



Dartmouth Health

HANDBOOK: POSTDOCTORAL FELLOWSHIPS IN CLINICAL NEUROPSYCHOLOGY (Adult and Pediatric)

Training Director:

Robert M. Roth, PhD, ABPP-CN

Associate Training Director:

Jonathan D. Lichtenstein, PsyD, MBA

OVERVIEW

The Neuropsychology Program at *Dartmouth Health* provides advanced training in clinical neuropsychology. The training model and goals/objectives conform to the Houston Conference guidelines for specialty training in clinical neuropsychology, the APA Division 40 guidelines for postdoctoral training in neuropsychology, and the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) domains and standards. The program is a member of APPCN and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Our Postdoctoral Program in Clinical Neuropsychology is a fellowship that begins upon completion of the internship year. This means that the postdoctoral fellow has already been granted their doctoral degree and completed all doctoral requirements. The overarching goal of the program is to produce outstanding scientist-practitioners, rigorously trained for advanced practice in clinical neuropsychology and to practice under the highest standards of professional conduct and ethics.

Fellows participate in individual and group supervision where they have the opportunity to interact with faculty and interdisciplinary teams. Supervision occurs on-site where the fellow delivers services and is provided by faculty members who are familiar with the fellow's work. Each fellow has a minimum of two faculty neuropsychology supervisors for individual supervision. Clinical supervised experience includes direct, formal contact with faculty who is licensed as a psychologist in New Hampshire, and is responsible for the educational development and guidance of the supervisee. Supervision shall consist of at least two hours per week of face-to-face clinical supervision with one of the supervisors, for a total of at least 96 hours per year. The fellowship also provides continuous evaluation and feedback. Periodic meetings with the individual's supervisors and program director offer more structured mutual evaluation and opportunities to discuss professional development issues. The supervisor has professional responsibility for all services provided to patients.

Dartmouth Neuropsychology Postdoctoral Training Program Training Experiences:

- Training in either Pediatric or Adult Neuropsychology.
- Two-year full-time fellowship, up to 2000 hours of training provided in each year.
- At minimum 50% of postdoctoral training is in the provision of clinical neuropsychological services under the supervision of clinical neuropsychologists.
- At least two hours per week of face-to-face individual supervision.
- One hour per week of group supervision.
- Two to three additional hours per week in learning activities.
- Certificate of completion.
- Due Process and Grievance Procedures

The fellowship involves the following *specific goals and objectives*, achieved through supervised clinical and research experiences, as well as didactic experiences:

- ♦ Develop a broader and deeper foundation in assessment, diagnosis, intervention, consultation, and research.

To achieve this goal, fellows:

- (a) Complete 2 years of supervised clinical experience; a year of supervised clinical experience includes at least 1500 clock hours, with up to 2000 hours of training provided in each year.
 - (b) Participate in supervised neuropsychological service delivery to a wide range of patient populations.
 - (c) Participate in an organized sequence of educational experiences, including seminars, colloquia and workshops on clinical research, theoretical and practical applications of clinical neuropsychology and neuropsychiatry, and professional development and ethics.
- ◆ Gain experience and exposure to clinical issues involving working with diverse patient populations and cross-cultural factors (e.g., socioeconomic, racial, ethnic, national origin).
 - ◆ Develop advanced knowledge, understanding, and conduct consistent with Professional ethics as outlined in the American Psychological Association Code of Ethics, in line with the NHPA Administrative Rule Mhp 501.02 as well as ethical issues specifically related to the practice of neuropsychology. This is accomplished through didactic experiences, as well as discussion in individual and group supervision settings of ethical issues arising from specific clinical cases.
 - ◆ Participate in clinical research. Instruction occurs through conferences, seminars, individual and group supervision, and collaboration with faculty and other staff members.
 - ◆ Participate in continuous evaluation and feedback. Periodic meetings with the individual's supervisors and the training director offer more structured mutual evaluation and opportunities to discuss professional development issues.

The fellowship is designed to provide sufficient clinical hours for licensure in New Hampshire.

CLINICAL NEUROPSYCHOLOGY FELLOWSHIP TRACKS AND SITES

There are three fellowship tracks available:

- **Adult Fellowship DHMC, Embedded Neurology, & Inpatient Psychiatry Track.**
- **Adult Fellowship DHMC & Inpatient Psychiatry Track**
- **Pediatric Fellowship Track**

All fellowship tracks provide the opportunity to work with a wide array of patient populations and considerable resources within which the fellow can advance his or her specific interests while gaining a broad spectrum of experience. Supervised direct service delivery responsibilities include interviewing, test administration, report writing, consultation with various departments and medical personnel, and provision of feedback to patients, families, and referral sources.

Dartmouth Hitchcock Medical Center (DHMC) in Lebanon NH

The Neuropsychology Service at DHMC serves as the primary training site for all fellows. Outpatients make up the bulk of referrals, though inpatients are occasionally seen. Referrals come from a wide variety of sources such as Neurology (e.g., epilepsy, movement disorders, stroke, MCI, dementia), Neurosurgery (e.g., presurgical evaluations for epilepsy and movement disorders), Psychiatry (including geropsychiatry), Pediatrics, Genetics, Transplant Program, Hematology/Oncology, and Internal Medicine, as well as other medical units at DHMC. Referrals also come from sources in the regional communities including school systems, health care providers, and community mental health centers.

New Hampshire Hospital (NHH) in Concord NH

NHH is the state's primary psychiatric inpatient facility, and is a teaching hospital staffed largely by Dartmouth Psychiatry faculty. As such, it represents a unique example of public sector-academic liaison. Neuropsychological consultation is provided for patients from admissions and longer-term units, including Adult Psychiatry and Geriatric units. While at NHH, fellows conduct brief and comprehensive neuropsychological evaluations and work extensively with an interdisciplinary team that includes psychiatry, social work, nursing, occupational therapy, forensic psychology, and general psychology, among others

Adult Fellowship

The Adult Neuropsychology Fellowship involves a variety of experiences, taking place at the Neuropsychology Service at DHMC in Lebanon, New Hampshire, and the Neuropsychology Service at NHH in Concord, New Hampshire.

Fellows on the Adult Fellowship *DHMC, Embedded Neurology, & Inpatient Psychiatry* Track:

- Year 1: (a) Six-months full time on general outpatient neuropsychological service at DHMC; (b) Six-months, three-days per week on the general outpatient neuropsychological service at DHMC and two-days per week at NHH.
- Year 2: (a) Six-months full time on general outpatient neuropsychological service at DHMC; (b) Six-months full-time on the embedded neurology rotation at DHMC. The embedded neurology rotation emphasizes evaluation and intervention with adults living with epilepsy, as well as evaluation of other patients referred through the Department of Neurology, conducting Wada Tests, provision of a self-management program for people with epilepsy and cognitive concerns (HOBSCOTCH), and presenting at epilepsy surgical case conference.

Fellows on the Adult Fellowship *DHMC & Inpatient Psychiatry* Track:

- Year 1: Full time on general outpatient neuropsychological service at DHMC.
- Year 2: (a) Six-months full time on general outpatient neuropsychological service at DHMC; (b) Six-months, three-days per week on the general outpatient neuropsychological service at DHMC and two-days per week at NHH.
- Fellows on this track can also participate in Wada Tests, obtain training in HOBSCOTCH, as well as have opportunities to present at the weekly Multidisciplinary Epilepsy Surgery Case Conference.

All adult fellows participate in specialty clinics during either their first or second year.

- Cognition in Older Adults (COA) Clinic: Involves clinicians from geropsychiatry, neurology, radiology, and neuropsychology. Fellows conduct neuropsychological evaluations, attend COA team meetings, and have the opportunity to shadow COA team members.
- Adult Interdisciplinary Developmental Disabilities Clinic (AIDD): This interdisciplinary consultation model includes Dartmouth Health clinicians from psychiatry, neurology, internal medicine, occupational therapy, and neuropsychology, meeting alongside patients with intellectual/developmental disabilities (IDD), their families, and their community team members.

Typical Caseload

All fellows provide consultation to referral sources, feedback with patients and families, and participate in intervention planning and monitoring as part of their duties. Adult fellows' typical neuropsychological evaluation caseload includes 3-4 cases per week, with psychometrist support for some cases at DHMC.

Pediatric Fellowship

The Pediatric Neuropsychology Postdoctoral Fellowship program at Dartmouth involves numerous activities designed to provide a well-rounded training and learning experience. In addition to the outpatient Pediatric Neuropsychology Clinic (PNC) at DHMC that evaluates children with various neurological, metabolic, genetic, developmental, and cognitive disorders, we participate in four interdisciplinary clinics with developmental pediatrics, neurology, speech-language pathology, occupational therapy, and psychiatry:

- **Autism and Communications Disorders Clinic (ACDC)** evaluating children ages 0-5 years old: answering referral questions pertaining to development, speech-language disorders, and ASD.
- **Neuropsychology and Developmental Psychiatry Clinic (NDPC)** for children and adolescents with complex medical presentations ages 6-17: answering referral questions for children with complex medical histories, cognitive and academic struggles, and mental health comorbidities.
- **Autism Spectrum Disorders Diagnostic Clinic:** answering referral questions focused on the diagnosis of ASD, utilizing ADOS-2 and standardized developmental interviewing.
- **Interdisciplinary Developmental Disabilities Clinic (IDD):** in this unique clinic, the patient, their family, and their entire community-based team are present for evaluation, assessment, and the creation of treatment recommendations from a multi-disciplinary team of providers.
- **Transitional and Long-term Care Clinic (TLC):** follow-up clinic for babies and toddlers who were in the NICU; working collaboratively with neonatology to provide developmental assessments.

Sports neuropsychology is also a major element of the training experience. Fellows are engaged in extensive participation within school-based concussion management intervention programs. There are also many consultation opportunities, including work with concussion management return-to-play programs at regional high schools, middle schools, and colleges. Fellows also rotate within several clinics devoted to brain injury patients:

- **Concussion Care Clinic:** seeing patients for consultation via telehealth and in-person in the acute/post-acute phase of recovery to provide education and design treatment planning early in the process.
- **Sports Neuropsychology Clinic:** seeing patients with persisting symptoms after concussion (PSaC), providing targeted neuropsychological evaluations to guide diagnostic decisions and treatment.

Pediatric fellows are provided the opportunity to participate in Wada Tests and attend the weekly epilepsy surgical planning conference. As part of their training in hematology/oncology, attendance at the Pediatric Tumor Board is also available.

Typical caseload

The typical caseload of pediatric fellows is 2-3 clinics per week, depending on their mix of clinical activities. We take a developmental approach to training; thus, clinical volume begins modestly and increases as skill and efficiency grow. All fellows provide consultation to referral sources, feedback with patients and families, and participate in intervention planning and monitoring as part of their duties. The mix of activities is somewhat flexible and can be tailored to the fellow's interest when possible. Dedicated writing and research time is provided across both years of training.

RESEARCH

Neuropsychology Faculty Research

Much of our research uses neuropsychological approaches, with many projects involving multi-disciplinary

collaborations. For example, we have conducted research using EEG, near-infrared spectroscopy (NIRS), measure of central auditory processing, and transcranial magnetic stimulation (TMS) in collaboration with Dartmouth faculty in several departments. Neuroimaging research is conducted through the Brain Imaging Laboratory (BIL), directed by Dr. Heather Wishart (Neuropsychology faculty), and the Advanced Imaging Center at Dartmouth Hitchcock Medical Center (DHMC), which houses a research-dedicated MRI system. This has included studies using fMRI (cognition, reward, pain, and motor), pharmacologic fMRI (e.g., medications, cannabis), and morphological (volume, shape and thickness) approaches.

Current active projects include studies of co-occurring schizophrenia and cannabis use, multiple sclerosis, HIV, epilepsy and epilepsy surgery, Parkinson's disease, Post-Acute COVID-19 Syndrome, neonatal complications, and MCI/dementia. Faculty also have a variety of other research interests such as pediatric and adult cancers, schizophrenia, addictions, trauma, autism spectrum disorders, as well as executive functions and motivation.

Neuropsychology Fellow Involvement in Research

Fellows have the opportunity to engage in clinical research. The extent of involvement in research is tailored to each fellow's interests and career goals. Under the guidance of faculty, within the two-year fellowship, fellows are expected, at minimum, to lead a project that will result in a conference poster, oral presentation, and/or manuscript suitable for publication.

Fellow involvement in research may take several forms, depending on the interests of the fellow and faculty, available projects and data sets, as well as projects in development. Some examples of projects in which fellows have been involved and that reflect the diversity of opportunities include:

- **Using archival data to examine hypotheses of interest:** Some examples include a multi-site study on the noose item of the BNT, examining executive functions in epilepsy and Parkinson's disease, exploring embedded test validity indicators in clinical samples, and evaluating the relationship between pain and cognitive in patients with multiple sclerosis.
- **Writing a review paper or book chapter** on topics such ADHD in emerging adults.
- **Writing systematic reviews** on topics such as advanced neuroimaging methods in pediatric concussion.
- **Conducting new non-funded prospective studies** are at times possible, based on mutual interest between a fellow and faculty. For example, some current studies include one examining parenting practices in adults with epilepsy, and another investigating novel PVTs.
- On occasion, fellows with very strong research interests that are in line with those of the neuropsychology faculty have submitted **grant proposals** to support new pilot projects (with Dartmouth faculty mentoring and consent). For example, a former fellow received an institutional pilot grant to examine the relationship between social performance and cognition in pediatric cancer survivors.

EDUCATIONAL AND TRAINING OPPORTUNITIES

Instruction occurs through conferences, seminars, course work, individual and group supervision, and day-to-day collaboration with senior staff members. Opportunities for developing supervisory skills are also available.

Regular seminars include:

- **Professional Development seminar** (1 hour per month; all Pediatric & Adult Fellows): This monthly seminar focuses on topics such as job search and negotiation, application for grant funding, ethics, risk management, and other topics of interest to the interns and fellows in clinical psychology and clinical neuropsychology.
- **Neuropsychology Topics Seminar** (1 hour per week; all Pediatric & Adult Fellows): Held bi-weekly, this seminar is designed to further our trainee's empirical knowledge base in neuropsychology and clinical care more generally, build clinical skills, and facilitate progress towards board certification in clinical neuropsychology. This is accomplished via trainee, faculty, and guest speaker presentations

related to neuropsychological, neuroimaging, and other aspects of clinical care and illness (e.g., epilepsy, TBI, dementia); and (2) discussion of clinical issues and practices pertinent to functioning as a neuropsychologist.

- **Neuropsychology Case Conference** (1-2 hours per month; all Pediatric & Adult Fellows): Held at least monthly, this case conference is designed to further our trainee's knowledge base, case conceptualization skills, and facilitate progress towards board certification in clinical neuropsychology. This is accomplished via exposure to and experience with ABPP style neuropsychology case fact-finding, neuropsychology case presentations, and group supervision.
- **Sports Neuropsychology Seminar** (1 hour per month; all Pediatric & Adult Fellows): This monthly seminar is designed to provide a venue for individuals with a clinical or research interest in the practice of sports neuropsychology. Our program follows guidelines for the training of a sports neuropsychologist as set forth by the Sports Neuropsychology Society (SNS). This didactic is also designed to partially satisfy the didactic component of those expectations.
- **Neuropsychology Culture & Diversity Seminar** (1 hour every other month; all Pediatric & Adult Fellows): This bi-monthly seminar addresses culture, diversity, equity, and inclusion in the practice of clinical neuropsychology, as well as research and neuroscience more broadly. Seminar topics are broad and may include guest speakers, journal club, case presentations, group discussion/reflection on current events, and learning of practical clinical skills, etc. The primary objective is to facilitate greater cultural awareness and skills for ethically working with diverse populations.
- **Business of Neuropsychology Seminar**: (1 hour every other month; all Pediatric and Adult Fellows): This bi-monthly meeting is geared towards equipping trainees with knowledge and practical applications for real-world business issues in the world of neuropsychology. Preparation for working in a variety of settings, from academic medical centers to private practices, will be addressed. Topics cover billing, program development, process improvement, and working with administrative partners.
- **Psychometry Meeting** (1 hour every other month; all Pediatric & Adult Fellows): This bi-monthly seminar addresses topics such as test administration/scoring issues (e.g., how to score an unusual complex figure copy), introduction of new tests or test versions, and other issues related to testing.
- **Multidisciplinary Epilepsy Surgery Case Conference** (1.5 hours weekly; all Pediatric & Adult Fellows): Neurologists, neurosurgeons, neuropsychologists, nurses, residents and fellows meet weekly to discuss pre-surgical findings and surgical planning.
- **Multidisciplinary PET/CT Case Conference** (1 hour per month; Adult Fellow on COA Rotation, but open to other fellows): This monthly COA Team meeting involves DHMC Neuropsychology, Geropsychiatry, Neurology, and Radiology faculty. Several cases involving older adults are discussed, including review of PET/CT and other neuroimaging scans, to inform differential diagnosis (e.g., AD, FTD, atypical movement disorders). Typically, the postdoc rotating on the COA Team presents any neuropsychological findings, though other trainees (postdocs and interns) may also participate.
- **Multidisciplinary COA Case Conference** (1 hour per month; Adult Fellow on COA Rotation, but open to other fellows): A monthly COA Team meeting to consult on cases seen by members of the COA Team, discuss issues with respect to geriatric patient care, as well as research endeavors.
- **Multidisciplinary DBS Case Conference** (1 hour per month; open to all fellows): The monthly meeting discusses patients being considered for DBS surgery. Trainees have the opportunity to present neuropsychological findings.

Numerous other didactics are available including Psychiatry Department Grand Rounds, Neurology Grand Rounds and Case Conference, Pediatrics Grand Rounds, Radiology Grand Rounds, Cognitive Neuroscience lecture series, Summer Neuroscience Institute lectures, etc. There are many other didactic opportunities available at DHMC or on the Dartmouth campus.

FACULTY

Jennifer Amato, PsyD

Assistant Professor of Psychiatry
Pediatric Neuropsychologist

Clinical interests: Neuropsychology of children and adolescents with complex medical conditions; developmental disabilities; congenital and genetic disorders; communication and language disorders; d/Deaf or hard of hearing populations; hearing loss.

Research interests: Obstetric complications and neurodevelopmental outcomes; maternal-fetal health; factors impacting the intergenerational cycle of adverse childhood events; improving the scholastic experience of children with intellectual disabilities; program evaluation.

Karen E. Blackmon, PhD, ABPP-CN

Associate Professor, Psychiatry

Clinical interests: Adult neuropsychological evaluations; neurodegenerative disorders; epilepsy; anxiety; neuroinfectious disease and post-infectious disorders.

Research interests: Global brain health equity; cross-cultural neuropsychology; healthy aging; multi-modal modeling of accelerated aging using digital cognitive assessments, behavioral sensing, neuroimaging, and biomarkers of inflammation.

Toni M. Curry, PhD, NCSP

Assistant Professor, Psychiatry
Pediatric Neuropsychologist

Clinical interests: Pediatric neuropsychological evaluations; neurodevelopmental disabilities; congenital and genetic disorders; school-based systems support for families; interdisciplinary care.

Research interests: The impact of adverse childhood experiences (ACEs) on neurodevelopment; fulfillment of the Individuals with Disabilities Education Improvement Act (IDEA, 2004) within virtual school contexts; test development.

Anna C. Graefe, PhD

Assistant Professor, Psychiatry and Neurology

Clinical interests: Neuropsychology of adults with neurological and complex medical conditions; epilepsy; cognitive rehabilitation.

Research interests: Psychosocial and functional outcomes following epilepsy surgery; cognitive rehabilitation; self-management interventions for epilepsy.

Erica M. Krapf, PhD, ABPP-CN

Assistant Professor, Psychiatry
Pediatric Neuropsychologist

Clinical interests: Neuropsychology of children and adolescents with neurologic, neurodevelopmental, and chronic medical conditions; epilepsy; brain tumors and non-CNS cancers; transition to adulthood.

Research interests: Executive functioning and memory in pediatric epilepsy; cognitive profiles in pediatric conditions; performance validity testing in children.

Jonathan D. Lichtenstein, PsyD, MBA

Assistant Professor, Psychiatry, Pediatrics, and The Dartmouth Institute for Health Policy and Clinical Practice
Director, Neuropsychology
Director, Pediatric Neuropsychology
Associate Director, Clinical Neuropsychology Training Program

Clinical interests: Neuropsychology of children and adolescents; sports neuropsychology; concussion management; interdisciplinary medicine; autism spectrum disorders.

Research interests: Assessment and factors of recovery in sport-related concussion; pediatric performance validity testing; program evaluation; children living with HIV; neuropsychological assessment across cultures; cognitive and social effects of cancer and its treatments; supported employment.

Grant G. Moncrief, PsyD, ABPP-CN

Assistant Professor, Psychiatry
Staff Neuropsychologist at New Hampshire Hospital

Clinical interests: Neuropsychology of adult medical and psychiatric populations, schizophrenia, cognitive interventions.

Research interests: Epilepsy; neuropsychological functioning; surgical outcomes; functional connectivity; intracarotid amobarbital test (i.e., Wada testing); cognitive interventions, cannabis use.

Robert M. Roth, PhD, ABPP-CN

Professor, Psychiatry
Director, Adult Neuropsychology
Director, Clinical Neuropsychology Training Program

Clinical interests: Neuropsychology of psychiatric and complex neuropsychiatric disorders; movement disorders; deep brain stimulation.

Research interests: Assessment, etiology and treatment of executive dysfunction in psychiatric and neurological disorders (e.g., movement disorders, schizophrenia, addictions); Post-Acute Sequelae of SARS-CoV-2 infection (PASC); subjective cognitive dysfunction; test development.

Julianna Ward, Ph.D., ABPP-CN

Clinical Assistant Professor, Psychiatry
DH Clinics Manchester, General Neurology

Clinical interests: Adult neuropsychology; modifiable factors in brain aging and cognition; neurodegenerative diseases/processes (e.g., Alzheimer's disease, chronic amyloid angiopathy, variants of frontotemporal lobar degeneration); cognition in chronic neuropsychiatric disorders (e.g., schizophrenia-spectrum disorders, bipolar affective disorder, recurrent major depressive disorder); movement disorders; epilepsy.

Research interests: Cognitive dysfunction/decline in chronic neuropsychiatric disorders (e.g., schizophrenia-spectrum disorders, BPAD, recurrent MDD); healthy brain aging and exercise; healthy brain aging and dietary intake; basal ganglia and cerebellar function.

Heather A. Wishart, PhD

Associate Professor, Psychiatry and Neurology
Director, Brain Imaging Laboratory

Clinical interests: Neuropsychology of medical disorders including multiple sclerosis and cancer; tele-neuropsychology.

- *Research interests:* Genetic predictors of cognitive outcomes in multiple sclerosis and glioma; structural and functional brain imaging in multiple sclerosis; online and tablet-based methods for cognitive screening; connection between lifestyle factors and cognition; cognitive rehabilitation.

FACILITIES

Our program is housed in the Department of Psychiatry at Dartmouth-Hitchcock Medical Center. Each fellow has an office with a computer, as well as access to shared spaces such as testing rooms and the Brain Imaging Laboratory (with several workstations). The computer services at Dartmouth allow the fellows to connect, from any desktop computer to programs (e.g., statistical packages) on the mainframe, e-mail, and the internet. There is also a broad array of assessment instruments available in the department and the fellows have access to libraries at DHMC, New Hampshire Hospital, and Dartmouth College (including electronic access to a large array of journals).

APPLICATION PROCESS

Education/training qualifications: Requirements include prior neuroscience courses, APA or CPA accredited internship with a strong emphasis on neuropsychology, commitment to clinical research, and completion of doctoral requirements. Applicants must have completed all requirements for the doctoral degree before beginning their postdoctoral training.

Our selection criteria are based on a goodness-of-fit model. We look for applicants who possess the knowledge and skills necessary to contribute to and function well in our postdoctoral program. At the same time, we look for individuals whose professional goals are well suited to the experiences we have to offer so that our setting will provide them with a productive postdoctoral experience. Ideal candidates have demonstrated strengths in clinical skills, at least some research productivity, academic preparation, and personal characteristics relevant to their profession.

Each application is initially reviewed for eligibility after all materials are received. A selection committee reviews all submitted materials and selects top candidates for individual video-conference interviews. Final rankings and offers are determined by consensus of the committee based on written and interview information.

Qualified candidates should submit their application by:

December 8, 2025

We are accepting applications through the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS).

Application must include:

- Provide a 1 to 2-page maximum cover letter describing your clinical and research experiences and interests, fellowship objectives, and career goals.
- For those applying to the Adult Fellowship, please clearly state in your cover letter whether you would like to be considered for the *DHMC, Embedded Neurology, & Inpatient Psychiatry Track*, the *DHMC & Inpatient Psychiatry* track, or both of these tracks. If interested in both tracks, please indicate whether you have a preference for one or the other.

Postdoctoral Program in Clinical Neuropsychology at Dartmouth

- Current curriculum vitae listing your educational, clinical, and research experiences; a list of the neuropsychological and psychological (e.g., PAI, MMPI, CBCL) measures with which you have experience; and the names of 3 references with their affiliation and e-mail address.
- Three de-identified clinical neuropsychology evaluation reports reflecting a breadth of clinical experience.
- Up to three recently published articles, abstracts, or preprints if available.
- Three letters of recommendation (LOR) should be submitted via the APPA CAS portal. At least one LOR should be from an internship clinical neuropsychology supervisor or the director of internship neuropsychology training.
- [Association of Postdoctoral Programs in Clinical Neuropsychology \(APPCN\) Verification of Completion of Doctorate form \(PDF\)](#), completed by your Dissertation Chair or Director of Clinical Training.

AAPCN RESIDENT MATCHING PROGRAM

We participate in the APPCN Match. This residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant

Contact Information

Questions pertaining to general information about the postdoctoral program and specific questions about the fellowship may be directed to:

Adult Fellowship:

Robert M. Roth, PhD, ABPP
Director, Neuropsychology Training Program
Director, Adult Neuropsychology
Department of Psychiatry
Dartmouth-Hitchcock Medical Center
E-Mail: Robert.M.Roth@Hitchcock.org

Pediatric Fellowship:

Jonathan Lichtenstein, PsyD, MBA
Director, Neuropsychology
Director, Pediatric & Sports Neuropsychology
Associate Director, Neuropsychology Training Program
Department of Psychiatry
Dartmouth-Hitchcock Medical Center
E-Mail: Jonathan.D.Lichtenstein@Hitchcock.org

New Fellows: Getting Oriented

Administrative, Department of Psychiatry

Name	Phone	Position
Michael P. Amicangioli	650-6404	Director, Psychiatry Administration
Rosalind Klezos	650-5824	Practice Manager II
Caitlyn Beaulieu	650-7075	Program Coordinator, Education
Alicia McDermott	650-7075	Program Coordinator, Faculty Affairs
Lucy Stuart	650-7549	Administrative Assistant
Tammy Trahan	650-7075	Administrative Assistant

Neuropsychology Support Staff (603) 650-7075

Katherine Giambruno
Carlin Hood
Kora Pratt

Emergency and Help Numbers

Psychiatry Primary Line:	5-7075 (press 7 for emergencies)
Psychiatrist on-call for psychiatric emergencies:	35-3350
DHMC Security:	5-4370
eD-H Help:	5-9060
Information Securities (Computer Helpdesk)	5-2222
Facilities Office	5-5738 (e.g., flooding)

Core Didactics and Meetings (times subject to change)

Psychiatry Grand Rounds	Tues 8-9 AM (September to June)
Neuropsychology Case Conference	At least one Friday per month (9-10 AM)
Neuropsychology Topics Seminar	Two to three Fridays per month (9-10 AM)
Professional Development Seminar	One Friday each month 10-11 AM
Psychometry Meeting	One Friday per two months 9-10 AM (optional for pediatric fellows)
Sports Neuropsychology	Third Friday every other month 10-11 AM (optional for adult fellows)
Culture & Diversity in Neuropsychology Seminar	One Friday per two months 9-10 AM
Business of Neuropsychology	Third Friday every other month 10-11 AM

Psychiatry Department Policies and Procedures

The Psychiatry Department intranet (<http://intranet.hitchcock.org/psych/>) has a variety of information on department policies (e.g., missed appointments), safety, HIPPA regulations, various forms, holiday schedule, clinical referral sources, as well as research committee related materials. It is suggested that you familiarize yourself with these documents through the web site as soon as you can.

Mandatory Occupational Medicine Evaluation and Orientation for New Staff

Please note that you cannot officially start work until you have completed your D-H orientation. These are held every other Monday. Note that you cannot attend D-H Orientation until you have been cleared by D-H Occupational Medicine. You will need to contact D-H Occupational Medicine to set up an appointment as soon as you know when you are going to arrive in the area; these appointments may need to be scheduled a week or two in advance, and you need 3 days after the appointment to make sure your TB test is negative, before they will clear you to attend orientation. Call 603) 653-3850 to make an appointment with D-H Occupational Medicine. Please note that D-H requires all staff to be fully vaccinated against COVID-19.

Maintenance of Clinical Productivity

Neuropsychology post-doctoral fellows are expected to maintain a clinical caseload of 2-4 patients per week, depending on whether they are on the Child or Adult Fellowship track (see above). Fellows are responsible for maintaining this level of clinical productivity. Fellows spend the first two weeks of the fellowship familiarizing themselves with procedures in our service (e.g., test batteries, specific tests, and patient-care related administrative tasks). They then take on a full caseload. Fellows are typically not assigned new clinical cases during their last two weeks of fellowship, in order to permit sufficient time to finish providing clinical care to all patients they have seen (e.g., finishing reports, provision of feedback).

Cancellation / No-Show Policy

Late cancellations and missed appointments contribute to inadequate access to services and unfilled provider time. In order to better address the existing demand for services and efficiently manage limited and costly resources, it is essential to minimize late cancellations and missed appointments. A late cancellation or missed appointment is defined as a missed appointment without 48 hours notification. When Neuropsychology Support Staff receive a message that a patient has cancelled an appointment, they will inform the provider and trainee of the cancellation via eD-H Staff Message (or email) and include the reason for cancellation and date of rescheduled appointment, if applicable.

Patients who no-show or cancel are contacted by our Neuropsychology Support Staff and are asked if they wish to re-schedule. We give patients three chances to make it for evaluation. After three cancellations or no-shows,

the patient is removed from our referral list and the referring physician is notified (unless there are extenuating circumstances such as feeling ill or bad weather preventing driving to DHMC).

Trainee: If a patient is more than 15 minutes late to the appointment, try to contact them (phone) to see if they are on their way. If they inform you that they need to cancel the appointment, or you are unable to reach them, and at least 30 minutes have passed since the scheduled appointment time, notify the Neuropsychology Support Staff and your supervisor. A new patient will be scheduled for you for the same day, though this is not always feasible; in such event, you will be scheduled to make up this case at another time (coordinate date/time with your supervisor). Whenever possible, we try to re-schedule patients for the same staff who were originally to be involved with the case.

Dress Code

In accordance with DHMC's Appearance Policy, the Department of Psychiatry is committed to making patients and their families feel comfortable and that they are being treated and/or helped by responsible professionals. Personal cleanliness and neatness is essential because we have direct contact with patients, visitors, and other Dartmouth-Hitchcock Medical Center employees. Psychiatry physicians, faculty and staff should be dressed in a neat, clean and appropriate style that is suitable to the professional business environment. All Psychiatry employees are expected to be well groomed and without offensive body odor or excessive cologne, perfume, or any other fragrance.

Occasionally, fashion trends create an image that patients and visitors may perceive as less than professional. Extreme hair color, certain tattoos, non-professional attire (such as: blue jeans, shorts, tops with straps less than 2" wide, T-shirts with printed messages or slogans, sweat suits, sweat pants, warm-up suits, beach style flip-flops, clothing that is suggestive or revealing, mini-skirts or torn or ripped clothing) and visible body piercings (other than earrings) can create such an impression, and consequently will often be deemed inappropriate. Exceptions can be made at the department level for cultural, religious or other appropriate reasons.

All Psychiatry faculty and staff are expected to wear their photo ID badges while on the D-H campus (and its affiliated buildings). They are to be worn above the waist level with the picture side visible to patients and staff.

Supervisors will notify employees who appear inappropriately dressed. If an employee continues to dress in an unprofessional manner, disciplinary action may result. Consult your supervisor if you have any questions as to what constitutes acceptable attire.

Fellow Attendance

Post-doctoral fellows and all faculty are generally expected to be on-site for any planned services (unless otherwise specified). Exceptions to this policy include unplanned illnesses and unavoidable family emergencies. All planned absences should be made in accordance with the leave policies described below. This is to prevent patients from being unable to access needed services and to ensure consistency with productivity requirements.

Leave Policy

The Department of Psychiatry utilizes a planned leave policy for clinical faculty and trainees. Planned leave includes vacations and conference time. The policy is intended to make it possible to take planned leave without adversely affecting patient care. Reasons for the policy are to be sure that there is always good coverage of the clinical services, to avoid cancelling and rescheduling clinical appointments, and to clarify the sign out and communication process for planned leave so that staff and patients know when someone is gone and who is covering.

Postdoctoral Fellows are considered "staff" at DHMC and earn a total of 28 days of annual leave at a rate of 8.61 hours biweekly. This leave rate includes time covering paid holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day), sick leave, and vacation leave. Any leave time required for extended family and medical leave will be unpaid time consistent with the Family and Medical Leave Act (FMLA). Fellows may take leave in the final two weeks of training (excluding their last day of employment), but should discuss this with their training director in order to prevent disruption of clinical

services (e.g., clinical reports are not completed). **However**, they must work their last day of employment to maintain benefits.

Fellows will request leave from the Training Director in their respective fellowship track (i.e., Adult or Child). All requests for leave must be submitted as far in advance as possible. Cases of illness are an exception to this expectation. Please note, staff cannot go “negative” for their personal time; meaning that they cannot use time that has not yet been earned. Holidays can be taken regardless of amount of time earned. Unused personal time is paid out at the time of departure from the position. The fiscal year at DHMC runs July through June. New appointments that begin sometime other than July 1 receive pro-rated vacation for that fiscal year.

Parking Permit

Parking is coordinated through the security office, 3rd Floor near main entrance. You can stop by the desk to register your car. You may call the desk at 5-7896 for information. Fellows are expected to park in lot 20. The parking garage is reserved for patients, and there is typically a parking guard present part of the day. This rule is relaxed in late afternoons, evenings, and weekends (per our experience).

Identification Badge

New staff will get their ID badge at orientation.

E-Learning Training

In order to get access to our medical record system (e-DH) you have to complete in-person training. This is completed as part of your start-up orientation at DH.

Keys

Entry into the Department of Psychiatry is by card access (your ID card will be programmed). You will need a key to access your office. The shared master key can be used to open your office, testing rooms, and Brain Imaging Lab. Please remember to return the master key as soon as you have accessed the room you need.

Benefits

Benefits are handled by DHMC Human Resources. For new employees, benefits are discussed at length during orientation.

Electronic Mail

Your Outlook for email account should be set up for you automatically around the same time as all of your payroll information. You will receive a password during clinic orientation. You will have a *@Hitchcock.org* email address. You should **use the Hitchcock.org address for all clinical work** as it is security protected via encryption.

Please use the following signature:

Joan Smith, Ph.D./Psy.D.
She/hers (*pronouns optional*)
Clinical Neuropsychology Postdoctoral Fellow
Department of Psychiatry

Tel (603) 650-7075 Fax (603) 650-0404
Dartmouth-Health.org

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756

When you set your Preference for sending e-mail, please ensure the following is added to your signature:

IMPORTANT NOTICE REGARDING THIS ELECTRONIC MESSAGE

This message is intended for the use of the person to whom it is addressed and may contain information that is privileged, confidential, and protected from disclosure under applicable law. If you are not the intended recipient, your use of this message for any purpose is strictly prohibited. If you have received this communication in error, please delete the message and notify the sender so that we may correct our records.

Voice Mail

If you don't know the voice mail code on your phone, you can still set up your own voice mail account. The DHMC phone directory provides instructions or you can call the Communications Department within the hospital (5-5432). They will instruct you how to set up a new account.

Mailboxes

You will have a mailbox in the Psychiatry Department common room. The Psychiatry mailboxes get re-alphabetized every July when the largest staffing turn-over occurs, so the location of your mailbox may change.

Phone Numbers

Within the hospital, there are two types of numbers: 650-xxxx and 653-xxxx. For numbers beginning with the extension 650, within DHMC dial 5-xxxx. For 653 numbers, dial 3-xxxx. To call the college, you must always dial the whole phone number preceded by 9 for an outside line. To make long distance calls, you may need a TDX number for your phone, if it is not set to dial long distance numbers. Please talk to the Administrative Assistants about requesting one.

Car Registration and Driver's License

Register your car soon after you arrive in NH or VT. Call your town office for information regarding how long you have to register and the fees. After registering your car, you'll go to the NH or VT Department of Motor Vehicles for a state driver's license. See the DMV online site for office locations, requirements, and fees (NH: <http://www.nh.gov/safety/divisions/dmv/driverlic/dllocations.html>) or (Vermont Department of Motor Vehicles is accessible at: <http://dmv.vermont.gov/>). For international students (non-US), at present you must go to the DMV main office in Concord for your driver's license.

Collaborative Institutional Training Initiative (CITI Program) Training

If you want to be involved in research here, either with direct subject contact or database mining only, you are required to complete CITI training courses online. Completing CITI training is now part of DH Psychiatry Orientation.

You can also check out the Dartmouth Health Office of Research Operations website:

https://one.hitchcock.org/intranet/education-research/office-of-research-operations/education_and_training/citi-training. Included on that page are links to pertinent policies, instructions on how to sign up for CITI, and list of required modules. You can self-enroll (no permissions or assignment needed). There is an email address devoted to questions about CITI training, if needed, CITI.DHH@hitchcock.org, supported by the ORO Research Quality & Safety team. Note that you should do the CITI trainings required as listed under *Dartmouth-Hitchcock Health* (ID: 4274), not Dartmouth College.

The link to log into CITI training per se is:

https://www.citiprogram.org/index.cfm?pageID=14&_ga=2.251619215.808054840.1649276989-1744703520.1649276989

eD-H

eD-H is the DHMC electronic medical record. The older system is called CIS, and when you are in a patient's eD-H file you may see an icon at bottom of screen referring to CIS indicating that the patient may have relevant records there. It is important to note that the system logs all your record requests automatically, and you must use it only for appropriate clinical purposes.

CPR Training

CPR Training is required for all staff. Contact LifeSupport@hitchcock.org to arrange for training and the associated written and practical examination, if you do not have a valid CPR certification at this time.

Supplies

Test materials are stored in one of the offices and each lab has test materials (e.g., WAIS-IV stimulus booklets). Some of the materials are labeled with respect to what lab they belong in, please leave them there. Please return all test equipment to where they belong as soon as you have completed testing, and leave a note in the office if you are removing items, including manuals, so that others know where it is. Make sure to leave the office looking better than when you arrived. COVID-19 pandemic protocols are followed for cleaning of offices and test materials after each use. Please follow these protocols (see Supervisors). If you need something that's not regularly stocked, speak to your Support Team. Kleenex boxes are in the common room on a shelf above the fax machine.

Psychometrists are responsible for ensuring that we have an adequate supply of test forms, as well as informing faculty when test materials (such as administration booklets) need replacing or if the service could benefit from purchase of additional copies. Please inform them if you notice that a test's forms are running low or equipment is in poor condition; they will coordinate with faculty to order what is needed.

If there are tests that you are familiar with and that we do not have, but think our service would benefit from having, please feel free to discuss with faculty.

Test Instructions

Instructions are available for every test that you give. If you do not have an instruction sheet or some other form of instructions for a test, ask the psychometrists to help you find them. You should use these sheets to know what to say when administering the tests. **In order to be standardized, all the testers on the service should** read the instructions to patients verbatim when administering the tests. Note that some tests, despite being commonly used by neuropsychologists, are administered somewhat differently in different settings (e.g., Boston Naming Test). We have decided on standard instructions in such cases that everyone should follow.

Test Manuals

Two basic manuals exist: adult manuals and pediatric manuals. The manuals contain instructions and more specific details about how to give each test that we use on the service. The manual should be updated, but always check to make sure that the version that you are using is the version that you will be administering.

Normative Data

Norms are what we use to turn a patient's raw score on a test into a percentile or other standardized scores. Make sure you have a "norms book" that is kept updated by the psychometrists based on consensus from faculty. If you are testing children, then you will need the norms especially for children. There are lots of different norms out there, so be sure to check to make sure that you're using our agreed upon norms. These are periodically updated as needed.

Psychometrists are asked to provide standardized scores and descriptors for test data using pre-determined sets of normative data. These have been obtained from several sources such as those from "A Compendium of Neuropsychological Tests." Generally, when more than one set of norms is applicable given the patient's age, we choose the more lenient one.

Releases of Information (ROI)

If the report is to be sent to anyone other than the referring clinician, you must have the patient sign a ROI (request from faculty). This needs to have the full name of the person the report is going to and the complete address. The patient still needs to sign a release if they want a hard copy for themselves. Please scan and send ROIs to Neuropsychology Support, along with patient name and MRN, so that they can scan it into the patient electronic medical records. Place the hard copy of the ROI inside the NP evaluation chart (right after the report copies) so that the Neuropsychology Support Staff and medical records do not need to go through the entire file looking for the information. Please note that patients are required to contact medical records in order to request a

copy of their report be sent to them, but we get an ROI from them for this purpose to make it easier when they reach out to medical records to make the request.

Web Sites

D-H website: <https://www.dartmouth-hitchcock.org/>

D-H Department of Psychiatry website: <https://www.dartmouth-hitchcock.org/psychiatry>

Dartmouth Neuropsychology website: <https://www.dartmouth-hitchcock.org/psychiatry/neuropsychology-team>

Library and Bibliographies

The Health Sciences Library (Matthews-Fuller) is on the 5th floor of the hospital. There are several other libraries on campus. The library offers special training sessions on the programs that we have (e.g. Endnote, the web, OVID). Interlibrary loans are free and can be set up in the library or through the library web site:

<https://dartmouth.illiad.oclc.org/illiad/berry/logon.html>

Furthermore, you have access to a large number of journals on-line through <http://library.dartmouth.edu/> (Go into *Ejournals* under “Find It” on left sidebar). The biomedical libraries also maintain useful access information (<http://www.dartmouth.edu/~library/biomed/>), and OVID in particular is a good source for literature searches in medical fields (including psychology) and allows you access to full-text articles.

Computer Orientation

The D-H Computing Help Desk is staffed from 8am - 5pm to assist you with your general computer support needs. You can contact them for assistance by either emailing IS-Support@hitchcock.org or calling 603-650-2222 (5-2222 from a DHMC phone). Email is preferred as it immediately puts your information in ticketing system, ensuring the fastest response and helping triage your call against other incidents around the medical center.

Each staff-member is assigned a laptop. Taking clinical work home is discouraged because doing so contradicts HIPAA regulations. Everyone is encouraged to read up on HIPAA. Each person is provided their own individual user name. Breaches of HIPAA regulations are potentially vulnerable to severe fines and penalties.

Spyware and viruses are of great concern. Some general advice: Do not install software that may interfere with your computer’s normal operation, including add-ons like Google Desktop. If you have any questions about what software might fall under this category, it is best to discuss it with IS Support. Do not disable or remove anti-virus or backup tools. Installing personal software is a frequent source of system degradation and failure, and is consequently discouraged. See Anti-Virus for more information and software options for personal use (e.g. at home).

Policy on the Provision of Outpatient Services to Department of Psychiatry Employees

As a general rule, Department of Psychiatry providers will not provide outpatient adult or children’s services to Departmental clinicians and staff, Department trainees, or to their spouses and children. Receiving outpatient psychiatric services from one’s employer and/or close colleagues is fraught with potential complications that can leave employees with less-than-optimal care and/or less than optimal work situations. Departmental access services will actively aid employees, Department trainees, and their children or spouses to obtain needed services from skilled providers outside of our system of care. This policy covers adult and child outpatient services. Crisis services, inpatient/partial services, ECT services, psychological testing, and sleep services are not covered by this policy. This policy does not pertain to treatment that is currently actively underway. For extraordinary circumstances, exceptions to this policy can be made by approval of the Department Medical Director.

Please note that the Employee Assistance Program (EAP) offers free, confidential, short-term counseling, and consultation services for DHMC and Clinics staff and their immediate family members. More information on the EAP can be found at <https://employees.dartmouth-hitchcock.org/health-wellness/employee-assistance-program/>.

Clinical Documentation Timeliness Standards

Timely completion of clinical documentation is important for a host of reasons including service to referrers, clinical communication, risk management, billing requirements, and the fact that notes are often better and take less time to write when the clinical event is fresh in our mind. For neuropsychological evaluations, trainees are expected to have reports drafts and final reports completed in a timely manner. The timeframes for submitting report drafts and final reports vary depending on track (Adult and Pediatric) as well as clinic. Thus, please confer with your supervisor for specific timelines.

Formal Fellow Evaluations

The postdoctoral fellow's adequacy of preparation for the program begins with the standardized application process, a thorough evaluation of credentials, and responsiveness to questions upon admission interview. Careful consideration is made of match between the candidate's background and interests and program goals and resources. The postdoctoral fellow's training goals are initially assessed during the interview phase of the fellow application process. This is also when the program informs all potential fellows of the training and performance requirements. More details regarding the training and performance requirements are provided during orientation sessions with faculty upon entry into the program. This orientation session provides in-depth coverage of the program's policies and the ethical principles of psychologists and code of conduct. Fellows are also provided with a copy of the APA's Ethical Principles of Psychologists and Code of Conduct.

Training supervisors are accessible to the fellows and provide them with a level of guidance and supervision that actively encourages timely and successful completion of the program. The supervisors provide appropriate professional role modeling and engage in actions that promote the fellows' acquisition of knowledge, skills, and competencies consistent with the program's training goals. After the initial orientation, fellows' continued compatibility with training goals and progress in the program is assessed regularly. The program provides postdoctoral fellows immediately upon entry with written grievance and conflict resolution procedures and policies regarding program requirements, and expectation for fellows' performance and continuance in, or termination from, the program. The nature and structure of supervision are reviewed early in the program.

Fellows receive systematic written feedback on the extent to which they are meeting performance requirements and expectations every four months throughout the fellowship. Fellows' clinical performance is evaluated through ongoing supervisory sessions in the fellows' practice area. Substantive knowledge is assessed by performance in training and academic seminars. Fellows present at clinical case conferences and clinical research seminars, providing faculty with frequent opportunities to assess progress in the program. Ascertainment of fellows' goals, objectives and views is a routine part of the ongoing individualized evaluation process. Evaluation sessions are conducted by the primary supervisor with input from the other faculty supervisors.

Feedback addresses the fellows' performance and progress in terms of professional conduct and psychological knowledge, skills and competencies in the areas of psychological assessment, intervention and consultation, and should include the following: an initial written evaluation provided early enough in the program to serve as the basis for self-correction (if needed). A second written evaluation that occurs early enough to provide time for continued correction (if needed) or development will be completed. Discussions and signing of each evaluation by the fellow and supervisor and timely written notification of all problems that have been noted, the opportunity to discuss them and guidance regarding steps to remedy them will be provided. Finally, substantive written feedback on the extent to which corrective actions are or are not successful in addressing identified problems will be given. Fellows are also involved in evaluation of the programs.

The adequacy and sufficiency of training resources, processes, procedures and methods are evaluated annually in relation to our training goals and outcomes. These issues are formally examined by the neuropsychology faculty. Information provided by these formal examinations is used for decision making to make appropriate changes in the program regarding resource allocation and training design.

The graduate education committee of the psychology training program has specific disciplinary - grievance procedures for all trainees. In the case of neuropsychology fellows, this procedure would only become relevant if the basic procedures for evaluation and conflict resolution by the neuropsychology training director and the

neuropsychology faculty had failed.

The program issues a certificate of completion to Postdoctoral Fellows successfully completing the training program.

The program documents and permanently maintains records of the fellows' supervised training experiences and evaluations for future reference, certification and credentialing purposes. In all matters relevant to the evaluation of fellows' performance our program adheres to our sponsor institutions' regulations and local, state and federal statutes regarding due process and fair treatment.

Successful completion of the fellowship

In addition to all other requirements (e.g., meeting criteria on competency evaluations at year's end, etc.), the fellowship requires two years of full-time training in order to qualify as successfully completing the fellowship. Fellows should plan their use of annual leave over the course of the year carefully. Fellows are expected to be present at DHMC on the last day of their appointment in order to go through all appropriate termination procedures.

Due Process: Procedures for handling fellow deficiencies

A. Problem Behaviors

The purpose of this policy is to delineate due process procedures related to fellows who encounter difficulties in performance or who evidence other problematic behaviors during the fellowship year. Fellows who are having difficulties may be the subject of remediation efforts and/or sanctions including being placed on probation and/or dismissed from the program due to academic or non-academic deficiencies.

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning.

It is a professional judgment as to when a fellow's behavior becomes problematic rather than just "of concern." Trainees may exhibit actions, attitudes, or characteristics that, while requiring attention, are not unexpected or excessive for professionals in training. These issues are addressed through on-going supervision and teaching efforts which are a regular part of the training program. Problem behaviors typically become identified as impairments when they include one or more of the following characteristics:

- The fellow does not acknowledge, understand, or address the issue when it is identified;
- The issue is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
- The quality of services delivered by the fellow is sufficiently negatively affected;
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required; and/or
- The fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures of Due Process

Fellows may fail a specific training experience and/or the entire Fellowship, and/or they may be terminated from the program prior to completion, although it is expected that any of these will be highly unusual events. Failure and/or termination may occur for any of the following reasons; reasons are not limited to this list:

- Incompetence to perform typical services in this setting and inability to attain competence during the Fellowship.
- Violation of professional ethical standards.
- Failure to meet the minimum standards for patient contact, didactic training, supervision, or maintenance of appropriate professional records.
- Behaviors judged as unsuitable by Fellowship training committee and Training Director and which hamper the Fellow's professional performance.
- Inability to meet the minimum competency standards established by the program and consistent with the professional standards designated as such by the American Psychological Association. These may be determined in the course of regular evaluations throughout the course of fellowship training, or when training faculty are alerted to behavior that substantially deviates from those expected competencies.

Fellows have a right to a hearing and opportunity to appeal decisions of the training faculty and Training Director, along with the responsibility to document the reasons for the hearing and/or appeal. Similarly, the program faculty have a right and responsibility to execute corrective actions (e.g., remediation plans) to address unsatisfactory fellow behavior up to and including termination from the program. The training program has the responsibility to document these procedures and to inform the fellow of those actions as they occur. In the event that a supervisor and Training Director determine that an event or other behavior has met the criteria to initiate Due Process, the Training Director will provide notice within 48 hours.

Notice: A supervisor who becomes aware of a problem area or deficiency should initially work with the fellow to resolve the problem, providing timely feedback early in the process. The fellow will be provided written notice by the Training Director once initial concerns of problematic behavior are being addressed beyond the supervisor and that further steps need to occur.

If a performance problem persists, or if a performance problem occurs which seems not to be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Training Director, who may choose at this point to involve other supervisors who are working with the fellow (e.g., supervisor of another rotation, if any). In many cases, informal discussion among members of this group may result in effective suggestions for resolving the problem.

However, if the situation warrants it, those staff involved in the informal discussions will work to develop a specific, written performance improvement plan to remedy the problem or deficit (i.e., a remediation plan). Such plans include clear behavioral goals and timelines and may include increased observation of cases, decreased case load, specific skill practice, readings, or any other relevant method. In all such cases, the fellow must be informed that this is happening and be given the opportunity to participate in the process of creating the remediation plan (see Hearings below). If the remediation plan is successful, all requirements are met and the process is complete.

Hearing(s): Upon notification of a need to develop a remediation plan, the fellow will be invited to participate in a hearing during which they have the opportunity to present concerns about the causes of the perceived performance deficit, as well as potential solutions. This information will be documented by the Training Director and used to guide the remediation plan in collaboration with the fellow and other supervisors as needed.

If the remediation plan is not met, the concern is taken to the Training Committee for review and recommendation. A second formal hearing attended by the trainee and faculty will be held to appraise the performance concerns, evaluate the process executed to that point, and determine need for dismissal. This will include documentation and review of trainee and program rights and responsibilities during the process to ensure that these have been appropriately secured. The trainee will have the opportunity to respond to these concerns during the hearing. The hearing occurs within one week of notification that the remediation plan was not successfully completed.

Appeal: Should failure or termination be recommended by the Psychology Training Committee, the fellow may appeal the decision to the Training Director, with further appeal through the Vice Chair of Education, and

finally through the Chair of the Department of Psychiatry. The fellow may also initiate an appeal of prior components of due process including initiation of a remediation plan or other corrective action. The fellow has two weeks to appeal each action. The training program will abide by the decision of the appeal process.

If the issue is a violation of medical center regulations or an ethical breach, the Director of Training will be informed immediately. Depending on severity of the incident, the Training Director will involve the Training Committee, Director of Psychology, Vice Chair for Education, or other appropriate facility or regional entities for immediate action.

Fellow grievances

There may be occasions when a fellow has a complaint against a supervisor, or when the fellow has a complaint about some other aspect of the training experience, such as the behavior of another fellow or staff member, or disagreement with the decision of program faculty. In such cases, we encourage the following sequence of actions.

Efforts to resolve an identified problem within a training experience will be made by supervisory staff and the involved trainee in a timely manner as described here:

Level 1: The fellow is encouraged to raise the issue with his/her supervisor or the other party involved, in an effort to resolve the problem. This fits with the approach of professional ethical codes, in which professionals are encouraged to first attempt to deal directly with others when they have concerns before taking the problem to another level. In most instances, a frank, collaborative and assertive discussion can lead to resolution. Supervisors are expected to work in a sensitive and collaborative manner with the fellow in addressing any concerns. Supervisors will respond to a written complaint (e.g., email) within one week of receiving the complaint or at the time of the next supervision contact, whichever comes first. If informal efforts at problem resolution are unsuccessful, or the fellow has reason to be concerned about retaliation or abuse of authority, a more formal and transparent process will ensue. Efforts to resolve such a problem within a training experience will be made by supervisory staff and the involved trainee.

Level 2: If the problem is not resolved at the supervisory level, the fellow and/or supervisor will communicate the problem to the Training Director for assistance within 24 hours of completion of Level 1 resolution. If that step fails to resolve the matter, the Training Director will bring the matter to the Psychology Training Committee within 1 week of notification of the unresolved grievance.

Level 3: If unresolved at this level, or if the concern relates directly to the Training Director, the concern will be referred to the Vice Chair for Education. The grievance will be referred to the Vice Chair within 24 hours of the Psychology Training Committee meeting.

Level 4: The Vice Chair for Education for the Department will be the final level for an unresolved grievance. In the event of an extreme or unusual circumstance, it may be necessary to communicate with the Chair of the Department or with Medical Center administration for resolution. Problem resolution options also can be explored via the Informal Problem Consultation and/or Formal Complaint Process within APPIC designed for this purpose.

Local, and Not Quite Local, Activities

Grocery Stores

No lack of places to shop for groceries in the area. There are three Co-Op stores, one in Centera Parkway across from the DHMC entrance off Rt 120, one in Hanover, and one in Vermont across the bridge from NH to VT in White River Junction. There are Price Choppers on Mechanic Street in Lebanon and one in West Lebanon. West Lebanon also has a Shaw's and a Hannaford's.

The closest Trader Joe's are located in Burlington VT (about 90-minute drive from DHMC) and Bedford, NH (about 75-minute drive from DHMC). The same plaza that has the Trader Joe's in Bedford also has the only Whole Foods in the NH-VT region.

Restaurants

There are many choices and often changing. See online for other options.

West Lebanon

Plainfield Road (Rte 12A; the main street through West Lebanon) in West Lebanon has fast food (McD's, Burger King, Wendy's, Taco Bell, KFC), as well as Subway, Chili's, Applebee's, Denny's, and Dunkin Donuts.

Panera Bread restaurant in West Lebanon, NH.

The Weathervane, a seafood restaurant, is at the end of the street as you pass by the Denny's off Plainfield Road.

Lui Lui's Italian restaurant. Located on the grounds of the Powerhouse Mall.

Men at Wok is a small Chinese food restaurant with just a few tables located in Glen Road Plaza, that also has take-out (facing the Powerhouse Mall).

Yama is a Korean/Japanese place located on North Main Street.

Lebanon

Salt Hill restaurant and pub in Lebanon.

Pim's Thai Orchid and New Thailand Cuisine: Thai restaurants for eat-in or take-out. Located in Lebanon, NH.

Peking Tokyo (45 Hanover St # 6, Lebanon): Chinese and Japanese food, including sushi. They deliver to DHMC.

Three Tomatoes is across the way on the Lebanon Green; good Italian food, inconsistent service.

Village Pizza / The Cave is located just off the Lebanon green. Wide range of choices, has a bar, and karaoke on Friday nights.

Jesse's Restaurant has steaks, salad bar, and seafood. A bit more upscale. Located on Route 120 just north of DHMC entrance off Route 120.

Hanover

Sushi-Ya: Korean/Japanese place located on Main Street

Ramunto's Brick Oven Pizza in Hanover.

The Works Bakery Café on Main Street in Hanover.

Sawtooth Kitchen, Bar and Stag: Southern-inspired eatery with a live music stage for bands and comedians (check their online schedule).

Lou's on Main Street is a Hanover tradition. Great breakfasts, and now lunch, as well as their famous crullers (glazed, cinnamon sugar, jelly, chocolate covered, or maple covered) and cakes. Usually is quite crowded.

Base Camp Café: Traditional Nepalese dishes.

Tacos Y Tequila: Mexican restaurant in Hanover.

[The Jewel of India](#): Lebanon St. Hanover, 643-2217. Indian food with dine-in and take-out.

[Murphy's On The Green](#) is on Main Street near West Wheelock and is the other bar in Hanover.

Molly's: Part of sister restaurants Jesse's and Lui Lui's. A nice bar overlooking downtown Hanover and pleasant back porch for outdoor meals. The menu ranges from burgers and brick oven pizza to steaks and salads.

White River Junction, VT

Taj-E-India: Take-out only place in White River Junction, VT.

Cappadocia Café: Turkish restaurant and coffee shop in White River Junction, VT.

China Moon Buffet is located in White River Junction VT next to the Greyhound bus station (exit 11 off the I-91).

Big Fatty's is a small BBQ place. Very little seating, so think take-out. Located at 1547 Maple Street (route 14) in Hartford Vermont (802-295-5513). <http://www.maplestreetcatering.com/piggery.html>

Other

The Simon Pearce glass factory not only sells in-house made glassware, but also has a restaurant. Cheaper at lunch than dinner, and has terrace overlooking a waterfall.

Ice cream

Fore U ice cream shop located across the parking lot from the Home Depot (usually open until late October).

Hanover Scoops and Red Kite are two shops in downtown Hanover.

Movie Theatres

There are two main movie theatres in the local area. There is an Entertainment Cinemas on Miracle Mile Road in Lebanon (<http://www.entertainmentcinemas.com/>) and the Nugget Theatre (<http://www.nugget-theaters.com/>) on Main Street in Hanover. The Hopkins center, which faces the Dartmouth Green, also shows movies, usually those that have been out of mainstream theatres for a while or independent or foreign films.

The Arts

The Hopkins Center for the Arts (<http://hop.dartmouth.edu/>) is the region's premiere presenting performance arts venue. The Hop's presenting seasons include theatre performances, film series (e.g., Telluride Film Festival content), comedians, and dance troops. They also host outdoor music performance series in the summer months. The Hood Museum is located next door to the Hop and offers frequent art exhibits.

Shopping

Most of the major chain stores are located in West Lebanon (I-89 exit 20) including Wal-Mart, Target, Home Depot, Barnes and Noble, and such. In Hanover, you can find Still North Books & Bar (which has a coffee shop) and Left Bank Books. Big shopping malls are located in Burlington VT and Manchester or Concord, NH.

Health

There is a small gym in DHMC, which you can use free of charge. It is located on the 2nd floor below the east entrance. You will need to fill out a form in the office near the gym. They will then activate your ID card to allow you to access the gym. There are currently Stairmasters, rowing machines, treadmills, as well as some

free weights and a big exercise ball. You are encouraged to sign up beforehand for the time you want to use machines. There are 2 bathrooms next to the gym in which you can change clothes and even shower, but you should bring your own towels.

There are gyms in the local area. CCBA in Lebanon near the green (<http://www.ccba-leb.com/>), and the River Valley Club in Centerra Park just across from the hospital (<http://www.rivervalleyclub.com/>). Both also have swimming pools and fitness classes, but prices are quite different. The Upper Valley Aquatic Center offers swimming and spinning classes. Anytime Fitness in West Lebanon, NH.

Fun for Kids

Montshire Museum of Science (<http://www.montshire.org/>) in Norwich Vermont, about 10 minutes from DHMC, is a great place for kids to see some kid friendly, hands-on science exhibits. It also has several nature trails.

Billings Farm and Museum located in Woodstock Vermont <http://www.billingsfarm.org/>

Quechee Gorge Village is located in Quechee about 20 minutes from DHMC. Take I-89 North to exit 1, turn left off the exit ramp then just follow the road for about 5 minutes. It will be on your left. It has a diner, gift shop, small toy museum, as well as a small train that kids can ride depending on the season.

Summer and fall usually bring a number of fairs to the area. For example, the Cheshire Fair which takes place in summer, and the Harvest Festival at the Shaker Museum (447 NH Route 4A, Enfield, NH) which happens in October

Poverty Lane Orchards offers apple picking in the heart of Lebanon (98 Poverty Lane. 603-448-1511).

Patch Orchards in Lebanon, NH. Apple picking with lots of apple varieties, apple-related products, nice views.

Edgewater and Riverview Farms: Route 12 (south of West Lebanon on the way to Plainfield). Has stand that sells flowers and fruits, and can also do own picking of flowers and fruit (apples, strawberries, blueberries, depending on season) (turn right just before the farm stand).

[Canobie Lake Park](#) [85 N. Policy Street, (Exit 2 off I-95) Salem, NH 03079; Phone: 603-893-3506]; about 90 minutes from DHMC. It has over 85 rides, games, live shows and attractions. <http://www.canobie.com/>

Outdoor Activities

There are many outdoor activities in the area, many of which are available through Dartmouth or through which discounts can be provided, so check out the college web site. Some examples are:

Mini-Golf: There is a mini-golf located in West Lebanon just south of the Home Depot. Take the entrance to Home Depot and go through parking lot towards your left. The mini-golf is just past the Home Depot building.

Outdoor Swimming: There are a number of beaches in the area including Storrs Pond in Hanover (also has a pool) and Lake Sunapee. You can find info on each of these online.

Storrs Pond in Hanover: Has a pool and beach, as well as picnic and camping areas. (<http://www.storrspond.org/>)

Lake Sunapee (about a 25-minute drive from DHMC) has a beach and snack bar, as well as many other outdoor activities. (<http://www.newlondonareanh.com/>)

Lots of hiking trails: Ask around our staff who likes to hike, as there are often groups of people who go together.

Skating in local arenas and outdoor at Occum Pond in winter

Cross-country skiing is available in Hanover and elsewhere, like the Dartmouth skyway (<http://www.dartmouth.edu/~skiway/>). Downhill skiing is available at several sites within reasonable driving distance in New Hampshire and Vermont.

Rowing Club at Dartmouth and Morton Farm horseback riding
