Clinical Neuropsychology Postdoctoral Fellowship Training Program
Baylor Scott and White Memorial Hospital
Division of Neuropsychology

Overview and Mission

The Baylor Scott & White Memorial Hospital Postdoctoral Fellowship in Clinical Neuropsychology is a two-year postdoctoral specialty-training program that provides advanced clinical, didactic, and research training in neuropsychology. The program is an APPCN Member. The program conforms to the Houston Conference Guidelines for Training in Clinical Neuropsychology. Currently, the program has one full-time two-year postdoctoral position available each year. The faculty will soon include eight full time neuropsychologists and one health psychologist.

• Application
• Training Environment
• Goals
• Structure
• Evaluation & Grievance procedures
APPLICATION
To be eligible, applicants must have completed all requirements of an APA/CPA-approved doctoral program in psychology and a one-year APA/CPA approved clinical internship. Alternatively, individuals who have completed all requirements of a university-based APA-approved program of postdoctoral education for retraining in clinical or counseling psychology are eligible. The individual’s retraining program must adhere to the guidelines established by the APA Council of Representatives.

The following materials should be emailed directly to the training lead (jared.benge@BSWHealth.org):

1. Cover letter
2. Curriculum vitae
3. Two sample reports (de-identified)

In addition, three letters of reference emailed directly from the writer to the training lead or sent in sealed envelopes directly to the department are requested.

Finally, an official transcript should be sent directly by the student’s graduate institution.

**All materials must be received by January 15th for consideration.**

**Mailing Address for Transcripts or Other Materials**
Jared Benge, Ph.D., ABPP (CN)
Training Lead, Neuropsychology Fellowship Program
2401 S 31st street
Temple, Texas 76508
jared.benge@BSWHealth.org

Applications will be reviewed and interviews will be scheduled during or around the time of the INS annual meeting. Fellows are free to schedule their own in-person interviews if they would prefer.

We are participants in the APPCN Match, program number 8072.

**INSTITUTIONAL MISSION**
Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

**PROGRAM MISSION**
The mission of the fellowship is to provide advanced training to post-doctoral psychologists in the field of neuropsychology. After completing our program, fellows should be board eligible clinical neuropsychologists capable of independent practice and able to make substantive contributions to the clinical, professional, and research domains of neuropsychology.

TRAINING ENVIRONMENT
The training program is housed primarily in the Division of Neuropsychology within the Neurosciences Institute at the main campus of Baylor Scott and White Memorial Hospital located in Temple, Texas. Training is also available at our Round Rock campus, housing two neuropsychologists and will eventually extend to training opportunities at our Waco location. In addition to the neuropsychology postdoctoral fellowship provided by the Neuropsychology Division, the Neurosciences Institute offers training experiences and residencies in Neurosurgery, Neurology, and Psychiatry.

The Neurosciences Institute was identified as a Neuroscience Center of Excellence based on the 2006-2009 Neuroscience Center of Excellence Survey. In addition to Neurology, the Neurosciences Institute houses both Neurosurgery and Psychiatry Departments. Baylor Scott & White Memorial Hospital (BSWH) is one of the main health care hospitals in Central Texas, serving multiple geographical areas throughout its regional clinics. Since 1977, the hospital has served as the clinical training site for the Texas A&M Health Science Center College of Medicine. Among its many prestigious recognitions, S&W has been consistently ranked among the top 100 hospitals by one of the nation’s key healthcare rating groups. Further information about Scott & White is available through its website (www.sw.org/web/SW).

Fellows are provided with individual computers, shared office space, and access to the Texas A&M Health Sciences Center library.

Benefits include health plan as well as sick leave and vacation time commiserate with medical residents in our institution.

We take one new fellow a year. All positions are funded by departmental funds.

Faculty/Training Committee and Administrative Structure:

The fellowship is governed by the fellowship training committee, chaired by the training lead (also known as training director for APPCN purposes), currently Jared Benge, Ph.D., ABPP. The training committee selects the training lead every 3 years. Board certification is required to be the training lead. The training committee is composed of all senior staff within the Division of Neuropsychology.

As of this writing, the training staff consists of:
Jared Benge, PhD, ABPP-CN is a senior staff neuropsychologist and training lead. Clinical areas of interest include movement disorders, dementia, and epilepsy.

Daniel Cruz, Psy.D. is the Director of the Division of Neuropsychology. Clinical areas of interest include epilepsy, pre-surgical pain evaluations, dementia, strokes, and psychiatrically based disorders.

Kara Dinh, Psy.D. is a senior staff neuropsychologist whose clinical interests include dementia, geriatric assessment, and performance validity testing.

Crystal Lantrip, Ph.D is a senior staff neuropsychologist. Clinical areas of interest include neurocognitive features of psychiatric disorders, epilepsy, multiple sclerosis, movement disorders, and acquired brain injuries including stroke and traumatic brain injury.

Erin Logue, Ph.D. is a senior staff neuropsychologist. Clinical areas of interest include dementia/MCI, epilepsy, and movement disorders.

Kerry O’Mahar, Ph.D., ABPP is a senior staff neuropsychologist. She is a lifespan neuropsychologist whose primary clinical work currently focuses on the cognitive effects of pediatric medical and neurological conditions.

Rich Phenis, Psy.D. is a senior staff neuropsychologist. Clinical areas of interest include movement disorders, dementia, traumatic brain injury, stroke, and brain tumor.

In addition, by the 2017 training year, a new health psychologist and eighth neuropsychologist will be joining the staff.

**GOALS**
Graduates of our program will develop the following:

1. Advanced skills in neuropsychological assessment sufficient for independent practice and board certification in neuropsychology.
2. Advanced skills in treatment recommendations and interventions for neuropsychological disorders sufficient for independent practice.
3. Advanced skills in consultation with patients, families, and treatment teams sufficient for independent practice.
4. Advanced knowledge of neuropsychology (e.g., etiologic mechanisms and processes).
5. Advanced knowledge of research issues and methodological issues in neuropsychology.
6. Acquire the necessary preparation for licensure for independent practice of psychology and board certification in neuropsychology.
EDUCATIONAL/ DIDACTIC TRAINING
Consistent with APPCN guidelines, at least 50% of time is devoted to clinical work (generally closer to 80%), 10% to research, and 10% to educational experiences.

Didactics are explicitly created to prepare students for ABPP/ABCN board certification. To this end, Wednesday afternoons host the neuropsychology professional development activities and Thursdays host the 90-120 minute formal neuropsychology seminar series.

The neuropsychology seminar series meets every Thursday during the academic year (September through May). Senior staff members take the lead presenting an integrated series of lectures on the phenomenology of neuropsychological disorders, clinical conditions, and neuroanatomy of each domain of cognition through a combination of guided readings, formal didactics, outside lecturers, and journal discussions. Fellows present once per each topic domain as well (5 presentations per year), under the supervision of the staff member leading this presentation.

One hour is blocked each Wednesday as well for the professional development seminar series. The professional development series rotates each week among journal club, interesting or challenging case presentations, ABPP exam style fact finding exercises, and professional development conversations from topics generated by the fellows.

In addition to the neuropsychology didactics, fellows are given the opportunity to attend interdisciplinary meetings when schedules allow such as the neuroradiology conference (currently twice a month at 7 AM on Thursday), brain tumor board (currently twice a month Thursday at noon), neurology residents’ didactics, brain cuttings with the pathology department, and neurosurgery grand rounds when available. Psychiatry grand rounds and psychology intern/fellowship trainings through the behavioral health clinic are also available depending on the fellows’ schedule and interest as well as availability within that separate clinics.

Occasionally, interns, externs, and residents rotate through the clinic. When possible, fellows assist in supervision/training of these students.

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<tr>
<th>Training Experience</th>
<th>Frequency (Sept-May)</th>
<th>Year</th>
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<tbody>
<tr>
<td>Neuropsychology Seminar</td>
<td>Weekly</td>
<td>1 and 2</td>
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<td>Journal Club</td>
<td>1/month</td>
<td>1 and 2</td>
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<td>Fact Finding</td>
<td>1/month</td>
<td>1 and 2</td>
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<td>Case Presentation</td>
<td>1/month</td>
<td>1 and 2</td>
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<tr>
<td>Professional Development</td>
<td>1/month</td>
<td>1 and 2</td>
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<tr>
<td>Neuroradiology Conference</td>
<td>1/month</td>
<td>1 and 2</td>
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<tr>
<td>Brain Cuttings</td>
<td>As available</td>
<td>1 and 2</td>
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<tr>
<td>Supervision</td>
<td>Year round/ongoing</td>
<td>1 and 2</td>
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Neurology rotations 1-2 weeks 2nd year
Psychiatry rotation ~1 week 2nd year

CLINICAL TRAINING
A fellow is scheduled for three outpatients per week at the Neuropsychology Clinic their first year and 4 per week their second year. The fellow is responsible for testing one of these patients each week when insurance restrictions permit. In addition, fellows work with senior staff performing inpatient consults (when they come up, usually less than 1 a month but this varies; this is not a primary emphasis of this site).

Fellows’ clinical work will be supervised by one supervisor at a time for 3 month rotations. On an as needed/as available basis, minor rotations may be arranged to allow exposure to a particular patient group or clinical services as needed and this structure is flexible to meet the unique training needs of an individual fellow or allow for other more specialized experiences.

Patients are referred from a broad range of referral sources within the medical center and the surrounding community. The population’s demographics are diverse in regards to age, education, gender, ethnicity, and socioeconomic status, although most patients are adults. Patients reflect the racial/ethnic and socioeconomic composition of the central Texas region. They are primarily Caucasian individuals from all socioeconomic levels. Hispanic individuals represent a significant proportion of the regional population while other racial/ethnic groups have lesser representation. Opportunities are available to assist in bilingual assessments with our bilingual staff members, as well as working with translators on an as needed basis and as appropriate.

Clients present with a wide range of neurological and neurocognitive issues, such as dementia, stroke, spinal cord injuries, tumors, learning disorders, psychiatric disorders, traumatic brain injury, among many others. The Neuropsychology Division also provides specialized care for patients with brain tumors, movement disorders, and epilepsy, which will allow the fellow to obtain exposure to these disorders.

Beginning the second year of fellowship, fellows are given the opportunity to shadow various other professionals in the medical center. At a minimum, fellows must spend a total of two weeks shadowing the inpatient neurology service, inpatient psychiatry service, and various outpatient neurology speciality rotations. More focused or prolonged shadowing experiences in a particular neurological or interventionist clinic are arranged on an as needed or as available basis with the approval of the training lead.

RESEARCH TRAINING
Fellows are required to complete one research project of publishable quality each year. Typically these projects will be in line with the active research programs of the faculty, though every effort will be made to accommodate a fellow’s individual research goals.
and experiences. The research requirement can be accomplished through various means, including literature reviews, archival studies, and involvement within current research protocols.

EXIT CRITERIA
By the end of the fellowship, our graduates should:

• Have average ratings of having “skills necessary for independent practitioner” from their clinical experiences by the end of their second to last rotation (see forms below). These ratings will be given at the end of each major and minor rotation. An exit interview will be performed at the 6 month mark of their last year, to allow for any remaining deficiencies to be addressed before the end of the fellowship.
• Have satisfactory performance with at least one psychotherapy/group therapy case series as evaluated by the supervisor for that service. This is arranged as available by staff within the department (such as health psychology) or in collaboration with therapy providers in the broader institution.
• Obtain advanced knowledge of neuropsychological topics as demonstrated by consistent participation in educational didactics within the department.
• Deliver at least 5 didactic presentations per year with at least half delivered at an average rating of “acceptable.”
• Complete at least one research project per year, defined as poster, review of publishable quality, or other scholarly product as approved by the training lead.
• Complete a capstone mock oral examination including fact finding with a rating of “satisfactory”
• Be license eligible as evidenced by having completed the EPPP and submitted application for licensure in the state of their choosing
• Participate appropriately with other clinical, research, educational, and administrative tasks as assigned.

EVALUATION & GRIEVANCE PROCEDURES

Please see forms below

Training Plan. Each year, the fellow is responsible for generating a Training Plan. This plan should be individualized according to the resident’s training goals. With the assistance of a faculty supervisor, the fellow develops a Training Plan during the first month of training. The training lead must approve this plan. The sections of the Training Plan include six goals of the program.

Evaluation of Presentations: Fellows and staff are evaluated on their formal didactics to ensure adequate knowledge of foundational brain/behavior relationships and related topics.
Supervisor’s Evaluation. At the end of every clinical rotation, a formal evaluation of the fellow is conducted, and findings are documented on the Evaluation of Fellow form. Evaluation criteria are consistent with the goals of the program and provide the fellow with a formal opportunity to assist his or her progress and adjust the Training Plan as necessary. The fellow and his or her supervisors participate in the review process and sign off of the completed evaluation.

Evaluation of Fellowship/Supervisors by Fellows. At the end of each training rotation the fellow provides written feedback to the training director regarding strengths and weaknesses of the program. For fellows who are being supervised directly by the training director during the year, alternative arrangements for feedback are put in place.

Fellow Remediation Plan. If the fellow requires remediation, the issue is first addressed informally with the training director. If the problem persists, a meeting takes place to identify a written performance improvement plan.

Captstone Fact Finding evaluation form – For the practice ABPP style fact finding

Grievance Procedure. At the outset of training (i.e., first year in fellowship), the fellows are provided with information regarding grievance procedures. An online version of this document is available at http://healthcare-professionals.sw.org/resources/docs/graduate-medical-education/housestaff_handbook.pdf.
Training Plan

Fellow Name: 
Time Period Covered: 

Instructions: For each domain, state what your plan is for addressing each goal (who/what/when) of the program. Also clarify estimated and obtained dates for meeting fellowship exit criteria.

Training Goals:

1. Advanced skills in neuropsychological assessment sufficient for independent practice and board certification in neuropsychology.

2. Advanced skills in treatment recommendations and interventions for neuropsychological disorders sufficient for independent practice.
3. Advanced skills in consultation with patients, families, and treatment teams sufficient for independent practice.

4. Advanced knowledge of neuropsychology (e.g., etiologic mechanisms and processes).

5. Advanced knowledge of research issues and methodological issues in Neuropsychology.

6. Acquire the necessary preparation for licensure for independent practice of psychology and board certification in neuropsychology.

Progress Towards Exit Criteria:

*Have average ratings of “independent practitioner” from their clinical experiences by the end of their second to last rotation*

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<th>Date of rating</th>
<th>Overall Rating</th>
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Have satisfactory performance with at least one psychotherapy/group therapy case series as evaluated by the supervisor for that service.

Estimated Date of Completion_______    Actual Date of Completion______

Obtain advanced knowledge of neuropsychological topics as demonstrated by consistent participation in educational didactics within the department.

YTD Participation Feb. of Year 1

YTD Participation August of Year 1

YTD Participation Feb Year 2

YTD Participation August of Year 2

Deliver at least 5 didactic presentations per year as assigned by the training Lead with at least half delivered at an average rating of “acceptable.”

Topic-Y1:___________ Date Completed:_________________
Topic-Y1:___________ Date Completed:_________________
Topic-Y1:___________ Date Completed:_________________
Topic-Y1:___________ Date Completed:_________________
Topic-Y1:___________ Date Completed:_________________

Topic-Y2:___________ Date Completed:_________________
Topic-Y2:___________ Date Completed:_________________
Topic-Y2:___________ Date Completed:_________________
Topic-Y2:___________ Date Completed:_________________
Topic-Y2:___________ Date Completed:_________________

Complete at least one research project per year, defined as poster, review of publishable quality, or other scholarly product as approved by the training lead.
Year 1 Project/Progress:

Year 2 Project/Progress:

Complete a capstone mock oral examination including fact finding with a rating of “satisfactory”

Date Scheduled: _______   Date Completed:______________

Be license eligible as evidenced by having completed the EPPP and submitted application for licensure in the state of their choosing

State Goal:
Requirements:
Progress Toward Requirements:

Participate appropriately with other clinical, research, educational, and administrative tasks as assigned.

Any Delinquencies and Plan to Address Them:

Fellow Signature & Date:

Training Lead Signature & Date:
Presentation/Didactic Rating Form

Presenter: ______________________________

Topic: __________________________________

Date: __________________________________

To what extent was the material presented accurate:
○ Inaccurate, unsatisfactory
○ Inaccurate, needs improvement
○ Accurate, satisfactory
○ Comprehensive, excellent

To what extent was the material presented appropriate for the practicing neuropsychologist?
○ Inappropriate for this audience, unsatisfactory
○ Inappropriate for this audience, needs improvement
○ Appropriate, satisfactory
○ Appropriate and helpful, excellent

How was the presentation style?
○ Unsatisfactory
○ Needs Improvement
○ Adequate/Satisfactory
○ Excellent

What specific comments or feedback do you have for the presenter?
Senior Staff Ratings of Fellow Presentations Only:

Provide an overall rating of the presentation:
- This presentation was unacceptable- examples would include major factual errors, significant omissions of relevant data, or issues with presentation style of a severity that precluded following the information.
- This presentation was acceptable, but needs improvement- There were factual errors or omissions that distracted from other points, but did not invalidate core ideas, there were some presentation style issues that distracted from the content
- This is an acceptable presentation I would expect from a peer, independent practitioner of neuropsychology- Content was appropriate to the practicing neuropsychologist, coherently presented, with adequate presentation style.
- This is an outstanding presentation- this would be an excellent presentation regardless of training level or venue; comprehensive, interesting, useful information that is presented in an engaging manner.

Fellow: __________________________
Supervisor: _______________________
Date of Rating: ____________________

SCALE
4 Superior performance: demonstrates, abilities, knowledge and maturity well beyond what would be expected of an average independent practitioner
3 Average performance necessary for independent practice: demonstrates the skills, knowledge, and maturity necessary for independent practice
2 Appropriate for fellowship level; shows adequate knowledge, skills, and maturity appropriate for fellowship, but there is more work needed to be fully independent in practice
1 Below fellowship level; quality of work overall was more at the level of an intern, can mimic supervisor but does not show independent understanding or practice of the skill, relevant knowledge, or maturity to operate even semi-independently
N/A Not applicable, not a part of the rotation

RATINGS RELATED TO PROGRAM GOALS
Goal 1: Demonstrates “advanced skills in neuropsychological assessment sufficient for independent practice and board certification in neuropsychology.”

Rating 4 3 2 1 U

Comments:
Goal 2: Demonstrates “advanced skills in treatment recommendations and interventions for neuropsychological disorders sufficient for independent practice.”

Rating 4 3 2 1 U

Comments:

Goal 3: Demonstrates “Advanced skills in consultation with patients, families, and treatment teams sufficient for independent practice.”

Rating 4 3 2 1 U

Comments:

Goal 4: Demonstrates “Advanced knowledge of neuropsychology (e.g., etiologic mechanisms and processes).

Rating 4 3 2 1 U

Comments:

Goal 5: Advanced knowledge of research issues and methodological issues in neuropsychology.

Rating 4 3 2 1 U

Comments:

Overall Rating (note, ratings below 2 will require a remediation plan).

Rating 4 3 2 1 U

Comments:
Rating of Supervisor

Rotation time period:

Approximate number of cases seen:

Strengths of rotation:

Weaknesses of rotation:

Scale

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Not acceptable</td>
<td>Adequate</td>
<td>Good</td>
<td>Superior</td>
<td></td>
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</tbody>
</table>

Domain Rating

Availability
Content of supervision
Style of supervision

Comments:
EVALUATION OF FELLOWSHIP

Fellow:

Year (circle one): 1 2

Date of Rating:

NOTE: Fellow to identify how goals were facilitated and/or hindered

SCALE

3 The program exceeded my training goals/needs

2 The program met my training goals/needs

1 The program did not meet training goals/needs

GOAL (1): Assessment

Rating: 3 2 1

Comments:
GOAL (2): Intervention
Rating: 3 2 1
Comments:

GOAL (3): Consultation
Rating: 3 2 1
Comments:

GOAL (4): Advanced Knowledge
Rating: 3 2 1
Comments:

GOAL (5): Research
Rating: 3 2 1
Comments:

GOAL (6): Licensure/ABPP Preparation
FELLOW REMEDIATION PLAN

Date of Meeting: ____________________________________________________________
Fellow: ________________________________________________________________
Supervisors present: ______________________________________________________
Date for follow up meeting: _______________________________________________

Mark /describe the pertinent competency domain(s) affected:
  __ Assessment __________________________________________________________
  __ Consultation _________________________________________________________
  __ Intervention ________________________________________________________
  __ Advanced Knowledge _________________________________________________
  __ Research ___________________________________________________________
  __ Licensure ___________________________________________________________
  __ Other (specify) _____________________________________________________
Date the problem(s) were first addressed with the fellow:
Steps taken by the fellow to rectify these problem(s):
_______________________________________________________________________
Steps employed by the supervisor(s) to rectify these problem(s):
_______________________________________________________________________
Planned course of action:
_______________________________________________________________________
I acknowledged that the abovementioned issues have been discussed with me and that a remediation plan has been established for these purposes.
_______________________________________________________________________
Neuropsychology fellow print name/signature/date
_______________________________________________________________________
Neuropsychology supervisor(s) print name(s)/signature(s)/date

Evaluation of Fellow's Mock Oral Fact Finding Capstone

Fellow's Name:_____________ Date of Examination:_____________

Rater: Use the following scale for all items:
1= Unacceptable
2= Needs Improvement
3= Satisfactory
4= Excellent

Did the fellow inquire about all relevant historical information to the case?_____

Did the fellow demonstrate understanding of the important historical information by follow-up questioning, voicing their thought process, and summarizing pertinent information?_____

Did the fellow inquire about all relevant behavioral observations to the case?_____

Did the fellow demonstrate understanding of the observation information by follow-up questioning, voicing their thought process, and summarizing pertinent information?_____

20
Did the fellow inquire about all relevant testing observations/scores for this case? _____

Did the fellow show accurate understanding of relevant test administration, interpretation, or score materials presented for the case? _____

Did the fellow show good interpretative abilities of the domain level test data presented? _____

Did the fellow accurately summarize the patient’s test data? _____

Did the fellow present an accurate brain/behavior relationship based on the material presented? _____

Was the case conceptualization presented accurate and well thought out? _____

Was the differential diagnosis appropriately explored? _____

Were treatment recommendations accurate, appropriate, and comprehensive? _____

What other feedback do you have for the fellow?