Neuropsychology Residency Training Manual

Departments of Psychiatry and Neurology

Indiana University School of Medicine
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Appendix A: Resident and Supervisor Evaluation Forms

Appendix B: IU School of Medicine Sexual Harassment Policy

Appendix C: IU Policy on Equal Opportunity and Affirmative Action

Appendix D: IU Policy on Americans With Disabilities Act Rights
Core Structure of the Neuropsychology Residency

Mission:
The mission of Clinical Neuropsychology Residency is to educate and train doctoral-level psychologists in brain-behavior relationships and the competent and ethical practice of adult clinical neuropsychology.

Upon completion of the residency, the resident will have sufficient education and training in the theory and practice of neuropsychology to sit for and pass the examinations for board certification by the American Board of Clinical Neuropsychology, a specialty board of the American Board of Professional Psychology (ABPP).

Program Description:
The two-year Clinical Neuropsychology Residency at Indiana University School of Medicine is supported by the Departments of Psychiatry and Neurology. The Program is structured to follow the Houston Conference on training and education in neuropsychology (Archives of Clinical Neuropsychology 1998; 13:157-248) and is affiliated with the Association for Postdoctoral Programs in Clinical Neuropsychology (APPCN).

Clinical training following an apprenticeship-type model dominates the first year with residents seeing patients with a range of medical, neurologic, and psychiatric disorders in both outpatient and inpatient settings.

The population is mostly adults, age 18 and older. The full spectrum of neurobehavioral syndromes are represented including dementia (Alzheimer disease, Lewy Body disease, frontotemporal dementia, vascular dementia), stroke, epilepsy, closed head injury, occupational exposures, and adult attention deficit and learning disorders.

A full range of didactic exposures occur throughout the residency and there are several ongoing research projects with established databases.

In the second year, the resident assumes more clinical autonomy in management of cases and has the opportunity to develop a research project for presentation internally (Grand Rounds) or at a national meeting (e.g., INS, APA Division 40, or NAN).
Application Procedures

Requirements:
1. Completion of an APA-approved (or CPA-approved) internship in Clinical or Counseling Psychology.
2. Doctoral degree conferred from an APA-approved graduate school training program in Psychology; or doctoral candidate in good standing in an APA-approved graduate school training program in Psychology.
3. Applicants must participate in the APPCN-affiliated National Matching Service.

Application:
1. Cover letter describing the applicant’s interest in psychology and neuropsychology, a summary of education and training, and a statement of the applicant’s short- and long-term career goals.
2. Current CV.
3. Three (3) letters of recommendation.
4. Copies of graduate and undergraduate academic transcripts (copies issued to student are acceptable).

Notification and Contract:
1. Applications will be reviewed and, based on the review, interviews (in-person or over-the-telephone) will be arranged.
2. The Clinical Neuropsychology Residency program at Indiana University School of Medicine is APPCN-affiliated and participates in National Matching Service for selection of neuropsychology residents.
3. Matched candidates will receive formal contracts as issued from the Indiana University School of Medicine, Office of House Staff Affairs.
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<td>Location</td>
<td>Neuropsychology Clinic at PB</td>
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| Activity | New patient #1:  1) interview  
2) staff w/ fac  
3) testing  
4) scoring  | New patient #3:  1) interview  
2) staff w/ fac  
3) testing  
4) scoring  | Write Reports  1) Pt #1  
2) Pt #3  | Research  | Write Reports  Pt #5  |
|         |                                             |                                             |                                             | Weekly Neuropsychology Case Conf  
(PB 3rd Floor)  | Psychiatry Grand Rounds  
(MS B26)  |
|         |                                             |                                             |                                             | Neurology Grand Rounds  
(MS B26)  | Neurology Stroke Conference  
(MS B26)  |
| **PM** |                                             |                                             |                                             |                                            |                                             |
| Location | Neuropsychology Clinic at PB                | Inpatient Consultations                      | PB Office                                   | Wishard Center for Senior Health  
(RG 4th Floor)  | PB Office                                   |
| Activity | New Patient #2:  1) testing  
2) scoring  | New Patient #4:  1) testing  
2) scoring  | Staff Reports  1) Pt #1  
2) Pt #3  | New patient #5:  1) interview  
2) staff w/ fac  
3) testing  
4) scoring  | Staff Reports  Pt #5  |
|         |                                             |                                             |                                             |                                             | Research  |

Neuropsychology Residency
1. Outpatient Consultations:
      i. One Neuropsychology clinic is associated with the Department of Psychiatry and located in the Psychiatry Building on the grounds of Indiana University Medical Center. This clinic receives referrals from all clinical departments within the school of medicine as well as community and forensic referrals. Referral questions are quite broad and evaluations tend to be comprehensive. Supervisors are Drs. Unverzagt and Rexroth.
      ii. A second Neuropsychology clinic is associated with the Department of Neurology and located in the Clinical Building on the grounds of Indiana University Medical Center. This clinic receives referrals from all clinical departments within the school of medicine as well as community and forensic referrals. Supervisors are Drs. Kareken and Rexroth.
      iii. There is an opportunity for exposure to a few child cases through the Pediatric Neuropsychology Clinic at Riley Hospital for Children. Referral questions are quite broad and evaluations tend to be comprehensive. Supervisor is Dr. Pongonis.
   b. Center for Senior Health. This clinic is also located on the grounds of Indiana University Medical Center and is a part of Wishard Health Services which serves a primarily disadvantaged urban population. The Center for Senior Health is an outpatient geriatric medicine clinic serving older adults. Our service to this clinic includes focused interviews with briefer cognitive examinations using local norms. Referral questions are primarily, but not exclusively, related to dementia and stroke.

2. Inpatient Consultations:
   a. Wishard Hospital. A large acute care hospital serving a disadvantaged urban population. Referrals come from the adult Psychiatry unit (BU3) or the general medical-surgical floors.
   c. University Hospital. An academic medical center-associated tertiary care hospital. Referrals come from Neurology and general medical-surgical services.
   d. Methodist Hospital. A non-profit acute and tertiary care hospital. Referrals come from the Psychiatry service.
Supervision

Frederick W. Unverzagt, Ph.D

- Board certified clinical neuropsychologist American Board of Clinical Neuropsychology (ABCN), a specialty board of the American Board of Professional Psychology (ABPP)
- Associate Professor of Psychiatry, Indiana University School of Medicine.
- Director, Clinical Neuropsychology Residency Program
- Director, Neuropsychology Clinic in Psychiatry
- Email: funverza@iupui.edu
- Website: [http://www.iupui.edu/~psycdept/faculty/funverza.htm](http://www.iupui.edu/~psycdept/faculty/funverza.htm)

Daniel Rexroth, PsyD.

- Clinical Assistant Professor, Departments of Psychiatry and Neurology, Indiana University School of Medicine.
- Co-director, Neuropsychology Clinic in Psychiatry
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David A. Kareken, Ph.D

- Board certified clinical neuropsychologist American Board of Clinical Neuropsychology (ABCN), a specialty board of the American Board of Professional Psychology (ABPP)
- Associate Professor of Neurology, Indiana University School of Medicine
- Director, Neuropsychology Clinic in Neurology
- Co-director, Clinical Neuropsychology Residency Program
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- Website: http://snri.iusm.iu.edu/kareken.htm

Stephen J. Pongonis, PsyD

- Assistant Professor of Neurology
- Pediatric Neuropsychology Clinic, Riley Hospital for Children
- Email: spongoni@iupui.edu

Form of Clinical Supervision:

- Faculty members see every patient seen by the resident.

- Early in the residency, the resident observes the faculty member conduct the diagnostic interview with patient and informant. The resident will then conduct as much testing independently as he or she has been certified to do. The resident will draft a report of the consultation including history of the present illness, other history, behavioral observations, test results, diagnosis, comment, and recommendations. In a collaborative process, the faculty member and the resident will finalize the report to the faculty member’s satisfaction. The resident will observe any verbal feedback of the results to patient and referrer.

- As competence allows, the resident will lead the diagnostic interview. The faculty member will be present in the examination room or conduct a separate HPI in the
presence of the fellow. At the conclusion of the contact, the resident will staff the case with the faculty including current working diagnoses and plan for evaluation. The faculty member offers input as needed and the evaluation continues under the direction of the resident. The resident drafts a report and it is finalized during a supervision session. The faculty member observes the residents verbal feedback to patient and referrer.

- As competence allows, the resident will conduct his or her patient interviews independently. Once completed, the resident staffs the case with the faculty member, who confirms the resident assessment with his own independent diagnostic interview. The faculty member offers input as needed and the evaluation continues under the direction of the resident. The resident drafts a report and it is finalized during a supervision session. The faculty member observes the residents verbal feedback to patient and referrer.

General Procedures:

1. The resident creates a folder for each new patient.
2. The resident reviews medical records prior to evaluating patients.
3. The resident notes of the history of the present illness (HPI) during the diagnostic interview. The resident gathers history from informants over the telephone when needed.
4. The resident acquires and process all necessary releases and requests for information.
5. Inpatient reports will be completed within 24 hours of initial patient contact. The resident will personally file these in the unit chart within that time frame. The resident will page the referral source to arrange verbal feedback prior to filing the note. The report should be brief (1 page or less).
6. Outpatient reports will be completed within 10 business days of initial patient contact. The resident will mail and fax the consult report back to referral source within this time frame with verbal feedback depending on the case. The report should be brief (2-3 pages).
7. The resident arranges all follow-up activity (feedback appointments, arranging for referrals for further work-up or treatment, submitting billing).
8. Residents see 4 to 8 patients per week.
9. Supervision including time spent with the supervisor during interview, staffing, and report generation will range from 1 to 5 hours per patient.
Evaluations (Resident, Supervisor, and Program)

Evaluation of Resident:

- Formal reviews occur at month 6, 12, and 24 of the residency.
- Residents complete a summary of the patient log covering the review interval.
- Residents complete a summary of the didactic experiences for the review interval.
- Each clinical supervisor rates the resident’s knowledge base and professional practice on structured rating forms and via a brief narrative.
- The training director reviews the resident’s interval clinical productivity, faculty reviews of performance, and educational programming and completes a structured rating of the resident for the review interval. If areas of weakness are identified in the resident, then an explicit plan for development will be created and entered into the review. Clinical service time may be re-allocated to permit remediation. Extra time may be made available to facilitate skill development. Increased supervision and creation of targeted reading lists can also be developed as needed. The remediation plan is reviewed with the residency training committee.

Evaluation of Supervisor:

- Formal reviews occur at month 6, 12, and 24 of the residency.
- Residents evaluate each supervisor he or she has had contact with during the review interval. A structured rating form is used.
- The training director reviews all resident evaluations of supervisors. If concerns in supervision are identified, the director will speak with involved faculty. Should concerns persist, the matter may be reviewed with the NRTC, Departmental Fellowship Committee, or with the Section head.

Program Evaluation:

- The Clinical Neuropsychology Residency program is reviewed annually by the Residency Training Committee. Resident progress will be reviewed. The scope and frequency of formal didactics, progress toward and status of program accreditation, and any grievances will be reviewed.
- The Clinical Neuropsychology Residency program will be reviewed at least annually by the Departmental Committee on Fellowships.
Resident Practice Competencies

Upon completion of the residency, the resident will display these competencies in the clinical practice of neuropsychology:

1. Detailed knowledge of neurobehavioral syndromes and psychiatric diagnoses.
2. Working knowledge of major neurological disorders.
4. Working knowledge of neurologic and radiologic diagnostic procedures.
5. Working knowledge of the indications of the major classes of neurologic and psychiatric medications.
6. Ability to take a comprehensive history including: chief complaint, history of the present illness, medications, prior medical history, prior psychiatric history, family history, and social history. Knowledge of when a collateral interview is necessary and ability to obtain pertinent information on symptoms and daily function.
7. Ability to observe and report on the full range of behavioral characteristics of the patient (and an informant) based on interview contact.
8. Ability to develop working differential diagnoses based on the interview.
9. Ability to select a neuropsychological assessment approach that is responsive to the interview presentation and referral source.
10. Ability to administer, score, and interpret cognitive, motor, sensory, affect, and personality tests including appreciation of factors to consider in interpreting a patient’s performance and the selection of a proper normative or reference sample.
11. Ability to formulate a diagnostic impression that integrates history and examination findings including cognitive, personality, and socio-cultural factors.
12. Ability to specify appropriate recommendations for further work-up, consultation, and/or referral for specific somatic, psychiatric, or psychological treatments.
13. Ability to generate a brief consultation note that effectively communicates items #11 and #12.
14. Ability to operate effectively in a multidisciplinary environment and to know the roles of other professional providers and the role of neuropsychology within that framework.
15. Understanding of the common ethical dilemmas that arise in neuropsychological consultation and awareness of a process to work to a resolution of these dilemmas.
2. Training in Good Clinical Practices (VAMC module).
3. Training in Compliance (initially on hire and periodically as required by the School).
4. Formal instruction and certification in administration and scoring of the neuropsychological battery (first month of residency).
5. Psychiatry Grand Rounds. Weekly during the academic year. 1 hour.
6. Neurology Grand Rounds. Weekly during the academic year as possible. 1 hour.
7. Stroke Conference. Weekly during the academic year as possible. 1 hour.
8. Neuropsychology Case Conference. Weekly with Drs. Unverzagt, Rexroth, and Kareken. May include other fellows and graduate trainees. Occurs in PB 3rd floor conference room. The trainees present clinical cases and practice fact finding, test interpretation, differential diagnosis, and treatment planning in the style required at board certification examination. 1.5 hour.
9. Geriatric Psychiatry Core Lecture Series. Fifteen (15) lectures by faculty in Psychiatry, Neurology, Medicine, Nursing, and the Law School. Topics range from neurobiology of Alzheimer disease to Personality Disorders in the aged. Lectures focus on pathophysiology, diagnosis, and treatment concerns of the geriatric population.
10. Clinicopathologic Conference (CPC). Intermittently during the academic year. Clinical history including neuropsychological status and clinical diagnosis is presented by clinician. Neuropathologists present the results of brain autopsy including gross description of the brain, histopathology, immunohistopathology, genotype status, and pathologic diagnosis. 1 hour.
11. Brain Cuttings. The resident observes two (2) brain cuttings with neuropathology faculty. 1-2 hours.
13. Geriatric Medicine Lectures. This is an optional offering of more than 20 lectures. This series covers basic issues in geriatrics and is presented by faculty and fellows in the Department of Medicine.
14. Informal didactics. Reading lists are distributed to the residents. The resident will be instructed in methods of using electronic databases to stay current with best practices.
Research

The resident will participate in one or more of these research activities during the residency:

1. Opportunity to analyze longitudinal data from a large, multi-center clinical trial of a cognitive intervention for older adults, *ACTIVE: Advanced Cognitive Training for Independent and Vital Elderly* (UO1 NR 04508); PI: Frederick W. Unverzagt, PhD.

2. Opportunity to analyze longitudinal data from a large, cross-national epidemiological study of the prevalence, incidence, and risk factors of Alzheimer disease in elderly African Americans, *Indianapolis-Ibadan Dementia Project* (R01AG 09956); PI: Kathleen S. Hall, PhD.

3. Opportunity to analyze longitudinal data from a large registry of Alzheimer disease patients and matched healthy controls, *Indiana Alzheimer Disease Center* (P30 AG 10133); PI: Bernardino Ghetti, MD.

4. Opportunity to participate in industry-sponsored, clinical drug trials for Alzheimer disease and other dementias as an efficacy rater.

5. Opportunity to collaborate in functional neuroimaging studies of addiction and learn functional image analysis, (R01 AA014605-01); PI: David A. Kareken, PhD.
Teaching

Clinical Teaching:

1. Neuropsychology residents instruct medical students and medical residents as they rotate through various neuropsychology service locations.

2. Neuropsychology residents instruct and supervise graduate students from the Clinical Rehabilitation Psychology Program at IUPUI and interns from the Section of Psychology (Department of Psychiatry) as they rotate through various neuropsychology service locations.

Community Education:

1. The resident will make informational presentations to community organizations on clinical syndromes and neuropsychological assessment (e.g., Alzheimer Association).
Program Review and Grievance Procedures

Program Review:
The Neuropsychology Residency Training Program is monitored by the Neuropsychology Residency Training Committee (NRTC). The committee is made up of the Neuropsychology Training faculty and other faculty involved in clinical teaching of psychology.

The Committee’s charge is to review the philosophy and operational integrity of the training program. In these matters, the Committee will attempt to reach decisions by consensus; however, the final authority and responsibility for administrative and operational policies will rest with the Director of Training.

The actions of the NRTC are subject to approval of the Director of the Section of Psychology and the Chairman of the Department of Psychiatry.

The NRTC meets annually or more often as the need arises.

There is also an annual review of the program by the Departmental Committee on Fellowships. This committee monitors the overall status of the program, particularly its accreditation status.

Grievance Procedures:
The first option for residents with questions or concerns about the Neuropsychology Residency Training Program is the Training Director. If a satisfactory resolution does not result, the next option is the NRTC. If the conflict involves the Director of Training or other member of the training committee, that person will not participate in the deliberations related to that dispute. If contention persists or if special circumstances exist where use of the usual chain of authority is not appropriate, the resident may bring grievances directly to the Departmental Committee on Fellowships (Dr. Schmetzer, chair) or the Section head (Dr. Kronenberger).