

Vanderbilt University Medical Center Neuropsychology  
Post-Doctoral Fellowship Information Packet



Vanderbilt  
Memory and  
Alzheimer's  
Center

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## **Vanderbilt University Neuropsychology Postdoctoral Fellowship Overview**

This post-doctoral fellowship is based within the Department of Neurology at Vanderbilt University and provides specialized training in clinical neuropsychology and cognitive aging. It is intended for individuals who have completed all requirements from an APA/CPA-accredited psychology doctoral program and will complete a doctoral-level internship emphasizing neuropsychology who wishes to develop an academic career that emphasizes a balance of clinical service and clinical research.

Fellows are part of a National Institutes of Health (NIH)-funded laboratory, where research and clinical training is supported by a dynamic and highly collaborative interdisciplinary program. The fellow will be involved in an active and well-funded clinical research program, under the leadership of Dr. Angela Jefferson. The primary research goal is establishing effective prevention and treatment strategies targeting concomitant pathways of neural injury that commonly co-occur with core Alzheimer's disease pathology and contribute to clinical manifestation of disease (e.g., cerebrovascular disease, white matter injury). Fellows will benefit from the rich resources of a truly interdisciplinary team of researchers and clinician-scientists with expertise spanning neuropsychology, cognitive neuroscience, multimodal neuroimaging, genomics, bioinformatics, and drug discovery. Current, ongoing research projects include a prospective study of older adults ranging from cognitively normal to mild cognitive impairment at study enrollment who are followed longitudinally to examine cardiovascular and cerebrovascular health in relation to neuroimaging, cognitive, and cerebrospinal fluid markers of maladaptive brain aging.

Fellows participate in research studies through participant recruitment, screening, evaluation, and feedback, as well as data collection and analysis, manuscript writing, and grant development. Fellows receive supervision on the screening, evaluation (clinical interviewing and neuropsychological assessment), and feedback of research participants, which provides a subset of clinical training hours for licensure requirements. As an additional part of these research-related clinical activities, fellows conduct depression screens, and in cases of elevated depression symptoms, perform suicide risk assessments for research participants. Fellows will also train and supervise clinical research staff to perform depression screens and suicidal risk assessments, including providing feedback on chart documentation. Clinical training occupies approximately 50% of the fellow's professional time.

Several intramural pilot funding sources are available to support the fellow's development of an independent research project, including the Vanderbilt Institute for Clinical and Translational Research. There is also an expectation that the fellow will develop an F32 training grant application during fellowship (i.e., National Research Service Award).

Clinical training is provided in the context of the Vanderbilt Behavioral and Cognitive Neurology Division of the Department of Neurology where neuropsychologists address physician referrals in early detection, differential diagnosis, and treatment planning for geriatric patients with suspected cognitive impairment. Training emphasis is on the refinement of clinical expertise, including clinical interviewing, neuropsychological

assessment, case conceptualization, and individualized treatment planning. The position conforms to the Houston Conference guidelines to fulfill requirements for ABPP board certification eligibility in clinical neuropsychology with the expectation that clinical activities, including patient assessments and supervised clinical research participant evaluations, will encompass at least 50% of the fellowship.

Robust didactics are also provided to augment the fellows' training, such as career development series, scientific communication workshops, grant writing workshops, grand rounds, lectures series, and journal clubs. Fellows also complete 4 hours of supervision weekly and gain experience in supervising undergraduate and graduate trainees.

The overall aim of this fellowship is to train clinical scientists for a career in cognitive aging research and board certification in clinical neuropsychology. This is accomplished through training in these profession-wide competencies: research and scholarly activities, evidence-based assessment and diagnosis, ethical and legal standards, individual and cultural diversity, communication and interpersonal skills, professional value and attitudes, supervision and teaching, and interdisciplinary collaboration. The fellowship stipend aligns with federal guidelines and comes with benefits including health insurance, dental insurance, Vanderbilt University tuition remission, and a modest travel stipend. The fellowship begins July 1<sup>st</sup> but the date can be flexible based on internship completion. Consistent with Vanderbilt University Medical Center fellowship appointment guidelines, the fellowship term is for a one-year period and requires verification of all degree requirements from the degree granting institution (e.g., a letter from the Registrar's office on institutional letterhead). Each additional training year requires reappointment through the Vanderbilt Office of Biomedical Research Education & Training. The fellowship is structured for two-years, during which the trainee completes a minimum of 2000 hours of clinical training; however, some fellows interested in building an academic research career may complete a third year emphasizing programmatic research development in anticipation of a K-series submission.

## **Vanderbilt Memory and Alzheimer's Center**

The Vanderbilt Memory and Alzheimer's Center was founded as an integrated interdisciplinary program combining academic, clinical, and research expertise to advance research to minimize the public health burden of Alzheimer's disease and mild cognitive impairment. Under the leadership of founding Director, Dr. Angela Jefferson, the Center's mission is focused on the conduct of innovative research examining mechanisms, risk factors, prevention, and treatment for unhealthy memory loss with age, including mild cognitive impairment, Alzheimer's disease, and related disorders. The Center interfaces directly with the Vanderbilt University Medical Center Department of Neurology Behavioral and Cognitive Neurology Clinic and uses the latest research available to provide cutting edge diagnostic and clinical care. The Center is committed to training and educating the next generation of clinicians and scientists to ensure ongoing advancement of the field of memory loss and Alzheimer's disease for years to come. The Center offers a setting to engage in cutting-edge research opportunities and obtain advanced clinical care training specialization in memory loss with age.

The Vanderbilt Memory and Alzheimer's Center includes an innovative research portfolio focused on identifying risk factors and early diagnostic markers of Alzheimer's disease and developing novel treatments and preventative measures for memory loss and abnormal cognitive aging. We are interested in reducing the public health burden of mild cognitive impairment, Alzheimer's disease, and related disorders. Members of the investigative team at the Vanderbilt Memory and Alzheimer's Center have complimentary scientific expertise and are distinguished scientists in their respective fields. Particular interests of our scientists include discovering vascular mechanisms associated with memory loss and Alzheimer's disease, developing innovative methods, including neuroimaging markers, to enhance early detection and diagnosis of Alzheimer's disease, and applying experimental psychology and cognitive neuroscience techniques to understand memory changes in healthy and diseased aging.

## **The Department of Neurology at Vanderbilt University Medical Center**

Under the leadership of Dr. Dane Chetkovich, the Department of Neurology at Vanderbilt University Medical Center is committed to providing the highest-quality patient care, conducting cutting-edge research, and training future leaders in neurology, neuropsychology, and neuroscience. In recent years, the Department of Neurology has focused on providing personalized care of all patients with neurological disease, using the most advanced technologies and practice models available. Neurology faculty members represent every subspecialty in neurology, providing expert care for patients throughout Middle Tennessee and beyond. By incorporating technological advances like online scheduling and telehealth, access to these physicians has been greatly expanded, especially in rural areas. The department includes 13 clinical practice sites, 10 subspecialty divisions with over 130 faculty members and nearly 50 trainees.

The Department of Neurology boasts a strong research portfolio across its subspecialties. Faculty members are regular contributors to scientific journals and receive generous funding from public, private, and government institutions. In fiscal year 2022, the Department's NIH funding was \$25.3M and contract revenue was \$9M. In 2022, we achieved a Blue Ridge Ranking of 14th in the nation. Grants and contracts are

growing, and faculty members are focused on recruiting and supporting clinical and translational research programs focused on precision in diagnosis and treatment. These research activities provide patients with hosts of opportunities to participate in clinical trials and other investigations aimed at improving quality of life and ultimately changing the course of neurological disease.

Vanderbilt is an academic institution, and the Department of Neurology is dedicated to training the future leaders of neurology, both at the undergraduate and graduate level. The neurology clerkship program is one of the highest ranked in the nation. The residency program is expanding, and several initiatives are in place to promote diversity, inclusion, and wellness for residents. The didactic program meets practical training and one-on-one mentoring, preparing residents to meet the ever-evolving challenges and discoveries in neuroscience while exploring individual interests. Graduates of the Vanderbilt Neurology residency program consistently obtain the fellowship or employment position of their choosing. More importantly, they become leaders in their respective fields, making great strides in patient care and research. The department currently offers fellowships in eight subspecialties, which attract physicians from across the country seeking to pursue further training. The Department of Neurology fosters a culture of lifelong learning, and opportunities for trainees, faculty, and staff to continue their education are offered around every corner.

### **Clinical Training Facilities**

Post-doctoral clinical training focuses on the refinement of clinical skills, including clinical interviewing, neuropsychological assessment, case conceptualization, and individualized treatment planning, for both general medical neuropsychology and geriatric neuropsychology.

Post-doctoral fellows may complete clinical training experiences in the **Behavioral and Cognitive Neurology Division** within the Vanderbilt Neurology Department <https://www.vumc.org/neurology/behavioral-and-cognitive-neurology>. The Behavioral and Cognitive Neurology Division serves to evaluate and treat patients with behavioral and cognitive symptoms that are a result of aging, neurodegeneration, or neurological disease. The Behavioral and Cognitive Neurology Division has seven neurologists, ten neuropsychologists, and three advanced practice practitioners actively covering clinical demand for memory loss work-ups. These progressive changes in the way individuals think and behave are most often related to structural changes in the brain that can be caused by Alzheimer's disease, Frontotemporal Dementia, Vascular Dementia, Lewy Body disease and other neurological illnesses. As life expectancy is extended, a corresponding increase in these disorders means there is a growing need for academic physicians serving these populations in clinical care, education, and research. Vanderbilt is on the forefront of interdisciplinary care for Behavioral and Cognitive Neurology, with a particular emphasis on research. Expert faculty members work interdepartmentally to evaluate symptoms and discover ways to diagnose and manage symptoms through clinical and family interviews, neurologic exam, neuropsychological testing, neuroimaging, laboratory work, and an abundance of ongoing research. This commitment to discovery medicine enables faculty to offer breakthrough management

options for patients and their families. All the clinicians in this division lead and collaborate on clinical research. In addition to faculty experts and frequent clinical trials in such diverse conditions as Huntington's disease and Lewy Body disease, Vanderbilt is also home to expertise in neuro-imaging, an invaluable resource for physicians and their patients. Trainees in the Behavioral and Cognitive Neurology Division work alongside some of the field's leading clinicians and researchers, gaining invaluable technical knowledge as well as passion for discovery medicine. Residents and fellows learn at the intersection of compassionate clinical care and cutting-edge, life-changing research.

### **Vanderbilt's Neuropsychology Clinic**

<https://www.vanderbilthealth.com/clinic/neuropsychology-clinic> provides care to adults experiencing behavioral and cognitive changes related to underlying medical conditions. Specifically, our neuropsychologists conduct assessments to aid in diagnosis, monitoring behavioral and cognitive changes over time, as well as informing and directing treatment. The Neuropsychology Clinic at Vanderbilt has three physical locations within middle Tennessee where expert care is provided from board certified neuropsychologists with over five decades of combined experience in neuropsychological assessment across the full breadth of neurological, psychiatric, and other medical conditions. Comprehensive personalized care is provided as neuropsychologists carefully review each case to tailor assessments to the unique needs of each patient. Immediately following the assessment, patient's often receive feedback about neuropsychological impressions. Coordinated care is also provided as the neuropsychologists work closely with other neurology specialists and neurosurgeons, psychiatrists, cardiologists, internists, hematologists, oncologists, psychiatrists, transplant surgeons and more.

## **Vanderbilt University Medical Center Faculty Supporting the Neuropsychology Fellowship Program**

In addition to the training director, Dr. Angela Jefferson, there are several Vanderbilt University Medical Center faculty members who support the Cognitive Aging Fellowship Program, making it a dynamic and highly collaborative interdisciplinary team. Primary and affiliate faculty members with a focus on cognitive aging who support various aspects of the program's training activities as described below:

### ***Fellowship Program Training Director***

**Angela Jefferson, PhD**, is a neuropsychologist, Professor of Neurology, Herbert O. and Vineta Christopher Director in Alzheimer's Disease, and Founding Director of the Vanderbilt Memory and Alzheimer's Center. Since joining Vanderbilt in 2012, she has established a highly collaborative, collegial, and productive interdisciplinary Alzheimer's disease research community integrating investigators from more than 20 departments, centers, institutes, colleges, and schools across Vanderbilt University and Vanderbilt University Medical Center. She is the Director of the exploratory Vanderbilt Alzheimer's Disease Research Center (P20-AG068082), Director of the Vanderbilt Interdisciplinary Training Program in Alzheimer's Disease (T32-AG058524), and Principal Investigator of the Vanderbilt Memory and Aging Project (R01-AG034962). Dr. Jefferson is a leader in building educational programs in Alzheimer's disease, as supported by a NIH-funded K24 mentorship award and serving as primary mentor for early career trainees across all levels including serving as primary mentor for K-series awards, Howard Hughes Medical Institute Gilliam Fellowship, and National Research Service Awards (F32, F31, F30).

### ***Primary Faculty Supporting Clinical Fellowship Training***

**Ciaran Considine, PhD, ABPP-CN**, is an Associate Professor in Neurology at Vanderbilt University Medical Center and board certified in clinical neuropsychology through the American Board of Professional Psychology. Dr. Considine is primarily interested in neurodiagnostic consultation within adult neurological populations. His clinical practice neurodegenerative conditions, cerebrovascular disease, acquired brain injury, neuro-oncological disease, sleep disorders, and other medical/neuropsychiatric referrals. He is Director of the Aeromedical Neuropsychology Clinic, where he offers FAA-compliant evaluations for airpersons with possible aeromedically disqualifying neurological or psychiatric conditions. Additionally, he offers neuropsychological fitness-for-duty evaluations for Vanderbilt's Faculty & Physician Wellness Program. He is Co-director of VUMC's Brain Health Clinic service model, with services in Neurology and Concierge Medicine, which offers neuropsychological screening for patients seeking to identify medical and lifestyle factors potentially contributing to their cognitive symptoms. As a consulting member of the Vanderbilt Undiagnosed Diseases Program, he contributes to comprehensive workup for patients with difficult to diagnose and rare diseases.

**Katherine Gifford, PsyD**, is an Assistant Professor of Neurology at Vanderbilt University Medical Center. She provides clinical services in the Behavioral and Cognitive Division of Neurology and the Vanderbilt Sports Concussion Center. Dr.



Gifford sees patients within the Behavioral and Cognitive Clinic at Vanderbilt University Medical Center. In collaboration with neurology colleagues, she sees patients in a memory disorder clinic focused on evaluating individuals with concerns about changes to memory, mild cognitive impairment, and early stages of Alzheimer's disease and related dementias. Additionally, Dr. Gifford is the neuropsychologist for the Vanderbilt Sports Concussion Center where she treats patients 12 and older who have sustained a sports-related concussion. She is also the consulting neuropsychologist for the NFL Tennessee Titans, NHL Nashville Predators, MLS Nashville Soccer Club, and Vanderbilt Athletics. She is involved in independent and collaborative research projects with the Vanderbilt Memory and Alzheimer's Center, funded by NIA-funded R01 and K23, and a CDC grant. Her primary research focus is on disorders of aging, dementia, and developing tools for early detection of cognitive impairment. Her research includes a specific emphasis on understanding subjective cognitive decline in older adults, or when people start to notice changes in their own memory and thinking.

**Holly Westervelt, PhD, ABPP-CN**, is an Associate Professor in Neurology at Vanderbilt University Medical Center and the Director of Neuropsychological Services for the Department of Neurology. Dr. Westervelt is board certified in clinical neuropsychology through the American Board of Professional Psychology. She has worked in academic general medical centers providing neuropsychological evaluations for adult inpatients and outpatients with a variety of neurologic conditions such as Alzheimer's disease and other degenerative conditions, Mild Cognitive Impairment, movement disorders, multiple sclerosis, and other medical and neurologic conditions. Dr. Westervelt is dedicated to training, and has trained over 50 practicum students, interns, and postdoctoral fellows in clinical neuropsychology. Her research interests include differential diagnosis in degenerative conditions, particularly Lewy body disease, olfactory measures as diagnostic tools, and cognition in multiple sclerosis.

#### ***Affiliate Faculty Supporting Fellowship Program***

**Derek Archer, PhD**, is a neuroscientist and an Assistant Professor of Neurology at Vanderbilt University Medical Center. His research interests focus on the intersection of neuroimaging and computational genetics, with the goal of identifying which genetic biomarkers are associated with neurodegenerative disease. He is specifically interested in what genetic susceptibility exists towards white matter neurodegeneration in aging and Alzheimer's disease. Dr. Archer is a co-investigator with the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center. Dr. Archer joined the VUMC faculty in 2019. In 2021, he received a Career Development Award from the National Institute on Aging, which focuses on genetic risk towards white matter neurodegeneration in the medial temporal lobe tracts. More recently, he has been working to harmonize multi-site MRI data to facilitate large-scale imaging genetic studies.

**Corey Bolton, PsyD**, is a clinical neuropsychologist and Assistant Professor of Medicine (Geriatrics) at Vanderbilt University Medical Center. Dr. Bolton's research focuses on the use of novel methods for early identification of Alzheimer's disease, with a particular focus on blood-based biomarkers. Dr. Bolton is an investigator with the

Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center.

**R. Ryan Darby, MD**, is a behavioral neurologist, an Assistant Professor of Neurology, and director of the Department of Neurology's Frontotemporal Dementia Clinic. Dr. Darby's research leverages novel neuroimaging approaches to understand why brain atrophy in different regions can cause overlapping clinical syndromes in the context of Alzheimer's disease, frontotemporal dementia, and other neurodegenerative disorders.

**L. Taylor Davis, MD**, is an Associate Professor of Radiology and Radiological Sciences and a neuroradiologist. Dr. Davis serves as the neuroradiologist for the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center. He provides expert analysis and interpretation of neuroimaging studies including brain MRI, brain MRA, and vessel wall imaging.

**Logan Dumitrescu, PhD**, is a computational geneticist and an Assistant Professor of Neurology at Vanderbilt University Medical Center. Dr. Dumitrescu's research interests focus on the molecular and genetic factors that contribute to risk and resilience from Alzheimer's disease. Dr. Dumitrescu is an investigator with the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center.

**James Eaton, MD**, is a behavioral neurologist, neuroimmunologist, and an Assistant Professor of Neurology at Vanderbilt University Medical Center. Dr. Eaton's research interests include the interplay between inflammation and the immune system with neurodegenerative disease. Dr. Eaton sees memory referral patients as part of the Division of Behavioral and Cognitive Neurology in the Department of Neurology and serves as a co-investigator with the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center.

**Kelsie Full, PhD**, is a behavioral epidemiologist and Assistant Professor of Medicine (Epidemiology) at Vanderbilt University Medical Center. Dr. Full has expertise in sleep and cardiovascular health in aging and her research focuses on understanding the role of sleep behavior in the development of cardiovascular disease, and more recently, dementia. Her current research program focuses on exploring the interdependence of sleep and 24-hour activity and associations with cardiovascular disease with the goal of identifying novel strategies for prevention. Dr. Full serves as the Outreach, Recruitment, and Engagement Core Leader for the Vanderbilt Alzheimer's Disease Research Center and is an investigator with the Vanderbilt Memory and Aging Project.

**Leslie Gaynor, PhD**, is a clinical neuropsychologist and Assistant Professor of Medicine (Geriatrics) at Vanderbilt University Medical Center. Her research focuses on evaluating novel cognitive measures and imaging and blood biomarkers to improve the early detection of Alzheimer's disease and related dementias. Dr. Gaynor is an investigator with the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center.

**Hannah Harmsen, MD**, is a board-certified neuropathologist and an Assistant Professor of Pathology, Microbiology, and Immunology at Vanderbilt University Medical Center. Dr. Harmsen's interests focus on the characterization of neurodegenerative diseases, particularly Alzheimer's disease, and in the role microvascular disease plays in neurodegenerative disorders. Dr. Harmsen serves as the Neuropathology Core Co-Leader for the Vanderbilt Alzheimer's Disease Research Center

**Timothy Hohman, PhD**, is an Associate Professor of Neurology, cognitive neuroscientist, and computational geneticist. Dr. Hohman's research leverages advanced computational approaches from genomics, proteomics, and neuroscience to identify novel markers of Alzheimer's disease risk and resilience. Dr. Hohman serves as the Biomarker Core Leader for the Vanderbilt Alzheimer's Disease Research Center and is an investigator with the Vanderbilt Memory and Aging Project. Dr. Hohman directs the Genomics Core for the Preclinical Alzheimer's Disease Consortium and is co-chair of the Alzheimer's Disease Sequencing Project Harmonization Consortium.

**Mary Ellen Koran, MD PhD**, is an Assistant Professor of Radiology and Radiological Sciences (Nuclear Medicine) at Vanderbilt University Medical Center. Her research interests focus on evaluating the genetics of Alzheimer's disease using large-scale positron emission tomography (PET) data (including PET from the electronic health record) and developing novel radiotracers for more personalized AD diagnosis and therapy. Dr. Koran is an investigator with the Vanderbilt Memory and Aging Project, the Vanderbilt Alzheimer's Disease Research Center, and the Vanderbilt University Institute of Imaging Sciences.

**Bennett Landman, PhD**, is Professor and Chair of the Department of Electrical and Computer Engineering at Vanderbilt University. His research concentrates on applying image-processing technologies to leverage large-scale imaging studies to improve understanding of individual anatomy and personalize medicine. He serves as the Biomarker Core Co-Leader for the Alzheimer's Disease Research Center and an investigator with the Vanderbilt Memory and Aging Project.

**Dandan Liu, PhD** is a biostatistician and an Associate Professor of Biostatistics at Vanderbilt University Medical Center. Dr. Liu's research interests focus on biomarker evaluation, event history data analysis with applications to cardiovascular disease, cancer, and Alzheimer's disease. Dr. Liu is the biostatistician for the Vanderbilt Memory and Aging Project and the Data Management and Statistics Core Leader for the Vanderbilt Alzheimer's Disease Research Center.

**Paul A. Newhouse, MD**, is a geriatric psychiatrist, a Professor of Psychiatry and Behavioral Sciences, and the Jim Turner Professor in Cognitive Disorders at Vanderbilt University Medical Center. Dr. Newhouse has clinical expertise in age-related cognitive disorders and sees patients in the Division of Geriatric Psychiatry in the Department of Psychiatry and Behavioral Sciences. Dr. Newhouse's research interests focus on the role of the cholinergic system in human cognition. Dr. Newhouse serves as Clinical Core Leader for the Vanderbilt Alzheimer's Disease Research Center.

**Amalia Peterson, MD, MS**, is a behavioral neurologist and Assistant Professor of Neurology at Vanderbilt University Medical Center specializing in neurodegenerative memory disorders. Dr. Peterson's research focuses on how women's health factors relate to Alzheimer's disease and related dementias from a life course perspective. Dr. Peterson sees memory referral patients as part of the Division of Behavioral and Cognitive Neurology in the Department of Neurology. She also serves as an investigator with the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center.

**Raymond Romano, III, PhD, MPH, MSN**, is a doctoral-level family nurse practitioner with a long history of engaging in aging-focused clinical care and research with an emphasis on Alzheimer's disease. His research focuses on understanding how primary care providers care for patients with Alzheimer's disease and related dementias. He also serves as an investigator with the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center.

**Panpan Zhang, PhD**, is a biostatistician and an Assistant Professor of Biostatistics at the Vanderbilt University Medical Center. Dr. Zhang's research focuses on the development of novel statistical methods for assessing dementia risk in Alzheimer's disease and related disorders. Dr. Zhang serves as an investigator with the Vanderbilt Memory and Aging Project and the Vanderbilt Alzheimer's Disease Research Center.

## **Program Didactics and Supervision**

Numerous didactics and professional development opportunities are available to support the fellow's training activities, such as an Alzheimer's disease guest lecture series, brain cuttings, works-in-progress workshops, biostatistical meetings, journal clubs, and Neurology Grand Rounds.

### **Required Didactics Include:**

**Behavioral and Cognitive Neurology Case Conference:** The Division sponsors a monthly 60-minute Consensus Conference in which clinical, neurological and neuropsychological data are reviewed for clinic patients. An interdisciplinary team, including neurologists, neuropsychologists, psychiatrists, and advanced practice practitioners, review these data to achieve a consensus diagnosis, such as mild cognitive impairment or Alzheimer's disease. Fellows regularly present clinical patients.

**Vanderbilt Alzheimer's Disease Research Center Interdisciplinary Diagnostic Case Conferences:** Fellows will participate in bi-weekly 60-minute diagnostic case conference for the ADRC clinical cohort participants. Case conference focuses on reviewing clinical, cognitive, and neuroimaging information to provide a clinical diagnosis and biological etiology in collaboration with neurology, neuropsychology, psychiatry, nursing, radiology, and neuroscience.

**Vanderbilt Memory and Alzheimer's Center Biostatistical Team Meetings:** This weekly 60-minute meeting is attended by all trainees and includes the Center's biostatistical team. The meeting format includes (a) reviewing and discussing new research proposals, (b) reviewing preliminary descriptives, and (c) discussing hypothesis testing results. The group format provides trainees exposure to a diverse range of methodological and statistical approaches (e.g., to date, we have projects using logistic regression, general estimating equations, general linear mixed models, meta-analysis, factor analysis, and item-response theory). Trainees gain knowledge from discussions in selection and application of statistical methodologies.

**Vanderbilt Memory and Alzheimer's Center Clinico-Pathological Conference:** This monthly 60-minute interdisciplinary conference includes neurology, neurosurgery, radiology, neuroscience, psychiatry, and pathology. Cases are presented from clinical or research participants throughout the entire Center who have undergone autopsy through the Vanderbilt Medical Center brain banks. Fellows will present clinical data and have the opportunity to review pathological information for diagnostic confirmation.

**Vanderbilt Memory and Alzheimer's Center Guest Lecture Series:** The Center hosts a lecture series for a distinguished national or international guest lecturer to visit for 2 days during the academic year. During each visit, trainees interact with the guest lecturer in a 2-hour private round-table discussion where trainees present their research ideas and receive feedback from the distinguished guest. Interaction with these nationally and internationally recognized experts in AD and cognitive aging

offers trainees the opportunity to network with leaders in the field and receive feedback on their ideas from experts external to our campus.

**Vanderbilt Memory and Alzheimer's Center Interdisciplinary Alzheimer's Disease Journal Club:** This 90-minute monthly journal club critically reviews cutting-edge research on topics spanning basic, translational, and clinical science related to neurodegeneration and dementia. Trainees take turns presenting articles with primary and affiliate faculty facilitating the meeting discussion around a selected topic within their area of expertise. The fellow will lead a journal club annually.

**Vanderbilt Memory and Alzheimer's Center Works-in-Progress Workshops:** This 60-minute weekly meeting offers an informal venue for interdisciplinary trainees and faculty across Vanderbilt to share ideas and foster new collaborations to promote interdepartmental and transdisciplinary relationships. The format involves reviewing and critiquing grant ideas, hypotheses, and content. Periodically, new faculty will present their expertise and ongoing research activities, followed by a group discussion.

**Vanderbilt Postdoctoral Association Annual Symposium:** Postdoctoral fellows will present their research annually at the Vanderbilt Postdoctoral Association symposium. This event offers excellent networking opportunities with local scientists and potential research collaborators as well as opportunities to hone research presentation skills and receive feedback on research activities.

#### **Optional:**

**Department of Neurology Grand Rounds:** The Department of Neurology Grand Rounds consists of conferences, lectures, and seminars that cover a range of topics in both basic and clinical neuroscience and provide opportunity to interact formally and informally with faculty, fellows, and senior residents. Grand Rounds occurs weekly, on Friday morning. Once a month, Grand Rounds is combined with Neurosurgery, Neuropathology, and Neuroradiology.

**Department of Psychiatry Grand Rounds:** Psychiatry Grand Rounds are intended for students, residents, faculty, and community physicians. Psychiatry Grand Rounds are held weekly on Thursday morning.

**Brain Cuttings:** The Department of Pathology holds brain cutting seminars for residents and other trainees. These seminars include review of gross pathology, anatomy, and preparation of tissue for histopathology. Cases are varied in age and pathology. Seminars occur weekly on Wednesday mornings.

**Department of Neurology Educational Conferences:** Dedicated educational conferences are held at noon each Tuesday (basic sciences), Wednesday (clinical neurophysiology), and Thursday (clinical neurology). A Chairman's conference is also held on Thursday morning, just prior to the noon session. There is a Stroke conference each Wednesday morning, and various subspecialty conferences are

scheduled intermittently. Journal Club meets twice monthly, and research dinners are held quarterly for informal discussion of basic and clinical sciences.

**Vanderbilt Augmenting Scholar Preparation and Integration with Research-related Endeavors (ASPIRE) Program Coursework:** The Vanderbilt ASPIRE program, established from a prestigious 5-year, \$1.2 million NIH Broadening Experiences in Scientific Training (BEST) Award (DP7-OD018423), offers outstanding training resources to biomedical postdoctoral scholars. Offerings include a 5-month course, *Introduction to the Principles & Practice of Clinical Research*, directed by NIH's Clinical Center, which highlights epidemiologic methods, study design, protocol preparation, patient monitoring, and quality assurance; as well as a *Practical Strategies for Strong Writing* course that focuses on enhancing scientific writing and communication skills.

**Center of Science Communication:** The Center for Science Communication at Vanderbilt aims both to help authors of basic biomedical research publish better papers in better journals and to help potential editors gain experience and improve their skills. The Center offers manuscript studios, one-on-one consulting, workshops and lectures, and customized help to potential editors.

**VUIIS Scientific Communication Seminars:** In this seminar series, we explore scientific communication, a key component of the scientific process linking an idea to a published result: from formulating, describing, and defending a research plan; to communicating results in talks, posters, and journal articles.

**Clinical and Translational Scientist Development:** Continued medical discovery and its translation into improved patient care depend on the continued development of well-trained physician and PhD-scientists. Over the last few years, the number of young scientists with career development funding at Vanderbilt and nationally has grown exponentially due to the success of institutionally- and NIH-funded career development programs. The Office for Clinical and Translational Scientist Development provides an integrated career development program for all physician-scientists, regardless of their scope of research, and for PhD-scientists engaged in translational or clinical research.

**VUIIS Career Development Series:** The aim of this class series is to provide education in non-academic topics that are critical to success in the sciences and engineering. The seminars occur on an approximately quarterly basis and will include a variety of formats (e.g., lecture, panel discussion). Future topics will include "Finding a Job in Academia", "Finding a Job in Industry", "Gender Issues", "Grant Writing", and "Making a Successful Transition to Faculty Rank."

## **Supervision**

Beyond the didactic activities listed above, the fellow will complete at least two hours a week of one-on-one clinical supervision with their supervising clinical neuropsychologist to complete chart reviews of upcoming patients, discuss case conceptualization and report writing, and review clinical interview and patient feedback skills. Fellows will also

receive 1 hour of informal or “on the spot” supervision while in clinic to facilitate case conceptualization and feedback to patients. The fellow will also engage in weekly research supervision meetings with Dr. Jefferson and/or other research faculty to review research progress and developing topics. To develop supervisory skills, the fellow will complete tiered supervision in the clinical setting with undergraduate and graduate trainees, in conjunction with their clinical supervisor. Fellows will be expected to provide administration and scoring training of neuropsychological assessment, report writing, and clinical interviewing training, with support from the clinical supervisor. The fellow will also offer training in clinical research methodology (i.e., neuropsychological assessment, clinical interviewing, support group training) to clinical research staff within the Vanderbilt Memory and Alzheimer’s Center. This training by the fellow will be supervised and monitored by primary and affiliated faculty members. The majority of tiered supervisory experiences occur during the second year of the fellowship. Fellows will also review their supervision skills and experience with the clinical and/or research supervisor during supervision meetings.

**Sample Didactic and Supervision Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday
	8:15am-9:15am Vanderbilt Memory & Alzheimer’s Center Guest Lecture Series (monthly) <i>Presenter: nationally recognized MD or PhD experts</i>	9:00am-10:00am Department of Pathology Brain Cuttings (weekly)* <i>Presenter: pathology faculty</i>	8:30am-9:30am Cognitive & Behavioral Neurology Case Conference (monthly) <i>Presenter: faculty, fellows</i>	8:00am-9:00am Department of Neurology Grand Rounds (weekly)* <i>Presenter: faculty, fellows</i>
			9:00am-10:00am Department of Psychiatry Grand Rounds (weekly)* <i>Presenter: faculty, fellows</i>	
	12:00pm-1:00pm Department of Neurology Basic Science Education Conference (weekly)* <i>Presenter: neurology faculty</i>		12:00pm-1:00pm Department of Neurology Clinical Neurology Education Conference (weekly)* <i>Presenter: neurology faculty</i>	
2:00pm-3:00pm Clinical Research Supervision (weekly)	2:00pm-3:00pm Vanderbilt Memory & Alzheimer’s Center Biostatistics Meeting (weekly) <i>Presenter: PhD biostatistician, training director, fellow, faculty</i>			2:00pm-3:00pm Clinical Supervision (weekly)
3:00pm-4:00pm Clinical Supervision (weekly)				
4:00pm-5:00pm Vanderbilt Alzheimer’s Disease Research Center Case Conference (biweekly) <i>Presenter: faculty and fellows</i>	4:00pm-5:00pm Vanderbilt Memory & Alzheimer’s Center Works-in-Progress Workshop (biweekly) <i>Presenter: faculty, fellows, trainees</i>		4:00pm-5:00pm Vanderbilt Memory & Alzheimer’s Center Clinico-Pathology Conference (monthly) <i>Presenter: neuropsychology and neuropathology faculty</i>	3pm-4:30pm Vanderbilt Memory & Alzheimer’s Center Journal Club (monthly) <i>Presenter: faculty, fellows, trainees</i>

Note. \*=optional didactics



## **Research Training and Collaboration Resources**

There are numerous research training and collaborative resources available to support fellowship activities at Vanderbilt University.

### **Vanderbilt Institute for Clinical and Translational Research (VICTR)**

VICTR is Vanderbilt's virtual home for clinical and translational research, supported by the Vanderbilt Office of Research and the NIH sponsored Clinical and Translational Science Award. The mission of the institute is to transform the way ideas and research discoveries make their way from origin to patient care. VICTR facilitates collaboration, promotes research training, offers research funding resources, engages in community outreach, and develops new informatics and biostatistical systems. The following are descriptions of VICTR resources available to academic and community partners:

#### VICTR Clinical Research Center (CRC):

The CRC provides clinical space (e.g., outpatient examination and procedure rooms), hospitalization cost, laboratories, equipment, and supplies for clinical research. Scientific facilities include an assay development laboratory, a body composition and energy balance laboratory, locked medicine room, specimen procedure room, centrifuges, and freezers for temporary sample storage.

#### Database Management

Vanderbilt bioinformatician, Dr. Paul Harris, developed a software application, Research Electronic Data Capture (REDCap), intended to securely collect, manage, and share data on a web-based platform for diverse clinical and translational research studies. REDCap Survey was designed for studies where data are collected directly from the research participant. Both products include secure institutional data hosting and include full audit-trails in compliance with HIPAA security requirements.

#### Studios

"Studios" are a series of structured, dynamic sessions bringing together relevant research experts in a particular methodology to focus on a specific stage of research. We offer studios for hypothesis generation, study design, implementation, analysis and interpretation, translation and manuscript development. A studio consists of 2-6 experienced faculty selected to participate in a guidance session based on specific areas of research and needs identified by the investigator.

#### VICTR Pilot Funding

VICTR provides two mechanisms for awarding funding and resources for translational research:

*Vouchers:* Micro-grants less than \$2,000 designed to enable preliminary work and generation of pilot data on translational research projects. Vouchers are available for clinical and translational research involving human subjects, human information (e.g. medical records) or human records. The submission process is minimal and requests are typically reviewed within two business days.

*Resource Request:* VICTR funding is available for translational projects that involve human tissue, human information (e.g. medical records), and/or have application to

human health. Translational research includes two areas of translation: T1 and T2. T1 is the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in human subjects. T2 is aimed at moving knowledge from clinical trials to clinical practice and the development and adoption of prevention and treatment strategies.

### **The Vanderbilt University Institute of Imaging Science (VUIIS)**

The Vanderbilt University Institute of Imaging Science (VUIIS) is a University-wide interdisciplinary initiative that unites scientists whose interests span the spectrum of imaging research - from the underlying physics of imaging techniques to the application of imaging tools to address problems, such as understanding brain function. In addition to high-field MRI and MR spectroscopy in human subjects, the VUIIS offers state-of-the-art options for small animal imaging in all modalities. The VUIIS is housed in a four-floor, 41,000-square-foot state-of-the-art facility adjacent to Medical Center North. This research space houses 24 faculty members (including Dr. Donahue) and more than 60 graduate students and postdoctoral fellows in biomedical science, engineering, and physics. With two research-dedicated 3T Philips Intera Achieva MR whole-body scanners and a research dedicated Philips Vereos PET/CT scanner, the VUIIS supports all neuroimaging research needs for Vanderbilt Memory and Alzheimer's Center investigators and trainees.

### **Vanderbilt Brain Institute**

The Vanderbilt Brain Institute (VBI) is a trans-institutional entity to oversee and facilitate the extensive neuroscience-related endeavors carried out at Vanderbilt University. It plays major roles in shaping the neuroscience research activities at Vanderbilt, in facilitating postdoctoral training and in community outreach. The VBI sponsors the annual Brain Awareness Month activities, which feature a series of public events designed to promote knowledge about the brain and brain-related illness and dysfunction.

### **The Office of Biomedical Research Education and Training (BRET)**

The Office of Biomedical Research Education and Training (BRET) was established in 1999 to support and coordinate graduate education, postdoctoral training, minority affairs, and educational technology initiatives for the Vanderbilt biomedical research community. Dr. Roger Chalkley, Senior Associate Dean, is responsible for the overview of BRET activities.

BRET handles all aspects of the recruitment, application and admissions processes for graduate programs in the biomedical sciences. Graduate programs include the Interdisciplinary Graduate Program, the Chemical and Physical Biology Program, the Medical Scientist Training Program, and the Master of Laboratory Sciences Program. The BRET Office also provides educational technology support and organizes the Responsible Conduct of Research training which is held each spring.

Included under the BRET auspices are the Office of Postdoctoral Affairs and the Postdoctoral Association, the Office of Career Development and Outcomes Analysis,

the Educational Technology Program, and Psychological Services for Biomedical Trainees. Other training programs administered include the Vanderbilt Summer Science Academy for undergraduate students, Certificate Program in Molecular Medicine, and Vanderbilt International Scholar Program. The BRET Office also maintains a detailed database of research faculty involved in pre- and postdoctoral training as well as a database of current, previous graduate students and postdoctoral fellows.

## **Monitoring & Evaluation Process**

A competency-based evaluation format will be used for all trainees that emphasizes acquisition of explicit skills and abilities specific to each fellow's training goals. Clear objective criteria will be applied for evaluation of achievements (e.g., number of patients seen, number of reports written, manuscript submissions). The quantitative program evaluation will begin with each trainee developing an Individual Development Plan (IDP), with assistance from their primary advisor, at the onset of each training year. The plan will include a self-assessment along with a detailed training plan and specific goals. Progress toward achieving these goals will be reviewed during biannual mentorship meetings between the fellow, primary advisor, and Training Director. The advisors and Training Director will regularly monitor the mentorship plan to ensure that each trainee is on the right path for success. If any trainee lags in meeting their development plan objectives, the mentorship team will identify barriers to success and adjust the mentorship plan accordingly (e.g., hold meetings with primary advisor and trainee, recommend additional development activities). Details on the evaluation process are outlined below.

### Evaluation Process for the Fellow

Each supervisor will generate a Needs Assessment at the beginning of the training year for all fellows with whom he/she works. This Needs Assessment will be incorporated into the IDP. Evaluations will be reviewed with the fellow before being sent to the Training Director.

A mid-year and end-of-year evaluation will be conducted between the fellow and each supervisor evaluating progress toward goals based on the initial Needs Assessment. This evaluation will be sent to the Training Director.

It is the responsibility of the training faculty to identify any serious problems or deficiencies as early as possible. Feedback should be given in a timely manner. If the problem is of such severity as to call into question the fellow's successful completion of the program, the Training Director will be informed, and a written plan will be developed and implemented, in collaboration with the trainee, to remedy the problems.

Fellows are expected to demonstrate growth and at least satisfactory performance in each of the areas of competence listed below:

1. Research and scholarly activities
2. Evidence-based assessment and diagnosis
3. Ethical and legal standards
4. Individual and cultural diversity,
5. Communication and interpersonal skills
6. Professional value and attitudes
7. Supervision and teaching
8. Interdisciplinary collaboration.

### Evaluation Process of the Supervisors and Program

Each fellow will complete a written evaluation of his/her supervisors and training sites to the Director at mid-year and end-of-year. Information will be kept confidential and will be used to identify areas of weakness or development for clinical supervisors.

## **Due Process Procedure & Policies**

At the beginning of the training year, each fellow is provided a copy of our Due Process policy (see below), which provides a definition of competency standards, a listing of possible sanctions and an explicit discussion of the due process procedures. It also explains the process if a supervisor has a concern regarding a trainee that does not fall under the competent standards/adequate performance (i.e., Due Process). Participation in this training program is contingent upon adherence to all hospital policies, as well as all applicable sponsoring institution and individual training program requirements.

## **General Guidelines**

Due process ensures that decisions made by the Vanderbilt University Neuropsychology Training Program about trainees are not arbitrary or personally based, requires that the Vanderbilt University Neuropsychology Training Program identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the trainee so that he/she may challenge the Vanderbilt University Neuropsychology Training Program's action. General due process guidelines include:

1. Presenting trainees in writing with the Vanderbilt University Neuropsychology Training Program's expectations related to professional functioning
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals
3. Articulating the various procedures and actions involved in making decisions regarding problems
4. Instituting a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies
5. Providing a written procedure to the trainee that describes how the trainee may appeal
6. the program's action. Such procedures are provided to trainee and reviewed during orientation.
7. Ensuring that trainees have sufficient time to respond to any action taken by the Vanderbilt University Neuropsychology Training Program
8. Using input from multiple professional sources when possible for making decisions or recommendations regarding the trainee's performance
9. Documenting to all relevant parties the action taken by the Vanderbilt University Neuropsychology Training Program and its rationale

## **Fellows' Rights and Responsibilities**

1. Fellows have the right to receive information regarding the program's expectations and procedures for evaluation and due process during the orientation period.
2. Fellows have the right to receive timely and regular feedback regarding their performance and any concerns for problematic behavior.
3. If due process procedures are initiated, fellows have the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

4. Fellows have the right to receive information regarding due process decisions within the timeline outlined below.
5. Fellows have the right to respond to and appeal the program's actions. Adequate time will be provided to formulate a response or appeal. When a challenge is made, the fellow must provide information supporting his/her position or concern.
6. Fellows have the responsibility to interact with the training program in a respectful, professional, and ethical manner, make every reasonable attempt to remediate behavioral and competency concerns, and strive to meet the aims and objectives of the program.

### **Postdoctoral Fellowship Program's Rights and Responsibilities**

1. The program has the right to implement these Due Process procedures when they are called for as described below.
2. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical.
3. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy.
4. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the maximum extent possible in successfully completing the training program.

### **Definition of inability to perform competency standards**

Trainee inability to perform to competency standards is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
2. An inability to acquire professional skills in order to reach an acceptable level of competency or
3. An inability to control reactions which interfere with professional functioning.

Problem behaviors are noted when supervisors perceives a trainee's behaviors, attitudes or characteristics as disruptive to the quality of his/her clinical services; ability to comply with appropriate standards of professional behavior; or his/her relationships with supervisors, or other staff. It is a professional judgment as to when a trainee's behavior becomes serious enough to necessitate remediation efforts rather than just behaviors to be not unexpected or excessive for professionals in training. Problems typically become identified as inability to perform to competency standards when they include one or more of the following characteristics:

1. The trainee does not acknowledge, understand or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
3. The quality or quantity of services delivered by the trainee is sufficiently

negatively affected.

4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback, remediation, and/or time.
7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the fellow's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a patient; and/or,
11. the problematic behavior violates appropriate interpersonal communication with staff at Vanderbilt University Medical Center.

When areas of weakness are observed, the trainee and supervisor will collaboratively address possible avenues of remediation and progress will be monitored and documented regularly. However, should this collaborative effort fail in improving the trainee's performance rating, the procedures listed will be followed and the same consequences will be included as noted below.

### **Due Process Procedure**

If a trainee's behavior is deemed problematic or he/she receives a rating of "Unsatisfactory" or "Needs Improvement" from any of the evaluation sources, the following procedures may be initiated:

1. The trainee's supervisor will meet with the Training Director to discuss the problematic behavior or inadequate rating and determine what action needs to be taken to address the issues reflected by the problematic behavior or rating.
2. The trainee will be notified within 14 days, in writing, that such a review is occurring and will have the opportunity to appeal or provide a statement related to his/her response to the problematic behavior or rating within 7 days of notification. This constitutes both notice to the fellow regarding concerns and remedial plan and opportunity for hearing of the fellow to understand and respond to the concerns or appeal.
3. In discussing the problematic behavior or rating and the trainee's response (if available), the following methods will be adopted:
  - a) The first step to address a problematic behavior or rating would be an attempt at informal resolution. The training committee may recommend remedial training for the trainee that may include completing additional reading, taking a course pertinent to the problematic area, or preparing a presentation that would require the trainee to consolidate his or her knowledge of the subject matter in question. Other informal remedial actions may also be suggested to address the unique circumstances of the trainee at the discretion of the Director of Training and training committee.
  - b) In the event that an informal resolution to problematic behavior or rating cannot be achieved via the aforementioned, the second course of action is to issue an "Acknowledgement Notice" which formally acknowledges a) that



- supervisors are aware of and concerned with the problematic behavior or rating, b) that the problematic behavior or rating has been brought to the attention of the trainee, c) that supervisors will work with the trainee to specify the steps necessary to rectify the problem or skill deficits addressed by the problematic behavior or rating, d) that the problematic behaviors or rating are not significant enough to warrant serious action, and e) a review of the problematic behavior and corrective action will occur after 3 months. This step includes both notice to the fellow and opportunity for hearing of the fellow to respond to the notice.
- c) The third course of action is to place the trainee on "Probation" which defines a relationship such that supervisors and the Director of Training actively and systematically monitor the degree to which the trainee addresses, changes and/or otherwise improves the problematic behavior or conduct associated with the rating. This monitored period is typically 3 months, but length is at the discretion of the training committee. The probation is a written statement to the trainee and includes: The actual problematic behaviors or rating, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be remedied, and the procedures designed to ascertain whether the problem has been appropriately rectified.
  - d) The Director of Training may also determine that the disposition is to "Take no further action."

The Director of Training will then meet with the trainee to review the action taken. Once the Acknowledgment Notice or Probation is issued by the Director of Training, it is expected that the status of the problematic behavior or rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problematic behavior or rating has been remedied to the satisfaction of supervisors, the trainee and other appropriate individuals will be informed and no further action will be taken.

If the supervisee is placed on probation and the issue is not satisfactorily resolved during the probationary period, but progress has been achieved, the probationary period may be extended up to an additional three months at the discretion of the training director.

If no progress has been realized during the probationary period, the training director may terminate the fellowship.

### **Appeals**

If Acknowledgment Notice or Probation is determined (or determination of probation extension), the trainee may choose to challenge the action by formal appeal. This written appeal to the Training Director must occur within 10 business days after the fellow is notified of this decision.

The Training Director will attempt to mediate the dispute in collaboration with the trainee and their direct supervisor. If the disagreement remains unresolved after

mediation, the fellow can appear before the Training Committee to appeal a decision. If the fellow chooses to appear at the Training Committee meeting, they may also solicit additional faculty to present on their behalf during this appeal if desired. After hearing the trainee's appeal in person, the Training Committee will have 1 week to determine and inform the fellow if the remediation plan should be altered.

If the fellow does not feel comfortable appearing before the Training Committee or if a disagreement remains, the fellow may submit a second appeal in writing within 2 weeks of being notified on the Training Committee's decision. The Training Director will appoint a three-person advisory committee consisting of the Training Director or designee and two other training faculty members. The Committee will resolve the appeal if possible. If not, the Committee may take any or a combination of the following actions:

1. Call a special Training Committee meeting to consider the grievance;
2. Consult with legal counsel;
3. Consult with other professional organizations (e.g., APA, APPIC);
4. Advise the Training Committee on particular areas of concern in the management of the grievance.

The Appeal Committee will maintain minutes of all meetings. The Committee will also retain records of all documentation, such as written summaries. A final decision will be made within 30 days of the appeal. If the fellow is not satisfied with the decision, they have the right to contact APPIC for further guidance.

## **Grievance Procedures**

At the beginning of the training year, each fellow is provided a copy of our grievance procedures policy (see below). This document provides guidelines to assist fellow(s) who wish to file a complaint against the training program. Such complaints could include, though are not limited to, complaints about staff or faculty, other students, supervision, stipends/salary, harassment. These Grievance procedures are also outlined for those who wish to appeal a decision for training remediation or fellowship termination. It is the program's intent to be receptive to all trainees' expression of problems encountered during fellowship training and to make reasonable and timely efforts to resolve any causes of trainee dissatisfaction.

Faculty are expected to be candid and to act in good faith in dealing with problems and dissatisfaction expressed by fellows. No faculty member will interfere with a trainee's right to express or file a grievance. Fellows are assured freedom from restraint, discrimination, or reprisal in exercising that right.

If a trainee detects a problem with a supervisor, student, or other staff member the trainee should discuss the problem with that individual and attempt to informally resolve the concern. If resolution is not possible within 14 days, concerns will be elevated to the supervisor or Training Director, who will meet with all parties and attempt to mediate the concerns. If there is no resolution within 14 days or the grievance involves a matter that cannot be resolved informally, a written grievance can be filed, and a Grievance Committee will make a decision about the concern within 30 days (see below).

Unless a fellow has grave reservations about expressing dissatisfaction or the complaint to his/her immediate supervisors, any problem or dissatisfaction should initially be addressed on the first relevant level, e.g., to the supervisors or the clinic directly involved. The fellow can contact the Department Chair or office of GME if unable to approach supervisors or the Training Director.

If a grievance is filed, the Training Director will convene a Grievance Committee consisting of the Training Director or designee and two other training faculty members. The Grievance Committee will resolve the grievance if possible. If not, the Committee may take any or a combination of the following actions:

- a. Refer the grievance to the next scheduled Training Committee meeting;
- b. Call a special Training Committee meeting to consider the grievance;
- c. Consult with legal counsel;
- d. Consult with other professional organizations (e.g., APA, APPIC);
- e. Advise the Training Committee on particular areas of concern in the management of the grievance.

The Grievance Committee will maintain minutes of all meetings. The Committee will also retain records of all documentation, such as written summaries.

The full Training Committee, upon request of the Grievance Committee, will review and evaluate grievances not resolved at any lower level. The decision of the full Training Committee will be determined by majority vote excluding the member(s) involved in the

grievance. A final decision will be made within 30 days of the grievance/appeal. If the fellow is not satisfied with the decision, the VUMC GME procedures will be followed: <https://medicine.vumc.org/complaint-and-grievance-procedures>. The fellow will provide a written statement to the Neurology department chair within 5 business days. If the problem remains unresolved, the fellow shall contact the Associate Dean for GME within 10 business days. If the fellow disagrees with the Associate Dean of the GME, he/she will notify the Director of GME, in writing, within 10 business days, who will convene a Review Committee to review the grievance/appeal within 10 business days. This Committee will make a recommendation to the Dean of the Medical School, who will make a final decision.

The fellow may also consult with the American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or consult legal counsel. At any stage of the process fellows may consult formally or informally with the Training Director, American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or legal counsel about their problems, dissatisfactions, or grievances.

**Completion of the Program**

Upon successful completion of the program, fellows will be awarded a certificate of completion. This certificate will validate that the trainee has successfully completed all the program requirements and has acquired expertise in the field of clinical neuropsychology. This certificate will be awarded after final evaluation by the Training Committee.