



BROWN
Alpert Medical School

**Clinical Psychology Training Programs at Brown: A Consortium of the
Providence VA Medical Center,
Lifespan, and Care New England
Postdoctoral Fellowship Training Program
Postdoctoral Fellowship Description: CLINICAL FOCUS**

Title: Postdoctoral Fellowship in Neuropsychology
APA-accredited: YES X NO

Site: Rhode Island & The Miriam Hospitals

Supervisor(s): Geoffrey Tremont, Ph.D., ABPP-CN (Primary Supervisor)
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Description of Sites

Rhode Island Hospital (RIH) is a private, 719-bed, not-for-profit, acute care hospital and academic medical center founded in 1863. It is the largest of the state's general acute care hospitals, providing comprehensive health services, and serving as a primary teaching hospital for Brown Medical School. Rhode Island Hospital is the largest trauma center in the region and has extensive neurology, neurosurgery, and psychiatry departments. In addition to a comprehensive epilepsy center, the hospital has an Alzheimer's and Memory Disorders Center and deep brain stimulation program for movement disorders. RIH is the primary provider of indigent care in the state.

The Miriam Hospital (TMH) is a 265-bed, not-for-profit, acute care hospital and academic medical center. Along with Rhode Island Hospital, it comprises the primary teaching hospitals for Brown Medical School. TMH provides comprehensive health services, with specialties in cardiovascular medicine, oncology, and immunology. It is the site of the Centers for AIDS Research (CFAR), the largest program for HIV in the state. TMH is the site of the Centers for Behavioral Medicine, which is one of the largest research centers within Brown University and is comprised of one of the largest groups of psychologists within the Brown Department of Psychiatry and Human Behavior (DPHB).

The RIH Neuropsychology Program includes a very active inpatient neuropsychological consultation service and a busy outpatient program. Inpatient referrals come from all medical and surgical specialties across the medical center, with referral questions including issues of decision-making capacity, differential diagnosis, rehabilitation needs, and disposition. The outpatient program receives referrals predominantly from internists and neurologists, with questions of differential diagnosis and treatment planning for a wide range of patients, including those with dementia, stroke, TBI, multiple sclerosis, brain tumor, movement disorders, and neuropsychiatric disorders. In addition, we participate in a multi-disciplinary memory disorders center, in which cases are discussed in a group format for diagnostic consensus and treatment planning. Patients are also referred for pre and post epilepsy surgery evaluations, along with intracarotid amygdala procedures (i.e., Wada testing). We also participate in a comprehensive evaluation and consensus meeting for patients undergoing evaluation for deep brain stimulation for Parkinson's disease and other movement disorders.

The TMH Neuropsychology Program includes a very active outpatient and memory disorders clinic, as well as an inpatient neuropsychological consultation service. Inpatient referral questions include issues of decision-making capacity, differential diagnosis, rehabilitation needs, and disposition. The outpatient program receives referrals from internists, neurologists, psychiatrists, and other clinicians from around the state, with questions of differential diagnosis and treatment planning for a wide range of patients, including those with dementia, stroke, TBI, epilepsy, end stage renal disease, multiple sclerosis, brain tumor, neuropsychiatric disorders, and wide variety of other disorders. In addition, we run a multi-disciplinary memory clinic, in which cases are discussed in a group format. The program is involved in the CFAR and evaluates patients with HIV in this context.

A major focus of the evaluation process at both sites is the follow-up, feedback appointment, at which time the patient and family/caregivers are provided with both written and oral summaries of the examination, along with detailed recommendations.

Fellowship Aims

1. To provide the fellow with broad post-doctoral training in hospital-based adult clinical neuropsychology.
2. To enable the fellow to gain experience working with a multidisciplinary dementia, movement disorders, and epilepsy teams by providing evaluations and feedback sessions with patients and families.
3. To provide the fellow with a strong working knowledge of neuropsychological research.

Fellowship Timeline

The duration of the fellowship is 2 years, contingent upon satisfactory progress during the first year. The anticipated start date is September 1, 2021. Two fellows will be selected; one will have a research placement at RIH and one at TMH. Clinical and didactic experiences will be the same for each fellow. Fellows will be license-eligible following completion of the first year of fellowship.

Note: The fellow and the mentor will notify each other in December whether the commitment will be made for a second year.

Clinical Activity Plan (70% time)

The fellow will be trained and prepared to function independently in clinical neuropsychology through exposure to a wide variety of commonly-encountered adult and geriatric clinical populations with neurological brain disorders and psychiatric conditions. The fellow will rotate between the two clinical sites (RIH & TMH) every 6 months. Supervision will focus on ensuring that the fellow has achieved excellent skills in clinical interviewing, test administration, scoring and analysis of test data, integration of assessment results (including neuroimaging and other general medical work-up), differential diagnosis, report writing, treatment planning and intervention. There will be a focus on developing professional skills in interacting with other disciplines and professionals and ensuring strong general clinical skills. Training needs will vary depending on the clinical strengths and weaknesses the trainee brings to the fellowship. There are also optional experiences available in forensic evaluations and in correctional settings. Approximately 14-18 hours per week will be spent in direct clinical contact with patients, while another 8 hours will be spent working on report data analysis, report writing, and related clinical skills.

To ensure that the fellow receives a high level of clinical training in clinical neuropsychology the following activities will be required during the fellowship:

- The fellow will regularly conduct outpatient neuropsychological evaluations.

- The fellow will conduct inpatient neuropsychological consultations throughout the medical centers.
- The fellow will participate in neuropsychological feedback sessions, reviewing test results with patients and their families.
- The fellow will be required to attend and regularly present at Alzheimer's and Memory Disorders Center Consensus Conference, Deep Brain Stimulation Program, and Comprehensive Epilepsy Program Case Conference.
- Post-Doctoral Seminars: The fellow will be required to participate in the post-doctoral seminars through the Brown University Clinical Psychology Postdoctoral Training Program and Clinical Neuropsychology Specialty Program (CNSP).

Research Activity Plan (20% time)

Fellows will be assigned to RIH or TMH for their research placement. Regardless of assignment, there will be opportunities for cross-site collaboration. The fellow has one full day of protected research time each week (i.e., 20% time).

The Neuropsychology Program has an active research component with several ongoing investigations. Examples of funded projects include: telephone intervention for caregivers of dementia patients; naturalistic assessment and intervention of driving and dementia; mind-body interventions for mild cognitive impairment; quantitative MRI in the study of comorbid depression and epilepsy; aging and epilepsy; screening for mild cognitive impairment; impact of cognitive impairment, psychiatric symptoms, and/or beliefs/attitudes on illness self-management (e.g., medication adherence); the ecological validity of cognitive testing; and neuropsychological effects of sedating and anticholinergic medication use in older adults.. Funding for these projects comes from federal (NIH), foundation (e.g., Epilepsy Foundation), Association (e.g., NAN, AACNF, Alzheimer's Association), and hospital/university sources. The program also maintains a large, comprehensive clinical database which allows for retrospective research to be easily conducted. It is expected that the fellow will play an active role in the research program, and will submit abstracts, manuscripts, and possibly a grant, throughout the fellowship.

At both sites, the fellow will be exposed to various aspects of clinical neuropsychology research work. This is achieved via participation in the following activities:

- Review of neuropsychology literature: The fellow will be provided with a series of readings in aging and dementia as well as neuropsychology research in general.
- Manuscript preparation and submission: The fellow is required to submit at least one manuscript and one poster to a national conference each year. Individually tailored goals will be established in this area.
- The fellow will be required to participate in weekly research meetings to discuss research progress and obtain feedback on their ongoing research.

Didactics (10% time)

Postdoctoral Seminars: The fellow will participate in post-doctoral seminars through the Brown Postdoctoral Training Program (10% time).

Mandatory Didactics:

- Core Seminars (1 per month).
- DPHB Academic Grand Rounds (1 per month).
- Clinical Ethics (1 per month).
- Track Seminars –Neuropsychology Rounds, Neuropsychology seminar (weekly).

Brain Cuttings, Medical Examiner's Office (required once during fellowship but may attend more frequently)

Additional Lifespan Didactics:

Neurology and Neuropathology Grand Rounds (weekly)

Alzheimer's and Memory Disorders Center Research Lecture Series (1 per month)

Opportunities to shadow hospital neurologists and consultation liaison psychiatrists are also available and encouraged. Opportunities to supervise neuropsychology practicum students and undergraduate interns are also available.

Supervision and Evaluation

Supervision will be provided in the form of weekly individual supervision of at least 4 hours of face-to-face time from two or more faculty supervisors (Ahern, Buttaro, Davis, Margolis, Pillemer, and Tremont). There will be numerous other activities during the week in which the supervisor will observe and interact with the fellow in the clinical environment (e.g., interviewing and feedback sessions with families).

At every 6 months for the duration of the fellowship, the fellow and the supervisors will provide formal evaluations, and evaluations of the program relative to the goals and learning objectives of the fellowship.

It is anticipated that the fellow will accumulate enough clinical hours to be eligible for licensure in the state of Rhode Island.

Resource Requirements

Fellow will be provided with the following resources:

- Access to space appropriate for clinical care
- A computer and project specific software
- Internet access
- Telephone
- Personal office space

Reporting and approval

This fellowship will be part of the CNSP. The position has been discussed and approved by the Neuropsychology track faculty in their monthly meeting.

Director, Clinical Neuropsychology Specialty Program (CNSP)

Associate Director, Clinical Neuropsychology Specialty Program (CNSP)

Director, Postdoctoral Fellowship Training Program (PFTP)