

Psychology Postdoctoral Residency Program Battle Creek VA Medical Center

Psychology Service (116B)
5500 Armstrong Road
Battle Creek, MI 49037



http://www.battlecreek.va.gov/careers/Battle_Creek_Psychology_Training_Programs.asp

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The Battle Creek VA Medical Center (BCVAMC) is currently recruiting applicants for our Clinical Neuropsychology Postdoctoral Residency Program. Residents completing our program are expected to be competent early career Neuropsychologists, eligible for ABPP board certification. Practice is primarily outpatient, with some inpatient and in-home evaluation possible. External rotation at Mary Free Bed Rehabilitation Hospital in Grand Rapids, Michigan may be possible during the second year. We expect to participate in the APPCN Neuropsychology Match and complete interviews at INS or via phone/video conferencing prior to INS. On site interviews are not available. Applicants must have completed an APA-accredited internship or a VA sponsored internship, with at least 50% time devoted to neuropsychology work under a Clinical Neuropsychologist. Neuropsychology/Neuroanatomy coursework preferred. All applicants must be United States citizens. You will be required to apply for a Michigan limited license and complete Basic Lifesaving for Healthcare professionals at your own expense prior to starting. Some travel between two locations is expected; however, a government vehicle is typically available.

The Residency position is a 2 year, full-time appointment starting on or around September 1. The stipend rate for full-time psychology Residents is \$42,310. Comprehensive benefits are available to VA trainees, including medical insurance, paid sick and vacation leave, as well as 5 days of guaranteed authorized leave for professional activities during the training year. Funding to present internal research is available.

ACCREDITATION STATUS

The Psychology Postdoctoral Residency Program at the **Battle Creek VA Medical Center** is not currently accredited by the Commission on Accreditation of the American Psychological Association.

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPLICATION & SELECTION PROCEDURES

Eligibility

All applicants must

- Be United States citizens
- Have received a Doctorate in Clinical or Counseling Psychology from an APA accredited clinical or counseling psychology doctoral program
- Have completed an internship accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship with approximately 50% time devoted to neuropsychology clinical work.

Please see the Department of Veterans Affairs Psychology Training site for a complete description of eligibility requirements. (<http://www.psychologytraining.va.gov/eligibility.asp>)

In accordance with the Federal Drug-Free Workplace Program, Residents accepted here may be asked to submit a urine specimen prior to or at the beginning of the training year. Other branches of the federal government (e.g. Office of Personnel Management) may conduct routine background checks at their discretion.

All clinical staff, including psychology Residents selected for this program, must provide proof of Basic Life Support (BLS) certification prior to working at this facility. Certification must be completed, at the Resident's expense, prior to the starting date of the Residency. Residents selected for this program will be contacted to ensure this is completed.

Sensitivity to Diversity

The Battle Creek VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes. Our Residency program welcomes and strongly encourages applications from all qualified candidates, regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Students from diverse cultural backgrounds are strongly encouraged to apply.

Travel

The resident matching to this site will be expected to engage in some travel between the WHCC and the Battle Creek VA Medical Center (approximately 60 miles) during working hours at a minimum of twice monthly. Additional travel between sites to participate in peer support, completion of research activities and engaging in site-specific training opportunities may be required and will occur during business hours. Didactic experiences will take place at both sites, either in person or via videoconferencing depending on the location of the presenter. Individual supervision will always be face-to-face, on site.

Licensure:

All psychology Residents are required to apply for a Michigan Doctoral Education Limited License for Post-Doctoral Degree Experience as soon as possible after being notified of acceptance although final conferral of the Limited License requires proof of completion of internship and all requirements for graduation. This is to facilitate future licensure in the state of Michigan. Residents are referred to the Michigan Board of Psychology for additional details. This program meets requirements for postdoctoral experiences to qualify for licensure within the State of Michigan; however, Residents should examine licensure requirements for any state in which they might ever desire to be licensed. The Battle Creek VAMC Psychology Residency training program will attempt to meet those requirements if possible, should we be informed of them.

Application Process

The Battle Creek VAMC will utilize the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS). Additional details are found here:

<http://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information>

Prospective Residents are asked to submit a cover letter detailing their career aspirations and how this training program is suited to help in achieving them. Also, applicants should submit 3 letters of recommendation (called "Evaluations" within the portal), a current CV and two de-identified neuropsychological reports. We also request a statement of dissertation status from your dissertation chair, including anticipated completion date. If your chair is one of your letter writers, dissertation status may be addressed in that letter without the need for an additional statement. Finally, all graduate transcripts associated with training for your degree (masters and doctoral). Note: unofficial Master's transcripts are acceptable and can be uploaded in the same file as your cover letter.

The above materials should be submitted electronically via the APPA CAS by December 31.

Selection Criteria

Selection will be based on the goodness of fit between the applicant's training goals and prior experiences with the training offered within the Residency program.

Interviews and Selection

The clinical neuropsychology residency program will participate in the APPCN Neuropsychology Match. Our APPCN match number is: 9752. Details may be found here: <http://www.natmatch.com/appcnmat/> We will complete interviews at INS or via phone/video conferencing prior to INS. Onsite interviews are not available. Notification of being offered an interview will occur by January 9.

Contact Information

Further information regarding the Battle Creek, MI VAMC Psychology Postdoctoral Residency Program may be obtained by visiting our website:

http://www.battlecreek.va.gov/careers/Battle_Creek_Psychology_Training_Programs.asp

You may also email (preferred) or telephone the Director of Training:

Jessica H. Kinkela, Ph.D. ABPP-Clinical Neuropsychology

Director of Psychology Training

Psychology Service (116B)

VA Medical Center

5500 Armstrong Road

Battle Creek, MI 49037

Telephone: 269-966-5600, extension 31155

Email: Jessica.Kinkela@va.gov

TRAINING SETTING

Overview of the Medical Center

The Battle Creek Veterans Affairs Medical Center (BCVAMC) operates with five locations. The main Battle Creek facility lies 20 miles to the west of Kalamazoo, and the Medical Center is about two hours from Detroit and three hours from Chicago. There are 91 inpatient psychiatric and intermediate medical beds, 92 residential rehabilitation beds, 11 acute medical beds, and 100 beds in the Community Living Center. The Medical Center has a fine Medical Library, and excellent library facilities are available at the nearby campus of Western Michigan University.

Approximately 50 miles north of the main Battle Creek Campus is the Wyoming Health Care Center (WHCC), which is a 100,000 sq. ft. facility that encompasses outpatient primary and specialty medical care as well as comprehensive outpatient mental health services. Just 5 miles south of Downtown Grand Rapids, Michigan, this facility opened for patient care on December 1, 2014.

In addition to these, the BCVAMC has community based outpatient clinics in Benton Harbor, Muskegon, and Lansing Michigan. Home Based Primary Care provides in-home services throughout the entire Battle Creek VAMC catchment area. A Vietnam Veterans Outreach Center is also located in Grand Rapids.

Mission

The MISSION of the Battle Creek VA Medical Center is to provide primary medical care, comprehensive psychiatric care, specialty care, extended care and related social support services to Veterans in 22 counties of the southwest lower Peninsula of Michigan. As a hub for Mental Health services, Veterans are also referred from throughout Michigan and neighboring states for services. Further, the mission of the Medical Center is to honor America's Veterans by providing exceptional health care that improves their health and well-being. The VISION of the Battle Creek VA Medical Center will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are

both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies. The Core VALUES of the Medical Center are: Integrity, Commitment, Advocacy, Respect, and Excellence—I CARE!. The Strategic Priorities of the Medical Center are Access, Performance, Mental Health, Recruitment and Retention, Resource Management, and Communication and Outreach.

In the context of the basic mission of the Battle Creek VAMC to provide quality health care services, the mission of Psychology Service is to: (a) promote the physical and psychological well-being of VA patients, their families, and VA staff through comprehensive quality psychological health care services, (b) provide training in psychology to students and VA staff, and (c) advance the knowledge and applications of psychology through clinical practice, education, and research. The Residency program is viewed as an integral part of the Medical Center's and Psychology Service's missions. The Battle Creek VAMC Psychology Service is committed to providing high-quality Residency level training in psychology, which includes in-depth training in applied skills and exposure to a variety of clinical professional issues.

TRAINING MODEL AND PROGRAM PHILOSOPHY

Within the Battle Creek VA Medical Center Clinical Neuropsychology Postdoctoral Residency Program, we offer and implement a specialty practice program in Clinical Neuropsychology within an interprofessional context. We identify with and conceptualize from a scientist-practitioner model. The resident is required to generate new research projects and/or join current research projects already underway at this facility.

STRUCTURE OF THE PROGRAM

Primary training sites are the Battle Creek VAMC main campus in Battle Creek MI, and the Wyoming Health Care Center (WHCC), located in Wyoming (Grand Rapids) MI. Additional possible rotations include Home Based Primary Care (HBPC) during which the resident will provide in-home evaluations as well as an external rotation (up to 4 months) at Mary Free Bed Rehabilitation Hospital in Grand Rapids Michigan. Over the two year training period, the resident will devote at least 50% of their time to clinical care with up to 25% designated for research activities and at least 10% of their time in educational/didactic activities. They will receive at least 2 hours of face-to-face individual supervision per week. Supervision will include live observation.

The resident will meet with the Neuropsychology training director to discuss training needs and select rotations. A formal training plan will be developed to include clinical experiences as well as other activities. All clinics and supervisors are engaged in interprofessional practice and recovery focused service as central to their activities, thus substantial modeling of these practices will occur.

Clinical Experiences:

Clinical experiences will be determined based on trainee development and rotation availability with regard to timing and selection. They will be required to complete primary rotations with the BCVAMC Neuropsychology team as well as at WHCC as part of the dementia screening clinic.

Additional experiences may include:

- Acute Medicine unit at Battle Creek
- Mary Free Bed Rehabilitation Hospital (up to 4 months during second year)
- Dementia Long-Term care within the Community Living Center
- Home-Based Primary Care-Neuropsychology
- Inpatient Psychiatric Unit Neuropsychology Consultation
- Outpatient Therapy at Battle Creek
- Rounding with Neurology, Radiology, Speech and Language Pathology and Medicine clinics

Rotation Descriptions:

Neuropsychology, Battle Creek, MI: The resident will spend at least 50% of their time within the BCVAMC Neuropsychology clinic. Patient population includes all adults 18 and above. For Outpatient consults, primary presenting problems include neurocognitive disorders (dementia), medical conditions impacting cognition (stroke, cardiovascular disease), post-acute traumatic brain injury, and cognitive implications of psychiatric diagnoses. The resident will also be exposed to movement disorders, atypical dementias, and metabolic disorders. Occasionally, Neuropsychology is requested to provide inpatient consultation to the acute medical unit as well as the acute Psychiatric unit. Residents will also provide peer supervision/consultation to internship level Neuropsychology trainees. They may elect to provide cognitive intervention within this setting. Supervisors will be Jeremy Bottoms, Psy.D. and Jessica Kinkela, Ph.D., ABPP.

Neuropsychology WHCC: The resident will participate in the dementia screening clinic at WHCC. This clinic occurs four times monthly, although the resident will only participate in a portion of them. Referral questions include functional capacity, dementia differentials, medical decision-making and level of independent functioning. Supervisors will be Jeremy Bottoms, Psy.D. and Jessica Kinkela, Ph.D., ABPP.

Inpatient Acute Medicine at Battle Creek: The acute medical unit is a 14 bed unit providing acute medical care for decompensation, congestive heart failure, sepsis, pneumonia, COPD exacerbation/respiratory failure/hypoxemia, complications from diabetes. The resident will serve as a member of the team, providing consultation, rounding, and conducting bedside evaluations. The resident will also be involved in placement determination and medical decision-making capacity. Physician Attending: Ismael Soto Rivas, M.D.; Clinical Supervisors will be Drs. Bottoms and Kinkela.

Community Living Center: Under Geropsychologist Ann Smolen-Hetzel, Ph.D., the resident may elect to provide intervention and assessment focusing on older adults and dementia care. They will be involved in management of behavioral challenges on the locked dementia unit (STAR VA program). They will be part of the treatment team, consulting and evaluating medical decision-making and functional capacity. On this unit they will have the opportunity to work with associated health professionals including occupational therapy, physical therapy, and recreational therapy.

Home-Based Primary Care (HBPC) Assessment: There is a need for Neuropsychological evaluations in cases where the HBPC Psychologist does not have the skill set to perform cognitive evaluations and when diagnostic differential requires specialist Neuropsychology involvement. By having Drs. Bottoms and Kinkela provide supervision in coordination with HBPC Psychologists, the resident will provide in-home cognitive evaluations to Veterans in rural community settings with limited access to service. This is

not currently being done and would represent an innovative practice to increase care to underserved populations. The resident would complete an orientation period with HBPC Psychologists with future evaluation referrals occurring via Consult, concurrent with their outpatient Neuropsychology clinic work.

Outpatient Therapy: Psychotherapeutic interventions, while not typically emphasized in many Neuropsychology postdoctoral programs, remain a core clinical skill. As Neuropsychologists may be asked to serve in interprofessional settings in which they may be required to provide brief interventions, the resident may elect to complete a brief therapy rotation (1 day weekly for 6 months) in Primary Care-Mental Health Integration or outpatient mental health. This would be concurrent to their Neuropsychology work. Supervisors will be licensed Psychologists serving within the selected clinics.

Mary Free Bed Rehabilitation Hospital: Under the supervision of Jacobus Donders, Ph.D., ABPP, the resident will rotate within this rehabilitation setting. Clinical activities will be negotiated with Dr. Donders and the resident according to needs and experience availability. This experience will last no more than 4 months total and will likely occur consecutively. This rotation will likely occur during the resident's second year. The majority of clinical work will be outpatient, with some subacute and inpatient consultation.

Rounding: To increase resident exposure to other health areas relevant to neuropsychological practice, the resident will be able to observe and potentially contribute to clinical care while rounding with Neurology, Radiology, Speech and Language Pathology and/or Medicine clinics. This will be established based on resident interest and prior experience with other medical and associated health specialties.

RESEARCH EXPERIENCE

Up to 25% of their training time will be devoted to completing an Institutional Review Board/Research Development approved research project. During their first three months they will identify a project and complete an application. Their research must result, prior to the completion of their second year, in a scholarly product, defined at a minimum as a paper or poster presentation at a regional or national Neuropsychology conference. The resident will identify a primary mentor to assist them with this project.

DIDACTIC AND SUPERVISION EXPERIENCES

Formal educational experiences and supervision will constitute at least 10% of their training time, or 4 hours weekly. This 4 hours includes two hours of face-to-face supervision. No telesupervision will be used for the two hours of individual supervision; however, additional consultation beyond the two hours may make use of video conferencing and phone consultation as needed. Didactic experiences will make up the remaining two hours. Remote video and audio technology will be used for some of the didactic seminars, as several will be shared with other sites including VA Illiana Health Care System and Ann Arbor VA Medical Center. Didactic seminars will include:

- **Neuroanatomy:** 6 sessions devoted to primary neuroanatomical regions and functional implications. Primary text will be *Neuroanatomy through Clinical Cases* by Blumenfeld.
- **Neuropsychology Seminar/Written Exam Preparation:** In order to help prepare the resident for the written exam in board certification a series of seminars with associated readings will be provided. Key neurocognitive, medical, movement, psychiatric, acquired and neurodevelopmental disorders will be reviewed with associated fact finding exercises.

- **Ethics and Legal issues in Neuropsychology:** This will consist of reviewing key articles related to ethical, legal and professional issues in Neuropsychology. They will also engage in a mock ethics exam to help prepare them for eventual board certification.
- **Individual Differences and Cultural Diversity:** In preparation for clinical work with diverse populations, the resident will be assigned reading and engage in self-reflection and evaluation regarding their readiness to practice with individuals of less typical backgrounds. Within their clinical work as well as in didactic activities, they will identify scholarly literature that applies. The resident will also attend the Diversity series that is attended by all Psychology trainees and present at least one session.
- **Interprofessional:** The resident will participate in currently established interprofessional and development seminars with other Psychology and non-psychology trainees as well as interprofessional medical ethics (with Pharmacy, Optometry, Psychology).
- **Grand Rounds:** Depending on the topic, the resident may participate in Mental Health and Medical Grand Rounds, which occur monthly.

Sample 2-Year Rotation Schedule:

August 2017-July 2018:

- Neuropsychology BCVAMC (Monday, Tuesday, Thursday)
- Neuropsychology WHCC (Wednesday twice monthly)
- Inpatient Medical Unit (30 minutes Morning Rounds Monday, Tuesday, Thursday, Friday)
- Research (Friday 4-6 hours)
- Didactics (Tuesday and Friday; 2.5 hours weekly)
- Individual Supervision (As scheduled, 2 hours weekly)

August 2018-December 2018

- Mary Free Bed Rehabilitation Hospital (Monday, Tuesday, Wednesday, Friday)
- Research (Thursday 4-6 hours)
- Didactics (As scheduled at Mary Free Bed, 2 hours)
- Individual Supervision (As scheduled, 2 hours weekly)

January 2018-July 2019

- Outpatient Neuropsychology BCVAMC (Monday, Tuesday, Thursday)
- Home Based Primary Care Assessment (estimated 6-10 cases, subtracting from Neuropsychology outpatient days when they need to be scheduled)
- Primary Care-Mental Health Integration or CLC (Wednesday)
- Research (Friday 4-6 hours)
- Didactics (Tuesday & Friday 2.5 hours)
- Individual Supervision (As scheduled, 2 hours weekly)

INTERACTION WITH OTHER TRAINEES:

The Battle Creek VA Medical Center hosts trainees from multiple disciplines. The Neuropsychology resident will interact most with Medical students, Medical residents, Psychology interns, general advanced practice Psychology residents, Pharmacy residents, Optometry residents, Nursing students, and Social Work interns. They may serve as preceptors and peer supervisors for Psychology interns and

Medical students. They will participate in Interprofessional Medical Ethics with other postdoctoral resident level trainees from Optometry, Psychology, Pharmacy and Medicine. They will also interact with Neuropsychology trainees at Mary Free Bed Rehabilitation Hospital, Ann Arbor VA Medical Center, and VA Illiana Health Care System.

EVALUATION

Formal Competency Ratings will be completed using the Neuropsychology Postdoctoral Competency Assessment Form, which is provided to Residents at the onset of training. Ratings occur at minimum, four times over two years. Each Resident will have at least two supervising neuropsychologists evaluating their daily work and professional factors over the course of the two year period. Informal evaluation and feedback by the supervisor of the Resident will occur on an ongoing basis. Resident progress will also be discussed at Training Committee meetings. The Resident is encouraged to engage in self-assessment and ongoing performance improvement. Resident is encouraged to provide feedback to supervisors and program leadership to improve their overall residency experience.

Residents will be evaluated based on the level of supervision required:

Level 6: Advanced Practice, life-long learner and Consultant

- Competency in this area is at the level expected of fully licensed, independent psychologists at the GS-13 level in the VA System
- **Residency:** Residents may achieve this rating on a few core tasks that represent particular strengths. This rating is for rare occasions when a Resident can serve as a consultant to other licensed psychologists in a particular area.
- **Internship:** Inappropriate for internship level trainees
- **Practicum:** Inappropriate for internship level trainees

Level 5: Ready for Autonomous Practice.

- Competency in this area is at the level expected of psychologists ready to apply for licensure, such as those at the GS-12 level in the VA system.
- **Residency:** Supervision is required for compliance with professional standards, but with proper licensure, Resident could perform independently. Consultation is self-guided and directed toward life-long learning and ongoing advanced practice development. **Residents must achieve this level rating on all target competency measures for successful program completion.**
- **Internship:** This level of rating should be extremely rare for interns and be limited to a few areas of particular and exceptional strength.
- **Practicum:** Inappropriate for practicum level trainees

Level 4: Requires consultation-based supervision

- Competency in this area is at the level expected of unlicensed, entry level psychologists, such as those who have been working at the GS-11 level in the VA system for six months.
- **Residency:** The resident acts as a unlicensed “junior” colleague, requiring supervision according to compliance standards. Resident requires only consultation-based supervision for core health service psychology tasks with ongoing consultation and supervision as required for advanced

practice areas. **This is expected at the mid-point of residency for all target competency measures.**

- **Internship:** Interns may achieve this rating on a few core tasks that represent particular strengths; however, it will be rare.
- **Practicum:** Inappropriate for practicum level trainees

Level 3: Requires occasional supervision.

- This is the rating expected of incoming doctoral staff members just starting at the GS-11 level within the VA system who have just received their doctorate and are beginning to undergo post-doctoral supervision towards licensure.
- **Residency:** This is the rating expected of incoming postdoctoral residents and would be a common rating for first quarter evaluations. The resident requires occasional supervision for core health psychology service tasks, but regular supervision for advanced practice tasks.
- **Internship:** This is the rating expected at the end of the training year for interns. Intern does not require additional supervisory sessions to complete this task. The supervisor can rely primarily on some of the reports of the trainee with occasional direct observation for compliance.
- **Practicum:** Students may achieve this rating on a few core tasks that represent particular strengths for the practicum student; however, it will be rare and limited to trainees in advanced practicum placements.

Level 2: Requires close supervision

- **Residency:** Ratings at this level represent an area of underdeveloped competency, which requires specific attention when noted. A formal remediation plan may or may not be implemented.
- **Internship:** Interns may receive this rating at internship start or first quarter, but it must be achieved at least by the midpoint of the internship training year. The intern requires less frequent direct observation and extra supervision is needed only occasionally for more challenging tasks or new areas of development.
- **Practicum:** Practicum students in their final practicum before internship, will be at this level. Practicum trainees doing their first external placement may achieve this rating on several core tasks, but are unlikely to be at this level for all items.

Level 1: Requires Substantial Supervision

- **Residency:** Any evaluation at this level requires a remediation plan.
- **Interns:** Interns are expected to start at this level or level 2. Interns require frequent direct observation and additional supervision sessions outside the minimal requirements to meet core competencies.
- **Practicum:** Students will generally be working at this level although advanced practicum students may be working at level 2.

REQUIREMENTS FOR COMPLETION

Requirements for successful completion include:

- * Completing 2 full years of training (2080 hours/year).
- * Completing a formal research project, presented at regional or national conference.

- * Leading a Didactic series seminar
- * Be evaluated as Level 5 or higher at the end of the training year on all target competencies.
- * Supervise at least 6 assessment cases by less developed trainees

TRAINING STAFF

CORE SUPERVISORS:

Jeremy Bottoms, Psy.D.: Dr. Bottoms is currently the primary internship supervisor for Neuropsychology and currently provides advanced supervision and didactics associated in Neuropsychology. He served as internship Psychology Training Director at the Chillicothe VAMC before starting at the Battle Creek VAMC in 2014. He is mid-process for completing ABPP board certification in Neuropsychology. He is scheduled to sit for the Oral exam in November 2016. Clinical interests include dementia and TBI.

Steven Crocker, Ph.D.: Dr. Crocker is a staff Psychologist serving in the inpatient psychiatric unit. Primary interests include geropsychology and assessment in acute psychiatric disorders. He maintains neuropsychology privileges and provides cognitive and capacity evaluations within the acute setting.

Jacobus Donders, Ph.D., ABPP-Clinical Neuropsychology: Dr. Donders is Chief Psychologist at Mary Free Bed Rehabilitation Hospital and is Training Director for their Neuropsychology residency program. He serves as external rotation supervisor and provides consultation. He is board certified in Clinical Neuropsychology and a leader in the field of Neuropsychology, with active research projects and service in various professional organizations.

Jessica Kinkela, Ph.D., ABPP-Clinical Neuropsychology: Dr. Kinkela is the current Psychology Training Director for practicum, internship and resident training in Psychology and Neuropsychology. Current clinical interests include recovery-based assessment, Montreal Cognitive Assessment, MMPI-2/MMPI-2RF, and neurodegenerative disorders.

Katherine Gimmestad, Psy.D.: Dr. Gimmestad is an HBPC Psychologist at the Battle Creek VAMC Psychology training program. She provides in-home interventions and evaluations for medically frail older adults and, along with staff neuropsychologists, will provide supervision for the HBPC rotation.

Ann Smolen-Hetzel, Ph.D.: Dr. Smolen-Hetzel is a Geropsychologist (board eligible) serving in the CLC. She is currently the lead for the STAR VA program and chair of the Dementia Workgroup. Her expertise is in the area of older adult neurocognitive disorders as well as interventions with older adults, caregivers, and family members. She provides services in rehabilitation, nursing, and secured dementia units.

Ismael Soto Rivas, M.D.: Dr. Soto is hospitalist in the Acute Medical Unit. He is a diplomate with the American Board of Family Medicine and is a Clinical Assistant Professor with Western Michigan University Homer Stryker MD School of Medicine.

ADMINISTRATIVE POLICIES AND PROCEDURES

Conduct

It is important that Residents conduct themselves in an appropriate, professional manner in all interactions with patients and other staff of the Medical Center. Under no circumstances should Residents accept gifts from, or engage in any monetary transactions with VA patients or family members. Residents are expected to abide by all ethical guidelines as stated in the APA's Ethical Principles for Psychologists. Residents will receive a copy of these guidelines as part of orientation. Notify your supervisor, Director of Training, or the Chief, Psychology Service immediately if you are asked to engage in unethical behavior or if you have any questions regarding ethics. Serious conduct violations may result in termination of the Residency appointment. Substantiated allegations of patient abuse are also grounds for termination.

Grievance Procedures

Residents have a responsibility to address any serious grievance that they may have concerning the Residency Program, the Psychology Service, or the other Medical Services. A Resident has a grievance if he or she believes that a serious wrong has been committed and that a complaint is in order. A grievance may be addressed either formally or informally. Usually, an effort should be made to attempt to resolve the grievance informally. Embedded within Mental Health Service line, Psychology Service is responsible for initially addressing grievances of Psychology Trainees that cannot be addressed informally between the Resident and involved party. The Resident may attempt to direct resolution of the grievance with the involved party, or the Resident may informally address the grievance with a supervisor, the Training Director, or Chief, Psychology Service. Additional involvement of leadership in other Service Lines may occur depending on the relevant chain of command for involved staff members.

If an informal procedure does not satisfactorily resolve the grievance, or a formal procedure is indicated, the Resident should prepare a written statement describing the grievance and any actions taken to try to resolve the grievance, and submit the written statement to the Residency Training Director with a copy to the Chief, Psychology Service. Within 10 working days, the Residency Director or Chief, Psychology Service will provide a written response describing any decisions made and any corrective actions taken. The Resident also will be informed if further consideration of the grievance is required.

The Training Director or Chief, Psychology Service will notify the Training Committee if a grievance has the potential of affecting the Residency's evaluation of the Resident, or if it might substantially affect the future conduct or policies of the Residency. The Training Director or Chief, Psychology Service will notify the Training Committee if the Resident has requested an appearance before the Committee.

Throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. Although the Training Committee will be sensitive to the privacy and confidentiality of the individuals involved in a grievance, the Committee reserves the right to discuss among its members any grievance that is brought to its attention from any source. If the committee desires a discussion with anyone associated with the grievance, it will make this request to the Chief, Psychology Service.

It is not the charge of the Training Committee to judge the actions of those involved in a grievance or to have direct responsibility for the resolution of the grievance. The responsibility of the Training

Committee is to ensure that a Resident is evaluated fairly, to ensure that a Resident's training experience meets APA guidelines and policies of the Residency, and to advise the Residency Director and Chief, Psychology Service.

The Chief, Psychology Service has the ultimate responsibility for the sensitive, proper, and appropriate evaluation of all Resident grievances against Psychology Service personnel and will make the final decision concerning a grievance. Additional leadership may be involved should grievances involve non-Psychology Service personnel. The Chief, Psychology Service also is responsible for maintaining equitable and unbiased procedures regarding trainee grievances. The Chief will eliminate any conflict of interest in the evaluation of a grievance.

The Resident may also discuss a grievance with the Chief, Human Resources Management Service to determine other procedures for addressing a grievance within the policies and procedures for the Department of Veterans Affairs.

Equal Employment Opportunity (EEO)

If a Resident has an EEO complaint of discrimination or sexual harassment, the Resident should follow procedures outlined in Medical Center Memorandum MCM-00-1010. The Resident should contact the EEO Manager at extension 35235 and obtain a list of current EEO counselors who are available for EEO counseling.

Remedial Action and Termination Procedures

When any concern about a Resident's progress or behavior is brought to the attention of the Training Committee, the importance of this concern and the need for immediate action will be considered. If action by the Resident is considered necessary to correct the concern, the Training Director or his/her designee will discuss the concern and reach agreement about action to be taken.

If the concern is sufficient to raise the possibility of discontinuing the Residency, the Resident will be asked to meet with the Training Committee, and the concerns and a proposed plan of action will be communicated to the Resident in writing.

A recommendation to terminate the Resident's training must receive a majority vote of the Training Committee. The Resident will be provided an opportunity to present arguments against termination at that meeting.

Concerns of significant magnitude to warrant termination include but are not limited to: (a) failure to demonstrate competency or adequate progress towards competency in performing psychological assessment and treatment services, (b) violation of the APA Ethical Standards of Psychologists, (c) failure to meet minimum standards for patient contact, didactic training, testing or treatment competence, (d) behaviors or conduct which are judged as unsuitable and which hamper the Resident's professional performance.

Appeal

Should the Training Committee recommend termination, the Resident may invoke his/her right of appeal. The Chief, Psychology Service will then appoint a panel composed of at least three members who may be drawn from the Psychology Service staff and Residency Training staff not on the Training Committee or other members of the Medical Facility at large. The panel will include at least one member of the staff from

another APA approved training program. The Director of Training will present the position of the Training Committee; the Resident, together with any counsel he or she may choose, will present the appeal. The Chief, Psychology Service will abide by the majority judgment of the Appeal Panel. If termination is recommended, the Chief will direct the Human Resources Service to suspend the Resident's appointment. The training staff will abide by the Panel's majority judgment if the Appeal Panel recommends continuation, and the Director of Residency Training, the Resident's rotation supervisors, and the Resident are responsible for the negotiating an acceptable training plan for the balance of the training year.