
DEPARTMENT OF BEHAVIORAL MEDICINE



*San Antonio
Uniformed Services
Health Education Consortium*

*POSTDOCTORAL FELLOWSHIP IN
CLINICAL NEUROPSYCHOLOGY
HANDBOOK
2025-2026*

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**THE SAUSHEC POSTDOCTORAL FELLOWSHIP IN CLINICAL
NEUROPSYCHOLOGY (FORMERLY THE POSTDOCTORAL FELLOWSHIP IN CLINICAL
NEUROPSYCHOLOGY AT BROOKE ARMY MEDICAL CENTER) HAS BEEN ACCREDITED
BY THE APA COMMISSION ON ACCREDITATION SINCE 2009**

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INTRODUCTION

The San Antonio Uniformed Services Health Education Consortium (SAUSHEC) Postdoctoral Fellowship in Clinical Neuropsychology is offered at the San Antonio Military Medical Center (SAMMC), Joint Base San Antonio, Fort Sam Houston, Texas. SAMMC is part of a larger Army healthcare delivery system referred to as the Brooke Army Medical Center (BAMC). The training curriculum provides an integrated program of study using a Scientist-Practitioner model. The modalities for training include supervised clinical practice, didactic seminars, case conferences, grand rounds, workshops, and national conferences. The BAMC mission is to promote health and provide quality, compassionate, patient-centered care while developing healthcare professionals and optimizing readiness. The BAMC mission emphasizes three major areas of health care: direct patient care, graduate health care education, and combat health care. The Postdoctoral Fellowship provides advanced specialty training in Clinical Neuropsychology. The goal of the Fellowship is to train fellows to become board certified neuropsychologists who are uniquely qualified to work in military-related settings.

BAMC provides safe, quality, evidence-based care to military service members, their families, veterans and civilian emergency patients and is the most robust and productive healthcare organization within the Military Health System (MHS). Both inpatient and outpatient services are provided by approximately 8,500 staff members, including active-duty military personnel from each of the uniformed services, Public Health personnel, federal civilians, contract employees, and volunteers.

BAMC is part of the San Antonio Military Medical Center (SAMMC), the largest military hospital in the Nation, designed to care for up to 425 inpatients. As the sole verified Level I Trauma Center within the Department of Defense (DoD), SAMMC simultaneously provides emergency services during 80,000 Emergency Department visits annually and serves as the premier medical readiness training platform for both the Army and the Air Force.

BAMC providers also care for more than 4,000 patients each day during visits to its five separate outpatient clinics. Prominent on the hospital campus, and surrounded by four Fisher Houses, the four-story Center for the Intrepid (CFI) stands as a pre-eminent extremity injury rehabilitation center.

As a proud partner within the San Antonio Military Health System (SAMHS), BAMC facilities provide comprehensive care for more than 250,000 military beneficiaries living throughout the area. BAMC and its Air Force partner, the Wilford Hall Ambulatory Surgical Center on Lackland Air Force Base, forged the SAMHS to optimize military medical resources in and around Joint Base San Antonio.

The Department of Behavioral Health (DBH) is an independent department within the hospital. The Mission of the DBH is to provide comprehensive quality behavioral healthcare to patients through individualized and evidenced-based care, and to build

strategic partnerships that enhance continuity of care, capacity and resilience. The Department Vision is to lead the way in patient care through compassion, availability and advocacy.

The DBH is spread across multiple locations on Ft Sam Houston, and includes the Warrior Behavioral Health Service, Campus Behavioral Health Service, Social Work Case Management Services, Family Advocacy Program, Warrior Transition Battalion, Social Work Service, and Army Substance Abuse Program. The Inpatient Psychiatry Service, Intensive Outpatient Behavioral Health Program, Child & Adolescent Behavioral Health Services, Clinical Health Psychology Services, and the Clinical Neuropsychology Service are physically located in Brooke Army Medical Center.

In addition to the Postdoctoral Fellowship in Clinical Neuropsychology, the DBH supports postdoctoral training programs in Child/Pediatric Psychology, and Clinical and Organizational Psychology, as well as an APA-accredited internship in Clinical Psychology. In accordance with APA terminology, the programs are designated as Postdoctoral Residency programs but are also known within BAMC as Postdoctoral Fellowship programs. The postdoctoral programs prepare fellows to practice within military medical settings or the broader civilian community to develop, direct, and implement clinical programs in their area of specialty; conduct research, educate, consult, and collaborate with other healthcare professionals. The goal of the residency programs is to provide fellows with broad-base competence within their areas of specialty care and prepare them to face the challenges that accompany practice within military medical settings.

The Postdoctoral Fellowship in Clinical Neuropsychology is one of six Behavioral Medical education programs, among a variety of Allied Health Education Programs (including Clinical Pastoral, Emergency Medicine Physician Assistant (EMPA), Graduate Program in Nutrition, Primary Eye Care, Pharmacy Residency, and Physical Rehabilitation/Physical Therapy), within the broad San Antonio Uniformed Services Health Education Consortium (SAUSHEC), which has as its mission, to “Graduate physicians and allied health specialists who are qualified, competent and morally and ethically suited for medical careers in the uniformed services of the United States.”

Additionally, the BAMC Postdoctoral Fellowship in Clinical Neuropsychology has an agreement with the South Texas Veterans Health Care System (STVHCS) in which we swap second year fellows for a mini rotation of 2 months.

Neuropsychology Fellows are strongly encouraged to familiarize themselves with information and policies relating to graduate education programs at SAMMC, found on the SAUSHEC website at:

<http://www.bamc.amedd.army.mil/saushec/>

TRAINING GOALS AND OBJECTIVES

The goals of the SAUSHEC Postdoctoral Fellowship in Clinical Neuropsychology are to provide clinical, didactic, research, and academic training in order to:

1. Produce an advanced level of competence in the specialty of neuropsychology
2. Complete the education and training necessary for independent practice in the specialty
3. Prepare fellows for board certification in Clinical Neuropsychology by the American Board of Professional Psychology/American Board of Clinical Neuropsychology
4. Develop specific skills relating to the unique applications of clinical neuropsychology in the military environment.

The SAUSHEC Postdoctoral Fellowship in Clinical Neuropsychology seeks to accomplish these goals through a structured two-year training program incorporating:

1. Clinical experience with a diverse patient population in a variety of clinical settings, supervised by ABPP certified (or board eligible) specialists in Clinical Neuropsychology
2. A wide range of high quality didactic educational activities
3. Scholarly activity
4. Regularly scheduled evaluation of the fellow's progress and competency

The major objectives of training are the development of

Foundational competencies in:

Scientific Knowledge & Methods, Evidence Based Practice, Individual and Cultural Diversity, Ethical Legal Standards & Policy, Professionalism, Relationships, Interdisciplinary Systems, and Reflective Practice/Self-Assessment/Self-Care

and

Functional competencies in:

Assessment, Consultation, and Intervention

The program adheres to guidelines and regulations of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), including the APA Division 40 definition of a clinical neuropsychologist and Houston Conference Guidelines. The program follows a Scientist-Practitioner model. At least 60% of the Fellows' time is spent in clinical service, at least 10% in clinical research, and at least 20% in educational activities.

SELECTION CRITERIA AND APPLICATION

The Fellowship started as a civilian program in 2008. Although located in a military medical center, civilian fellows were hired as civil service employees with no obligation to join or work for the Department of Defense after completion of their Fellowship. Over time the Postdoctoral Fellowship in Clinical Neuropsychology has evolved primarily into

a training program for active-duty Army and Air Force psychologists. The last civilian postdoctoral fellow is expected to graduate in 2016.

To be considered for the postdoctoral Fellowship in Clinical Neuropsychology, the applicant must be a citizen of the United States and must have completed an APA accredited graduate program in Clinical or Counseling Psychology. Applicants must have also completed an APA accredited internship program. It is advantageous for applicants to have had coursework in neuropsychology and neurosciences in graduate school and clinical experience in neuropsychology during the internship year. The military beneficiary population includes a wide range of cultural and ethnic groups. Knowledge and experience in cultural and individual diversity is therefore highly desirable.

The SAUSHEC Postdoctoral Fellowship in Clinical Neuropsychology is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Civilian fellows were previously selected through the annual APPCN Match. Active-duty Army and Air Force fellows are selected each year by special selection panels that consider various aspects of the applicants' backgrounds and military careers. While the Program Director (PD) may review applications, interview candidates by phone, and provide input to the selection panels, the PD is not a member of the panels and does not participate directly in the selection process. Selection panels typically convene approximately 10 months (Air Force) to 14 months (Army) before the start of Fellowship, making early awareness, preparation, and application essential.

The United States government is a non-discriminatory, affirmative action employer. Federal law prohibits discrimination based on age, sex, race, creed, color, religion, handicap or national origin.

Army applicants can find additional information regarding the application process at the United States Army Human Resource Command (HRC), Long Term Health Education and Training (LTHET) website:

<https://www.hrc.army.mil/officer/long%20term%20health%20education%20ahrc-oph-poh>

Air Force applicants can find additional information regarding the application process at the Air Force Medical Service (AFMS) Knowledge Exchange, BSC Education Branch website:

<https://kx2.afms.mil/kj/kx3/afbsceducation/Pages/home.aspx>

GENERAL INFORMATION

Stipend – Active-duty military fellows receive their regular military pay and entitlements based on rank and time in service. There are no additional stipends or special pay for military fellows.

Total Hours Requirement – Fellows are required to complete two years of full-time education and training. Workshops and seminars attended off-site as part of the Fellowship program count toward the requirement. Fellows are expected to complete approximately 2000 hours of training per year, or the equivalent of 50 forty-hour work weeks annually. Leave requests are submitted to the Program Director for coordination and approval. Required leave documentation/paperwork is submitted through regular military administrative support channels.

Prolonged absences from training for other than medical purposes: Prolonged absences (i.e., six months or more, consecutive or cumulative in duration) from training of fellows, which cannot be made up within the standard two-year fellowship training time, will result in removal from fellowship training. Fellows should be aware that DoD policy requires that an individual who has an extension of training for other than medical purposes will incur an additional military obligation. Individuals who are removed from training may apply to return to training at a later date, but such return is not assured. Fellows with planned absences that may result in program extensions should discuss this with the Program Director early in the academic year. The Program Director may be able to arrange alternative rotations, but the fellow must complete the core requirements of the fellowship. In addition, the Program Director must be confident that fellows meet training requirements for the APA CoA and respective specialty board.

Physical Facilities and Training Resources – The Postdoctoral Fellowship in Clinical Neuropsychology is located in the outpatient Neuropsychology Service, located on the second floor (Military Mall) of SAMMC. The clinic is housed in the newer section of the hospital, and consists of nine provider offices, four testing offices equipped with testing computers and materials, a small conference room/office for rotating clinical psychology interns, an appointment desk with waiting room, records room, supply closet, staff lounge, and two restrooms.

Second year fellows currently have private offices, while first year fellows currently share an office with separate workstations. All offices are furnished with office furniture, bookshelves, locked cabinets to secure sensitive information and personal belongings, computers, and telephones. All providers, including fellows, have ready access to treatment and testing rooms.

Each fellow has access to a personal computer with productivity software, email, Internet access, and access to a centrally located printer. Testing offices are equipped with both a networked computer and a stand-alone testing computer with commercial neuropsychological testing software installed.

All patient files will be stored within the file room within the outpatient Neuropsychology Service when not in use. No patient files will be store in fellow offices in order to protect HIPAA. Access to this file room is with BAMC badge access.

Library Holdings – The merged Medical Libraries at SAMMC and WHASC (on Lackland Air Force Base) provide services to personnel in the Army and Air Force. This gives the

SAMMC library access to a collection of 11,000 books, 23,000 bound journals, over 800 current subscriptions, 1500 audiovisuals, and over 8,000 online full-text titles. Books, bound journals, and audiovisuals circulate, to registered users, for 2 weeks and can be renewed for longer periods.

The electronic resources list on the Medical Library webpage may be used to locate print books and journals with links to online resources. Remote access to all library resources is available through Athens. The MEDCOM Library Program, AMEDD Virtual Library, includes links to databases like PubMed, OVID Web, STAT!Ref, UpToDate; and AKO (Army Knowledge Online), with remote access to specific databases, digital Army Library service, and more. Professional journal articles are frequently available for immediate download using existing Medical Library subscriptions or can be obtained via interlibrary loan.

The Neuropsychology Service/Postdoctoral Fellowship has a growing library of neuropsychology hardcopy texts and reference materials, as well as an ever-expanding collection (currently over 660 files) of digital journal articles related to clinical neuropsychology, sorted into topical folders, and stored on a central SAMMC shared drive. Staff and fellows are encouraged to add helpful articles they come across to the electronic library. The library is located at the Garden Entrance. Librarians are available via email at any time usarmy.jbsa.medcom-bamc.mbx.medlib@health.mil.

Duty Hours – Standard duty hours are from 7:30 to 4:30, Monday through Friday, with the exception of Federal Holidays and designated military Training Holidays. Lunch breaks are one hour. Anticipated variations must be approved by the Program Director. Fellows may not see patients outside normal duty hours or significantly vary their work schedule without prior approval of the Program Director. Supervisors must be available for consultation, either in person or by phone or pager, on days when patients are seen in the clinic.

Annual Leave –Federal law provides 15 days of leave per fiscal year for active-duty military personnel. Military members can carry over a maximum of 15 days of leave into the next fiscal year. Fellows must have accrued leave in order to use it. Requests for advance leave for emergency reasons must be coordinated with the Program Director. Justification for taking leave is not required, however all leave requests must be approved by the Program Director, or in his/her absence, by the Neuropsychology Service Chief. All fellows receive the ten federal holidays (80 hours). Federal holiday hours count toward the two-year, full-time training requirement.

Fellows are expected to exercise professionalism in the use of leave, to consider clinical implications, and to communicate requests for leave to the Program Director and all affected supervisors in a timely fashion. When fellows must take unplanned leave in cases of illness or personal emergencies, they are to inform, via telephone or e-mail, the Program Director and all affected supervisors, to ensure appropriate coverage for patients.

Sick Leave –This leave can be used for personal illness, medical/dental care, pregnancy, or to care for immediate family members who are ill or injured. Fellows may be required to submit a physician’s note documenting the care or illness for repeated or lengthy use of sick leave or if three or more consecutive days are taken. Convalescent Leave (sick leave) for military fellows is granted for cause in accordance with the Leave and Pass Policy Section of the SAUSHEC GME Policy Manual and DoD regulations.

Other Authorized Absences – Policies regarding other work absences (e.g., Parental Leave, Family Medical Leave, Permissive TDY, absences for professional development) are outlined in the SAUSHEC GME Policy Manual. Authorized absences may be requested for licensure-related activities, graduation or job interviews and will be considered as part of fellows’ professional development. Annual leave, earned compensatory time, or holiday time will be used for these absences. Absence of more than 4 weeks from program-approved curriculum training in any given academic year may result in an extension in training to ensure the fellow meets expected program requirements.

Unscheduled Absences – Absences due to emergencies or illness should be reported as soon as possible. When unexpected absence occurs, the following procedure should be followed: 1) Inform the Program Director or current rotation supervisor to inform him/her of the absence. 2) Call the front desk of the Neuropsychology Service at (210) 916-7641 so scheduled patients can be informed that their provider will not be available. Fellows are responsible for arranging to have their patients rescheduled or seen by other providers.

Orientation – The initial two weeks of the Fellowship will be spent orienting fellows to the medical center, department, and fellowship program. Fellows are required to in-process through both the military unit to which they are assigned (if active duty) and the Medical Center/Department of Behavioral Medicine. Fellows will receive assistance to obtain hospital security badges and computer access. All new staff are required to attend Newcomers’ Orientation. Orientation will include familiarization and training on automation and administrative procedures. Also, during this period, the Program Director will orient new fellows to the training program and provide them with the SAUSHEC Due Process Policy, SAUSHEC Grievance Policy, SAUSHEC Resident Training Agreement, Neuropsychology Fellowship Handbook, and Neuropsychology Fellow Evaluation Form.

Inprocessing - Fellows are expected to inprocess through BAMC SAUSHEC as well as through their respective branches.

Before arriving:

List of GAHE in-processing documents

- List of items to collect from Trainee (email all to Ms. Jennifer McKenzie, program coordinator, jennifer.a.mckenzie3.civ@health.mil)
 - DATAFACT Sheet (fill-out completely)
 - GENESIS EHR Request Sheet:

- Ensure the Primary role is correct, and if any additional roles needed; need NPI number; DEA number also if required, check iAccess block if attend ER/OR rooms
 - NOTE: PD and Trainee digitally sign bottom pg3.**
 - (Fill-out correctly and has to be digitally signed)**
- Authorization to Obtain Release of Information (sign/date)
- BAMC form 1297 (fill-out completely):
 - Ensure to email the link on the document- Trainee will then receive **NEO training via Relias**
- Orders
- Prior Training (Diploma/Transcript)
- Current BLS Card (if expired need a new within 30 days. PD/APD/PC will schedule a date)
- DTS Attached/Detached from organization form
- Once documents are complete send to Ms. McKenzie and those below:
 - DATAFACT Sheet
 - Email digital copy to Mr. Burks: kenneth.r.burks.civ@mail.mil and (GME Registrars):
 - Army - usarmy.jbsa.medcom-bamc.mbx.bamc-saushecregistrar@mail.mil
 - Air Force - usaf.jbsa.59-mdw.mbx.ge-saushec@mail.mil
 - GENESIS EHR Request
 - Email signed copy to Mr. Burks - NOTE: Do not send to IMD until Mr. Burks notified by PD/APD/PC that the Trainee BOP has been processed to IMD. Once submitted Trainee will receive GENESIS CBTs through JKO. Once completed, the TRM team will schedule user's Instructor Led Training (ILTs), Once completed IMD will grant access to GENESIS.
 - Authorization to Obtain Release form – email Mr. Burks
 - Orders – email Mr. Burks
 - Prior Training –email Mr. Burks
 - Current BLS – email Mr. Burks
 - Ensure that your GTS is set to BAMC

Preparation for Clinical Practice – Testing – The Program Director and other supervisors ensure that fellows are proficient in neuropsychological tests. Fellows must complete practice administration of all tests deemed essential by the Program Director to the second-year fellows. If the fellow does not feel comfortable or familiar with a test, they are expected to read the test manual and practice with psychometrist or other fellows. Fellows will not be signed off of each test until they are proficient in administration and scoring.

Fellow Training Files – The Program Director maintains six-part training folders for each Fellow, which include the following information: 1) Documentation of previous training (e.g., CV, internship certificate, transcripts, diplomas, licenses, letters of recommendation, BLS training certificates, NPI number), 2) Current position information (e.g., job description, hiring documents, welcome letter, signed training agreement and

due process statement, documentation of orientation), 3) Evaluations (e.g., civil service or military evaluations, rotation evaluations, peer recommendations for the BAMC Credentials Office) 4) Training documentation (e.g., course descriptions and/or certificates for extracurricular training, APPCN resident exam, National Academy of Neuropsychology (NAN) Neuroanatomy Course certificate, video-teleconference presentations), 5) Research relevant information (e.g., CITI training certificate, IRB paperwork, research proposal, research results, publications or posters), 6) graduation/program completion certificate, letters of recommendation relating to fellowship experience, correspondence. Fellows will work collaboratively with the Program Director to ensure that relevant documentation is included their training folders. Training folders are expected to expand during the course of the fellowship as additional training experiences are documented.

Security Badges – Fellows are issued hospital security badges during orientation week, which are obtained in the Provost Marshall's Office. These photo badges authorize access to designated areas of the hospital. The badge must be worn at all times when in the hospital. Lost badges should be reported immediately to the Provost Marshall's Office, SAMMC Room L39-14, 916-0978. Badges allow access to the clinic and secured medical chart areas relevant to clinical work that are behind two locked doors per standards. Badges also provide access to other medical sections around the hospital necessary for various rotations and training opportunities.

Neuropsychology Technicians – The Neuropsychology Service currently has one trained psychometrist who are available to assist with test administration and scoring, ordering testing supplies, and other clinical/administrative functions. Once proficient in test administration, fellows are encouraged to work closely with technicians to ensure that all neuropsychological tests are correctly administered and scored. Technicians also provide valuable behavioral observations of the patients with whom they work.

Psychological Test Materials – Testing offices are equipped with a wide range of neuropsychological and psychological test equipment. Testing Room 2 (room 227-19) has been designated the fellows testing room. Test materials, manuals, etc., should not be removed from technicians' offices without their knowledge and consent, and all materials should be returned as soon as possible after use. Fellows are asked to notify the Program Director or Neuropsychology Service Chief if they notice that any testing materials are in short supply, or if they would like to order test materials that are not currently in stock. The use and storage of psychological test materials are governed by AR 40-3, Chapter 11, Use and Control of Psychological Test Materials.

Administrative Support – The Department of Behavioral Medicine (DBM) has various administrative support staff who perform the necessary duties to keep a busy department running smoothly. DBM Administrative Support Assistants are dedicated to serving the training programs in the Department and are available to answer questions and assist fellows with administrative matters. The Neuropsychology Service has a dedicated office assistant who manages appointment booking, checking in patients, answering phones, and assisting with other administrative responsibilities. Ms. Jimenez is our primary office

assistant. Fellows are expected to communicate with her for scheduling needs (maribel.jimenez16.civ@health.mil).

Emergency Procedures – In the event a staff member feels a high-risk situation is developing while in session, and personal safety is a concern:

- 1) Call the Neuropsychology Service front desk at 916-7641 and say, “Please hold all my calls.” The front desk will call BAMC Police at 916-0999/0799, or the Staff Duty Officer at 916-4141/2500 and ask for immediate assistance, providing the location of the disturbance and any other important information, as available.
- 2) Follow procedures outlined in the BAMC Emergency Operations Plan:

When dealing with an unarmed assailant:

- (a) Keep distance from the assailant.
- (b) Protect/defend self.

Recommended secondary responses include:

- (a) Attempt to verbally deescalate the assailant.
- (b) Put distance/barrier between self and assailant, or return force, as necessary, for personal safety.

When dealing with an armed assailant:

- (a) Stay calm! Warn others to stay clear.
- (b) Seek cover and protection.

In any dangerous situation:

- (a) Only get involved when your own life or others are at risk and involvement is a logical, relatively safe option considering other options/choices being made.
- (b) Follow-up. Provide aide to injured persons, if possible. Remain observant. Complete an Incident Report if requested by law enforcement.

Fire Safety Procedures – Fellows will complete training on BAMC fire and safety procedures in APEQS. Fellows are required to know the fire zone code for their duty location, as well as fire safety procedures in the event of a fire alarm. Fire safety procedures are outlined on hospital security badges.

Infection Control – All fellows receive training in infection control procedures via APEQS. Fellows should be familiar with these procedures as they apply to their practice.

BLS – Fellows are required to maintain a current certification in basic life support (BLS). BAMC provides BLS training and certification on a regular basis. BLS Training is managed by the BAMC Department of Medical Education.

Computer Use – Fellows use computers for word-processing, workload accountability, patient appointments, and other required procedures. Each fellow will have a computer available for use in his or her office. Current HIPAA and Information Security training are

required for computer access. CAC (Common Access Cards) are issued to fellows during in-processing and are used to access the BAMC computer network. It is imperative that Common Access Cards be removed when leaving workstations. Loss of the CAC must be reported to BAMC Provost Marshall, and the Information Management Division (IMD) Security Office. BAMC maintains strict computer security procedures and sharing of passwords is strictly forbidden.

Fellows may use their email accounts to access the Internet for professional development purposes, subject to ensuring that primary duties and mission are accomplished. Users are also permitted to use Government-owned computers for other personal reasons such as routine e-mail correspondence; but may do this only before and after work hours, during lunch periods, or other authorized breaks during the workday. However, conducting personal business for profit (trading stocks, sending chain letters, etc.) or accessing pornography is strictly forbidden and will result in immediate termination of employment. Government communication resources are subject to monitoring for information assurance (IA) purposes at all times, and use of these systems constitutes consent to monitoring.

Genesis – All patient appointments and most patient records are maintained in MHS Genesis. Training in the use of these systems will be provided during hospital orientation. Fellows are responsible for ensuring that all patient contacts/visits are accounted for and properly documented and meet minimum requirements for direct patient contacts. Each individual is required to abide by the regulations and authority governing protection of patient information as it applies to use of Genesis.

DMHRSi – The Defense Medical Human Resource System Initiative (DMHRSi) is a tri-service information system for use in military hospitals and clinics to facilitate patient care and manage human resource programs. It is used to provide information regarding medical personnel readiness, training, workload and financial reporting and other human resource requirements. Fellows are required to provide workload information for entry into this system every two weeks. Training will occur during orientation.

Dress – Military fellows are expected to wear uniform of the day to work. Military fellows are allowed to wear BAMC specific civilian clothing on specified dates set by BAMC leadership. VA fellows are expected to dress professionally. Such attire may include casual business clothes. Shorts, jeans, T-shirts, halters, sleeveless shirts, tank-tops, flip-flops, tennis shoes or other non-professional attire are not acceptable, unless approved for special events.

Conduct and Ethics – Interactions with supervisors, peers, interns, staff, hospital personnel and patients should be professional and respectful. All fellows are expected to abide by the APA's *Ethical Principles of Psychologists and Code of Conduct*. The most recent version of the *Ethical Principles* is available at www.apa.org. In addition, as part of training in a military hospital, the practice of specific decorum and use of ranks and professional titles should be observed; training on these issues will take place during orientation.

Fellows should never accept gifts or monetary reimbursement from patients. In addition, representatives from pharmaceutical companies and other product representatives often offer promotional gifts and/or incentives. There are monetary limitations on these gifts; check with your supervisor or Program Director before accepting items that appear to be excessive (generally, pads of paper, pens, magnets, etc., are acceptable). Notify your primary supervisor, Program Director, or the Chief, Department of Behavioral Medicine if you are asked to engage in any unethical behavior or have questions about ethical issues. Serious conduct or ethical violations could be grounds for termination of training.

Clinical Privileges – Fellows only see patients under the direct supervision of a licensed psychologist with clinical privileges, even if the fellow is licensed. All patients must be informed that fellows are working under supervision. In addition, patients may be provided the name and phone number of the supervisor upon request. Supervisors are required to meet all patients seen by fellows. Patients are booked into Genesis under the name of the clinical supervisor, who assumes responsibility for all patient encounters. Fellows document all patient encounters within 24 hours and enter final neuropsychological reports into Genesis. All encounter notes must be signed by the supervising provider within 72 hours.

Patient Files – All patient information is to remain confidential, in compliance with HIPAA and Department of Defense (DoD) directives. Testing materials and other case relevant documentation is maintained in confidential patient files and is the property of the government and should not be released to patients or other parties. Final reports may be sent to referring providers and MEB/TDRL Boards as appropriate. Patient information may also be released to outside providers, such as VA doctors, for continuity of care purposes. Patients may sign a Release of Information to have their information, including final reports, sent to designated providers outside the military medical system. Release of final neuropsychological reports to patients is at the discretion of the provider, based on the interests and welfare of the patient. Patients may request copies of their clinical records through the Patient Administration Division. Formal requests for mental health records are forwarded to the Department of Behavioral Medicine, where the provider gives final approval for release.

Confidentiality – The Uniformed Code of Military Justice does not allow active-duty patients the same degree of protection of confidentiality granted in civilian settings. However, protection of patient information is provided to the fullest extent possible. Instructions and guidelines regarding the limits of confidentiality in the military setting will be provided during orientation. It is expected that Fellows will adhere to HIPAA guidelines for the protection of private patient information. HIPAA training must be completed in APEQS during orientation. Fellows will be given additional instructions on limits of confidentiality in the military during orientation.

Staff/Fellow Relations – Fellows are encouraged to maintain an open dialogue with supervisors about the training experience. In addition to the formal evaluations provided throughout the year, regular informal supervision/feedback will be provided. Fellows are

valued and respected members of the Department, and function in a teaching and mentoring role with the pre-doctoral interns. Although friendly relationships often develop during the Fellowship, staff and Fellows are advised to guard against dual relationships which may interfere with the flow of feedback and or hamper the learning process.

DIDACTICS

The SAUSHEC Postdoctoral Fellowship in Clinical Neuropsychology is fortunate to have a wide range of resources available for didactic learning.

Joint Clinical Neuropsychology Fellowship Training VTC:

Fellows attend a weekly, multi-site video teleconference (VTC) jointly sponsored by BAMC, Walter Reed National Military Medical Center, and other national neuropsychology postdoctoral fellowship programs. Other fellowship sites currently participating in the VTC include the Washington VA Medical Center, Baltimore VA Medical Center, National Rehabilitation Hospital in Washington D.C., Baylor Institute of Rehabilitation, Phoenix VA Medical Center, and Neuropsychology Associates of Fairfax, Virginia. The two-year VTC curriculum covers four major topic areas, roughly corresponding to four academic semesters, including:

- Neurobehavioral Syndromes
- Conceptual Foundations of Clinical Neuropsychology
- Psychometric Properties of Specific Neuropsychological Procedures
- Neuropsychological Aspects of Specific Diseases

Readings on “Military Relevant Topics” are also included each year, and “Special Topic” presentations/seminars are traditionally provided by VTC staff or invited neuropsychologists during the summer term.

The Neuropsychology VTC meets for two hours each week on Thursdays. The first hour is a “reading seminar,” during which fellows and staff discuss assigned readings for the week. The readings including pre-selected articles from professional journals and/or chapters from neuropsychology texts. Participation is expected including coming to each week with questions for the group.

The second hour of the VTC is a case presentation, during which one fellow per week presents a case he/she has recently seen, including a review of the patient’s history, relevant medical and psychosocial information, and neuropsychological test results. The case is conceptualized by the presenter and the group, and treatment/intervention recommendations are discussed. Twice per month, in lieu of a case presentation, second-year fellows participate in “fact finding” exercises, modeled after the American Board of Clinical Neuropsychology (ABCN) board certification oral examination. This exercise provides fellows an opportunity to participate in a simulated case conceptualization exercise in a friendly, supportive environment, to help them prepare for their own future board exams.

In addition to the weekly VTC, which is the cornerstone didactic program of the SAUSHEC Postdoctoral Fellowship, fellows have opportunities to participate in a variety of other training and educational opportunities throughout the year, including:

Fellowship Didactic Meetings:

The Program Director, other Neuropsychology Service faculty members who supervise fellows, and psychometrists meet weekly for planning, coordination, and training. Fellows and staff take turns each week providing instruction on topics of practical interest, including reviews of neuropsychological tests (e.g., their specific uses, merits, psychometric properties, administration and scoring, interpretation) or recent developments in neuropsychological research or clinical practice. Fellows and staff also take turns each week presenting the cases of patients they have recently evaluated, with an emphasis on test interpretation, case conceptualization, understanding of neuromedical and neuropsychiatric disorders and treatment planning/recommendations.

South Texas Veterans Health Care System Neuropsychology Grand Rounds:

The Audie L. Murphy Memorial VA Hospital in San Antonio sponsors neuropsychology Grand Rounds once per month, typically on the second Friday of each month. Guest speakers present on topics of interest to neuropsychologists, and APA approved continuing education credit is offered.

National Academy of Neuropsychology (NAN) On-line Neuroanatomy Course:

Fellows are required to complete the NAN Neuroanatomy DistanCE learning course. The goal of this 15-week course is to provide students with a working knowledge of the basic neuroanatomic structures of the central nervous system. Clinical cases are presented to help solidify the anatomical facts. The Course Director is Dr. Gregory P. Lee, Ph.D., Professor at the Georgia Health Sciences University. The text current used for the course is Blumenfeld, H. (2010). Neuroanatomy Through Clinical Cases, Third Edition.

Distinguished Visitor Professor (DVP) Workshops: The SAUSHEC Postdoctoral Fellowship in Clinical Neuropsychology generally invites one Distinguished Visiting Professor (DVP) each year, typically a nationally known neuropsychologist, to present on a topic of interest and professional relevance. The Neuropsychology DVPs usually present one to two-day seminars, and block time for individual and/or group consultations with staff and fellows. Other DVPs who present on topics of interest to Neuropsychology fellows are also periodically invited to San Antonio by the Warrior Resiliency Program, Brain Injury Rehabilitation Center, Defense and Veterans Brain Injury Center, Department of Behavioral Medicine, and University of Texas Health Sciences Center.

FELLOWSHIP REQUIREMENTS

The Postdoctoral Fellowship in Clinical Neuropsychology provides training experiences designed to develop advanced knowledge of brain-behavior relationships, with a focus on the following Foundational Competencies: Scientific Knowledge & Methods, Evidence

Based Practice, Individual and Cultural Diversity, Ethical Legal Standards & Policies, Professionalism, Relationships, Interdisciplinary Systems, and Reflective Practice/Self-Assessment/Self-Care. Neuropsychology specific Functional Competencies are also emphasized, including Assessment, Consultation, and Intervention. The Foundational and Functional Competencies emphasized by the Fellowship are those identified as requisite for board certification by the American Board of Clinical Neuropsychology. The SAUSHEC Fellowship specializes in applications of clinical neuropsychology in the military population. Fellow evaluations and program exit criteria are based on demonstrated mastery of the core Foundational and Functional Competencies, as determined by the Program Director and rotation supervisors.

Patient Contact: Fellows are expected to spend at least 60% of their time in direct patient care activities (clinical service). Activities will vary depending on the rotation but typically include conducting neuropsychological evaluations and interventions. The Fellowship does not require a specific number of neuropsychological evaluations to be completed, since evaluations will vary widely in scope, and requirements for evaluation versus intervention will vary across rotations. In general, however, fellows will typically complete two comprehensive neuropsychological evaluations per week. The Program Director and assigned supervisor(s) will assist fellows in achieving this goal. Fellows are responsible for ensuring that all patient encounters are documented in Genesis within 24 hours, and that all completed evaluations are entered into Genesis.

Didactic Training: Fellows are required to attend weekly training activities, including Fellowship Didactic Meetings, and Neuropsychology Reading/Case Conference VTC Seminars. Fellows are also required to complete the National Academy of Neuropsychology NAN-online DistanCE Neuroanatomy Course. Additionally, workshops/seminars may be scheduled throughout the training year, for which attendance will be required. Other training opportunities will be available through Grand Rounds and other hospital and community offerings.

Teaching: Teaching and supervising are important components of the Fellowship program. Fellows may help train psychometricians and are required to serve as supervisors for pre-doctoral psychology interns. Fellows provide instruction on neuropsychological testing/assessment, present clinical cases during weekly Fellowship Committee Meetings, and take turns leading reading seminar discussions and presenting cases as part of the multi-site Neuropsychology VTC. Fellows are encouraged to take advantage of other opportunities to teach/present that may arise during the course of their fellowship.

Additionally, once per month, the fellow who is assigned currently on the outpatient rotation is responsible for instructing the ADHD psychoeducation class. This is conducted in the Urology conference room (directly next to our clinic). Notes for this class should be entered the same day. Templates for these psychoeducation notes are in the Fellowship shared drive.

Research: Each fellow is expected to actively participate in scholarly activities. Completion of at least one independent research project is required for graduation. While collaboration on preexisting research projects is permitted, fellows must assume primary responsibility for a facet of the project. Fellows joining an existing study must write an original proposal, conduct a data analysis, and write up the study's findings/conclusions. Non-traditional research projects, including program or test development projects, may be approved by the Program Director. Such projects require a statement of program need, literature review, program implementation, and review. Submission of research projects for publication or poster presentation at a national professional conference is required prior to graduation. Submission to additional conferences is encouraged. All research practice is expected to be in compliance with APA research ethical standards section 8 of APA Ethics Code <https://www.apa.org/ethics/code>.

Rotations: The SAUSHEC Postdoctoral Fellowship in Clinical Neuropsychology spans a two-year period, including rotations that provide education and training activities that are cumulative, graduated in complexity, and structured. The primary training method on each rotation is supervised service delivery in direct contact with service recipients and promotes socialization into the profession of neuropsychology, although each rotation offers unique opportunities and training experiences.

New fellows begin their training in one of two main rotations: the outpatient Neuropsychology Service at SAMMC or the Brain Injury Rehabilitation Service clinic (BIRS). Each rotation is 3 months.

The outpatient Neuropsychology Service consists of emphasis on development and refinement of assessment, diagnostic, and consultation skills. Patient referrals are received from various departments throughout the San Antonio Military Health System (SAMHS) for evaluation of a wide range of conditions, including traumatic brain injury, neurological diseases and disorders, cerebrovascular disorders, psychiatric conditions including PTSD, mood, anxiety, and somatoform disorders, and a wide range of developmental and degenerative conditions. Additionally, first year fellows will work with second year VA fellow for 2 months of their outpatient rotation.

The Brain Injury Rehabilitation rotation gives fellows the opportunity to work in a multidisciplinary therapeutic milieu, where they participate in assessment, consultation, treatment planning, and cognitive rehabilitation for patients with moderate to severe brain injuries, who often have co-morbid psychological diagnoses including PTSD. Fellows have the opportunity to lead educational and support groups for patients coping with life-altering brain injuries and their family members.

For both rotations, services are provided to a diverse adult population, including active-duty military personnel, retirees, and family members. A wide range of ethnic groups are represented. Fellows review electronic medical records, conduct clinical interviews, select, administer, score, and interpret neuropsychological and psychological tests, participate in case conceptualization, develop recommendations, write reports, and provide feedback to patients. Individual supervision is provided by staff

neuropsychologists on all cases. Fellows also advise military Medical Evaluation and Disability Boards on service members' "fitness for duty" and level of cognitive and functional impairment.

An expanded range of clinical and training opportunities are available during the second year of the Fellowship. Fellows complete two-month rotations at the South Texas Veterans Health Care System (STVHCS) Audie L. Murphy Memorial VA Hospital in San Antonio, Neurologic trauma ICU Rounds shadowing, and a "Supervision" rotation in the outpatient Neuropsychology Service or outpatient WHASC mental health clinic. Each of these minor rotations and experiences exposes fellows to additional learning opportunities and responsibilities, as well as diverse patient populations, neuropsychological assessment techniques, supervisory styles, and intervention modalities.

The South Texas Veterans Health Care System VA rotation provides fellows greater exposure to a geriatric population, as well as patients with complex medical, psychiatric, psychosocial, and substance abuse histories. The mission of the Neuropsychology Service at the VA is to accurately diagnose and effectively treat veterans presenting for neuropsychological services and to provide practical recommendations that will ensure safety while optimizing quality of life.

Trauma ICU rounds shadowing in the 2T BAMC Trauma ICU will occur Tuesdays from 0830 to 1100. This provides fellows the opportunity to shadow the neurology team attempted to traumatic brain injury cases and round with the medical team. Fellows will receive the opportunity to be a part of this multidisciplinary team and gain inpatient experience within the medical model.

The "Supervision" rotation in the outpatient SAMMC Neuropsychology Service/outpatient WHASC mental health clinic, provides fellows the opportunity to directly train and supervise pre-doctoral Clinical Psychology interns who are completing their Neuropsychology Service rotations. Fellows teach interns the basics of neuropsychological assessment and report writing. "Tiered supervision" is provided so fellows receive guidance and feedback from a staff neuropsychologist regarding their performance as supervisors. Additionally, fellows participate in supervising and training of psychometrists within the outpatient Neuropsychology clinic.

SUPERVISION

Each fellow has at least two supervisors during the first year of fellowship. The Program Director is the primary supervisor, and other staff neuropsychologist also serve as supervisors. The Clinical Neuropsychologist in the BIRS clinic, Dr. Russell Carroll, serves as the primary supervisor during that rotation. During the second year of the fellowship, personal supervision is provided by staff neuropsychologists at each rotation site. Neuropsychologists at the South Texas Veterans Health Care System (STVHCS) Medical Center supervise the VA rotation. During the "Supervision" rotation, fellows are

supervised by the Neuropsychology Service staff neuropsychologist who oversees training of pre-doctoral clinical psychology interns. All fellowship supervisors are licensed psychologists and fellowship trained neuropsychologists.

Supervisors are responsible for overall coordination of work and assignment of cases during each rotation. Performance feedback is provided by rotation supervisors to fellows and reported to the Program Director. The Fellowship Education Committee is kept up to date regarding trainee's progress throughout the training year.

Individual supervision times are arranged by each supervisor and trainee. A minimum of 2 hours per week of individual supervision is expected, but there will typically be 3-4 hours of individual supervision weekly.

All patient contacts are staffed with the appropriate supervisor. Supervisors meet each patient seen by fellows, and assist with the selection of evaluation procedures, case conceptualization, report writing, and development of the treatment plans and recommendations. Privileged providers co-sign all notes written by fellows in the patient's electronic medical record (Genesis).

Each fellow also is assigned a preceptor, typically the Program Director. Individual monthly meetings with the fellow and preceptor are scheduled to aid the fellow in any concerns regarding the fellowship and progress in training.

EVALUATION OF FELLOW PERFORMANCE

Evaluation Standards:

Fellows' performance will be formally evaluated using a standard Neuropsychology Fellow Evaluation Form based on the Foundational and Functional Competencies considered fundamental to the specialty of Clinical Neuropsychology by the American Board of Professional Psychology (ABPP) / American Board of Clinical Neuropsychology (ABCN). These competencies include the basic knowledge, skills, and experience expected of professionals seeking specialty certification in Clinical Neuropsychology.

Foundational Competencies include proficiency in:

- A. Scientific Knowledge & Methods
- B. Evidence Based Practice
- C. Individual and Cultural Diversity
- D. Ethical Legal Standards & Policy
- E. Professionalism
- F. Relationships
- G. Interdisciplinary Systems
- H. Reflective Practice/Self-Assessment/Self-Care

Functional Competencies include proficiency in:

- A. Assessment
- B. Consultation
- C. Intervention

The standards by which fellows are evaluated remain the same throughout the entire two-year fellowship, although the extent to which each competency is achieved or mastered will naturally evolve over time and with experience. Full competence is not expected at the beginning but is expected by the end of the fellowship. Fellows' progress with respect to each Foundational and Functional Competency will be assessed at the time of each formal evaluation, using the following rating scheme:

- 1. Unsatisfactory
- 2. Needs Improvement
- 3. Meets Standards
- 4. Exceeds Standards
- N/A Not applicable for this rating period

"Needs Improvement" ratings are normal, and do not reflect unsatisfactory performance, particularly during the first year of the fellowship. Supervisors will discuss their evaluation ratings with fellows, set specific goals for future performance, and discuss methods and expected time frames for achieving specified training goals. Completed Neuropsychology Fellow Evaluation Forms will be signed and dated by the fellow and his/her supervisor. Original forms will be maintained in fellows' training folders, and copies will be provided to Fellows.

In addition to the Foundational and Functional Competencies included on the Fellow Evaluation Forms, specific personal goals and competencies may be established by fellows and their supervisors on an individual basis, based on individual training needs. Personal goals/competencies will be documented on the Neuropsychology Fellow Evaluation Forms or added as an addendum.

Evaluation Tools:

The Neuropsychology Fellow Evaluation Form, based on the Foundational and Functional Competencies, will be used by supervisors to evaluate fellows' performance on each clinical rotation. Completed evaluation forms will be used to provide Fellows with personal feedback regarding their achievements, progress in the training program, and goals for future growth and development. Supervisory feedback will be provided verbally, and fellows will be provided with copies of completed evaluation forms, which will also be placed in their training folders.

In addition to the Neuropsychology Fellow Evaluation Form, which focuses on neuropsychological proficiencies, fellows are also evaluated using standardized forms required by the organization with which they are affiliated. Active-Duty Army fellows receive annual Officer Evaluation Reports (OERs, DA Form 67-10-1 or 67-10-2) that assess the

Officer's career potential in addition to his/her observed duty performance (i.e., achievement of fellowship training goals). Active-Duty Air Force fellows receive annual Education/Training Reports (AF Form 475), which document academic/training accomplishments, as well as professional qualities.

Evaluation Methods:

Evaluation of success in achieving competency goals is based primarily on day-to-day observation of fellows' clinical skills, including establishing rapport with patients, medical records review, clinical interviewing, neuropsychological test administration and scoring, test interpretation, case conceptualization, report writing, consultation, medical record documentation, and intervention/feedback. In addition to close observation of patient care, fellows will also be evaluated on the basis of their professional knowledge, participation in didactics/seminars, quality of teaching and case presentations, participation in research, ethical and professional behavior, and daily interactions with other fellows, staff, and faculty. Fellows are expected to demonstrate a level of professionalism commensurate with that of a licensed Clinical Psychologist and military officer.

Most of the desired competencies are best evaluated by supervisors with personal knowledge, based on direct observation and personal supervision, of fellows' job performance. Certain competencies, such as professional knowledge, may be assessed objectively using standardized exams (e.g., the APPCN Resident Examination, which fellows take after the first year of training) or Fellows' performance on mock fact-finding cases, but in most cases, the determination of success in the training program will be based on the faculty/supervisor/Program Director's professional judgment of the degree to which fellows achieve established competency goals.

Evaluation Schedule:

All fellows will be provided with a copy of the Neuropsychology Fellow Evaluation Form during orientation. Informal evaluation and feedback will be provided by supervisors on a regular basis throughout the course of the two-year fellowship. Supervisors are responsible for providing both verbal and written feedback. Any concerns observed by the supervisor regarding the fellow's progress throughout the rating period, as well as the fellow's strengths and weaknesses, are addressed. A feedback session is held with the supervisor and the fellow, and the Program Director may be invited. All feedback sessions are conducted in a collegial manner, emphasizing the shared responsibility for the fellow's progress. At this time, the fellow is requested to candidly discuss his/her training needs and suggestions for improvement of the program. Any "Unsatisfactory" performance must be documented in writing, and signed and dated by the supervisor and fellow, and accompanied by an agreed upon remediation plan. Fellows are encouraged to seek regular feedback from faculty and may also request formal evaluations of their performance at any time. Evaluation of fellows' performance is an ongoing process. Scheduled evaluations are not meant to preclude giving the fellow feedback at any time throughout the training program.

The Program Director will meet with each fellow to review his/her prior experience, as well as program goals and expectations, during the first month of the fellowship. Formal evaluation using the Neuropsychology Fellow Evaluation Form will be provided at the end of each 3-month rotation (outpatient Neuropsychology service and BIRS) as well as every 6 months. Feedback may also be provided, either with or without use of the Neuropsychology Fellow Evaluation Form, at any other time based on the supervisor's discretion. The Neuropsychology Fellow Evaluation Form will also be completed by the primary supervisor and discussed with the Fellow at the end of each 2nd year rotation (i.e., VA Hospital rotation, and Neuropsychology Service "Supervision" rotation). Each Evaluation Form will be signed and dated by the rotation supervisor and the fellow. Copies of the completed Evaluation Form will be provided to the fellow, and originals will be retained in the fellow's training folder. Rotation supervisors are responsible for forwarding completed Evaluation Forms to the Program Director.

REMEDIAL ACTION/DUE PROCESS/TERMINATION PROCEDURES

When a concern regarding a fellow's progress or behavior is brought to the attention of the Program Director, the need for remedial action will be assessed. If action by the trainee appears necessary to correct the concern, the Program Director will first discuss the concern with the fellow and determine whether remediation is required. Actions at this level can be informal and can include such measures as additional supervision and/or training in an area of deficiency, or verbal counseling. If the Program Director, in consultation with the fellow's supervisor(s) feels there is a need for more formal action, any such action will be taken in accordance with the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) Due Process Policy, which is the official due process policy for all Graduate Medical Education (GME) and Allied Health Education (AHE) programs. (Please see SAUSHEC Due Process Policy, approved by the Graduate Medical Education Committee in May, 2015;

<http://www.bamc.amedd.army.mil/saushec/general/policies/docs/SAUSHEC-due-process-policy.pdf>). Such actions typically follow a sequence of non-punitive corrective steps and emphasize due process comprised of an appropriate verbal and written notification of trainees, an opportunity to be heard, and a careful, non-arbitrary, non-capricious decision-making process. A copy of this policy will be given to each fellow during the orientation period and will be reviewed with the fellows by the Program Director.

At any time, any military or civilian trainee may, at his/her discretion, report any complaints to the APA Accreditation or Ethics Committees (www.apa.org), The Association of Psychology Postdoctoral and Internship Centers (www.appic.org), or the Texas State Board of Examiners of Psychologists (www.tsbep.state.tx.us).

GRIEVANCE PROCEDURES

Neuropsychology trainees have a right and responsibility to address any serious grievance which they may have concerned their training, the Department of Behavioral Medicine, or the medical center. A trainee has a grievance if he or she believes that a serious wrong or injurious act has been committed and that a complaint is in order. Examples of actions that

could require the initiation of grievance procedures include requests made of a trainee by any BAMC employee or consultant to engage in behavior conflicting with the *APA Ethical Principles of Psychologists and Code of Conduct* and *Federal Employee Code of Conduct*, acts of gender or racial bias, sexual harassment, observance of serious professional misconduct, or a desire to appeal an unsatisfactory evaluation.

Trainees may seek counsel and advice concerning how they should direct a grievance as well as the substance of their complaint. However, throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. Trainees and staff also should adhere to any Department of Behavioral Medicine and Government Service procedures which apply to the circumstances of the grievance.

The San Antonio Uniformed Services Health Education Consortium (SAUSHEC) approved and published “Procedures for Addressing Trainee Concerns and Grievances” in May 2015. This document guides the way grievances are to be handled by Neuropsychology Fellows, and is available for review or download at:

<http://www.bamc.amedd.army.mil/saushec/general/policies/docs/SAUSHEC-grievance-policy.pdf>

This policy outlines the various avenues available to SAUSHEC trainees to address and resolve their grievances/concerns. Before seeking formal assistance, the trainee should speak with the person(s) involved with his/her grievances/concerns to try to resolve the issue directly. When possible, resolution should be accomplished at the program level through the Program Director, a faculty advisor, or other program faculty members. If the trainee cannot resolve the issue in this manner, he/she may pursue resolution through other avenues.

EXIT CRITERIA

- Fellows must complete the two-year, full-time training program
- Fellows must meet or exceed standards for all required competencies on the Neuropsychology Fellow Evaluation Form by the end of the fellowship

At the conclusion of the postdoctoral training program, each graduating fellow should meet the following exit criteria:

- Advanced skill in the neuropsychological evaluation, treatment, and consultation to patients and professionals sufficient to practice on an independent basis
- Advanced understanding of brain-behavior relationships
- Scholarly activity. Fellows must successfully complete an independent research project approved by the Fellowship Director, as reflected by submission of a study or literature review for publication, poster presentation, grant proposal, outcome assessment, or program development
- State licensure for the independent practice of psychology
- Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology

- The Fellow is formally evaluated to be a competent practitioner in the areas designated in the *Houston Conference on Specialty Education and Training in Clinical Neuropsychology Policy Statement*. These areas include both pertinent knowledge and requisite skills

FELLOW EVALUATION OF THE PROGRAM

Feedback from fellows to the program is strongly encouraged and may be provided to faculty members on an informal basis at any time. Fellows are asked to formally evaluate the program bi-annually. Standard evaluation forms, which also allow for narrative feedback, are provided for this purpose. Every six months fellows are asked to rate their training experience on factors such as the adequacy of the initial orientation process; the quantity and quality of supervision; the sufficiency of training in order to meet program goals and competencies; the quality of didactic training including guest speakers and outside seminars; and the adequacy of support services. Program evaluations are collected over time by the Department of Behavioral Medicine, potentially identifying information is removed to allow for anonymity, and the feedback is provided to the Program Director for consideration and program improvement.

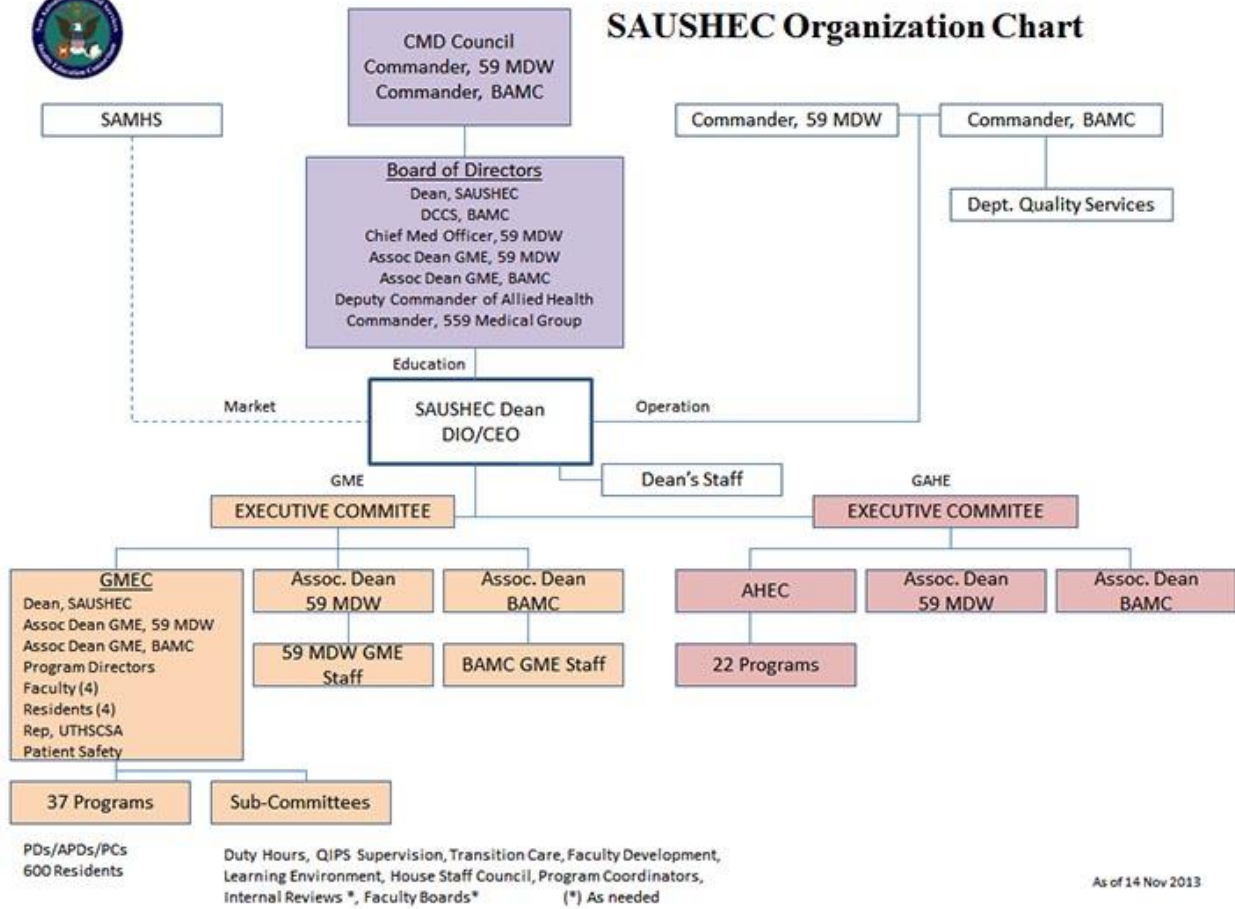
Fellows are also asked to formally evaluate the Clinical Neuropsychology Fellowship Training VTC at the end of each academic year. Feedback is obtained from each training site, compiled, and used to make adjustment and improvements to the VTC training experience each year. Fellows are also asked to complete an evaluation for each of their supervisors and are encouraged to meet with their supervisors in a feedback session to discuss their impressions and recommendations. Informal evaluation of the Fellowship is a continuing process, in which fellows are encouraged to raise issues, concerns, and suggestions throughout the year to the Fellowship Director, supervisors, Fellowship Training Education Committee, or Chair of Psychology Training Programs.

Fellows will be contacted by the Fellowship Program Director or Department of Behavioral Medicine staff after graduation to update their current address and professional status. Periodically, questionnaires may be mailed to graduates to provide specific feedback on the postdoctoral fellowship training experiences and professional achievements.

ADMINISTRATION



SAUSHEC Organization Chart



The Postdoctoral Fellowship in Clinical Neuropsychology is one of 22 Graduate Allied Health Education (GAHE) programs within The San Antonio Uniformed Services Health Education Consortium (SAUSHEC). SAUSHEC oversees and ensures that all training programs comply with requirements of their respective accrediting agencies, are of the highest quality, and meet the needs of the DoD. SAUSHEC's programs comply with all Air Force, Army, and DoD Directives and Instructions related to the conduct of Graduate Medical Education (GME) and Graduate Allied Health Education (GAHE), and are dedicated to maintaining a supportive learning environment of fairness and equity by ensuring that all trainees have the same education and medical professional requirements and opportunities and are subject to the same standards, evaluation systems, and due process policy irrespective of their branch of uniformed service. The Graduate Allied Health Education Committee (GAHEC), under the direction of the GAHE Executive Committee, including the Program Directors from each GAHE training program, meets regularly (typically every other month) to discuss policies and procedures for operating the training programs, and to address both general and specific program concerns, including any ongoing remedial actions or grievances.

The Postdoctoral Fellowship in Clinical Neuropsychology is also one of the six Graduate Education Programs within the BAMC SAUSHEC.

The Program Director (PD) of the Neuropsychology Fellowship is a licensed psychologist and a Diplomate in Clinical Neuropsychology, American Board of Professional Psychology. The PD is responsible for the direction, administration and implementation of the Clinical Neuropsychology Fellowship program, and has administrative authority commensurate with those responsibilities. The PD is responsible for the day-to-day operation of the core experiences and has general oversight responsibilities for all Fellowship training.

The Fellowship Program Director and Neuropsychology Service faculty members meet weekly with fellows to discuss administrative issues, training events/curriculum/schedules, guest speakers (e.g., DVPs) and other issues of relevance to the Postdoctoral Fellowship in Clinical Neuropsychology. Fellows are encouraged to discuss any concerns they may have with the program, with the department, or any of their training experiences. Input related to the Fellowship is also received regularly from faculty members/supervisors at other training locations, including the Brain Injury Rehabilitation Clinic, South Texas VA Memorial Hospital, and the Wilford Hall Ambulatory Surgical Center.

ACCREDITATION AND FACULTY

The Postdoctoral Fellowship (Residency) in Clinical Neuropsychology at Brooke Army Medical Center (BAMC) accepted its first Fellow in July 2008 and was accredited for 7 years by the American Psychological Association Commission on Accreditation in October 2009. The Fellowship completes an Annual Review Online (ARO) to update the APA Commission on Accreditation on program status, programs, and developments.

The Office of Program Consultation and Accreditation can be contacted at (202) 336-5979.

Address: 750 First Street, NE, Washington, DC 20002-4242

Website: <http://www.apa.org/ed/accreditation/contact.aspx>

Email: APAaccred@apa.org

Director, Postdoctoral Fellowship in Clinical Neuropsychology

Cammy Chicota-Carroll, Ph.D., ABPP-CN

Current Clinical Neuropsychology Fellowship Faculty

Bethanie Stephens, Psy.D., Neuropsychology Service

Russell Carroll, Psy.D., Brain Injury Rehabilitation Service clinic

Janice Marceaux, Ph.D., ABPP-CN, South Texas Veterans Healthcare System

Jared Link, Ph.D., ABPP-CN, Wilford Hall Ambulatory Surgical Center

Patrick Armistead-Jehle, Ph.D., ABPP-CN, Munson Army Health Center

SAUSHEC Faculty

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