Rotation Title: Neuropsychology Track Neuropsychological Assessment Rotation

Location: VA Medical Center

Rotation Supervisor(s):
- Stephen Correia, Ph.D. (Primary Supervisor)
- Megan Spencer, Ph.D.
- Donald Labbe, Ph.D.

1 Overview of the Rotation:

The Providence VA Medical Center (PVAMC) serves as one of the major teaching hospitals for Psychiatry at Brown. This rotation is under the auspices of the Mental Health and Behavioral Sciences Service (MHBSS). Experiences are provided in adult neuropsychology in outpatient and inpatient hospital settings. The neuropsychology clinic collaborates closely with other providers in MHBSS and in the Neurology and Primary Care Services. The neuropsychology training experience emphasizes the impact of psychiatric, neurological, and general medical conditions on cognitive functioning.

Consultation requests are varied and include outpatient assessment of neurodegenerative disorders of aging (e.g., mild cognitive impairment, Alzheimer’s disease, vascular dementia, etc.), neurologic conditions (e.g., multiple sclerosis, movement disorders, chronic sequelae of stroke or traumatic brain injury), psychiatric disorder (especially depression, posttraumatic stress disorders, substance abuse disorders), as well as attention disorders and learning disabilities. Some outpatient assessments are performed remotely via Clinical Video Telehealth. Inpatient referrals are typically for characterization of current cognitive status and likely diagnosis to guide treatment and discharge planning. Neuropsychological assessment is the primary training focus of this rotation.

Residents who are progressing well will also have the opportunity to actively participate under Dr. Labbe’s supervision in evidence-based psychoeducational individual and/or group Cognitive Rehabilitation Clinics and caregiver assessments (via the Caregiver Support Program) and interventions. Clinical psychology residents may have the opportunity to conduct Comprehensive Traumatic Brain Injury Evaluations of military deployment-related traumatic brain injury in the Polytrauma/TBI Clinic. Cognitive Rehabilitation, caregiver activities, and Polytrauma TBI Clinic activities are secondary to the main training focus of the rotation.

The VA neuropsychology rotation is designed to emphasize the role of the neuropsychologist as an independent consultant to both outpatient and inpatient services. It is also designed to provide residents with experience delivering neuropsychology-focused psychoeducational and behavioral interventions as described above. Residents will be provided with time for report writing and to fulfill their commitments to their year-long research and supplemental treatment placements. Specific clinical responsibilities are described below.

Residents have full access to test manuals and other resources needed for efficient test administration, scoring, and interpretation. Computer word-processing templates are provided to aid in report writing and computerized scoring programs are available for most tests. All report writing is finalized within the VA’s electronic medical record system. Directed readings are provided as need to supplement the training experience. Also, a
strong emphasis is placed on incorporating neuroimaging into case conceptualization. There are frequent opportunities to review clinical MRI and CT images as well as radiology reports as part of the neuropsychology evaluations at the PVAMC.

The PVAMC is dedicated to providing high quality comprehensive outpatient and inpatient healthcare to veterans residing in Rhode Island and southeastern Massachusetts. Patients are male and female veterans of the U.S. Armed Forces of varied ethnic and socioeconomic backgrounds. The PVAMC has one of the highest ratios of ambulatory to inpatient services of all VAs nationally. The MHBSS has a 20-bed inpatient unit with 700 admissions per year. MHBSS outpatient services have over 40,000 visits annually. The PVAMC serves as a primary site for Brown residents in Psychiatry, Surgery, and Primary Care Medicine.

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<th>Achievement of Competencies:</th>
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<tr>
<td>Ethical and Legal Standards:</td>
<td>Competencies in this area will be achieved through the demonstration of ethical practice within all clinical, research, and administrative/professional activities, as well as discussion of ethical/legal issues during supervision.</td>
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<td>Professionalism and Self-Awareness:</td>
<td>Competencies in this area will be developed by participating as a professional member of the multidisciplinary team, participating in ongoing educational activities, and reflecting on professional roles and responsibilities within the context of supervision.</td>
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<td>Interpersonal and Communication Skills:</td>
<td>Residents will demonstrate competencies in this area through their participation as a professional member of the multidisciplinary team, including opportunities to communicate data, ideas, recommendations, and feedback to others.</td>
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<td>Assessment and Diagnosis:</td>
<td>Competencies in this area will be developed through the multiple elements involved in performing comprehensive neuropsychological assessments. These include but are not limited to</td>
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<td>a)</td>
<td>identifying the primary focus for the evaluation and/or referral question. This may include clarifying requests for neuropsychological assessment including clinical discussions with referring providers and other relevant clinical stakeholders.</td>
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<td>b)</td>
<td>record review</td>
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<td>c)</td>
<td>diagnostic interview with patients and their families including gathering a clinical, relevant medical, and appropriate psychosocial history</td>
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<td>d)</td>
<td>informing patients and their families about the process of neuropsychological assessment and its advantages and limitations</td>
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<td>e)</td>
<td>neuropsychological test selection, administration and scoring; including the ability to make appropriate modifications to standardized assessment procedures, when needed to accommodate for the specific and unique needs of the patient, and accurately document these modifications and their effects on the interpretation of assessment findings.</td>
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<td>f)</td>
<td>conduct a safety/lethality evaluation (i.e., risk for abuse, self-harm, violence, or suicide)</td>
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<td>g)</td>
<td>interpretation of test results and integration with the patients clinical history, current situation, goals, etc.</td>
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<td>formulating clear conclusions including differential diagnosis and appropriate prioritization of diagnostic possibilities</td>
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<td>i)</td>
<td>communicating results in writing and verbally to patients, their families, and other providers and relevant stake holders</td>
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Effective Intervention: Competencies in this area will be achieved by
a) conducting clinical neuropsychological evaluations, particularly through
documenting effective and evidence-based treatment recommendations and through
discussion of these through feedback sessions,
b) participating in evidence-based, psychoeducational Cognitive Rehabilitation with
individual veterans and/or groups,
c) participating in caregiver assessments and interventions focused on reducing
caregiver burden and improving caregiver effectiveness in assisting veterans, and
d) assessing changes in cognitive status on serial neuropsychological assessments, if
requested, and making recommendations regarding any intervention modifications
that may be indicated based on assessment results.

Consultation: Competencies in this area will be developed through discussion of referral
questions and assessment results, diagnostic impressions, and treatment recommendations
with multidisciplinary teams

Supervision and Teaching: Opportunities may be available for residents to discuss
supervision styles, strategies, and important factors in the supervisor/supervisee relationship.
Opportunities may be available for residents to provide teaching in the form of summarizing
new clinical/scientific literature pertaining to clinical neuropsychology practice. Venues for
this form of teaching are available in group supervision and other team meetings. There
may be opportunities for case presentations during a weekly multi-disciplinary seminar with
psychiatry, pharmacy, and social work trainees. Residents may have the opportunity to
supervise practicum students.

Research and Scholarly Activities: Residents typically do not have the opportunity to
develop competence in these areas on this rotation apart from performing literature reviews
pertaining to clinical practice.

Cultural and Individual Diversity: Competencies in this area will be developed through
exposure to patients from diverse background in accordance with the patient population at
the PVAMC. Supervision will be provided on assessment, diagnosis, and treatment of
individuals from diverse populations. Directed reading will be provided when appropriate.

3 Time Commitment:
Residents complete two consecutive 4-month rotations or one 4-month rotation at this site.
The minimum hour requirement is 32 hours per week.

4 Duties & Responsibilities:
The clinical psychology resident will conduct approximately 4 comprehensive
neuropsychological assessments per week including both outpatient and brief inpatient
evaluations. Neuropsychological assessment is the primary activity of this rotation.
Residents who are progressing well will also have the opportunity to actively participate
under Dr. Labbe’s supervision in evidence-based psychoeducational individual and/or group
Cognitive Rehabilitation Clinics and caregiver assessments and interventions (up to 2
individual, group, or caregiver intervention or assessment per week). Residents who are
progressing well will have the opportunity to participate in VA Comprehensive TBI
Evaluations (CTBIE) as part of the Polytrauma/TBI Team (up to 1 CTBIE per week).

Most comprehensive assessments are performed on an outpatient basis. Assessments
include chart review, diagnostic interviewing, administering and scoring tests, report writing
and providing results to patients, their families, and their providers. Emphasis is placed on
understanding medical terminology and the impact of medical and psychiatric conditions on
cognitive function.
Inpatient assessments will comprise a minority of the clinical psychology resident’s time. Inpatient assessments are typically brief and often focused on determination of cognitive status and diagnosis to assist with treatment decisions and discharge planning. Inpatient neuropsychological assessment reports are expected to be completed by the end of the next business day after testing.

Initial complete drafts of outpatient neuropsychological reports are expected within 10 days following completion of testing and final reports are expected within 14 days. Inpatient reports are expected within 2 business days after completion of testing.

Participation in Cognitive Rehabilitation and Caregiver Intervention/Assessment activities involves learning evidence-based interventions. It may also involve triage of consult requests, direct patient contact (assessment and intervention), and timely documentation.

Comprehensive TBI Evaluations are interview-based. They are focused on determining if a military deployment-related TBI occurred, how many occurred, if the current symptoms could be related to TBI, and formulation of a treatment plan. These activities involve direct interaction with a multidisciplinary team. Participation in the Polytrauma/TBI comprehensive evaluation clinic is optional.

Release time is provided for the resident to complete their year-long supplemental treatment and research rotations.

**5 Time Table:**
This rotation involves a time commitment of approximately 42 hours per week divided approximately as follows: (a) 32 hours for clinical neuropsychology activities; (b) 4 hours dedicated to clinical research; (c) 4 hours for supplemental intervention rotation; and 2 hours dedicated to didactics.

**6 Methods of Teaching:**
The primary modalities of teaching include role modeling, feedback, and one-to-one didactic instruction. Reading material is provided on a case-by-case basis, when indicated.

**7 Treatment Units of Programs Involved:**
Outpatient referrals for neuropsychological consultation come mostly from the mental health, neurology, and primary care services. Inpatient referrals come from either the inpatient psychiatry service or one of the inpatient medical units. Cognitive Rehabilitation referrals come primarily from other mental health providers and from the Neurology service. Polytrauma/TBI referrals may come from any service but mostly primary care.

**8 Supervision:**
Stephen Correia, PhD will be the rotation administrator and primary supervisor. Supervision will be provided by Drs. Correia, Spencer, and Labbe. Supervision is provided mainly in individual format but sometimes involves group format. Supervision involves both face-to-face interactions between the supervisor and resident and also time spent by the supervisor reviewing, editing, and commenting upon the residents work including test selection, scoring, and report writing. Drs. Correia, Spencer, and Labbe have open-door policies for supervision rather than formally scheduled hours. There are multiple supervision contact points during an assessment from clarification of the referral questions; chart review; diagnostic interviewing; test selection, scoring, and administration; interpretation and
diagnostic formulation; development of treatment recommendations; report writing; and feedback to patients, families, and other providers.

9 Relationships to Core Programs:
Training on this PVAMC medical neuropsychology rotation reflects the overall philosophy of the Brown Internship Program, which is based on the clinical science model. In addition to the outlined duties and responsibilities specific to the rotation, release time allows for attendance at various seminars, educational opportunities, additional clinical rotations, and a research placement.

10 Designation of Key Liaison Personnel:
Stephen Correia, Ph.D., Primary Supervisor

Stephen Correia, Ph.D., Neuropsychology Track Coordinator

Elizabeth McQuaid, Ph.D., ABPP, Director, Clinical Psychology Internship Training Program

11 Criteria for Success:
Successful residents will achieve ratings of “Satisfactory Progress” on all competencies that are available within this rotation. Plans will be made for residents to obtain further training, supervision, and/or remediation to address competencies that are rated as “Needs Improvement” or are otherwise identified as areas that require additional emphasis in training. This rotation will be one of several that are considered in an overall determination of resident "competence" at the completion of the internship period.