____ Ped Fellows: Badges/MCW and CW (HH)
- _____ Ped Fellows: CW-MCW Parking (HH)
- _____ I-9 Form Part 2 – 2 forms of ID w/Alison Pasky (HH)
- _____ Computer Access (MCW, FMLH) (HH)

_____ Desk supplies – pens, pencils, post-its, phone message pad, department phone lists, didactic schedule, CW, FMLH and MCW phone directories (HH)

_____ Phone/Voice Mail set up (HH)

_____ Read Neuropsychology Fellowship Handbook (HH)

_____ Complete New Faculty Employee Orientation (HR initiated – will receive email with info on 3rd day of employment)

_____ Set up myOracle Self-service (HR initiated/HH follow-up)

_____ myTime Training (HR initiated/HH follow-up)

_____ Benefits – review and sign-up (HR initiated/HH follow-

_____ up) Epic Training (HH)

DIRECTOR ORIENTATION TASKS:

_____ _____ Orientation Checklist – pass on to director (JJ)

_____ _____ Attendance policy: (ML/JJ)

Requesting time off: 1) Enter Vacation and Sick in myTime, 2) When HH gets request they forward to ML or JJ for approval, 3) a) adult fellows email Julie Janecek, Diane Van Patter, Jen Richards, and Mary Kate Reamer b) pediatric fellows email Michelle Loman, Jess Luepke and Danielle DeFrancisco

_____ _____ Benefits: (ML/JJ)

Time off for vacation and professional time: 18 days + 2 floating holidays per year (discuss planning appropriately for time off for conferences and interviews); up to 80 hours may be carried forward into the new fiscal year

Sick: Initial sick balance of 160 hours upon date of hire; accrual of 16 hours/month thereafter up to a max of 240 hours

403B: Voluntary contribution

Disability: short term disability after 7-day elimination period; long term kicks in after 180 days

FMLA: eligible in 2nd year

Paid Parental Time (up to 4 weeks to be used during an approved FMLA period that does not extend FMLA time but provides another type of pay during this time)

_____ _____ Review forms (Teams and Groups Drive) (ML/JJ)

_____ _____ Dress Code (ML/JJ)

_____ Personal phone calls/email/internet (ML/JJ)

INTRODUCTION TO FELLOWSHIP (individual meeting with PD):

_____ Didactics/Schedule

_____ Supervision of Fellows

_____ Fellow and Supervisor Evaluations and Reviews

_____ Due Process

_____ Clinical Rotations (Review Fellowship Handbook)

_____ Inpatient Consultation (adult)

_____ Professional Mentor

_____ Research Expectations/Research Mentor

_____ Role of Neuropsychology in department, hospitals, college

_____ Role in Supervision and Mentorship of Practicum Students

CLINICAL ORIENTATION ACTIVITIES:

_____ Clinic Orientation (adult, JJ/MKR/KT; peds ML/JL/DD)

_____ Observe fellows and faculty within first two weeks

_____ Get copies of example reports from fellows/faculty

_____ Obtain test list, check off tests that you are already trained on

_____ Learn tests that you do not know

_____ Learn how to manage charts (forms, stickers, purge) (AAs)

_____ Billing procedures (Stephanie/Sarah and how to documents)

_____ Schedule first case in first or second week (AAs)

- _____ _____ Application of EPIC training to clinical case (shadow fellows)
- _____ _____ Shadow fellows on inpatient consultations (adult)