

# **UNIVERSITY OF PITTSBURGH MEDICAL CENTER POSTDOCTORAL FELLOWSHIP IN LIFESPAN REHABILITATION NEUROPSYCHOLOGY**

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## CLINICAL NEUROPSYCHOLOGY OVERVIEW

**Program Mission:** To provide advanced level of clinical, didactic, and academic training in the recognized specialty practice of Clinical Neuropsychology. At the completion of the Fellowship, Fellows will be ready to be licensed as a psychologist and begin the board certification process of the American Board of Professional Psychology (ABPP) in Clinical Neuropsychology.

**Diversity Statement:** The UPMC Neuropsychology Fellowship is committed to training a new generation of diverse clinicians. This training program respects the individual differences among our patients, trainees, faculty, and staff inclusive of but not limited to race, ethnicity, age, gender orientation, sexual orientation, and disability status. We are committed to the larger goal of creating a more inclusive and representative field of neuropsychology. All aspects of training will address limitations of neuropsychological testing and current advances in the field to promote healthcare equity.

**Entry Requirements:** Successful completion of an APA/CPA accredited doctoral education and training program as well as an APA/CPA accredited internship that includes substantial training in clinical neuropsychology. Fellows must obtain their doctoral degree prior to beginning the Fellowship.

### **Program Components:**

1. Development of advanced skills in the neuropsychological evaluation and treatment of pediatric patients, and consultation to patients and professionals sufficient to practice on an independent basis.
2. Development of advanced understanding of brain-behavior relationships. Fellows attend two years of neuroanatomy didactics and during the second year, Fellow(s) take the lead on weekly fact-finding style case conferences. They will present on a neurobehavioral topic once each fellowship year, participate in applied seminars, and mock ABPP exams.
3. Participation in scholarly activity, e.g., submission of a study or literature review for publication, presentation, or submission of a grant proposal or outcome assessment (one per year). The Neuropsychology service database is comprised of all patients seen for evaluation, scores on assessment, and medical variables to support any archival or new research projects. Fellows are permitted to query this database in support of required research projects with IRB (Investigational Review Board) approval.
4. Participation in pedagogical activities, (e.g., teaching contributions to any PM&R (Physical Medicine and Rehabilitation) didactics or educational programs, and opportunities for supervision of a psychology extern or psychometrist.

### **Program Structure:**

This is a two-year Fellowship. Three days (60%) of the postdoctoral Fellow's week is spent engaged in providing clinical service, including assessment and treatment activities. The remaining two days (40%) are spent on research, departmental meetings, and educational activities.

The Division of Neuropsychology and Rehabilitation Psychology provides neuropsychological assessment of pediatric and adult inpatients and outpatients drawn from the medical center's Departments of Physical Medicine and Rehabilitation, Behavioral Health, Neurosurgery (including epilepsy surgery team), Neurogenetics, Neurology, Endocrinology, Hematology/Oncology, Otolaryngology/ENT. These referrals span the entire age range and list of neuropathological conditions such as cerebrovascular disorders, congenital heart disease, cancer/tumor, epilepsy, neurogenetic conditions, hydrocephalus, Autism & neuro-developmental disorders, Spina Bifida, neurocutaneous disorders, communication disorders and hearing loss, spinal cord injury and brain injury.

### **Year 1**

- Major Rotation:
  - o 6 months Pediatric Neuropsychology (6 months, July – December). This typically consists of up to three outpatient evaluations per week with some psychometrist support.
  - o 6 months in Adult Neuropsychology/Rehabilitation Psychology (6 months, January – June). This includes at least 2 outpatient evaluations per week, and 1 day with a primary faculty member on one of the inpatient rehabilitation units.
- Minor yearlong, 1 day per week, rotation in diversity, equity, and inclusion. This rotation features a combination of program development and/or outreach projects, didactic learning, guided reading, and discussion.
- Minor Yearlong Rotation of fellow's choice (see below)
- Graduate Medical Education curriculum as needed
- Submission of a small study/abstract (e.g., archival or part of faculty members' research program) or literature review for presentation and publication in the first year. Outline of original research project, grant proposal or outcome assessment written in first year and carried out in second year. Presentation at national or international meetings is encouraged and supported.

### **Year 2**

- Major Rotation:
  - o Year-long major rotation dependent on Fellow's interests
    - Pediatric Neuropsychology
    - Adult Neuropsychology and Rehabilitation Psychology
- Minor Yearlong Rotation in specialty area opposite of Fellow's chosen major rotation.
- Submission of small study/abstract at national conference
- Graduate Medical Education curriculum as needed.

### **Year 3 (optional)**

- For Fellows interested in a primarily academic career, an optional 3<sup>rd</sup> year may be available depending on funding and availability of primary research mentor

These specialty tracks are operated by a training faculty who are all psychologists employed by UPMC. The overall operations of the Fellowship program are led by the Fellowship Co-Directors.

The day-to-day operations of the specialty tracks are administered by the primary supervisor in each specialty track listed below. These individuals comprise the Psychology Fellowship Training Committee:

### **ADMINISTRATIVE STRUCTURE**

- Fellowship Training Co-Directors: Melissa Sutcliffe, Ph.D. ABPP & Amy Letteri, Ph.D.

### **CLINICAL ACTIVITIES**

**Pediatric clinical activities** are supervised service delivery experiences that promote the development of clinical interview skills, case conceptualization, neuropsychological test administration and scoring, neuropsychological evaluation report writing, communication with inter-professionals or agencies, intervention, and verbal communication of results and recommendations to families and patients. These activities are completed by direct clinical service to patients in infancy to approximately 26 years of age with known or suspected CNS disorders or diseases that impact CNS functioning. Other clinical activities include participation in telehealth intake and service delivery, consultation with school personnel via virtual meetings.

**Adult clinical activities** are supervised service delivery experiences that promote the development of clinical interview skills, case conceptualization, neuropsychological test selection, administration, and scoring, neuropsychological evaluation report writing, communication with interdisciplinary team and outside agencies, intervention, behavior management, service delivery to family members and verbal communication of results and recommendations to interdisciplinary team, patients and their families. These activities are completed by direct clinical service to patients typically from ages 16 through older adulthood, with varied neurological and other general medical conditions requiring rehabilitation. Other clinical activities include participation in interdisciplinary team meetings, observation of other disciplines, co-treatment, and monthly support group facilitation.

### **CLINICAL DESCRIPTION**

#### **Major Rotation:**

Pediatric Neuropsychology Clinic (Outpatient)

Adult Neuropsychology and Rehabilitation Psychology (Inpatient and Outpatient)

#### **Pediatric Elective Rotations:**

Acquired Brain Injury Clinic

Cardiac Neurodevelopmental Care Program

Deaf and Hard of Hearing Clinics

Epilepsy Surgery Clinic including WADA testing

Hematology/Oncology Clinic

Inpatient Rehabilitation (2<sup>nd</sup> year only)

Neurodevelopmental Disorders Clinic

**Lifespan Elective Rotation:**

Spina Bifida Multidisciplinary clinic  
Guardianship evaluations/Capacity evaluations  
Birmingham Free Clinic (planned 2025)

**Adult Elective Rotations:**

Inpatient General Rehabilitation Consult  
Outpatient General Neuropsychology Clinic  
Outpatient Rehabilitation Psychology Clinic

**RESEARCH OPPORTUNITIES**

Research is a vital component of this Fellowship, with Fellows expected to devote 10-20% of their time to take advantage of the rich research opportunities provided within the educational and research programs of the Department of PM&R. This can be accomplished through a variety of means including archival studies and involvement within current IRB research protocols. Some of the research opportunities are detailed below in the selected faculty section.

For Fellows interested in a primarily academic career additional research opportunities are available up to 50% of the Fellow's time. Fellows that choose this option must have a dedicated interest in academic medicine and will need to meet with primary research mentors to discuss funding and availability to complete an optional third year focused entirely on research.

**EDUCATIONAL ACTIVITIES (BOTH YEAR 1 AND 2)****Seminars:**

*Seminars run by the UPMC Lifespan Fellowship Program are virtual to allow for participation of trainees at all levels from a variety of departments within UPMC and at other training institutions.*

**Professional Development Seminar (required) –**

This seminar occurs intermittently on a two-year schedule for Neuropsychology Rehabilitation Fellows and other trainees as appropriate. Topics are generated, evaluated, and updated each year based on competency requirements, Fellows' needs, and timeliness/relevance for their professional development. The speakers involve a rotation of faculty presenters and guest speakers as well as an opportunity for each Fellow to present job talks and research projects for supportive critique from and discussion with faculty. (1 hour)

**Neuroanatomy Review Series (required) –**

This series occurs weekly during the first six months (20 weeks) of each year of the Fellowship. Faculty review all major neuroanatomical system. Seminar ends with a review and exam to evaluate the Fellow's knowledge.

**Behavioral Neuroscience Seminar (required) –**

This weekly Seminar replaces the Neuroanatomy Review Series in the second six months of the training year. Each year topics are chosen to provide relevant information about different CNS disorders, and the talks are presented by faculty or guest speakers. Fellows present on one topic of their choosing each year. Fellows also participate in two mock fact finding each year one with a pediatric case and the other with an adult case. (1 hour)

**Neuropsychology Case Conference (required) –**

This hour long, weekly didactic involves case presentation done by fact finding method as a mock group oral exam in preparation for ABPP Certification in Clinical Neuropsychology. However, multiple disciplines participate and contribute to the discussion. Many of the cases reflect the application of topics presented in the Neuroanatomy Series and Behavioral Neuroscience Seminar. Fellows are participants in their first year and the first part of the second year. During the second half of the year, Fellow(s) take more of a lead role in working through the case (1 hour)

**Supervision Seminar (required)-** This is a 30 minute monthly meeting for all faculty and fellows engaged in supervision. Offerings include best practices for supervision including literature review. There is also opportunity for peer supervision.

**Pediatric Neuroradiology Rounds (variable requirements) –**

Required for Fellows who choose the hematology/oncology minor rotation. For all other Fellows, attendance is optional. Presented by the Neuro-oncology department, this weekly conference is multidisciplinary featuring oncology, neurosurgery, endocrinology, neuropsychology, and neurology. Providers discuss relevant cases, reviewing imaging, and pathology as needed to facilitate clinical decision making.

**PM&R Grand Rounds (as relevant) –**

Grand Rounds occur weekly and are open to all Department of Pediatrics physicians, advanced practice providers, psychologists, and psychology/neuropsychology trainees at the hospital. (1 hour)

**Rangos Research Seminar - (as relevant) –**

This seminar occurs weekly and features pediatric researchers from across the medical spectrum.

**Richard King Mellon Foundation Institute for Pediatric Research Seminar Series (as relevant)-**

This series occurs several times per year and explores innovative developments in the diagnosis and treatment of childhood illnesses.

**Panther Rehabilitation Rounds (as relevant)-**

These rounds occur on the 3<sup>rd</sup> Wednesday of the month. Rounds are open to all members of the adult and pediatric rehabilitation and departments including faculty, advanced practice providers, and trainees.

**Friday Lunch and Learn (as relevant)–**

These neuroradiology rounds occur weekly, are virtual, and are open to all disciplines. This is led by one of the PM&R physicians and the Brain Injury Medicine Fellow.

**Courses:**

Graduate Medical Education Curriculum (as needed) – ACGME at UPMC and University of Pittsburgh and the UPMC School of Medicine offer research courses, wellness activities, professional development seminars, and support meetings.

**Mentorship:**

Each Fellow will select a non-supervisor faculty mentor (excluding the Training Co-Directors, who serves as an advisor and role model for the facilitation of professional development and monitoring progress during the Fellowship year. The mentor may be outside of the department or UPMC but may not serve as a supervisor for the Fellow. The mentor remains with the Fellow for at least one year, and the Fellow can either choose a different faculty member or remain with the

same faculty member for the second year, regardless of where he/she may rotate, as long as the mentor is not a supervisor of the Fellow. The mentor can assist Fellows with planning for training opportunities, discussing career paths, support research ideas, discuss peer and colleague interactions, navigate systems within and outside of UPMC and Pittsburgh, and in general be a supportive presence for the Fellow throughout the training.

## **TEACHING REQUIREMENTS**

The Fellow makes regular teaching contributions to all weekly didactics of the Division of Neuropsychology and Rehabilitation Psychology. There are opportunities for participation in leading a journal article review conference, educating medical residents, and educating families on resources, or community education.

Fellows also participate in umbrella supervision of externs, interns and psychometrics as schedules and opportunities allow. Fellows are expected to participate in advocacy opportunities; training and presentation opportunities with schools, community/public agencies, hospital departments, and staff. All supervision, educational, and clinical activities occur at UPMC Children's Hospital of Pittsburgh or UPMC Mercy for inpatient and for ambulatory care. Supervision and provision of services at regional care satellites or offsite clinics are offered on a case-by-case basis.

## **SUPERVISION**

Supervision is an interactive educational experience between the Fellow and the supervisor that is (a) evaluative and hierarchical, (b) is developmental, (c) extends over time, and (d) simultaneously enhances the professional functioning of the trainee and monitors the quality of health service neuropsychology services. The Fellow meets individually for formal/regularly scheduled and face-to-face supervision on a weekly basis with a clinical supervisor for at least two hours per week and daily for informal supervision as the case(s) dictates or need arises. The Fellow initially observes the supervisor in all activities of patient care (e.g., intake or clinical interview, feedback with families, consultation with other healthcare providers, billing, documentation in the electronic medical record (EMR), office procedures during the first year of the Fellowship. During the second year of the Fellowship, the Fellow gradually begins to perform these activities under the direct observation of the supervisor and then moves to more independent service provision under indirect supervision while the supervisor is still onsite and accessible. When a Fellow has multiple supervisors, the minimum of one hour per week per supervisor is met. Billing and documentation for Neuropsychology Fellows in the EMR will follow hospital policy and Pennsylvania Code. The Fellow is not used to meet clinical service goals of the supervisors or the program. The Fellow also meets regularly at least once per month with a research supervisor and/or minor rotation supervisor. There are also at least four hours of structured educational activities per week. All supervisors are full-time at least 40 hours per week.

## **EXPECTATIONS OF FELLOWS**



### **Minimal Clinical Expectations**

The primary training method of the Fellowship is experiential (i.e., learning via delivery of clinical services). This experiential training includes socialization into the profession of neuropsychology (through supervision, training seminars, role modeling, co-interviews and feedbacks, and observation during interdisciplinary team meetings) and is augmented by other appropriately integrated modalities, such as mentoring, didactic exposure, observational/vicarious learning, and supervisory or consultative guidance. Weekly expectations are based on 1.0 FTE (Full Time Equivalent), with variability for Fellows at various levels of clinical appointment.

Fellows work five days per week. Hours worked per week vary but are generally 40-45, depending on caseload, special interests, and research expectations. Fellows are considered hospital employees and must follow all policies and procedures of the UPMC hospital system.

Satisfactory completion of the postdoctoral training program meets postdoctoral supervised practice requirements for licensure and for early acceptance for ABPP (bypass credentials review) written examination due to the APCPN status of the Fellowship.

### **Professional Conduct**

Fellows are expected to conform to the highest standards of professional and ethical conduct in the execution of their duties. They are bound by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, Pennsylvania State Psychology Law and Rules, and the policies and procedures of UPMC. A Fellow may be dismissed because of gross violations of the law or of the APA (American Psychological Association) Code of Ethics. Dismissal will occur only after the completion of appropriate grievance and/or due process procedures.

It is important to note that Pennsylvania Code of Ethics created by the Professional Psychologists Practice Act (63 P.S. § 1203.2(2)) states that the Pennsylvania State Board of Psychology... "does hereby adopt this code of ethics for psychologists in this Commonwealth. Psychology students, interns, residents, and trainees are put on notice that their violation of an ethical obligation imposed on psychologists by this section may be regarded by the Board as evidence of unacceptable moral character or of unacceptable supervised experience disqualifying them from licensure under section 6(a)(1) or (2) of the act (63 P. S. § 1206(a)(1) and (2))." Therefore, Fellows must become familiar with the stipulations regarding professional conduct in the Pennsylvania Code of Ethics.

As a clinical staff member of UPMC and University of Pittsburgh School of Medicine, the Fellow is subject to all hospital administrative and clinical care policies. The Fellow is considered a full-time employee of UPMC and is subject to all personnel policies of UPMC.

### **GRIEVANCE AND APPEAL POLICY**

The Fellow may file a grievance if a reasonable basis exists to support allegations that he/she has been treated contrary to existing policies governing the Fellowship training program and where such allegations do not rise to the standard of an appeal.

The Fellow may file an appeal where a reasonable basis exists to support allegations that disciplinary or other actions could result in employment contract non-renewal or dismissal or significantly threaten a trainee's status in, or ability to successfully complete the program.

Violations of UPMC policy or employment contract requirements are not subject to appeal under this policy (e.g., drug use or diversion, invalid professional license or visa status, criminal justice system charges, convictions or guilty pleas, HIPAA (Health Insurance Portability and Accountability) or similar law violations, etc.).

### **Procedure for Grievance**

Actions alleged to constitute a grievance shall be filed in writing with the training Co-directors. Any alleged grievance must be filed within ten (10) calendar days of the date on which the alleged grievance causation occurred. Any grievance not timely filed shall be waived and not processed under this policy. The Fellowship Co-directors shall review the alleged grievance of the Fellow in a timely manner and shall gather additional information and/or consult with appropriate individuals to fairly render a determination concerning the alleged grievance. The Fellowship Co-directors may discuss the grievance with a Designated Department Official (DDO) and/or legal counsel for procedural suggestions and review. If the Fellow disagrees with the decision of the Fellowship Co-directors, he/she may request in writing further review of the decision by the department chairperson or designee determined by the DDO on a case-by-case basis. In cases where the department chairperson or designee upholds the Fellowship Co-director's determination, the trainee may request in writing further review by the DDO or designee, whose decision shall be final. The final decision on any grievance action shall be issued within thirty (30) calendar days of the date that the grievance was filed, unless circumstances justify a reasonable delay as determined by the DDO or designee.

### **Procedures for Appeal**

Actions alleged by the Fellow to constitute the basis for an appeal must be presented to the Fellowship Co-directors in writing within ten (10) calendar days of the date on which the alleged actions underlying the appeal occurred. Any appeal that is not timely filed shall be waived and not processed under this policy. If satisfactory resolution of the Fellow's allegation is not achieved after discussion with the Fellowship Co-directors, then the Fellow, in writing, may request access to the formal departmental appeal procedure.

This policy controls each departmental appeal procedure which shall require creation of an initial department review panel composed of at least three members appointed by the department chairperson or designee determined by the DDO on a case-by-case basis. The department chair or designee will appoint members of the panel that can provide a fair and objective process. The members must include at least one trainee from the same or similar specialty or subspecialty training program after consultation with the Fellowship Co-directors. Other appointments to the review panel may be drawn from full time, part time and/or volunteer faculty who are part of the same or similar specialty or subspecialty, training program, but should exclude the Fellowship Co-directors, or members of the program who have been or may be involved in the allegations raised by the trainee which are the basis for the appeal. The chairperson of the review panel shall be a faculty member determined by majority vote of the panel. The department chairperson or designee or the chairperson of the review panel must discuss the appeal with legal counsel and/or the DDO for procedural suggestions and review. In the event that an appropriately qualified review panel cannot be reasonably and timely constituted as determined by the DDO or designee, then the appeal shall instead be heard by the Hearing Committee as further described herein.

The review panel shall set a date, time, and location convenient to the review panel and shall conduct a fair and reasonable review of the allegations brought forward by the Fellow including but not limited to receiving oral and written information from the Fellow and any other appropriate individual who may be significant to the panel's review, evaluation, and conclusions regarding the appeal. The review panel chair shall rule on all matters of substance and procedure. The review panel proceedings shall be closed to the public and may be restricted at any time to hearing a single individual in the absence of all other witnesses. In these proceedings, the Fellow may, at his/her sole expense, have an advisor who may be an attorney and who may assist the Fellow in his/her presenting information and in questioning witnesses to reasonably evoke relevant material evidence. Likewise, the review panel may have an advisor who may be an attorney. All evidence and testimony may be subject to inquiry by the review panel. Formal rules of evidence or legal procedure do not need to be followed as long as a reasonable opportunity is made available to the Fellow to present his/her position to the review panel.

The standard of proof shall be by preponderance of the evidence. The review panel shall maintain a written record of its findings, conclusions, and decisions, which shall be provided as a written report with recommendation for decision by the department or designee, and a copy of which shall also be provided to the Fellow. The written record of the review shall be issued within thirty (30) calendar days of the date that the appeal was filed unless circumstances justify a reasonable delay as determined by the DDO or designee.

The department chairperson or designee shall give fair and appropriate consideration to the review panel report and recommendation and all available relevant information to the appeal and shall render a written decision on the appeal within fifteen (15) days of date receiving the hearing panel report and recommendation, unless circumstances justify a reasonable delay as determined by the DDO or designee. The department chairperson's or designee's written decision shall be promptly provided to the DDO or designee with a copy to the Fellow. This decision is final and will govern the Fellow's participation in the training program. This decision also will exhaust the appeal mechanism for the Fellow.

## **CONFIDENTIALITY**

The Fellow is expected to understand and comply with federal and state laws and rules regarding the use of confidential information. Confidentiality is defined not simply as a legal necessity but also as an integral component of the client-professional relationship. The Fellow is expected to behave in ways that fully conforms with APA and Pennsylvania Board of Psychology standards for the protection of every client's right to confidentiality.

## **FELLOWSHIP EXIT CRITERIA:**

1. Formal evaluation of competency at the end of the Fellowship indicates advanced skill in neuropsychological evaluation, treatment, and consultation based on competencies detailed below.
2. Eligibility for state licensure or certification for the independent practice of psychology.
3. Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology.

**Domains of Competency:** The Fellowship program has identified SEVEN domains of competency that are the targets of our training. Those domains are subject to change when the Minnesota Conference Guidelines are formally ratified:

1. Assessment
2. Intervention
3. Consultation and Interprofessional Relationships
4. Scientific Foundations and Research
5. Professionalism
6. Supervision
7. Cultural Competence

These are core competencies that transcend theoretical orientations, are essential to all activities of professional neuropsychologists, and are related to the quality of neuropsychological services and research. We believe that individuals can be educated and trained to develop these competencies, and that these competencies can be assessed. Competencies of Fellows are assessed a minimum of two written evaluations per year. This evaluation is completed by the primary supervisor and the training Co-director(s) and discussed face-to-face with each Fellow. Fellows also complete written evaluations of supervisors at least twice per year or once per minor rotation. Quarterly review of written evaluations of the Fellows are conducted with all supervisors in a regularly scheduled meeting. Fellows also provide written feedback and evaluation of the Fellowship as a whole at the end of their training. Fellows also complete a written exam each year that is provided by APPCN to increase readiness for ABPP written exam for Clinical Neuropsychology Board Certification. Due process and grievance policy developed by Medical Education at UPMC are followed as applicable. Trainee growth and development are assessed every six months on the following competencies that are supported by Fellowship activities across the two years of the program:

**Assessment Competencies:**

- Utilize clinical interviews, behavioral observations, record review, and selection, administration, and scoring of neuropsychological tests to answer the assessment question.
- Demonstrate the ability to accurately discern and clarify assessment questions, the recipients of the assessment results, and how assessment results will be utilized.
- Interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations.
- 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.
- 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.
- 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.

- Demonstrates knowledge of the scientific basis of assessment, including test selection, use of appropriate normative standards, and test limitations.
- 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 Competencies:**

- Demonstrate an understanding of evidence-based interventions to address cognitive and behavioral problems common to recipients of neuropsychological services.
- Demonstrate an understanding of how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.
- Use assessment and provision of feedback for therapeutic benefit.

### **Consultation and Interprofessional Competencies:**

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisors, supervisors, supervisors, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- 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.
- 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.

### **Research Competencies:**

- Accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.
- Apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions, determine effective research design, and conduct appropriate analysis.

### **Professional Competencies:**

- 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.
- Engage in self-reflection regarding one's personal and professional functioning;

- Engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally to increasingly complex situations with a greater degree of independence.
- Demonstrate an emerging professional identity consistent with the Clinical Neuropsychology specialty.

### **Supervision Competencies:**

- Demonstrate knowledge of supervision models and practices related to clinical neuropsychology.
- Teach, supervise, and mentor others by accurately, effectively, and appropriately presenting information related to clinical neuropsychology.

### **Cultural Competencies**

- Demonstrate the ability to comprehend, interact, and communicate with individuals regardless of their cultural background.
- Develop an awareness of one's own cultural views, assumptions, values, biases, and stereotypes and how this might impact the provision of neuropsychological services.
- Develop positive attitudes and stance towards cultural differences and in multiculturalism and learn one's role as an advocate.
- Demonstrate knowledge of varying cultural worldviews and practices
- Learn to appropriately utilize specific, culturally appropriate assessment, intervention, and communication skills necessary to effectively work with ethnic minority and diverse groups
- Integrate and transform cultural awareness and sensitivity into specific policies, standards, and practices in the Fellowship environment and create better outcomes for patients of all cultures.

### **SALARY, BENEFITS and RESOURCES**

The salary for the postdoctoral Fellowship is approximately \$71,307 (equivalent to Medical PGY-2 (Post Graduate Year 2) in 2025/2026 for the first year with a small increase for the second year. The average salary of APPIC (Association of Psychology Postdoctoral & Internship Centers) Postdoctoral Neuropsychology Fellowships in Pennsylvania is \$49,768.

Each postdoctoral Fellow receives 20 days of vacation, one (1) Wellness Day that can be taken as an entire day or two half days, four (4) Holiday Days, five (5) conference days; enhanced professional development stipend (\$1000/yr.); and subsidized health benefit plans are offered including medical, dental, and vision. UPMC Health Plan provides extra support to our members

in the transgender community. We help them fully understand their benefits and access care that best meets their needs—and from providers who will treat them with dignity and respect so these fellows can live their healthiest lives.

Touch-down space, laptop computer, and voicemail will be provided. Fellows will also have free access to the University of Pittsburgh Medical Library.

## **WORK ACCOMMODATIONS**

### **Parental Leave and Child Care**

For Fellows, UPMC may grant ten (10) days of paid parental leave upon the birth or adoption of a child. The Fellow is also eligible for an unpaid parental leave of absence (PALOA) of six weeks for the birth or adoption of a child provided eligibility for such time off is not already provided by an existing FMLA (Family Medical Leave) Policy (Family Medical Leave of Absence Policy HS-HR0718) or PLOA (Personal Leave of Absence) policy (Personal Leave of Absence HS-HR0719). An additional two (2) weeks of PALOA may be granted to women who deliver their child via a Caesarean delivery. Women on a PALOA who require additional time off due to medical related reasons should consult with Work Partners to determine if other leave options are available. Only one PALOA is permitted per parent, per pregnancy or adoption. UPMC may offer reimbursement for certain adoption expenses.

PALOA must be requested and approved in advance, in writing by Work Partners, the department head, and the Fellowship Co-directors. PALOAs must be granted for continuous leave and may not be taken on an intermittent basis unless as part of a Return-to-Work Assistance Program. If the department head approves the PALOA, then the position must be held for the duration of the PALOA. Fellows who are out of work after they have delivered a child may be eligible for short term disability (STD) or salary continuation (if applicable) while on a PALOA. If STD or salary continuation is not available, Fellows are required to use all accrued PTO (Paid Time Off) time concurrent with their PALOA. The Fellowship Co-directors should be notified to determine the effect, if any, such leave will have on the Fellow's ability to satisfy the criteria for timely completion of the Fellowship and shall supply documentation as requested, provided such request for documentation is consistent with any legal or program requirements.

**Completion of Fellowship in context of medical leave:** If Fellow is out of work for longer than four weeks, a specific plan will be created to ensure that the Fellow meets the minimum hourly requirements for completion within the standard two-year Fellowship time frame. Extension of the Fellowship beyond this two-year time will be discussed on a case-by-case basis.

### **Short-term Disability (STD)**

STD coverage begins on the first day of the month on or after the Fellowship start date, and the Fellow must be actively at work on the date that the coverage is to begin. If the Fellow is absent on that day, the coverage will begin the first day following the Fellow's return to work. STD benefits begin on the eighth day of a continuous non-work-related illness, injury, or pregnancy/delivery. Please refer to the UPMC Benefits manual for additional information.

### **Dependent Care**

The Fellow is eligible for a Premium Membership to find and manage emergency care for children, seniors, pets and the home through Care.com. UPMC annually provides 5 backup care days for children or adults.

### **Work Partners/Life Solutions**

Life Solutions' Employee Assistance Program aids get through challenging times so that the Fellow can be more successful at home and work. The employee assistance program provides practical information and counseling on a variety of topics. The service is free for Fellows, and is available 24 hours a day, 7 days a week, 365 days a year. Services include coaching and counseling in person, over the phone, or through video. The service is confidential and is an independent, impartial source of support. Other services include referrals for childcare and elder care, help with daily living issues, free 30-minute legal consultation and a 25% discount on attorney fees after consultation, free 30-minute consultation with a financial professional, and access to the Work-Life website with skill builder courses and monthly webinars, downloadable legal forms, financial calculators, and a savings center. To review the information, please refer to [www.lifesolutionsforyou.com](http://www.lifesolutionsforyou.com) or call 1-800-647-3327 and use the company code UPMC.

**HOW TO APPLY:** Submit a CV (Curriculum Vitae), a statement of interest and goals, three letters of recommendation (directly from referees), a completed APPCN verification form, and official graduate transcript to the [APPA-CAS portal](#). For questions or technical difficulties please contact Terry Chao 412-232-7362 or [chaot5@upmc.edu](mailto:chaot5@upmc.edu)

**APPLICATION DEADLINE:** Deadline for submission of applications is December 6, 2024. Interviews will be offered virtually from January 2-3 and 6-7 2025. No in-person interviews will be offered. This program will be participating in the APPCN Fellow matching program and will conform to its published schedule of dates. Start date is typically July-August, although arrangements can be made for later start dates as needed.

### **PRIMARY NEUROPSYCHOLOGY FACULTY**

**Tad T. Gorske, Ph.D.,** is a licensed psychologist in Pittsburgh, Pennsylvania. He is a 1999 graduate from the WVU Counseling Psychology Program and is currently an Assistant Professor in the Department of Physical Medicine and Rehabilitation, Division of Neuropsychology and Rehabilitation Psychology at the University of Pittsburgh School of Medicine. He is the Director of Outpatient Neuropsychology where he conducts neuropsychological assessments with patients diagnosed with traumatic brain injuries and other neurological and neuropsychiatric conditions. Dr. Gorske completed his pre-doctoral internship at the Federal Corrections Institute in Morgantown, West Virginia and his post-doctoral fellowship in Addiction Medicine and Neuropsychology at Western Psychiatric Institute in Pittsburgh, PA. Dr. Gorske is the primary author of Collaborative Therapeutic Neuropsychological Assessment and has published in peer reviewed journals, authored and co-authored book chapters on topics related to neuropsychology, addiction, mental illness, and psychotherapy methods. He has conducted lectures and seminars nationally and internationally on Collaborative Neuropsychology, neuropsychological assessment methods, Motivational Interviewing, and psychotherapy methods.



**Kathleen Hassara, Psy.D.,** is the Clinical Director of Pediatric Neuropsychology at UPMC Children's Hospital of Pittsburgh and an assistant professor in the Department of Physical Medicine & Rehabilitation at the University of Pittsburgh School of Medicine. She completed her graduate training in school psychology at University of Colorado Denver, her internship in clinical psychology at University of Texas Health Science Center at Houston, and her pediatric neuropsychology fellowship at Akron Children's Hospital. Dr. Hassara's outpatient practice serves a diverse range of patient populations with a focus on neurofibromatosis and hematology/oncology patients. She also participates in the neurofibromatosis, oncology survivorship, and cancer predisposition multidisciplinary clinics.

**Sarah Laughlin, Ph.D.,** is an Assistant Professor in the University of Pittsburgh School of Medicine's Physical Medicine and Rehabilitation at UPMC Children's Hospital of Pittsburgh. Dr. Laughlin is the Director of Predoctoral Training in Pediatric Neuropsychology. She holds a secondary appointment in the university's Psychology Department and is an adjunct faculty for the Rehabilitation Science. Dr. Laughlin completed her PhD in Clinical-Developmental Psychology at the University of Pittsburgh. Her clinical Internship was completed at the University of North Carolina Chapel Hill, School of Medicine, and her postdoctoral Fellowship in Clinical Neuropsychology at Allegheny General Hospital. She outpatient and inpatient neuropsychological evaluation services, and contributes to interdisciplinary specialty services (e.g., Epilepsy Service). Areas of clinical focus for Dr. Laughlin include epilepsy, autism spectrum disorder, intellectual/developmental disabilities, neurogenetic presentations, and the neuropsychological effects of childhood trauma and/or maltreatment. Dr. Laughlin is a *Leadership Education in Neurodevelopmental Disabilities and Related Disorders* (LEND) faculty member. She provides leadership in the context of the LEND (Leadership Education in Neurodevelopmental Disabilities) C.A.R.E.S. Program, didactic learning, psychology doctoral student mentorship and recruitment, and as the Principal Investigator of the LEND Outcomes Study.

**Amy Letteri, Ph.D.,** is the Co-Director of the neuropsychology fellowship. She is a pediatric neuropsychologist and an assistant professor in the Department of Physical Medicine & Rehabilitation at the University of Pittsburgh School of Medicine at UPMC Children's Hospital of Pittsburgh. She is also a faculty member of the University of Pittsburgh LEND program. Dr. Letteri completed graduate training at Gallaudet University, clinical internship at the Children's Hospitals and Clinics of Minnesota, and pediatric neuropsychology fellowship at the University of Indiana School of Medicine and Riley Hospital for Children. Dr. Letteri has a strong and enduring commitment to diversity, equity, and inclusion. She believes that all people must have equitable access to health care and this belief is the foundation of her clinical practice. Her outpatient neuropsychology clinic is generalist with a focus on hematology/oncology and deaf/hard of hearing children and adolescents. She also staffs the inpatient rehabilitation unit. Specialty clinics include cochlear implant pre-surgical evaluations, audiology consultations service, and Oncology baseline evaluation clinic.

**Melody Mickens, Ph.D.,** is a clinician-scientist and clinical assistant professor in the Department of Physical Medicine and Rehabilitation at the University of Pittsburgh School of Medicine. She completed her Bachelor of Arts in Psychology at the College of William and Mary, her Master of Science in Clinical Psychology at Virginia Commonwealth University, and her PhD in Clinical Psychology (Behavioral Medicine focus) at Virginia Commonwealth University. She completed

the clinical neuropsychology internship track at the VA (Veterans Affairs) Maryland Health Care Consortium with the University of Maryland-Baltimore. She completed a two-year post-doctoral fellowship in Rehabilitation Psychology at the Central Virginia VA Healthcare System in Richmond, VA. Dr. Mickens provides psychotherapy and neuropsychological assessment on the inpatient Spinal Cord Injury Unit at the UPMC Rehabilitation Institute at Mercy Hospital. She has expertise in treating the emotional, cognitive, and social aspects of adaptation to acquired disability after spinal cord injury/disorders, brain injury, stroke, amputation, and progressive neurological disorders. Dr. Mickens is a funded investigator who has published on facilitators of community reintegration and resilience after spinal cord injury as well as determinants of caregiver emotional wellness during progressive neurological illness and in response to COVID 19. Her research interests focus on longitudinal management of cognition and emotional functioning after SCI/D and expanding the use of community based participatory research models within rehabilitation populations.

**Loren J. Pease, Psy.D.**, is a pediatric neuropsychologist at UPMC Children's Hospital of Pittsburgh and an assistant professor in the Department of Physical Medicine & Rehabilitation at the University of Pittsburgh School of Medicine. Dr. Pease sees a generalist population with a focus on congenital heart disease and neurodevelopmental disorders. She also consults with patients and providers on the Pediatric Intensive Care Unit (PICU) and completes pre-heart transplant evaluations through the UPMC Children's Heart Institute. She completed her doctorate in clinical psychology at Chestnut Hill College. Dr. Pease completed her clinical internship in pediatric neuropsychology and pediatric health psychology at Nicklaus Children's Hospital in Miami and her postdoctoral fellowship in pediatric neuropsychology at Nemours Children's Hospital, Delaware.

**Jessica Rusbatch, Psy.D** is a clinical neuropsychologist at UPMC Mercy Hospital of Pittsburgh in the Department of Physical Medicine and Rehabilitation. She completed her graduate training at Marywood University, clinical internship at Greenville VA Health Care Center, and neuropsychology fellowship at Salem VA Medical Center. She provides comprehensive outpatient neuropsychological evaluations for adults and older adults with various medical and central nervous system conditions that can impact cognitive functioning. She also provides inpatient consultation for adult rehabilitation units.

**Melissa Sutcliffe, Ph.D., ABPP**, is the Co-Director of the Neuropsychology fellowship, Vice Chair of the Division of Neuropsychology and Rehabilitation Psychology at UPMC and an assistant professor in the Department of Physical Medicine and Rehabilitation at the University of Pittsburgh School of Medicine. She is board certified in clinical neuropsychology and a board-certified subspecialist in pediatric neuropsychology. Dr. Sutcliffe obtained her PhD in Clinical and Health Psychology at the University of Florida. She completed her clinical internship at the Warren Alpert School of Medicine at Brown University and a pediatric neuropsychology fellowship at Cincinnati Children's Hospital Medical Center. Dr. Sutcliffe provides both inpatient and outpatient neuropsychology services to children and adolescents with a wide variety of medical conditions affecting the neuroaxis. She has a particular interest in acquired brain injury, staffing CHP's transdisciplinary Acquired Brain Injury Clinic. She also helped developed and staffs the multidisciplinary epilepsy surgery clinic. Dr. Sutcliffe also provides inpatient neuropsychological and rehabilitation psychology services at Mercy Hospital's inpatient rehabilitation units, again

with a focus on acquired brain injury. Dr. Sutcliffe is also involved with several research projects including studies looking at cognitive outcomes in adolescents and young adults with an RNS device for intractable epilepsy. In all these roles she supervises neuropsychology trainees of all levels, helps teach neuroanatomy to neuropsychology fellows, and is involved in the teaching of medical trainees in the hospital and system at large.

**Amery Treble-Barna, Ph.D.**, is a tenure-track Assistant Professor in the Department of Physical Medicine & Rehabilitation at the University of Pittsburgh School of Medicine and Clinical Pediatric Neuropsychologist at UPMC Children's Hospital of Pittsburgh (CHP). She completed her Ph.D. in clinical psychology at the University of Houston. She completed her clinical internship at Nationwide Children's Hospital and pediatric neuropsychology fellowship at Cincinnati Children's Hospital Medical Center. She sees a limited number of clinical cases and is primarily a research faculty member. Her clinical research program aims to account for unexplained heterogeneity in outcomes following pediatric brain injury with the long-term goal of moving the field towards precision medicine to improve individual prognostication, predict response to rehabilitation, and identify novel targets for treatment development.

## **ABOUT UPMC**

### **UPMC's mission is to:**

- Serve our communities by providing outstanding patient care.
- Shape tomorrow's health system through clinical and technological innovation, research, and education.

### **UPMC Vision**

UPMC will lead the transformation of health care. The UPMC model will be nationally recognized for redefining health care by:

- Putting our patients, health plan members, employees, and community at the center of everything we do and creating a model that ensures that every patient gets the right care, in the right way, at the right time, every time.
- Harnessing our integrated capabilities to deliver both superb state-of-the-art care to our patients and high value to our stakeholders.
- Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment, and cure.
- Serving the underserved and disadvantaged and advancing excellence and innovation throughout health care.
- Fueling the development of new businesses globally that are consistent with our mission as an ongoing catalyst and driver of economic development for the benefit of the residents of the region.

### **UPMC Values**

- Quality and safety. We create a safe environment where quality is our guiding principle.
- Dignity and respect. We treat all individuals with dignity and respect.
- Caring and listening. We listen to and care for our patients, our health plan members, our fellow employees, our physicians, and our community.

- Responsibility and integrity. We perform our work with the highest levels of responsibility and integrity.
- Excellence and innovation. We think creatively and build excellence in everything that we do.

## **ABOUT THE DIVISION OF NEUROPSYCHOLOGY AND REHABILITATION PSYCHOLOGY**

The Division of Neuropsychology and Rehabilitation Psychology is one of five Divisions in the Department of Physical Medicine and Rehabilitation (PM&R) at UPMC/University of Pittsburgh. The other four divisions of PM&R include General and Neuro Rehabilitation, Pediatric Rehabilitation Medicine, Sports and Spine Medicine, and Clinical Trials. The UPMC Rehabilitation Network is comprised of over 170 inpatient rehabilitation beds at eight locations including the UPMC Rehabilitation Institute (RI) at UPMC Mercy.

Our providers specializing in physical medicine and rehabilitation are experts in the fields of traumatic brain injury, spinal cord injury, stroke, diseases and disorders of the musculoskeletal and peripheral nervous system, and many other conditions that affect function and mobility. We are invested in the principles of Personalized Medicine and develop individualized treatment for patients facing the many challenges of living with limited mobility due to trauma, illness, or disease.

Research in neural engineering and neuro-prosthetics, brain imaging, the effects of neurotransmitters, the role of gender on recovery after Traumatic Brain Injury (TBI), and the effects of movement therapy for pain management are just a few studies occupying our research faculty. We are especially proud of our research collaborations with such well known institutions as Carnegie Mellon University, Safar Center for Resuscitation, and the VA Health Administration.

**Division of Neuropsychology and Rehabilitation Psychology Mission:** To maximize the health, function and well-being of the people and populations we serve by providing the highest quality rehabilitative medical care, conducting highly relevant, innovative research, and training the next generation of clinicians and researchers.

### **Vision:**

To lead the nation in rehabilitation and disability research, education, and care

To be the provider of choice for psychiatric care

To be a leading advocate for people with disabilities and their families

### **Core Values:**

We are committed to providing the highest quality, evidence-based rehabilitation care

We hire and train dedicated, passionate, dynamic faculty focused on innovative patient- and family-centered care within optimized team-based delivery models

We maintain supportive and transparent academic and clinical environments

We foster teamwork, cultivate education, promote research, and encourage advocacy