



## NEUROPSYCHOLOGICAL ASSESSMENT CLINIC

Postdoctoral Fellowship Handbook

Brighton



&

Lawrence  
Massachusetts

Telephone: 617-383-7804  
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## Postdoctoral Fellowship Handbook

\*Subject to change as needed

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## **Introduction**

### **About Neuropsychological Assessment Clinic**

The Neuropsychological Assessment Clinic (NAC) is a multidisciplinary, private clinic with locations in Brighton and Lawrence, Massachusetts that provides neuropsychological, psychoeducational and psychological testing, as well as psychotherapeutic support to individuals across the lifespan with attention, learning, neurodevelopmental and behavioral issues, and the broad range of neurodegenerative and psychiatric conditions that so often accompany these disorders. We provide a range of services to people of all ages, including: neuropsychological evaluations across the lifespan, individual, family, and couples therapy, ADHD, cognitive rehabilitation for individuals with neurological disorders (i.e., brain tumor, MS, PD, TBI, strokes), and group psychotherapy. While it is an independent private practice, we have several close collaborations with referral sources including psychiatrists, psychologists, neurologists, primary care physicians, and schools, etc.. Additionally, we have affiliations with St. Elizabeth Medical Center and Boston Medical Center and Boston Medical Center.

### **Other Training Programs At NAC**

In addition to our postdoctoral fellowship, NAC serves as a training site for pre-doctoral interns and practicum students from a range of programs including doctorate level psychology, social work, and mental health counselors.

### **Postdoctoral Fellowship**

The postdoctoral fellowship in clinical psychology provides an opportunity for candidates with a completed doctoral degree to work under close supervision in a professional setting that is committed to providing neuropsychological and therapeutic services. The postdoctoral program at NAC provides experience to a broad range of clinical experiences, roles, and responsibilities, and encourages professional development through clinical experience, supervision, and didactic training. There is a strong emphasis in cultural competence and ethical decision making throughout the training program.

### **Accreditation**

The postdoctoral training program is accredited by the American Board of Professional Psychology in clinical neuropsychology. Additionally, the program is in good standing with the Association of Psychology Pre-Doctoral and Post-Doctoral Fellowship Centers (APPIC).

## **Overview of the Fellowship**

### **Training Model**

The postdoctoral fellowship program seeks to develop competencies in the following areas of professional practice:

- Advanced skills in neuropsychological evaluation, treatment and consultation to patients and professionals necessary for independent practice.
- Advanced understanding of brain-behavior relationships
- Adequate understanding of the various conditions with which neuropsychologists work (e.g., neurodegenerative disorders, stroke, and traumatic brain injury)
- Eligibility for state licensure or certification for independent practice of psychology
- Eligibility for board certification by the American Board of Professional Psychology (ABPP-CN)

## **Clinical Experience**

The postdoctoral neuropsychology fellowship program provides all aspects of neuropsychological assessment. The emphasis is on diagnosis, assessment, clinical conceptualization, treatment planning, feedback, and therapeutic intervention. Post-doctoral fellows receive training and close supervision in the neuropsychological evaluation of outpatients presenting with a variety of neurodevelopmental, neuropsychiatric presentations, and neurologic injuries. More specifically, cases include patients with neurodevelopmental disorders, such as Attention Deficit/Hyperactivity Disorder and learning disabilities. Patients present with neuropsychiatric disorders, known and suspected neurodegenerative dementias of various types, mild neurocognitive impairment, brain tumors, stroke, multiple sclerosis, toxic exposure, epilepsy, and chronic pain. Similarly, fellows learn about various medical and psychiatric conditions ranging from Alzheimer's disease, Parkinson's disease, vascular dementia, epilepsy, metabolic syndromes, Huntington's disease, traumatic brain injury, schizophrenia, and depression. Child and adult referrals typically come from primary care providers, community clinics, pediatricians, primary care physicians, psychiatrists, neurologists, neurosurgery, infectious Disease, and rehabilitation facilities. Assessment may also be requested to assist the patient, referring provider, treatment team or family to determine rehabilitation needs or educational planning. Fellows learn both basic and advanced aspects of diagnosing disorders of high brain functioning, analysis of the interactions among cognitive impairments and psychiatric and physical illnesses, and the practical implications of patients' impairments on their functional abilities.

The core battery is 2 to 3 hours in length, with additional assessment instruments guided by the referral question, the condition of the patient findings from the core battery and other factors. A fellow can expect to participate in one patient evaluation per day, with a maximum of 5 cases/week. Reports typically range in length from five to seven pages, but vary in length depending upon the referral question and patient concerns. Each fellow can anticipate actively participating in one patient evaluation per day, amounting to a maximum of 5 cases per week. Notably, two of these cases involve working alongside a graduate-level trainee, ensuring that the fellow gains valuable experience in the supervisory role. This emphasis on supervisory experience is regarded as a cornerstone of the training program.

The clinic provides pre- and postoperative neuropsychological evaluations, and pre-surgical evaluations for Parkinson and essential tremor patients undergoing placement of deep brain stimulators. Post-doctoral fellows have a unique opportunity to be involved in: a) pre- and post-surgical DBS evaluations, b) pre- bariatric surgery evaluations, c) pre- and post surgical evaluations for epilepsy, and c) pre- and post surgical evaluations for tumor resection.

In addition to clinical responsibilities, the postdoctoral fellows are strongly encouraged to participate in a data/research project that includes outcome assessment and protocol development for the clinic. Fellows have access to our clinical database that contains both clinical and neuropsychological data. Fellows are expected to complete a scholarly project during the course of training (e.g., present their research at a conference and/or seek publication in a peer-reviewed journal). Ideally, fellows will complete two to three scholarly projects over the course of their fellowship. Dr. Piryatinsky is an Allied Health Professional at the St. Elizabeth Medical Center, which allows us to have a very close relationship with a Medical Center, in particular with departments of Psychiatry and Neurology and also includes online journal access.

The post-doctoral fellows attend weekly rounds/case conferences in neurology, weekly neuropsychology didactics, monthly neuropsychology fact finding meetings, supervision of psychology graduate students who are selected for a one-year neuropsychological assessment practicum at Neuropsychological Assessment Clinic, and journal club.

Approximate break down on the number of hours fellows spend each week on direct service activities:

1. Diagnostic Intake Interview: 5 direct service hours
2. Testing Cases:
  - 3 out of 5 cases per week tested independently by the fellow and considered direct service activity.
  - Each case takes 2-3 hours.
  - Estimated total direct service hours per week: about 14 hours.

### **Distribution of Total Training Hours over the course of two years:**

1. Clinical Practice: Approximately 2,000 hours are allocated to direct clinical work, including assessment, intervention, and consultation services. This hands-on experience is core to the fellowship, allowing fellows to apply and refine their neuropsychological skills with diverse patient populations.

2. Supervision: Around 400 hours are dedicated to both receiving supervision from experienced neuropsychologists and providing supervision to junior colleagues or interns. This includes one-on-one, group, and peer supervision formats, emphasizing reflective practice and professional growth.

3. Didactic Training: About 400 hours are set aside for structured educational activities, such as seminars, didactics, and journal clubs. These sessions cover advanced topics in neuropsychology, ethics, diversity, and emerging research, fostering ongoing learning and academic engagement.

4. With the remaining hours, fellows are able to dedicate time to report writing, research, and professional development.

### **Neuropsychology Track**

#### Pediatric Track

Patients often present with complex developmental, behavioral, emotional, cognitive, and social histories with associated comorbid diagnoses. Cases include patients with neurodevelopmental disorders such as Attention-Deficit/Hyperactivity Disorder and learning disabilities as well as children with epilepsy, intellectual disabilities, and genetic disorders.

- Autism Spectrum Evaluations: Although ASD is often the referral question, there will be a substantial component of child clinical assessment and treatment, as well as medically complicated developmental concerns commonly present within this population. Applicants ideally will have a documented interest and clinical experience in ASD; although ADOS-2 training is not required, it is strongly preferred.

## Adult Track

- Neurology Clinic Referrals: NAC receives referrals from neurologists who work at renowned hospitals in and around Boston. Their referrals include patients with movement disorders (including pre-surgical Parkinson's Disease and essential tremor as well as other movement disorder types), epilepsy (pre-surgical and general epilepsy-related cognitive disorders), brain tumors (including pre- and post surgical evaluations), traumatic brain injury, stroke, multiple sclerosis, and autoimmune disorders, epilepsy, toxic exposure, and chronic pain.
- Deep Brain Stimulation (DBS): All individuals being considered for DBS implantation regardless of diagnosis (including Parkinson's disease, essential tremor, and dystonia) undergo comprehensive neuropsychological assessment.
- Epilepsy: Neuropsychology is consulted to assist with diagnosis, cognitive and functional impact, treatment recommendations, and as part of the epilepsy surgical team. All individuals being considered for surgical intervention undergo pre-surgical evaluations with neuropsychology for the purposes of identifying areas of dysfunction that may support the seizure focus, and for determining cognitive, or other, risks of surgery in the individual.
- Tumor: Neurosurgery regularly treats benign and malignant brain tumors through medication, surgery, radiation therapy, and chemotherapy. Neuropsychology is regularly present at brain tumor surgical planning meetings and is consulted for a variety of reasons including pretreatment baseline evaluations, post-treatment evaluations for functional assessment, and ongoing monitoring of cognitive abilities and emotional functioning for individuals with chronic or recurrent tumors. Typical consults are conducted to evaluate the extent to which an individual's illness impacts cognition, emotion, and functionality to 1) assist in differential diagnosis; 2) track disease progression over time, which often informs treatment decisions; and 3) provide recommendations to patients to improve daily functioning. In the case of pre-surgical evaluations, assessments are intended to help decide candidacy, risk, and appropriate treatment targets.
- Psychiatry Clinic Referrals: In addition to referrals from neurology, we receive referrals for a variety of psychiatric presentations including differential diagnosis of cognitive decline (pseudodementia versus dementia) as well as dual diagnosis (cognitive decline, mood disorder and medical comorbidities). Interns will have the opportunity to receive training and become proficient in the administration of semi-structured diagnostic interviews (i.e. SCID); clinical symptom rating scales commonly used in evaluating psychotic disorders (e.g. Young Mania Rating Scale); and standardized psychometric tests of psychopathology (e.g. MMPI). Interns will develop skills in the diagnostic assessment of psychotic disorders in adolescents and adults; and oral case presentations for consensus diagnosis and clinical symptom ratings.
- Geriatric Referrals: The patients referred are geriatric patients with suspected neurodegenerative processes, with the goal of differential diagnosis, treatment planning, and recommendations. The primary goal of the training is to receive strong clinical experience with Alzheimer's disease, FTD, vascular dementia, DLB, HD, and PD.

## Optional: Psychotherapy Experience

In addition to neuropsychological evaluations, fellows have opportunities to maintain a caseload of individual therapy patients or run psychotherapy groups. Individual therapy for adolescents and adults, with specific age range depending on the fellow comfort, is designed for individuals with chronic medical conditions, mood disorders, anxiety disorders, trauma history, and attention deficit/hyperactivity disorder. It is anticipated that the fellow would have a mix of demographic variables, with some cases potentially continuing throughout the training year.

Further evidence-based therapy experience is available through running a group. Currently this involves co-leading Memory and Aging group, ADHD group, Weight Management Group. Groups typically run in 6 session cycles. Fellows are encouraged to develop new groups based on their interests and specialties.

### **Supervision**

Throughout the fellowship program, fellows are provided with clinical supervision in individual and group formats. Fellows receive a minimum of two hours of individual supervision by a licensed psychologist. Group supervision is held for an hour each week and focuses on clinical work, discussions of social and cultural concerns, and presentations. Readings on topics related to neuropsychology and psychotherapy interventions are provided.

### **Didactic Training**

In addition to the in-house didactic presentations, the fellows attend inter-institutional didactic presentations. The didactics range in topics related to neuropsychology, neurology, and neuroanatomy. The in-house presentations feature guest speakers from a variety of disciplines related to neuropsychology and psychotherapy. Additionally, there are opportunities for fellows to assist in training and didactics for other psychology students.

## **Application Procedure**

### **Eligibility**

Candidates are invited to apply who will have completed an APA-accredited doctoral program and internship. All degree requirements must be completed prior to starting fellowship. In addition to the general requirements of accredited clinical psychology doctoral programs (e.g., psychopathology, interview and assessment techniques, research methods, statistics, etc.), competitive applicants will have completed additional graduate coursework and/or other documented educational experiences in many of the following areas: brain-behavior relationships, functional neuroanatomy, neurologic disorders, and psychopharmacology. The strongest candidates will also have demonstrated clinical training experiences in neuropsychology at the practicum and internship level. Preference will be given to applicants who are completing internship at a site identified as meeting Houston Conference or Division 40 internship training criteria (i.e., major rotation or combination of minor rotations allowing significant time devoted to training in neuropsychology as well as neuropsychology didactic and/or research experiences) with documented report-writing experience.

### **Application Materials**

The application process includes submission of the following:

1. Letter of Intent- A one or two-page document summarizing your interests, experiences, fellowship plans, and future goals. Be sure to specify the track (or tracks) in which you are interested in.



2. Curriculum Vitae
3. Three Letters of Recommendation
4. Two redacted neuropsychological reports, ideally of your more recent assessments
5. A list of all psychological and neuropsychological test instruments on which you have been trained and which you have used in your clinical training
6. Official transcripts listing courses, grades, and degrees from all graduate programs attended
7. Verification that doctoral training is completed or will have been completed before commencing postdoctoral training

Additional materials that the candidate would like us to consider are welcome.

Materials should be emailed to Irene Piryatinsky, PhD, ABPP at [Irene.Piryatinsky@steward.org](mailto:Irene.Piryatinsky@steward.org)

Three letters of recommendation sent directly (email preferred) from the recommenders. We do not accept letters sent by the applicant. Mailed hard copies should be signed across the seal of the envelope.

### **Interviews**

Our selection criteria are based on a goodness-of-fit model. We look for applicants who possess the knowledge and skills necessary to contribute to and function well in our postdoctoral program. At the same time, we look for individuals whose professional goals are well suited to the experiences we have to offer so that our setting will provide them with a productive postdoctoral experience. Ideal candidates have demonstrated strengths in clinical skills, research productivity, academic preparation, and personal characteristics relevant to their profession. Each application is initially reviewed for eligibility after all materials are received. Two neuropsychologists review all submitted materials and select top candidates for individual video-conference or in-person interviews.

### **Matching:**

To participate in the matching process for our Neuropsychological Assessment Clinic's Fellowship program, all applicants are required to register with the National Matching Services, Inc. (NMS) for the Psychology Postdoctoral Match. Detailed information about the NMS and the registration process can be accessed through their website: <https://natmatch.com/appcnmat/>

Our program is officially listed in the NMS system under the following details:

**Program Name: Neuropsychological Assessment Clinic**

**Match Code: 8371 - Neuropsychology Residency**

### **Match Results and Confirmation:**

Match results are announced in February. Following the release of these results, matched applicants will receive an initial notification via email from our Director of Training or a designated faculty member, confirming their match to our program. Subsequently, a formal written confirmation letter will be sent to both the matched fellow and their university department chairperson, detailing the terms and commencement of the fellowship.

### **Commitment to APPIC Policies:**

The Neuropsychological Assessment Clinic's postdoctoral fellowship program is committed to adhering strictly to the policies set forth by the Association of Psychology Postdoctoral and

Internship Centers (APPIC). We ensure that our matching process is conducted with integrity and transparency, in full compliance with APPIC guidelines. To this end, we affirm that no staff member from our training site will solicit, accept, or utilize any ranking-related information from fellowship applicants. This stance is in alignment with APPIC's policies to maintain fairness and professionalism throughout the matching process. For further details on the APPIC Match policies, applicants are encouraged to visit the APPIC website at: [www.appic.org](http://www.appic.org).

### **Nondiscrimination Policy**

The clinic adheres to a policy of nondiscrimination in the recruitment of employees and fellows and provides equal employment opportunities to all people without regard to race, color, sex, religion, age, national origin, disability, or sexual orientation. The clinic also ensures nondiscrimination in the provision of services. Applications are reviewed by diverse members, which includes licensed psychologists, and two clinical neuropsychologists. We also welcome applications from candidates from diverse backgrounds and lived experiences, including those historically underrepresented in psychology. The clinic is committed to attracting fellows from diverse backgrounds, and creating an inclusive and welcome training culture. All identities are welcomed at NAC. Our patient population is diverse and fellows will have opportunities to work with low income, low level of education, LGBTQ+ (but not limited to), individuals of color, or immigrants. Supervisors serve as professional role models and are committed to providing our fellows with a supervisory space that facilitates creativity, reflection, and open communication of thoughts and feelings. The fellowship makes sure that we provide reasonable accommodations for employees and fellows with disabilities to participate fully in the application process and perform essential job functions.

## **Program Components and Structure**

### **Salary and Benefits**

The annual salary for full-time fellows is \$56,000 the first year and \$58,000 the second year. Fellowship benefits include 10 days paid vacation days, 9 holidays, 3 personal days, and a basic health benefits plan. Fellows receive fully paid professional liability insurance. Funds for conference travel are negotiated over the course of training. The parking cost is subsidized.

### **Supervised Clinical Experience**

#### Assessment

Each full-time fellow will receive a minimum of two hours of individual supervision per week. The trainee's will work with more than one supervising neuropsychologist during the course of the fellowship, allowing the trainee to be exposed to different perspectives. Two hours of individual supervision will be focused on neuropsychological assessment – helping fellows to learn how to develop appropriate test batteries based on presenting complaints as well as issues that emerge during the initial interview; the supervisor will initially attend and guide, to the extent needed, the initial interview of each client that is assigned to the fellow for an assessment; the supervisor will review the clinical data presented, review the postdoctoral fellow's full report draft, making suggestions; and, especially during the first quarter of the first year, the supervisor will also attend the feedback session following each assessment, discussing the feedback with the trainee following that session. Each supervisor has the latitude to establish a mutually agreeable time, supervisory methods used, e.g. modeling, direct observation, discussion of test data, and expectations for the fellow's preparation for each individual session. Other supervision will take place on a group basis, such as a twice monthly supervision group regarding case management, twice monthly neuropsychology meetings

discussing issues related to testing and assessment, and monthly neuropsychotherapy meetings/seminars. All supervision will be provided by neuropsychologists and clinical psychologists.

### Psychotherapy

Throughout the therapy experience, fellows are conducting individual therapy under the supervision of a licensed psychologist. The fellows will learn to implement interventions with a variety of clients with a range of presentations. With their supervisor and increasing independence, the fellows will work to establish treatment goals and plans with their clients. Postdoctoral fellows will learn about the implementation of cognitive behavioral therapy through individual and group therapy. Group based therapy experience including co-leading with a licensed psychologist Memory and Aging, ADHD, and Weight Management Group. During the time the fellow is conducting individual and group therapy, they participate in psychotherapy group supervision.

### **Supervision**

#### Assessment

Postdoctoral fellows will have an opportunity to shadow their supervisor to strengthen their training in clinical interview, case conceptualization, observing and conducting feedback sessions, and individual report writing time. The postdoctoral fellows will have regular scheduled face-to-face supervision on a weekly basis. They will also have informal supervision beyond this, but a minimum of two hours must be scheduled in an individual format with a clinical supervisor each week. Total time spent in individual supervision will be a minimum of 4 hours per week. In addition, supervision is informally available with all clinical staff on a daily basis and/or as needed to determine battery of tests to be administered or modified, intervening during difficult assessment administration, and/or to assistance with case conceptualization during a non-scheduled supervision meeting

#### Psychotherapy

A fellow will receive supervision from a cognitive-behavioral oriented supervisor and additional supervision will be provided on as needed basis. Supervisors are trained in and value empirically-supported principles of treatment, and will include relevant topics (e.g., selecting appropriate interventions, current, evidenced based) in supervision.

#### Supervision of Practicum Students

Developing fellows supervisory experience is considered to be a cornerstone of the program. There are opportunities for fellows to develop their supervision skills through supervision of graduate-level practicum students. Of note, this is dependent on the number of available students and is not guaranteed every year for all fellows.

### **Group Supervision**

#### Program Wide

There are weekly group supervision meetings for neuropsychology and psychotherapy trainees at all levels that are facilitated by a licensed psychologist. These supervisions last for an hour and include a variety of topics. For neuropsychology fellows, supervisions include practice of fact-finding, case presentations, and didactic presentations. Psychotherapy group supervision includes licensed psychotherapists and those in training. During group supervision, a case is presented and discussion around counseling progression, plans and goals. The presenter must clearly present their case and allow other clinicians to provide direct feedback and suggestions.

The presentation gets an evaluation at the end of the presentation on the ability to present counseling cases clearly and systematically.

#### Postdoctoral Fellow Supervision

In addition to the program wide supervision session, there are supervisions dedicated to postdoctoral fellow case consultation and professional development. The focus of the group supervision is to review and fine tune scoring (e.g., ADOS administration), case conceptualization, and dedicate time to reviewing social and cultural dimensions of each case.

#### Board Certification Preparation

To help begin the process for board certification, there is a group study session with postdoctoral fellows. During these sessions, the fellows follow a set in advance schedule that lists topics that may be potentially covered in the Written Exam. The study guide allows for general direction and provides structure. Each week, the fellows are assigned readings from several most commonly used study materials (e.g., KJ Stucky, MW Kirkwood, J Donders-Clinical Neuropsychology Study Guide and Board Review; Neuroanatomy through Clinical Cases by Blumenfeld; A Compendium of Neuropsychological Tests by Strauss, Sherman, and Spreen, Lezak and colleagues') as well as an assignment to come up with two quiz questions for the assigned material. Fellows spend time during a 60-minute weekly meeting reviewing the material they read and going over quiz questions. At the end of their first year, all fellows take an APPCN-developed examination similar to the American Board of Clinical Neuropsychology (ABCN) board examination.

Fellows give formal presentations on various neuropsychological syndromes and neuroanatomy during board studying and general neuropsychology didactics open to practicum students, interns, and postdoctoral level trainees.

#### **Didactic Training**

##### Inter-Institutional Didactics

We support learning with a variety of structured didactic training activities. Didactic opportunities expand fellows' existing knowledge base in neuroanatomy, neuropathology, and the neurosciences, and foster the fellow's development as a neuropsychology scientist practitioner. Fellows have the opportunities to attend inter-institutional didactic presentations including: Boston Medical Center Clinical Neuroscience Grand Rounds, Boston Medical Center Neurology Grand Rounds, St. Elizabeth Medical Center Neurology Grand Rounds, St. Elizabeth Medical Center Psychiatry Grand Rounds, St. Elizabeth Tumor Board Conference.

##### Program-Wide Fact Finding

As a part of the weekly program wide group supervisions, fellows participate in fact findings with the doctoral interns and practicum students. These fact finding meetings are to help prepare them for oral board examination that follows ABPP-CN oral board protocol.

##### Guest Presenters

During the weekly program-wide supervisions, fellows have the opportunity to hear various guest speakers on a variety of topics related to neuropsychology or psychotherapy. Past speaker topics have included: Individual differences, gender, race in Neuropsychology; Feedbacks in Neuropsychology; Suicide Risk Assessment; Neuroanatomy; Adult ADHD; Careers in Neuropsychology; Deep Brain Stimulation; Obsessive Compulsive Disorder; Learning Disabilities, etc..

### Neuropsychology Journal Club

Monthly journal club critically reviews cutting-edge research on topics spanning basic and clinical neuroscience as well as neuropsychology including articles related to underpinnings of Alzheimer's disease, vascular dementia, neuropsychiatric symptoms, and validity assessment. Trainees take turns presenting articles with faculty facilitating the meeting discussion around a selected topic.

### **Research and Scholarly Work**

Although not required, fellows are encouraged to engage in research projects. NAC has ongoing projects that fellows are welcome to join and encourage fellows to create new projects. There are databases for which fellows can use for retroactive analysis studies. Trainees have published case studies detailing complex, unusual neurological/psychiatric referrals. Students have collaborated with supervisors in writing chapters for publication, with the most recent chapter published in *Cultural Diversity in Neuropsychological Assessment Developing Understanding through Global Case Studies* Edited By Farzin Irani, Desiree Byrd. The fellows have collaborated with neuropsychologists at other institutions on data validation (e.g., Trails X, CVLT-C). Ongoing research projects include an approved St. Elizabeth Medical Center IRB study: "Validation of the computerized Boston Cognitive Assessment with a telephone-based cognitive assessment" (IRB#: 00816).

Student posters have received awards (Karen Postal 2023 Award) and have been accepted to the International Neuropsychological Society (e.g., Optimizing the Mapping out of Neurocognitive Functioning in Glioblastomas in the Era of Intraoperative Mapping in Surgical Resection: Abstract #879; Digitized Trail Making Test in the NKI-Rockland Sample Normative Lifespan Neuroimaging Study: Abstract # 293; Teleneuropsychological Evaluation of Bariatric Surgery Candidates: Cognitive Profiles and Recommendations for future Practice: Abstract 47), The New England Psychological Association (e.g., Gender Identity and Weight Loss Surgery: Differences in Illness Adjustment and Treatment Outcomes of Bariatric Surgery Candidates; Personality Profiles of Bariatric Patients with PTSD: Psychiatric Indications, Stress Moderators, and Coping Styles).

### **Competencies and Evaluation**

The Postdoctoral Fellowship in Clinical Neuropsychology is dedicated to fostering advanced competencies in both foundational and functional areas pertinent to the specialty practice of clinical neuropsychology. This includes:

**Level 1 Competencies:** Integration of Science and Practice; Ethical and Legal Standards; Individual and Cultural Diversity.

**Foundational Competencies:** Scientific Knowledge and Methods; Evidence-Based Practice; Individual and Cultural Diversity; Ethical, Legal Standards, and Policy; Professional Identity; Reflective Practice, Self-Assessment, and Self-Care; Relationships; Interdisciplinary Systems.

**Functional Competencies:** Assessment; Intervention; Consultation; Research/Evaluation; Teaching/Supervision; Management/Administration; Advocacy.

Fellows are evaluated on these competencies at four intervals during the two-year program (6, 12, 18, and 24 months).

### **Evaluation Criteria and Benchmarks**

**First 6 Months:** Fellows must achieve a minimum rating of “2” on all evaluated competencies. A rating of “1” in any area triggers a remediation plan.

**First Year:** By the end of the first year, fellows are expected to achieve a minimum rating of “3” in the majority of items within each competency area. Any majority of “2” ratings, or any “1” ratings, will necessitate a remediation plan.

**First 6 Months of the Second Year:** Fellows must secure a minimum rating of “3” in all competency areas. Any ratings of “1” or “2” will result in a remediation plan.

**Completion of Program:** To successfully complete the residency, fellows are required to achieve a minimum rating of “4” in all competency areas, reflecting advanced levels of competency. Any ratings below “4” will not meet graduation criteria.

### **Administrative Support and Resources**

The program provides comprehensive administrative support and resources, ensuring that fellows have the necessary tools and environment to excel in their training. This includes full administrative assistance, ample office space equipped with necessary materials, access to scientific journals, and adherence to COVID-19 safety protocols. Additionally, NAC offers subsidized parking and is conveniently located for public transportation access.

## **Evaluation Procedures**

### **Evaluation of Fellows**

Fellows undergo a structured evaluation process involving self-assessment, individualized training plans, bi-annual formal evaluations, and program evaluations. These assessments aim to guide fellows in achieving and surpassing the required competencies. The fellowship program adheres to NAC's selection, appointment, dismissal, and grievance procedures and maintains personnel records in compliance with APA accreditation requirements.

NAC will maintain personnel records for five (5) years after termination of employment. For APA accreditation purposes the Postdoctoral Program retains all Postdoctoral fellows' personnel files indefinitely at the NAC. These records are kept in a secure location.

### **Program Evaluations**

At the end of each year, the fellows will complete evaluations of their supervisors and the clinical program. Evaluations include both objective ratings, and subjective narratives about their training and supervision. Fellows will submit their supervisor evaluations anonymously and are encouraged to note any negative experiences or concerns, as well as positives about their training experience (See Appendix IV). These evaluations are reviewed by the DCT and aDCT as a part of the ongoing commitment to improving and developing the Fellowship program.

## Appendix I: NAC Staff



**Director of Clinical Training: Irene Piryatinsky, PhD, ABPP-CN, Child/Adult Focus**

**Contact:** Irene.Piryatinsky@steward.org, (617-383-7804)

**PhD Program:** Suffolk University

**Internship Program:** Bedford VA

**Postdoctoral Training:** Brown University/Butler Hospital

**Licensed Psychologist:** Yes

Dr. Irene Piryatinsky (she/her) is a board certified and licensed clinical neuropsychologist with years of clinical experience. She completed an American Psychological Association (APA) approved clinical psychology Ph.D. program, an APA approved internship at the Bedford VA, and two years of clinical neuropsychology fellowship at Brown University. At Butler Hospital in Providence, she was investigating the role of normal pressure hydrocephalus on cognitive functioning. Dr. Piryatinsky has extensive experience in cognitive testing in diagnosing Alzheimer's disease, frontal lobe dysfunction, and psychotic disorders in the elderly. She served as a pediatric neuropsychologist at the Brown University Baby Imaging Lab, where the focus of research was on developing and applying magnetic resonance imaging (MRI) techniques to study brain structure and development. The goal of the research was to provide the foundation from which to determine what happens in children who develop psychiatric disorders, such as autism, ADHD, or developmental delay. Dr. Piryatinsky is also supervising practicum students, interns and postdoctoral students in the Neuropsychology Track. She holds faculty appointments at St. Elizabeth Medical Center and Boston Medical Center.



**Associate Director of Clinical Training: Maxine Krengel, PhD, Adult Focus**

**Contact:** maxine.krengel@npevaluation.com

**PhD Program:** State University of New York at Albany

**Internship Program:** VA Boston Healthcare Consortium

**Postdoctoral Training:** McLean Hospital

**Licensed Psychologist:** Yes

Dr. Maxine Krengel (she/her) is a licensed psychologist and clinical neuropsychologist and has worked in the field of psychology since 1990. Dr. Krengel received a PhD. in Counseling Psychology from the State University of New York at Albany. She completed a psychology internship at the VA Boston Healthcare Consortium where she trained in Clinical Neuropsychology and the Women's Division for Post-Traumatic Stress Disorder. Dr. Krengel is an Assistant Professor of Neurology at Boston University School of Medicine. She is an affiliated provider with Boston Medical Center (BMC). Dr. Krengel is an experienced neuropsychologist, conducting evaluations at BMC and supervising doctoral-level practicum students, interns and postdoctoral trainees. She previously supervised internship and post-doctoral level trainees at the VA Boston Healthcare System. Her areas of expertise include assessment and treatment of Parkinson's Disease (PD) and other movement disorders, including Huntington's Disease; neurotoxicant exposures, mild traumatic brain injury, learning disabilities, and various forms of

dementia. She is trained in Art Therapy and has successfully run group treatments for early stage PD, mild traumatic brain injury, and adults with attention deficit disorder. Throughout her career, Dr. Krengel has dedicated a significant portion of her research time examining the psychological and neurological impacts of stress and neurotoxicant exposures in veterans from the first Gulf War.



**Clinical Neuropsychologist/Supervisor: Taylor Allard, PsyD, Lifespan**

**Contact:** [taylor.allard@npevaluation.com](mailto:taylor.allard@npevaluation.com)

**PsyD Program:** William James College

**Internship Program:** Hutchings Psychiatric Center in Syracuse, NY

**Postdoctoral Training:** Neuropsychological Assessment Clinic

**Licensed Psychologist:** Yes

Taylor Allard, PsyD (she/her) is a licensed psychologist who completed her APA approved clinical psychology program and APA approved internship at Hutchings Psychiatric Center in Syracuse, NY. She is a neuropsychologist who works with clients across the lifespan in the areas of assessment, individual and group psychotherapy. Dr. Allard focuses on assessment of children and adolescents with Autism Spectrum Disorder, ADHD, and psychiatric conditions such as anxiety, mood disturbance, disruptive behaviors, adjustment disorders, trauma, language delays and intellectual disabilities. Her focus on the adult population includes evaluating individuals with mild cognitive impairment, dementia, multiple sclerosis, hydrocephalus, traumatic brain injury, and somatic symptom disorders. Dr. Allard evaluates adults referred for early detection, differential diagnosis for individuals with suspected cognitive impairment. Dr. Allard also evaluates adolescents and adults referred for psychodiagnostic assessment and focuses on the evaluation of psychosis, bipolar disorder, depression and anxiety, OCD, PTSD and personality disorders. Clinically, Dr. Allard practices from a third wave cognitive behavioral perspective with an emphasis in Dialectical Behavior Therapy and Acceptance and Commitment Therapy for adolescents with depression, anxiety, suicidal thoughts, disordered eating habits, and emerging personality disorders.



## Appendix II: Trainee Due Process and Grievance Policy and Procedure

### Purpose

This document outlines the Neuropsychological Assessment Clinic (NAC)'s protocols for identifying and managing fellow concerns, detailing possible sanctions, and providing a comprehensive discussion on due process procedures. It aims to offer a structured approach to problem resolution and includes considerations for remediation.

### Due Process

Due process ensures decisions regarding fellows are based on fair and consistent procedures. It is essential for maintaining transparency and accountability within the training program. The guidelines include:

1. **Initial orientation on professional expectation:** Within the first week of the fellowship, fellows will receive an orientation on professional expectations.
2. **Descriptions of evaluation processes and timelines:** Evaluations will be conducted at 6, 12, 18, and 24 months into the fellowship program.
3. **Communication protocols for addressing performance issues:** Fellows will be notified within 5 working days of the identification of any significant performance issues.
4. **Documentation of decisions and rationales by the DCT:** The DCT will provide written documentation of decisions and rationales within 10 working days of decision-making meetings or evaluations.

### Definitions

- **Fellow:** Refers to any person undergoing training at NAC.

- **Director of Clinical Training (DCT):** The primary training director at NAC. In cases involving the Associate Director of Clinical Training (aDCT), the DCT will be consulted.

### Fellows' Rights in the Grievance Process

Ensuring fellows' rights and responsibilities within the grievance process is crucial. This ensures transparency, fairness, and effectiveness in addressing grievances, fostering a positive training environment.

1. **Right to Report:** Fellows have the right to report any concerns or grievances without fear of retaliation or adverse impact on their training status. This includes issues related to evaluations, supervision, workplace environment, discrimination, harassment, and any other circumstances that may arise during the fellowship.
2. **Right to Confidentiality:** Fellows have the right to a confidential grievance process, to the extent permitted by law and the nature of the grievance. Confidentiality is maintained to protect the involved parties and the integrity of the process.
3. **Right to Due Process:** Fellows are entitled to a fair and systematic process for handling grievances. This includes timely acknowledgment of their grievance, a clear explanation of the grievance process, and the opportunity to present their case and any relevant evidence.
4. **Right to Representation:** Fellows may choose to be accompanied or represented by a person of their choice during the grievance process, including during any meetings or hearings related to their grievance.

**5. Right to Appeal:** Fellows have the right to appeal decisions made at the conclusion of the grievance process. The appeal process must be clearly outlined, including steps, timelines, and conditions under which an appeal can be made.

### **Fellow's Responsibilities in the Grievance Process**

By adhering to these rights and responsibilities, fellows and program administrators can navigate the grievance process with clarity and respect, ensuring that all concerns are addressed constructively and equitably.

**1. Responsibility to Communicate:** Fellows are responsible for clearly and promptly communicating their grievances to the appropriate program personnel, following the outlined procedures for reporting and documentation.

**2. Responsibility to Engage:** Fellows must actively engage in the grievance process, including participating in discussions, meetings, or hearings, and responding to communications in a timely manner.

**3. Responsibility to Provide Documentation:** When applicable, fellows are responsible for providing any documentation or evidence that supports their grievance, facilitating a thorough and informed review process.

**4. Responsibility to Respect Confidentiality:** Fellows must respect the confidentiality of the grievance process, refraining from discussing sensitive details with individuals not involved in the process, except as allowed within the rights to representation and support.

**5. Responsibility to Uphold Professionalism:** Throughout the grievance process, fellows are expected to maintain professionalism and decorum, upholding the values and standards of the profession and the training program.

### **Grievance Procedures Summary**

Allows fellows to address grievances regarding any aspect of their fellowship experience, including evaluations, supervision, stipend issues, and harassment. The process:

1. Encourages initial informal resolution.
2. Allows for formal written grievances to be submitted to the DCT or aDCT.
3. Involves a meeting to develop a resolution plan, documented by the DCT or aDCT.
  - Informal Resolution Attempt: Should be initiated as soon as the issue arises, with a goal to resolve within 5 working days.
  - Formal Written Grievance Submission: If unresolved, a formal grievance must be submitted within 10 working days of the initial attempt.
  - Meeting to Develop Resolution Plan: A meeting between the fellow, the DCT (or aDCT, if appropriate), and the involved parties will be scheduled within 10 working days after the formal grievance is submitted. A resolution plan will be documented and initiated within 5 working days following the meeting.

### **Problematic Behavior and Grievance Policy**

Defined as behavior interfering with professional functioning, manifested through:

1. Inability to integrate professional standards.
2. Inability to achieve competency.

### 3. Personal issues affecting professional functioning.

Fellows can express concerns and seek resolution in situations including, but not limited to:

- Disputes or dissatisfaction with evaluations and feedback mechanisms.
- Issues related to supervision, including the quality of supervision, communication difficulties, or mismatched expectations.
- Concerns about stipend levels, payment schedules, or other financial matters pertaining to the fellowship.
- Instances of harassment, discrimination, or any form of unfair treatment.

### **Procedures to Respond to Problematic Behavior**

#### **\*\*Basic Procedures:\*\***

- Direct discussion or consultation with the DCT based on the nature of concerns.
- Should occur within 5 working days from the time the concern is raised.
- Determination of action steps by the DCT and supervisors.
- Action Steps: Determined within 10 working days after the initial discussion.

#### **\*\*Notification Procedures:\*\***

- Steps range from verbal notice to written warnings, emphasizing the need for behavior correction and outlining potential sanctions.
- Verbal Notice: Given immediately upon identification of the issue.
- Written Notice: Issued within 5 working days following the verbal notice.

### **Remediation and Sanctions**

- Implemented thoughtfully, considering the severity of the behavior, and may include schedule modification, probation, suspension, administrative leave, or dismissal.
- Plan Implementation: Remediation plans will be initiated within 15 working days from the time the decision is made.
- Review of Progress: Scheduled modifications or probation periods will be reviewed at specified intervals (e.g., monthly) to assess progress.

### **Review Procedures/Hearing**

- Upon the identification of problematic behavior or inadequate performance, a Hearing step will be implemented before final decisions on remediation, probation, or termination are made. This formal process allows the fellow to hear and respond to concerns, ensuring fairness and transparency.
- Initiation: The hearing step is initiated within 10 working days from the fellow's request.
- Review Panel Formation: Assembled within 5 working days after the appeal is filed.
- Hearing Completion: The hearing and decision process will be completed within 30 working days from the panel's formation.

### **Appeal Procedures**

- Appeals must be filed within 5 workdays after notification. A Review Panel, excluding the Training Director to ensure impartiality, will be convened if needed. A neuropsychologist, not involved in the initial decision and separate from the DCT, will oversee the final determination on appeals to maintain objectivity and fairness.
- Review Panel Decision: The final determination by the neuropsychologist overseeing the appeal will be made within 15 working days after the appeal is reviewed.

### Appendix III: Neuropsychology Fellow Evaluation

Establish rotation goals with the fellow at the start of the rotation. Complete evaluation at specified time points according to fellowship policy. Discuss ratings with the fellow in supervision.

<https://docs.google.com/forms/d/e/1FAIpQLSfpU87ucAxrDfv6maJcTbo3po9qJ6600N2hkWB55xuLGovGrg/viewform>

Fellow: \_\_\_\_\_  
 Supervisor(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 Rotation Goals: \_\_\_\_\_

Evaluation Rating Scale		
Rating	Label	Description
1	Well below expectation	Requires remedial work
2	Below expectation	Additional supervision required
3	At expectation	Routine supervision
4	Above expectation	Occasional supervision
5	Well above expectation	Minimal supervision

#### Integration of Science and Practice

Competency	Primary Supervisor Rating	Secondary Supervisor Rating
1) Demonstrate the ability to critically evaluate foundational and current research that is consistent with the program’s focus area(s) or representative of the program’s recognized specialty practice area		
2) Integrate knowledge of foundational and current research consistent with the program’s focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g. research, service, and other professional activities).		
3) Demonstrate knowledge of common research methodologies used in the study of the program’s focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice.		
4) Demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.		

#### Ethical and Legal Standards

Competency	Primary Supervisor Rating	Secondary Supervisor Rating
1) be knowledgeable of and act in accordance with each of the following: <ol style="list-style-type: none"> <li>a. the current version of the APA Ethical Principles of Psychologists and Code of Conduct</li> <li>b. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and</li> <li>c. relevant professional standards and guidelines.</li> </ol>		
2) Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area		
3) Conduct self in an ethical manner in all professional activities.		

**Individual and Cultural Diversity**

Competency	Primary Supervisor Rating	Secondary Supervisor Rating
1) An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves		
2) Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service;		
3) The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own		
4) The ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).		

**Research**

<b>Competency</b>	<b>Primary Supervisor Rating</b>	<b>Secondary Supervisor Rating</b>
1) accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.		
2) apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.		

**Professional Values, Attitudes, and Behaviors**

<b>Competency</b>	<b>Primary Supervisor Rating</b>	<b>Secondary Supervisor Rating</b>
1) behave in ways that reflect the values and attitudes of psychology and Clinical Neuropsychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.		
2) engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.		
3) actively seek and demonstrate openness and responsiveness to feedback and supervision.		
4) respond professionally in increasingly complex situations with a greater degree of independence.		
5) demonstrate an emerging professional identity consistent with the Clinical Neuropsychology specialty.		

**Communication and Interpersonal Skills**

<b>Competency</b>	<b>Primary Supervisor Rating</b>	<b>Secondary Supervisor Rating</b>
1) develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.		
2) produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.		
3) demonstrate effective interpersonal skills and the ability to manage difficult communication well.		

**Assessment**

Competency	Primary Supervisor Rating	Secondary Supervisor Rating
1) utilize clinical interviews, behavioral observations, record review, and selection, administration, and scoring of neuropsychological tests to answer the assessment question.		
2) demonstrate the ability to accurately discern and clarify assessment questions, the recipients of the assessment results, and how assessment results will be utilized.		
3) interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations.		
4) address issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.		
5) communicate both orally and in written reports the results and conclusions of assessments in an accurate, helpful, and understandable manner, sensitive to a range of audiences.		
6) demonstrate knowledge of theories and methods of measurement and psychometrics relevant to brain-behavior relationships, cognitive abilities, social and emotional functioning, performance/symptom validity, test development, reliability validity, and reliable change.		
7) demonstrates knowledge of the scientific basis of assessment, including test selection, use of appropriate normative standards, and test limitations.		
8) demonstrates knowledge of neuropsychology of behavior such as patterns of neuroanatomy, neuroanatomy and development, neuropathology and related impairments, and medical and psychiatric conditions affecting brain functions.		

**Intervention**

Competency	Primary Supervisor Rating	Secondary Supervisor Rating
1) demonstrate an understanding of evidence-based interventions to address cognitive and behavioral problems common to recipients of neuropsychological services.		
2) demonstrate an understanding of how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.		

3) use assessment and provision of feedback for therapeutic benefit		
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**Consultation and Interprofessional/Interdisciplinary Skills**

Competency	Primary Supervisor Rating	Secondary Supervisor Rating
1) demonstrate knowledge and respect for the roles and perspectives of other professions such as effective communication, appropriate referrals, and integration of their perspectives into case conceptualizations.		
2) function effectively in consulting roles across settings (e.g., clinical, legal, public policy, research), clarifying referral questions, applying knowledge appropriate to each setting, and communicating results to referral sources both verbally and in writing		

**Teaching/Supervision/Mentoring**

Competency	Primary Supervisor Rating	Secondary Supervisor Rating
1) demonstrate knowledge of supervision models and practices related to clinical neuropsychology.		
2) teach, supervise, and mentor others by accurately, effectively, and appropriately presenting information related to clinical neuropsychology.		

<b>Additional feedback or comments:</b>
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## Appendix IV: Supervision and Program Evaluation Form

Establish rotation goals with the supervisor at the start of the rotation. Complete evaluation at specified time points according to fellowship policy. Discuss ratings with supervisor in supervision.

<https://docs.google.com/forms/d/e/1FAIpOLSfpU87ucAxrDfv6maJcTbo3po9qJ6600N2hkWB55xuLGovGrg/viewform>

Fellow: \_\_\_\_\_  
 Supervisor(s): \_\_\_\_\_  
 Rotation: \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 Rotation Goals: \_\_\_\_\_

Evaluation Rating Scale		
Rating	Label	Description
1	Well below expectation	Supervision did not meet needs and goals in multiple aspects
2	Below expectation	Supervision did not meet needs and goals in one aspect
3	At expectation	Supervision met needs and goals in all areas
4	Above expectation	Supervision exceeded needs and goals in one aspect
5	Well above expectation	Supervision exceeded needs and goals in multiple aspects

Rating	Quantity of Supervision
	Amount of supervision per week
	Availability of supervisor in general
	Promptness of supervisor
	Availability of supervisor for specific situations
<b>Comments:</b>	

Rating	Quality of Supervision
	Overall supervision style and fit
<b>Please comment on supervision strengths:</b>	
<b>Please comment on supervision growth areas:</b>	

Rating	Supervisory Relationship
	Level of comfort with supervision style
	Level of collegiality with supervisor
	Level of clarity with regard to expectations and responsibilities
	Provision of ongoing feedback during rotation
	Supervisor's receptiveness to your feedback
<b>Comments:</b>	

**Additional feedback or comments:**

## Appendix V: Fellowship Goals and Training Plan

[https://docs.google.com/forms/d/e/1FAIpQLSeBwI2pY6iAFzJZcmkbOocgYAucr7Gj9k4q\\_xJdzZDp6RR0hg/viewform](https://docs.google.com/forms/d/e/1FAIpQLSeBwI2pY6iAFzJZcmkbOocgYAucr7Gj9k4q_xJdzZDp6RR0hg/viewform)

**FELLOW:**

**TRAINING YEAR:**

**SUPERVISOR(S):**

When creating your goals, please consider the professional competencies as a guide.

### **Integration of Science and Practice**

Goal:

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Training Plan to achieve goal

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### **Ethical and Legal Standards**

Goal:

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Training Plan to achieve goal

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### **Individual and Cultural Diversity**

Goal:

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Training Plan to achieve goal

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**Research**

Goal:

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Training Plan to achieve goal

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**Professional Values, Attitudes, and Behaviors**

Goal:

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Training Plan to achieve goal

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**Communication and Interpersonal Skills**

Goal:

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Training Plan to achieve goal

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**Assessment**

Goal:

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Training Plan to achieve goal

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**Intervention**

Goal:

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Training Plan to achieve goal

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**Consultation and Interprofessional/Interdisciplinary Skills**

Goal:

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Training Plan to achieve goal

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Fellow Signature

\_\_\_\_\_  
Date

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Supervisor Signature

\_\_\_\_\_  
Date