9/1/23



**Handbook for Fellows**

**Psychology Postdoctoral Training Programs**

**Division of Rehabilitation Psychology and Neuropsychology**

**Department of Physical Medicine and Rehabilitation**

**Johns Hopkins University School of Medicine**

****

Table of Contents

[Table of Contents 2](#_Toc143867474)

[Introduction 3](#_Toc143867475)

[The Training Setting 4](#_Toc143867476)

[The Training Programs 5](#_Toc143867477)

[The Training Experiences 6](#_Toc143867478)

[The Training Processes 10](#_Toc143867479)

[Training Objectives 13](#_Toc143867480)

[Individualized Development Plan 13](#_Toc143867481)

[Policies Governing the Training Programs 14](#_Toc143867482)

[Discrimination and Harassment Policies and Procedures 14](#_Toc143867483)

[Policy Addressing Campus Violence 14](#_Toc143867484)

[The Johns Hopkins Code of Conduct Policies 14](#_Toc143867485)

[Grievance Procedures and Due Process 15](#_Toc143867486)

[Renewal or Non-Renewal of Training Appointment 16](#_Toc143867487)

[Probation, Suspension and Termination Policy for Postdoctoral Trainees 16](#_Toc143867488)

[Preparation Requirements and Selection Process 17](#_Toc143867489)

[Postdoctoral Trainee Benefits and Support 18](#_Toc143867490)

[Benefits 18](#_Toc143867491)

[Clerical and Technical Support 19](#_Toc143867492)

[Supervision and Consultation 19](#_Toc143867493)

[Guidelines for Supervision of Postdoctoral Fellows 19](#_Toc143867494)

[Emergency Consultation Policy 20](#_Toc143867495)

[Overall Training Expectations 20](#_Toc143867496)

[Performance Evaluation, Feedback, and Advisement 25](#_Toc143867497)

[Program Operational Policies 26](#_Toc143867498)

[Leave Policy 26](#_Toc143867499)

[COVID Pandemic Policies and Training Modifications 27](#_Toc143867500)

[Vaccination Policies 28](#_Toc143867501)

[Dress Code and Grooming Policy 28](#_Toc143867502)

[Weather Policy 28](#_Toc143867503)

[Training Program Forms 29](#_Toc143867504)

[Evaluation of Fellow – Rehabilitation Psychology 29](#_Toc143867505)

[Evaluation of Fellow – Neuropsychology 33](#_Toc143867506)

[Evaluation of Faculty Supervisor and Rotation 37](#_Toc143867507)

[Evaluation of Rehabilitation Psychology and Neuropsychology Didactics 39](#_Toc143867508)

[Individualized Development Plan (IDP) Summary Form 40](#_Toc143867509)

[Leave Request Form 41](#_Toc143867510)

*Note*: Our programs include predoctoral and postdoctoral psychology trainees. Predoctoral trainees are referred to as “externs.” Postdoctoral trainees are referred to as “fellows,” and in some cases, “residents.”

# Introduction

The Division of Rehabilitation Psychology and Neuropsychology, in the Department of Physical Medicine and Rehabilitation (PM&R), at the Johns Hopkins University School of Medicine conducts two psychology postdoctoral specialty training programs in Rehabilitation Psychology and Neuropsychology. The Division also offers postdoctoral specialty training programs in Pain Psychology and Multiple Sclerosis (MS) Rehabilitation Research, contingent on funding.

**Training Leadership**

Abbey J. Hughes, PhD, ABPP (RP) Director of Training

Program Director for MS Rehabilitation Research

Nicole E. Schechter, PsyD, ABPP (RP) Program Director for Rehabilitation Psychology

Pegah Touradji, PhD Program Co-Director for Neuropsychology

William Stiers, PhD, ABPP (RP, CN) Program Co-Director for Neuropsychology

Rachel V. Aaron, PhD Program Director for Pain Psychology

Eva Keatley, PhD Program Director for Externship Training

**Mission and Values**

The overarching mission of our psychology postdoctoral specialty training programs is to provide an organized sequence of didactic and experiential education and training activities, with focused supervision and mentoring, whereby fellows can develop advanced competencies in their specialty area sufficient for: (1) independent practice and/or research; (2) eligibility for board certification, if applicable; and (3) leadership in patient care and research. Our programs have been developed in accordance with the guidelines from the National Conference on Postdoctoral Training in Professional Psychology. The programs are not accredited by the American Psychological Association (APA) Commission on Accreditation.

The Rehabilitation Psychology Postdoctoral Training Program has been developed in accordance with the Baltimore Conference Guidelines for Postdoctoral Training in Rehabilitation Psychology, and fulfills eligibility requirements for board certification in Rehabilitation Psychology through the American Board of Professional Psychology (ABPP). The program is a member of the Council of Rehabilitation Psychology Postdoctoral Training Programs (CRPPTP).

The Neuropsychology Postdoctoral Training Program has been developed in accordance with the Houston Conference on Specialty Education and Training in Clinical Neuropsychology and fulfills eligibility requirements for board certification in Clinical Neuropsychology through ABPP. The program is a member program of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and participates in the APPCN match.

The Pain Psychology Postdoctoral Training Program and Multiple Sclerosis Rehabilitation Research Postdoctoral Training Program are supported by extramural funding and have been developed in accordance with the activities of their respective program directors. The training experiences, processes, and evaluation procedures noted in this handbook apply to our Rehabilitation Psychology and Neuropsychology fellowships and are adapted for the Pain Psychology and MS Rehabilitation Research fellowships in collaboration between the trainee, program director, and funding agency. Fulfillment of eligibility requirements for board certification through ABPP is considered on an individual basis.

The training programs strive to develop specialized postdoctoral competencies in the areas of:

1. assessment
2. intervention
3. consultation
4. research and evaluation
5. supervision and teaching
6. management and administration

The core values of the training programs include our commitment to and emphasis on:

* Professionalism, including responsibility, integrity and ethical behavior
* Excellence in all aspects of our work, with a focus on up-to-date, evidence-based knowledge, skills, and abilities
* Promoting the human worth and dignity of people with disabilities
* Respect and appreciation for diversity, including intersecting identities and group memberships

# The Training Setting

The psychology postdoctoral and predoctoral training programs exist within the Johns Hopkins University, School of Medicine, Department of PM&R, Division of Rehabilitation Psychology and Neuropsychology.

**The University**

The Johns Hopkins University, founded in Baltimore in 1876 and named after its benefactor, is considered the nation’s first research university, where research and the advancement of knowledge were integrally linked to teaching. The Johns Hopkins University is dedicated not just to advancing students' knowledge, but also to advancing the state of human knowledge generally through research and scholarship. It remains a leader in both teaching and research.

Johns Hopkins has a prestigious list of over 30 Nobel laureates, including in physics, physiology or medicine, chemistry, economics, biology, literature, and peace. A complete list can be found at: <https://www.jhu.edu/research/milestones/nobel-prize-winners/>.

Today, the university enrolls more than 6,000 undergraduate students and 21,000 graduate students, including more than 6,000 international students from all over the world. It is the leading U.S. academic institution in total research and development funding, with nearly $3 billion in medical, science, and engineering research annually. Additional information can be found in the Johns Hopkins Fact Book at: <https://www.jhu.edu/about/>.

**The School of Medicine**

The School of Medicine ranks first among U.S. medical schools in receipt of research awards from the National Institutes of Health. Johns Hopkins Medicine is a $8.9 billion integrated global health enterprise, involving six academic and community hospitals, six suburban health care and surgery centers, more than 40 primary and specialty care outpatient sites, as well as programs for national and international patient activities.

Annually, Johns Hopkins Medicine has over 350,000 emergency department visits, 120,000 annual inpatient admissions, 900,000 outpatient visits, and 150,000 home care visits. It has over 2,700 hospital beds and serves over 4,000 patients from 145 countries. It has more than 5,000 physicians and 47,000 employees. There are international affiliations in Canada, Mexico, Columbia, Brazil, Panama, Peru, Chile, Italy, the United Arab Emirates, Turkey, Lebanon, Singapore, Japan, China, Trinidad and Tobago, Saudi Arabia, India, China, Japan, and more.

The Johns Hopkins Hospital (JHH), located in Baltimore, Maryland, is the flagship hospital and a primary practice site for the School of Medicine. More than a century ago, the hospital became the first to integrate fully the missions of teaching, research, and patient care, a synergistic triangle that became a prominent model of medical education in the U.S. JHH has been recognized as a top-ranked hospital by U.S. News and World Report. The Johns Hopkins Bayview Medical Center (JHBVMC), also located in Baltimore, Maryland, is one of the oldest, continuous health care institutions on the East Coast. In 1984, the City of Baltimore transferred ownership to Johns Hopkins. JHBVMC is home to one of Maryland's most comprehensive neonatal intensive care units, a sleep disorders center, a comprehensive neurosurgery center/neurocritical care unit, an area-wide trauma center, the state's only regional burn center, and a wide variety of nationally recognized post-acute care and geriatrics programs.

Additional information can be found in Fast Facts: Johns Hopkins Medicine at <https://www.hopkinsmedicine.org/about/>.

**The Department of Physical Medicine and Rehabilitation**

The professionals in the Johns Hopkins Department of PM&R focus intensively on research, clinical care, and education to develop and apply scientific breakthroughs in rehabilitation medicine to benefit patients, and to train the next generation of leaders in rehabilitation.

* In research, we are developing and studying new technologies and treatments for stroke and brain injury, including non-invasive brain stimulation, forced-use therapy, and virtual reality.
* In clinical care, our physicians, psychologists, nurses, and therapists assess and treat patients with a wide variety of disabilities and health conditions. We provide a full range of services while offering uniquely specialized programs for adult and pediatric patients, including services in intensive care units and inpatient and outpatient rehabilitation settings, as well as specializations in transplant, amputation, stroke, spinal cord injury, pain treatment, sports medicine, and performing arts rehabilitation.
* In education, we have training programs in physical medicine, rehabilitation psychology, neuropsychology, neuroscience, physical therapy, occupational therapy, and speech-language pathology that draw learners from around the world.

**The Division of Rehabilitation Psychology and Neuropsychology**

The Division faculty are 17 licensed psychologists, a number of whom serve as national leaders in the APA, the American Board of Rehabilitation Psychology (ABRP), the Foundation for Rehabilitation Psychology (FRP), CRPPTP, and other professional organization. Faculty serve as Editors and Editorial Board Members of high-impact scientific publications, and Principal Investigators of federally and internationally funded grant programs.

# The Training Programs

## The Training Experiences

Training Settings

Psychology training takes place across multiple locations: JHH, JHBVMC, Howard County Charter Drive Pavilion Building (CDPB), and Johns Hopkins Green Spring Station (GSS). JHH and JHBVMC have acute comprehensive inpatient rehabilitation units and outpatient clinics (18 beds at JHH and over 30 beds at JHBVMC). CDPB and GSS have outpatient clinics.

In all settings, faculty and trainees operate within an interdisciplinary treatment team involving frequent consultation with other psychologists, and with physicians, nurses, physical therapists, occupational therapists, speech-language pathologists, social workers, and dieticians. There is a constant flow of information among the team members, including informal consultation (“huddles”) in the nursing station and therapy gyms, formal team meetings, and documentation within the electronic written medical record. A substantial portion of the bedside and clinic teaching, as well as the office-based supervision, is focused on efficient and effective functioning and communication within the treatment team, including providing organized, clear, and concise oral and written communication in a timely manner, and making meaningful recommendations that are relevant and helpful to the rehabilitation team and family members.

Inpatient training activities include assessment and intervention with patients and families, and consultation with the interdisciplinary team. Outpatient activities include neurobehavioral status examinations, psychological and neuropsychological evaluations, evaluations for spinal cord stimulator eligibility, and evidence-based health and behavior and psychotherapeutic interventions (e.g., cognitive behavioral therapy). Trainees participate with interdisciplinary treatment teams to design and implement comprehensive rehabilitation programs to increase safety, increase independent daily functioning, and support return to school/employment. Trainees also consult with community health service providers, vocational rehabilitation centers, insurance or worker’s compensation case managers, and school and work personnel.

Major and Minor Experiences

Major (required) training experiences are typically 3 days per week and include:

* Acute Comprehensive Inpatient Rehabilitation (ACIR) units at JHH and JHBVMC
  + Training in the ACIR units focuses on evaluation and treatment of adults with diverse neurological conditions, injuries, and complex medical conditions as part of an interdisciplinary treatment team. Patients include individuals with stroke, brain tumor, hydrocephalus, cerebral aneurysms, mild TBI, multiple sclerosis, ventilator dependence, spinal cord injury/disorder (SCI/D), cancer, organ transplant, amputations, cardiac conditions, orthopedic injury/trauma, and autoimmune disorders. First-year rehabilitation psychology and neuropsychology fellows participate in this major training experience.
* Outpatient clinics at JHH, CDPB, and GSS
  + Outpatient Neurorehabilitation Program (ONRP) focuses on evaluation and treatment of adults with assorted neurological conditions, including stroke, cerebral aneurysm, hydrocephalus, brain tumor, multiple sclerosis, stiff person syndrome, neurosurgical conditions, TBI, SCI/D, post-COVID symptoms, and functional neurologic disorder. First-year neuropsychology fellows participate in this experience 1 day per week. Second-year neuropsychology fellows participate in this experience 3 days per week.
  + Outpatient Pain Rehabilitation focuses on evaluation and treatment of adults with chronic pain conditions, amputations, and SCI/D. Activities include psychological evaluation, pre-surgical evaluations for spinal cord stimulators, and evidence-based health and behavior and psychotherapeutic interventions (e.g., cognitive behavioral therapy). First-year rehabilitation psychology fellows participate in this experience 1 days per week. Second-year rehabilitation psychology fellows participate in this experience 3 days per week.

Minor training experiences are typically one day/week and may include:

* Medical Intensive Care Unit (MICU): This minor experience focuses on consultation and brief interventions for patients in the MICU. Participation in this activity is based on supervisor availability, patient needs (inpatient and outpatient), and trainee goals. Second-year rehabilitation psychology or neuropsychology fellows may participate in this experience. First-year fellows may also be considered on a case-by-case basis. Trainees participate in this experience 1 day per week for 12 months.
* Pediatric Neuropsychology at Kennedy Krieger Institute (KKI): This minor experience focuses on outpatient neuropsychological evaluations for pediatric patients at KKI. Second-year neuropsychology trainees will participate in this experience 1 day per week for 6 months.
* Neuropsychological Assessment in Military Populations:This minor experience focuses on comprehensive outpatient neuropsychological evaluations in active military and veteran populations. Second-year neuropsychology trainees may participate in this experience 1 day per week for 6 or 12 months. Second-year rehabilitation psychology trainees may also be considered on a case-by-case basis.
* Multiple Sclerosis Rehabilitation:This minor experience focuses on outpatient evaluation and treatment of individuals with multiple sclerosis and other neuroimmunological conditions (e.g., stiff person syndrome). Activities include neuropsychological and psychological assessment, individual health and behavior intervention, individual psychotherapy, and group psychotherapy. Second-year rehabilitation psychology or neuropsychology trainees participate in this experience 1 day per week for 6 or 12 months.

Training Competencies: Specialized Populations, Problems, and Procedures

In each experience and setting, psychology fellows will focus on development of competencies related to their individual specialty area. Psychology specialties are defined by the specialized populations, the specialized problems of those populations, and the specialized procedures involved in assessing and treating those individuals and problems. Specialties have both unique and shared competencies with other specialties. Rehabilitation psychology and neuropsychology fellows in our program overlap significantly in their training experiences, especially during the first year, while retaining unique competencies within their specialty throughout the two-year period.

*Rehabilitation Psychology*

1. Populations are people who experience:
   1. Catastrophic injury or illness, such as spinal cord injury, traumatic brain injury, burn injury, stroke, amputation, and multiple traumas resulting in permanent change
   2. Chronically disabling conditions, such as progressive or static neurological disorders, progressive or static developmental disorders, chronic pain, orthopedic and musculoskeletal problems, sensory impairment, cardiovascular conditions, cancer, and HIV/AIDS
   3. Other major injury or illness requiring prolonged or complicated recovery.
2. Problems are sequelae to injury, illness, or disability that create difficulties with:
   1. Individual and family psychosocial adaptation
   2. Self-care and activities of daily living
   3. Psychological / emotional functioning
   4. Cognitive functioning
   5. Pain and pain management
   6. Achievement of developmental age transitions
   7. Psychosexual functioning
   8. Protection from abuse and exploitation
   9. Treatment adherence, including prevention of secondary complications
   10. Self-determination and consumer choice of services received
   11. Access to appropriate rehabilitation services
   12. Social integration and community participation
   13. Educational, vocational, and recreational functioning
   14. Community access due to environmental and attitudinal barriers
   15. Self-advocacy in relation to local, state, or national laws and policies
   16. Difficulties with rehabilitation team functioning
3. Procedures include assessment and treatment of:
   1. Individual and family coping and adaptation
   2. Psychological / emotional functioning
   3. Neuropsychological functioning, including decision-making capacities, and involving adaptation of standardized assessments for persons with sensory and motor impairments
   4. Behavioral functioning
   5. Sexual functioning
   6. Acute and chronic pain
   7. Health behaviors (e.g. substance use and abuse, nutrition, exercise, medication management, prevention of secondary complications)
   8. Self-care and independent living skills
   9. Educational and vocational functioning
   10. Social and recreational functioning
4. Interventions include:
   1. Educational interventions about illness and injury in a manner appropriate to developmental level and cognitive functioning
   2. Individual psychotherapy
   3. Individual health and behavior interventions and motivational enhancement
   4. Group psychotherapy
   5. Family systems interventions
   6. Cognitive and behavioral modifications
   7. Cognitive retraining and remediation
   8. Enhancing appropriate use of adaptive / assistive technology
   9. Facilitating interdisciplinary and transdisciplinary rehabilitation team functioning
   10. Life care planning with individuals, caregivers, and collaterals, including life span issues related to disability
5. Consultation, Teaching and Supervision, Research and Evaluation, and Advocacy include:
   1. Consulting with health care professionals and legal and service agencies about behavioral, cognitive, affective/personality, vocational/educational, social/recreational, substance abuse, sexuality, and pain issues as appropriate
   2. Supervising psychology practicum, internship, and postdoctoral trainees
   3. Evidence-based knowledge and inquiry regarding intervention efficacy including the measurement of rehabilitation outcomes
   4. Research investigation of issues related to injury/illness and disability
   5. Advocating for patient rights, accessibility, and justice including efforts towards injury and or illness prevention.

*Neuropsychology*

1. Populations are people who experience:
   1. CVA and vascular disorders of the brain
   2. Neoplasms of the brain
   3. Infectious and inflammatory diseases of the brain
   4. Degenerative diseases of the brain
   5. Head trauma
   6. Demyelinating diseases of the brain
   7. Seizure disorders
   8. Neurodevelopmental disorders
   9. Neurological effects of medical disorders or treatment
   10. Auto-immune diseases, metabolic diseases, and endocrine dysfunction that can affect the central nervous system
2. Problems include:
   1. Differential diagnosis between psychogenic and neurogenic syndromes
   2. Differential diagnosis between various etiologies of cerebral dysfunction
   3. Evaluation of spared and impaired cognitive functions
   4. Establishment of baseline measures for monitoring progressive cerebral disease or recovery
   5. Comparison of pre- and post-intervention functioning
   6. Assessment of cognitive functioning for the formulation of rehabilitation strategies
   7. Design of procedures of utilizing available functions to compensate for impaired functions
   8. Retraining of impaired functions to a higher level of adaptive effectiveness
   9. Environmental manipulation to enhance adaptive effectiveness
   10. Implications of neuropsychological conditions for behavior and adjustment
3. Procedures include:
   1. Assessment and treatment of brain disorders
   2. Comprehensive history taking
   3. Identification of neurobehavioral problems/issues
   4. Neuropsychological assessment
   5. Intellectual, aptitude, interest and personality measurement
   6. Integrating neuropsychological findings with neurologic and other medical data, psychosocial and other behavioral data
   7. Interpreting neuropsychological findings with an appreciation of social, cultural and ethical issues
   8. Cognitive remediation and intervention
   9. Psychotherapy and behavior therapy
   10. Design and implementation of remedial and supportive intervention
   11. Education and counseling for individuals and families
   12. Agency and institutional consultation
   13. Test construction and validation
   14. Research design and analysis in neuropsychology

## The Training Processes

Each psychology postdoctoral specialty training program consists of a planned, structured, cumulative, logically-sequenced program of didactic and experiential education and training activities. Programs are graduated in complexity, and provide the means whereby fellows can progress from the broad, entry-level foundational and functional competencies provided in doctoral graduate and internship education and training to an advanced level of competency in their specialty area.

The goals of the training program are focused on developing competencies in:

* Assessment and Intervention
  + Fellows provide specialized psychological assessments and interventions with individuals and families experiencing problems related to physical and cognitive impairment, ability limitation, and participation restriction, in collaboration with the person served, in order to maximize psychological welfare, independence and choice, functional abilities, and social integration, as well as to reduce secondary health complications. Such assessments and interventions may focus on individual and family functioning, including affective, cognitive, personality, and behavioral functioning, as well as social, educational, vocational, and recreational participation. Such assessments and interventions are evidence-based when applicable evidence exists.
* Consultation
  + Fellows participate in inter-professional collaboration and consultation at the clinical team level and the program level, to provide comprehensive and effective care for patients, and to maximize treatment team and program functioning. Such collaboration may include team interactions regarding work with individuals and families, consultation regarding group and systems dynamics, and program quality improvement activities.
* Research and Evaluation
  + Fellows locate evidence from scientific studies relevant to specific health problems, apply knowledge of research design and statistical methods to the appraisal of study findings, and use evidence on diagnostic and therapeutic effectiveness to improve patient care.
  + Fellows develop and implement research questions in clinical treatment activities and in health care systems in order to improve the organization, delivery, and effectiveness of care.
* Supervision and Teaching
  + Fellows provide supervision to psychology predoctoral trainees (“externs”), which emphasizes skill building in providing patient care, consulting with other professionals, identifying relevant scientific data and conducting research, and practice management.
  + Fellows provide effective teaching in case conferences, seminars, didactics, and journal clubs.
* Management and Administration
  + Fellows understand and apply appropriate diagnostic and procedure codes for billing.
  + Fellows practice cost-effective health care and resource allocation, reflect on critical incidents to identify strengths and weaknesses, and performing systematic practice evaluation and improvement activities.

Specialty-specific ABPP Core Competencies

|  |  |
| --- | --- |
| *Rehabilitation Psychology* | *Neuropsychology* |
| Assessment   * Adjustment to disability: patient * Adjustment to disability: family * Extent of extent and nature of disability and preserved abilities * Educational and vocational capacities * Personality/emotional functioning * Cognitive abilities * Sexual functioning * Decision making capacity * Pain * Substance use/abuse identification * Social and behavioral functioning | Assessment   * Information gathering * History taking * Selection of tests and measures * Administration of tests and measures * Interpretation and diagnosis * Treatment planning * Report writing * Provision of feedback * Recognition of multicultural issues |
| Intervention   * Individual therapeutic interventions as related to adjustment to disability * Family/couples therapeutic interventions as related to adjustment to disability * Behavioral management * Sexual counseling with disabled population(s) | Intervention   * Identification of intervention targets * Specification of intervention needs * Formulation of an intervention plan * Implementation of the plan * Monitoring and adjustment to the plan as needed * Assessment of the outcome * Recognition of multicultural issues |
| Consultation   * Behavioral functioning improvement * Cognitive functioning * Vocational and/or educational considerations * Personality/emotional factors * Substance abuse identification and management * Sexual functioning and disability | Consultation   * Effective basic communication (e.g. listening, explaining, negotiating) * Determination and clarification of referral issues * Education of referral sources regarding neuropsychological services (strengths and limitations) * Communication of evaluation results and recommendations * Education of patients and families regarding services and disorder(s) |

The postdoctoral specialty training programs in Rehabilitation Psychology and Neuropsychology consist of:

* A two-year experiential training sequence
  + Rotations begin with a heavy emphasis on inpatient settings, where trainees have significant structure and supervision, and proceed to outpatient settings where trainees function more autonomously, in addition to being required to demonstrate practice management skills and abilities.
  + Each rotation includes a graded series of readings, graded supervised patient care activities involving assessment, intervention, and consultation, and office-based supervision.
* A two-year didactic and seminar series
  + Weekly didactic sequence for rehabilitation psychology and neuropsychology trainees (90 min)
  + Weekly neuropsychology specialty seminar series (60 min) for trainees and faculty interested in further development of neuropsychology competencies
  + Monthly seminar series (90 min) for trainees and faculty focused on current/topical issues
* Individual supervision of fellows by faculty at least 2 hours per week
* A sequential series of steps to develop trainees’ scientific specialization, including supported requirements to:
  + Submit poster presentations at national conferences
  + Submit manuscripts to journals
  + Serve as co-reviewers with faculty who review manuscripts for journals
* Regular individual mentoring by the specialty area Program Director over the two-year program on issues related to progress and professional development

The postdoctoral training model is designed to foster leadership skills within the specialty areas, including teaching and supervision. Second-year trainees have opportunities to take responsibility for aspects of the didactic seminars, and for first-line supervision of graduate externs, including direct supervision of patient assessment and intervention activities, review and modification of documentation, and office-based supervision emphasizing externs’ self-reflection and skill development. The rotation supervisor provides supervision of the trainees’ supervision activities. In addition, there are didactic sessions and seminars devoted to supervision theories, methods, and competencies.

The following training sequences are subject to change based on several programmatic factors, including number of trainees, supervisor availability, and clinic/rotation availability. Potential changes will be communicated with as much notice as possible, in collaboration with the Training Director and Program Director.

Rehabilitation Psychology Rotations

Year 1:

* 3 days per week: Acute Comprehensive Inpatient Rehabilitation
* 1 day per week: Outpatient Pain Rehabilitation
* ½ day per week: Didactics
* ½ day per week: Research

Year 2:

* 3 days per week: Outpatient Pain Rehabilitation
* 1 day per week: Minor Rotation (Outpatient Pain Rehabilitation, MICU, MS, ONRP, Military)
* ½ day per week: Didactics
* ½ day per week: Research

Neuropsychology Rotations

Year 1:

* 3 days per week: Acute Comprehensive Inpatient Rehabilitation
* 1 day per week: ONRP (Foundations of Rehabilitation Neuropsychology)
* ½ day per week: Didactics
* ½ day per week: Research

Year 2

* 3 days per week: ONRP
* 1 day per week: Minor Rotation (KKI, ONRP, Military, MS, Outpatient Pain Rehabilitation, or MICU)
* ½ day per week: Didactics
* ½ day per week: Research

# Training Objectives

## Individualized Development Plan

The purpose of the Individualized Development Plan (IDP) is to give you an opportunity to effectively plan your postdoctoral education with the support and guidance of your faculty mentor and the director of training. The IDP is intended to be a living document, one which you and your mentor review and update as you proceed in your training. It should also serve as a basis for discussion as additional training opportunities are being considered, career pathways are evaluated, and competencies are being developed. The IDP may take several weeks to complete and may require more than one meeting with your mentor. The IDP should be completed by October 1st. Follow the steps below to complete your IDP:

* Step 1: Briefly describe your professional experience to date, and what knowledge, skills, and abilities you bring to the program.
* Step 2: Identify your goals for your postdoctoral training by explaining what you hope to gain in terms of knowledge, skills, abilities, personal and professional contacts, and other experiences. Review the list of specialty-specific competencies, as applicable, with your mentor. You are encouraged to identify additional competencies particularly relevant to your professional future.
* Step 3: Describe one or more potential research project topics and identify possible faculty collaborators.
* Step 4: Complete the Individualized Development Plan (IDP) Summary Form by developing a tentative educational plan. Identify what clinical and didactic activities you plan to complete over the course of training.
* Step 4: Carefully review your Individualized Development Plan (IDP) Summary Form with your mentor to ensure the proposed educational plan is not only feasible, but that it meets the specialty requirements. Assess if your curriculum plan is aligned with the goals you identified in Step 2. Finalize your plan with your mentor.
* Step 5: Submit a copy of your Individualized Development Plan (IDP) Summary Form to the director of training.

# Policies Governing the Training Programs

The policies listed below address unprofessional behavior, discrimination, harassment, and violence – all of which undermine our Johns Hopkins mission, vision, and core values (<https://www.hopkinsmedicine.org/about/mission.html>). The mission of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in medical education, research, and clinical care. Diverse and inclusive, Johns Hopkins Medicine educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose and treat human illness. Johns Hopkins Medicine pushes the boundaries of discovery, transforms health care, advances medical education and creates hope for humanity. Together, we will deliver the promise of medicine. Our core values are: Excellence and Discovery; Leadership and Integrity; Diversity and Inclusion; and Respect and Collegiality.

## Discrimination and Harassment Policies and Procedures

See: <https://oie.jhu.edu/policies-and-laws/jhu-policies/JHU-Discrimination-and-Harassment-Policy-and-Procedures-7.1.21-Present>

## Policy Addressing Campus Violence

See: <https://www.jhu.edu/assets/uploads/2014/09/campus_violence.pdf>

## The Johns Hopkins Code of Conduct Policies

The University and its School of Medicine have in place policies, standards of conduct and procedures that govern the relationships between the School and the members of the community. Faculty and postdoctoral fellows of the School of Medicine must abide by standards of conduct that require that all members of the community behave in ways that comply with legal and ethical principles, are professional in behavior, are civil and respectful of individuals and individual differences, and are non-discriminatory in their interactions.

All Division of Rehabilitation Psychology and Neuropsychology Trainees are expected to know and follow the codes of conduct outlined in these documents:

* Johns Hopkins University School of Medicine Office of Postdoctoral Affairs: Policy, Pay, and Benefits

<https://www.hopkinsmedicine.org/som/offices/pda/policies.html>

* Johns Hopkins Gold Book

<http://www.hopkinsmedicine.org/som/faculty/policies/goldbook/index.html>

* Code of Professional Conduct for Faculty (includes multiple policies)

<https://www.hopkinsmedicine.org/research/resources/offices-policies/OPC/Research_Integrity/som_code_of_conduct_04302020.pdf>

* Policy on Conduct in Teacher/Learner Relationships

<https://www.hopkinsmedicine.org/som/faculty/_downloads/clean-teacher-learner-guidelines-policy.pdf>

* Statement of Ethical Standards <https://www.jhu.edu/assets/uploads/2014/09/ethical_standards.pdf>

Guidelines for Informal Complaint Resolution

Concerns or complaints can arise in any setting. We encourage trainees to come forward with any concerns or complaints they have related to their training experiences, and to foster an atmosphere where trainees feel that their concerns are heard and taken seriously. We will attempt to resolve concerns, when possible, in an informal and collegial manner. This document does not replace the "Grievance Procedure for Faculty, Fellows and the Student Body” (below), but rather provides informal mechanisms of discussion, and when possible, resolution.

1. Trainees are expected to raise any concerns or complaints they have first with the faculty member to whom they pertain, unless the circumstances would reasonably be expected to prevent productive discussion.
2. Discussion between trainees and faculty should ordinarily be kept confidential. However, trainees should feel free to seek consultation from the Director of Training or their mentor if they wish to do so.
3. Faculty members should encourage open discussion of concerns or complaints. It can be difficult for trainees to raise concerns or complaints, and faculty should discuss them in a collegial, professional, and timely manner that reflects our support and respect for the needs of our trainees.
4. When complaints or concerns cannot be resolved with the faculty member, or the seriousness of those concerns preclude direct discussion or require additional action, the Director of Training should be notified. Concerns may also be expressed directly to the Director of the Division or the Department Chair.

## Grievance Procedures and Due Process

Since the founding of this Medical School, disputes among faculty, administration, or students have been very successfully settled through a series of informal procedures. Typically, a complaint or dispute by a faculty member is brought to the attention of the grievant's department director and is resolved through informal discussion. When a medical student has a complaint, he or she may bring it to the associate dean for graduate student affairs. Postdoctoral students normally appeal to the Associate Dean for Postdoctoral Affairs. In some circumstances, the Dean is asked to help in the informal resolution of grievances. The formal procedure set forth below is not meant to supplant attempts at resolving complaints through informal means. When at all possible, complaints and disputes should be settled through informal discussion. The procedures presented here are to be applied only after every effort has been made to settle disputes informally.

In the event that informal discussion fails to resolve a dispute involving a faculty member, fellow, member of the housestaff, or student, a formal grievance may be initiated. Grievances except those brought by a student or fellow must be initiated through the grievant's department director, whether the grievance involves members of the grievant's own or other departments. In the case of a grievance against the grievant's department director, senior school administrator, or any committee of the School, the grievant may submit a statement directly to the Grievance Committee chairman. A grievance brought by a student or fellow may be initiated either through the appropriate department director or through the appropriate associate dean. All grievants must submit a written, signed, and dated statement of the grievance. This statement should include (1) a factual description of the complaint or dispute resulting in the grievance, (2) the name of the person(s) against whom the grievance is initiated, (3) a brief description of all informal attempts at resolution, and (4) any other information that the grievant believes to be relevant or helpful. The grievant should attach to the written complaint any documentation in his or her possession bearing on the subject matter of the complaint. The grievant should be aware that initiation of formal grievance is a serious matter and must not be undertaken over trivial matters or out of malice.

Excluded from consideration under this grievance procedure are:

1. Complaints alleging discrimination or harassment on the basis of race, color, sex, age, religion, homosexuality, national origin or ethnic origin, or handicap. These complaints are to be referred to the University`s Affirmative Action Officer
2. Complaints pertaining to general levels of salary, fringe benefits, or other broad areas of financial management and staffing
3. Disputes that are personal in nature or that do not involve the grievant`s professional activities
4. A complaint, the resolution or remedy of which would conflict with a policy approved by the board of trustees of the University, a policy of The Johns Hopkins Hospital, federal, state, or local law or regulation, or any contract to which the University or the School is a party
5. A complaint pertaining to a subject matter within the purview of any other standing committee of the University or School, unless the complaint arises from a committee's alleged failure to act or to follow the policies or procedures of the University or School. For example, disputes involving grades, student promotions, or other evaluation of the grievant's academic work could only be considered under these procedures if the normal procedures for handling these matters were found not to have been followed

For the full text of the Grievance Procedure for Faculty, Fellows, and the Student Body see:

<https://hpo.johnshopkins.edu/som/policies/501/37864/policy_37864.pdf>

## Renewal or Non-Renewal of Training Appointment

The psychology postdoctoral specialty training programs are planned as a two-year full-time program. Fellows and faculty agree to the first year of training, and the second year is by mutual agreement. If fellows are not demonstrating reasonable progress within the first 8 months of the program, they may not be offered a second year.

If performance is deemed unsatisfactory and attempts at correcting the problem have been unsuccessful, a written notice of non-renewal shall be provided no later than four months prior to the end of the current period of appointment. However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the program shall provide the fellow with as much written notice of the intent not to renew as the circumstances will reasonably allow. A fellow in receipt of a notice of non-renewal is entitled to utilize the "Grievance Procedure for Faculty, Fellows and the Student Body” (above).

## Probation, Suspension and Termination Policy for Postdoctoral Trainees

Situations, events, or conditions that may preclude or interfere with the fellow’s completion of his/her training responsibilities include, but are not limited to, substance abuse, a psychological or psychiatric problem, acute or chronic medical conditions, and illegal activities. The training programs strive to assist fellows with various problems or concerns and to promote their well-being, provide assistance, access support services, and successfully complete the fellowship. However, both The Johns Hopkins University School of Medicine (JHU) and The Johns Hopkins Hospital (JHH) recognize the prerogative of the Training Program Director or appropriate preceptor to appoint and to terminate Postdoctoral Trainees. It is the policy of Johns Hopkins Medicine to employ procedural fairness in all matters which may lead to probation, suspension or termination of Postdoctoral Trainees.

If a rotation supervisor or mentor becomes aware of concerns about trainee impaired or inadequate performance, the rotation supervisor or mentor will work with the trainee to create a plan for improvement, and implement the plan, including referral as needed to University or community resources. A rotation supervisor or mentor should refer the fellow to the Johns Hopkins University Faculty and Staff Assistance Program or other resources within the Johns Hopkins University or external community when indicated. If the rotation supervisor or mentor determines that the issue does not require further intervention, they will develop a plan to monitor the situation. However, if remediation is unsuccessful over a period of time, suspension or termination from the program may be considered

The Director of Training will be notified if the rotation supervisor or mentor believe that any of the following conditions are present: (1) there is reason to believe that patient safety could be compromised; (2) the fellow’s concerns or problems require modification of duties; (3) the fellow requires resources that are not within the rotation supervisor’s or mentor’s purview; (4) the fellow and rotation supervisor or mentor are unable to agree on the fellow’s needs or a management plan; and (5) the areas of concern cannot be resolved in a timely manner. The Director of Training will modify or suspend the fellow’s duties as necessary, and notify the Division Director to formulate a written plan of action. In constructing a plan, consideration will be given to the fellow’s needs, the requirements of the training program, and the impact on staff, patients, and other fellows. This plan will be reviewed and approved by the Department Vice-Chair for Education.

Appropriate efforts will be made to keep information as confidential as possible involving those individuals who are necessary to resolve or manage the fellow’s concerns or problems.

For the procedures which are to be followed whenever a Postdoctoral Trainee’s performance or conduct requires that action be taken which might lead to probation, suspension, or termination, see: https://hpo.johnshopkins.edu/som/policies/881/38645/policy\_38645.pdf

# Preparation Requirements and Selection Process

We are selecting for scientist-practitioners with a demonstrated interest in the specialty areas. Selection is not affected by participant characteristics unrelated to these criteria, and the program is committed to equitable and non-discriminatory selection policies, procedures, and practices.

Trainees are required to have:

* a doctoral degree in clinical or counseling psychology (PhD or PsyD) from an APA-accredited, including an APA-accredited predoctoral internship
* received their doctoral degree by the beginning of the postdoctoral training program

Trainees are preferred to have:

* supervised experience providing psychological services in the specialty areas
* research productivity, as evidenced by publications in peer-reviewed journals and/or national/regional conference presentations
* activity in national professional organizations.

Applicants must submit the following to the online application portal (<https://jhmi.co1.qualtrics.com/jfe/form/SV_56y60WzEk44jcHj>):

* letter of interest (not to exceed two single-spaced pages) describes: (1) your specific training and career goals; (2) relevant experience in rehabilitation psychology and/or neuropsychology; and (3) how our program and your goals and experiences are well suited to each other
* CV
* graduate school transcripts (unofficial is acceptable at the time of application, but official transcripts must be obtained before an offer is extended)
* Three (3) letters of reference

The deadline for receipt of all materials, including letters of recommendation and transcripts, is in early December of each year. Incomplete applications or applications received after the due date are not reviewed.

Each Program Director and faculty evaluate each applicant’s submitted materials using a pre-determined rating scale, evaluating their personal statement, academic preparation, previous training and experience, research productivity, and letters of recommendation. All applicants are interviewed by at least three faculty members, who also complete a written rating scale. Each faculty member ranks the applicants, and then the faculty meet together as a group to discuss each applicant and agree upon a final rank order. Offers are extended according to rank order.

Candidates for the postdoctoral training program must pass a criminal background check prior to beginning training.

# Postdoctoral Trainee Benefits and Support

## Benefits

Each postdoctoral trainee is provided with:

* salary funding at the NIH postdoctoral level (currently approximately $56,000 annually)
* $1,000 annually for professional development
* free medical and dental insurance
* primary health care and mental health care through the University Health Service
* access to the university Faculty and Staff Assistance Program (mental health and substance abuse difficulties, family and relationship difficulties, financial counseling, emergency loans, legal problems, career and work problems, including harassment issues, child-care and elder-care resources, safety and victim services)
* long-term disability insurance
* life insurance
* voluntary retirement plan
* free supervised parking facilities with shuttle buses

Trainees are entitled annually to:

* fifteen personal days
* fifteen sick days
* University holidays (see calendar for official holidays and floating holidays)
* five professional development (conference) days

## Clerical and Technical Support

Clerical and technical support includes:

* Administrative personnel manage all issues related to trainees' employment, including hiring and credentialing activities, and payroll and benefits.
* Inpatient hospital and outpatient clinic activities are supported by appropriate clerical personnel, including obtaining patient insurance approvals, scheduling admissions and visits, maintaining patient records, answering telephone calls, and copying and filing.
* Administrative personnel provide general telephone message and mail handling.
* Technology resources are maintained by technical personnel.

Each trainee is provided with:

* desk, chair, and computer work station, with desk equipment and office supplies
* office and statistical software, internet services, and access to any/all electronically available publications
* shared telephones, copiers, printers, scanners, faxes

# Supervision and Consultation

## Guidelines for Supervision of Postdoctoral Fellows

1. Rotation supervisors are members of the faculty. Rotation supervisors have overall responsibility for rotation-specific patient care and rotation-specific teaching, and are generally available during regular work hours.
   * On-call psychology faculty provide continuous coverage during non-work hours and weekends. The on-call psychologist is available for telephone consultation or on-site consultation if needed.
2. Supervision may be through:
   * direct supervision at the bedside for inpatients and during outpatient clinics.
   * telephone consultation
   * via a senior fellow
3. Supervision includes, but is not limited to:
   * review of patient case histories
   * direct examination of the patient
   * review of fellow’s examinations, findings, assessments, and treatment plans
   * monitoring of patient progress at appropriate intervals
4. Fellows assume progressively increasing responsibility during each rotation and with advancement from one year of training to the next according to their demonstrated knowledge, competency, and experience.
5. A senior fellow will be appointed by the faculty in consultation with the trainees’ mentor to act as a liaison between the trainees and the faculty. This role is referred to as the “Chief Fellow” and may be shared among multiple fellows.

## Emergency Consultation Policy

Trainees spend their clinical time assigned to specific clinical services, and for each service there is a designated faculty attending psychologist. When clinical concerns or emergencies arise during business hours, fellows should first consult with the faculty attending psychologist for their service. When other faculty are providing coverage for the usual attending, this is communicated to the faculty, staff and trainees, and the fellow should contact the covering faculty psychologist. After business hours, clinical emergencies are handled by the faculty psychologist who is on cal. Please note that the on-call schedule is a dynamic document that changes frequently.

If faculty supervisors are not immediately available, or if there is uncertainty about who is the assigned faculty supervisor for a specific service on a specific day, trainees should follow the following procedures in the following order:

During Business Hours:

1. Contact the faculty supervisor assigned to the clinical service

2. Contact other psychology faculty at that work site

3. Contact the on-call psychologist

4. Contact the Director of Training (Dr. Hughes)

5. Contact the Division Director (Dr. Wegener)

After Business Hours:

1. Contact the on-call psychologist

2. Contact the Director of Training (Dr. Hughes)

3. Contact the Director of the Division Director (Dr. Wegener)

4. Contact other faculty psychologists as available

*Note:* For all emergencies, notify the attending physician for that service (during business hours) or on-call physician (after business hours). If the attending/on-call physician is unavailable, contact the Director of Clinical Services.

The Department Directory is also a dynamic document that changes quarterly, and is sent to all faculty, staff and trainees in regular e-mails. Please consult your e-mail to access phone numbers or log in to your account <http://my.jh.edu> to search for personnel. Use EPIC messaging to identify treatment team members.

## Overall Training Expectations

General Professional Behaviors

Fellows are expected to:

* have a professional appearance
* conduct self professionally during both routine and difficult interactions
* demonstrate self-direction and responsibility for professional tasks
  + show initiative for own learning
  + identify learning needs and objectives, and work to locate and utilize relevant information and experiences
  + attend classes, rounds, or meetings for their full duration and remain attentive
  + demonstrate preparedness for class, rounds, and meetings
  + initiate, accept responsibility, and follow through on tasks without reminders
  + show good time management skills
* manage confidential patient and professional information discretely and appropriately

Negative examples:

* unprofessional attire
* unprofessional interactions or language
* passive approach to learning
* lack of attendance at, attention to, or preparation for class, rounds, and meetings
* poor time management
* indiscretion with confidential information, such as discussion of confidential information in public areas

General Patient Care

Trainees are expected to:

* take patient’s wishes and values into account when assessing and treating
* offer patients the full range of appropriate options without imposing own biases
* provide equitable care regardless of cultural or identity factors
* encourage patients to participate in decision making to the extent they desire
* counsel and educate patients and families to empower them to manage their own health conditions to the extent possible
* advocate for the needs of patients within the rehabilitation team and the broader health care system
* help patients obtain non-health-care resources when needed (e.g., food, shelter, clothing)
* demonstrate caring and respectful behaviors when interacting with patients and families (including issues related to privacy, confidentiality, consent)
* create and sustain empathic, therapeutic, and ethically sound relationships with diverse patients
* recognize and appropriately manage ethical dilemmas and conflicts of interest
* recognize limits of own knowledge, skills, and abilities
  + solicit input from other professionals when appropriate
  + ask for supervision when needed
  + refer patients when appropriate
* demonstrate an investigatory and analytic thinking approach to clinical situations
* know and apply the basic and clinical sciences which are appropriate to their discipline
* use information technology to support patient care decisions and patient education

Negative examples:

* not identifying and incorporating patient wishes and values into patient care activities, for example, failure to elicit patient goals for rehab
* patient care is affected by own biases (for example, inserting one’s own religious or cultural or political views into treatment agenda)
* not encouraging patient decision making and personal responsibility
* not serving as an advocate for the patient within the team and the larger context
* disrespectful with patients or families
* poor development of positive working relationships
* lack of identification of, or appropriate response to, ethical dilemmas and conflicts of interest
* poor awareness of own limitations
* difficulty using investigatory and analytic thinking to approach clinical situations
* limited knowledge of basic and clinical sciences appropriate to their discipline

Assessment/Diagnosis/Conceptualization

Fellows are expected to:

* create and maintain therapeutic working alliances for assessment
* effectively gather essential and accurate information about patients relevant to the referral question
  + obtain complete and accurate patient histories using medical records, clinical interview, and collateral information
  + perform thorough and appropriate exams, and proficiently administer and score all assessment procedures relevant to the referral question
* meaningfully and coherently integrate information to formulate useful and practical case conceptualization
  + generate appropriate differential diagnosis based on history, patient characteristics, external sources (e.g., collaterals, rehabilitation team), and assessment findings
  + develop appropriate patient diagnostic conceptualization based on up-to-date scientific evidence and clinical judgment
* write a well-organized psychological report with relevant and detailed recommendations
* plan follow-up visits as needed, including provision of assessment feedback to patient
* seek and use available scientific information regarding diagnostic accuracy

Negative examples:

* unable or unwilling to surmount own belief system to deal appropriately with diverse patients
* difficulty establishing rapport and effective working alliance
* difficulty selecting or administering appropriate tests
* difficulty interpreting test findings
* difficulty in understanding and using diagnostic classifications and conceptualizations
* omits significant issues or reaches inaccurate conclusions
* reports are poorly organized or poorly written
* difficulty in giving coherent and useful feedback
* Difficulty setting appropriate treatment goals with patient
* assessment and plans are not understood or rejected by patient
* does not make accurate assessment of potential risk factors and respond with appropriate management

Intervention

Fellows are expected to:

* create and maintain therapeutic working alliances for treatment
* understand rationale for varied approaches to clinical problems
* identify appropriate treatment goals in collaboration with the patient and other team members
* coherently integrate history, assessment findings, and external data to guide interventions
* present interventions that are well-timed, effective and consistent with empirically-supported data
* perform competently all treatment procedures considered essential for the area of practice
* use knowledge and analytical thinking to effectively identify and manage clinical problems
* seek out professional writings to enhance knowledge about conditions and interventions
* seek and use available scientific information regarding therapeutic effectiveness

Negative examples

* unable or unwilling to surmount own belief system to deal effectively with diverse patients
* difficulty in understanding and using diagnostic classifications and conceptualizations to select appropriate treatment goals with patient
* difficulty establishing rapport and effective working alliance regarding treatment goals and implementation
* interventions and suggestions are not understood or rejected by patient
* reports are poorly organized or poorly written
* does not make accurate assessment of potential risk factors and respond with appropriate management

Consultation

In rehabilitation, the team consists of the patient, significant others in the patient’s life, outside agencies (educational, vocational, recreational, and service agencies), and other health-care providers. Fellows are expected to:

* demonstrate the ability to identify and describe the contribution of each member of the team to the rehabilitation process.
* promote the common good of teams and work groups
* contribute to team building, facilitation, and consensus
* create and sustain effective relationships with team members
* support junior team members
* credit others for their contributions; appropriately attribute ideas and accomplishments
* listen, respond to, and discuss others respectfully
* offer supportive and constructive feedback to colleagues and other team members when appropriate
* manage conflicts in a collegial manner
* demonstrate appropriate boundaries with other team members
* seek feedback on performance and behavior
* respond to feedback receptively
* clarify patient referral questions to provide appropriate feedback
* provide organized, clear, and concise oral and written communication in a timely manner
* proactively look for and suggest ways the psychology service can assist the team in patient treatment planning and delivery

Negative examples:

* withdrawn (e.g., insufficiently available to the team)
* confrontational (e.g., raises concerns in an aggressive or defensive way)
* hostile
* disrespectful of others
* Not a team player – does not contribute to team, does not value others’ contributions to team
* Defensive or lacks insight when discussing strengths and weaknesses
* Inflexible
* Resists feedback
* Documentation is disorganized, unclear, or late

Research and Evaluation

Fellows are expected to:

* competently study existing research or conduct original research related to their area of specialization
* locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems
* obtain and use information about their own population of patients and the larger population from which their patients are drawn
* apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

Supervision and Teaching

Fellows are expected to be familiar with factors related to competently supervising:

* interns
* postdoctoral fellows
* students
* psychologists
* other professionals as appropriate
* programs

Fellows are expected to:

* appropriately initiate, participate, and use supervision and mentoring with faculty
* provide supervision to more junior trainees which emphasizes skill building within a supportive relationship
  + - * + explain clinical reasoning and procedures to junior colleagues and students
        + supervise junior colleagues and students in patient-care activities
        + give feedback about trainees’ performance with the intention to help and educate
* act as a positive role model or mentor for trainees
* provide effectively teaching and information dissemination within areas of expertise to other professionals and trainees

Negative examples:

* withdrawn
* hostile
* inflexible
* difficulty participating in and using supervision
* difficulty assessing own strengths and limitations
* indifferent to, or defensive of, supervisor observations and feedback
* confrontational/critical with more junior trainees

Management and Administration

Fellows are expected to:

* use appropriate diagnosis and procedure billing codes
* make appropriate referrals and follow-up to ensure appropriate care
* reflect on critical incidents to identify strengths and weaknesses
* compare own outcomes to accepted guidelines and national or peer data
* analyze practice experience and perform practice-based improvement activities using a systematic methodology
* locate, appraise, and assimilate evidence from scientific studies on diagnostic and therapeutic effectiveness related to patients’ health problems
* use information technology to manage information, access information, and support own education
* practice cost-effective health care and resource allocation that does not compromise quality of care – consider costs and benefits of tests and treatments and do not perform unnecessary tests or procedures
* understand how their patient care and professional practices affect other health care professionals, the health care organization, and the larger society, and how these elements of the system affect their own practice

# Performance Evaluation, Feedback, and Advisement

Performance evaluation and feedback for trainees and supervisors occur continuously:

Daily/Weekly

* Informal feedback on performance is given to the trainee on a daily basis by supervisor(s) as part of face-to-face supervision sessions.

Monthly

* Feedback on program progress and professional development is given in individual meetings with assigned mentor
* Feedback on program progress and professional development is given in group meetings with the Director of Training

Half-Way Through Rotation (e.g., 2 months for 4-mo rotations, 3 months for 6-mo rotations)

* Verbal evaluation is given by the rotation supervisor (guided by competency rating form criteria) at this half-way milestone of the rotation with plans to address areas for improvement.
* A written evaluation is completed if there are any areas of unacceptable performance.

End-of-Rotation (e.g., 4 months for 4-mo rotation, 6 months for 6-mo rotation)

* Written and verbal evaluation is given by the rotation supervisor (guided by competency rating form criteria) at the end of the rotation with plans for future development. A competency rating form is completed by the rotation supervisor and turned in to the Director of Training.
* Written and verbal evaluation is given by the trainee to the supervisor (guided by the evaluation form) at the end of the rotation.
* Faculty meet to review progress and faculty and rotation evaluations.

Month 8 of Year 1

* Decision made regarding offer for second year of fellowship.

End of Training

* Final review and completion of trainee, faculty, and rotation evaluations
* Program Director’s verification that the trainee has demonstrated sufficient professional ability to practice competently and independently
* Trainee completes JHU Postdoctoral evaluation form and exit interview

Throughout training, postdoctoral trainees are expected to be rated as a 3 or higher (“appropriate for expected level”). If they are rated lower than this, they must meet with their supervisor to develop and implement a plan for improvement. Fellows *must* demonstrate performance that is at least “at expected level” (3 out of 5) for competencies in the six core areas by the end of the second year in order to successfully graduate from the program.

In addition to faculty evaluations of fellows:

* every three months fellows provide verbal evaluations of supervising faculty and of the specific training rotations and activities.
* every six months fellows provide written evaluations of supervising faculty and of the specific training rotations and activities.
* fellows provide written evaluations of each didactic and seminar session
* at the end of training, fellows complete an exit interview with the Department Vice-Chair of Education, and a written evaluation of the training program for the School of Medicine
* the program collects data on trainee professional achievement post-training (national exam pass rate, licensing success, job finding, specialty board certification success rate).

All of the above data are used annually for program improvement.

# Program Operational Policies

## Leave Policy

1. Annually, fellows are allowed three weeks (15 days) of personal leave (vacation), three weeks (15 days) of sick leave, one week (5 days) of professional leave (conferences or other educational activities), holiday leave (as per the University schedule, including floating holidays). There is no carryover of unused leave from one fiscal year to the next. Fellows who complete less than one calendar year of training will have their leave apportioned according to their actual term of service.

Please refer to the separate policy statements for information regarding sick and family leave (<https://www.hopkinsmedicine.org/som/gme/index.html>). Trainees are responsible for reporting all absences due to illness to their Supervisor and the Training Program Director as soon as possible prior to the start of shifts for which they will be absent. Those illnesses which can be anticipated to last more than three days are reported to the Associate Dean for Graduate Medical Education or the Associate Dean for Postdoctoral Affairs by the Training Program Director. Sick leave lasting greater than 3 days requires a “Certification of Health Care Provider for Employee’s Serious Health Condition.” Trainees who have completed 12 months of full-time training are entitled up to 12 weeks of FMLA.

Bereavement leave is allowed for up to three days for death in the immediate family, including immediate family of domestic partners. (Immediate family is defined as parent, step-parent, child, step-child, sibling, spouse, domestic partner, parent-in-law, son-in-law, daughter-in-law, grandparent, grandchild, legal guardian, or other relative for whom they are directly responsible). In the event of death of other relatives absence may be granted for one day for funeral attendance. Bereavement leave may be granted at the supervisor’s discretion to attend the funeral service of other associates and close friends. Time taken in excess of these allowances may be granted at the supervisor’s discretion and will be charged to vacation or floating holiday leave.

Trainees selected for jury duty are granted time off to perform this civic duty. Trainees are expected to report to work on any day or portion of a day they are excused from jury duty.

See <https://www.hopkinsmedicine.org/som/offices/registrars/benefits/postdoc-fellows.html> for “Parental, Maternity and Adoption Leave Policy for Postdoctoral Trainees.”

For the current University holiday schedule, see: <https://hr.jhu.edu/benefits-worklife/time-off/holidays/>

1. Fellows should request planned leave from their assigned supervisors at least four weeks in advance of the requested leave. Fellows should not assume that leave requests will be approved and are cautioned against making travel arrangements until their leave has been authorized.
2. The fellow will track their absences using the leave request form that must be signed by the relevant supervisor(s) for the date(s) requested. The leave request form is cumulative and should include all absences throughout the year. For each absence, the form should be submitted to the training director, who will review the number of leave days remaining for the academic year and will provide final authorization.
3. Fellows should not schedule vacation leave during the first or last 2 weeks of a rotation (including the final rotation) or during the APA, Rehabilitation Psychology, or International Neuropsychological Society conferences. Vacation time during the week between Christmas and New Year will be arranged on an individual basis and in consideration of the staffing needs for each rotation.
4. Fellows should not take more than 2 weeks of vacation leave at a given time, unless discussed with and approved by the training director. The scheduled vacations should be as equally divided among the various rotations with no more than two weeks being taken during any one 6-month rotation.
5. If the fellow takes more than 4 weeks off (vacation, holidays, conference days, sick days) during one rotation, the fellow will meet with the rotation supervisor to assess their attainment of the training competencies and determine if there are any additional efforts required.
6. The University makes every reasonable effort to accommodate individual religious observances. Supervisors may grant time off to fellows who have religious obligations, which will be charged to vacation or floating holiday leave.

## COVID Pandemic Policies and Training Modifications

Our programs follow all Johns Hopkins Medicine (JHM) policies regarding COVID testing, vaccination, masking, and generally health and safety practices. Updates to policies are communicated through system-wide announcements.

For questions, see the Johns Hopkins COVID Call Center (JCCC): <https://www.hopkinsmedicine.org/hse/jhccc/> or call 443-287-8500.

For the JHM COVID-19 internal resource portal, see: <https://covid19.insidehopkinsmedicine.org/>

At present (September 2023), there are no policies regarding in-person versus virtual training activities due to COVID restrictions. Inpatient clinical services and supervision continue to be provided in person. Outpatient clinical services and supervision are conducted in-person and virtually in accordance with patient needs, insurance policies, and JHM policies.

## Vaccination Policies

The COVID-19 vaccine and annual influenza vaccine are required for all JHM employees, including trainees. Proof of vaccination must be uploaded into the online Vaccine Management System (VMS). Requests for medical or religious exceptions must be submitted and approved through VMS.

The mandatory COVID-19 vaccination policy can be reviewed at: <https://covid19.insidehopkinsmedicine.org/required-vaccine-qas.html>

The mandatory seasonal (annual) influenza vaccination policy can be reviewed at: <https://hpo.johnshopkins.edu/doc/fetch.cfm/CbMtSlMQ>

Proof of vaccinations received through JHM are typically uploaded automatically to VMS; however, trainees are encouraged to confirm their compliance with vaccination policies and upload any required documentation to VMS at: <https://vms.jh.edu/>.

## Dress Code and Grooming Policy

See: [hpo.johnshopkins.edu/enterprise/policies/157/45735/policy\_45735.pdf?\_=0.550179395877](https://hpo.johnshopkins.edu/enterprise/policies/157/45735/policy_45735.pdf?_=0.550179395877)

## Weather Policy

Trainees should report to their clinical services as usual unless unable to do so because of personal travel safety or family responsibilities.

In-person didactics, journal club, and case conferences will be suspended if Johns Hopkins University cancels classes. Virtual activities will continue to be held as scheduled unless you are instructed otherwise by the scheduled speaker or training director. Information on Johns Hopkins weather closings and other weather emergency information is available at the weather emergency phone line, 410-516-7781, or online at [<https://www.jhu.edu/alert/>/](http://esgwebproxy.johnshopkins.edu/notice/). The weather emergency information is updated by 6:00 a.m. after an overnight storm. Radio and TV stations often give wrong or misleading information, and should not be relied upon.

# Training Program Forms

## Evaluation of Fellow – Rehabilitation Psychology

Trainee: Supervisor:

Rotation: Date:

The goal of this training program is to prepare trainees for advanced practice in Rehabilitation Psychology and meet eligibility requirements for the ABPP Diploma in Rehabilitation Psychology through the American Board of Rehabilitation Psychology (ABRP).

In comparison to other trainees at the same level, this trainee’s current performance is:

**1** = unacceptable à consultation with Director of Training and written plan for remediation

**2** = below expected level à identify additional training opportunities for improvement

**3** = appropriate for expected level à continue growth

**4** = above expected level à identify higher-level training opportunities

**5** = superior à identify opportunities for teaching and providing supervision

Definition of “expected level”

* First year postdoctoral trainee
* First year postdoctoral trainee
  + First 6 months: Functions at an independent practice level in regard to the broad and general practice of psychology. Has foundational competencies in establishing and maintaining professional relationships that promote effective clinical work. Provides appropriate supervision to graduate students, and teaches junior and peer trainees in areas of knowledge and ability.
  + Second 6 months: Functions at a **supervised** practice level with **developing** competencies in regard to the specialized population, problems, and procedures which define Rehabilitation Psychology. Able to demonstrate competence in conducting assessment, intervention, and consultation activities in **some** of the ABRP-defined areas. **Beginning** to develop research and practice management skills specific to Rehabilitation Psychology.
* Second year postdoctoral trainee
  + First 6 months: Functions at a **supervised** practice level with **advanced** competencies in regard to the specialized population, problems, and procedures which define Rehabilitation Psychology. Able to demonstrate competence in conducting assessment, intervention, and consultation activities in **many** of the ABRP-defined areas. **Implementing** research and practice management skills specific to Rehabilitation Psychology.
  + Second 6 months: Functions at an **independent** practice level with **advanced** competencies in regard to the specialized population, problems, and procedures which define Rehabilitation Psychology. Able to demonstrate competence in conducting assessment, intervention, and consultation activities in **all** of the ABRP-defined areas. Able to **demonstrate** the ability to conduct research activities, to prioritize and manage unit/clinic resources and patient needs, and to identify and use appropriate diagnosis and billing codes.

*If any item within a category is “unacceptable,” then the entire category is marked as “unacceptable.” If no item within a category is “unacceptable,” then the entire category is marked as the mean score of the individual items.*

**General Professional Competence**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Demonstrate professional appearance and behavior, and appropriate self-control 2. Demonstrate self-direction and responsibility for professional tasks 3. Show good time management skills 4. Deal with confidential information discretely and appropriately |

**Overall Patient Care Competencies**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Have appropriate and positive patient interactions 2. Incorporate patient wishes and preferences into assessment and treatment 3. Demonstrate understanding of and respect for cultural and individual diversity 4. Recognize limits of own knowledge, skills, and abilities 5. Demonstrate knowledge of and conduct professional activities in accordance with State laws of practice, including those related to confidentiality and mandatory reporting 6. Demonstrate knowledge of and conduct professional activities in accordance with laws related to ADA 7. Demonstrate knowledge of and conduct professional activities in accordance with APA Ethical Principles |

**Competence in Assessment**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Create and maintain therapeutic working alliances for assessment 2. Effectively gather behavioral observations and interview data relevant to the referral question 3. Proficiently administer and score psychological testing relevant to the referral   question   1. Interpret test results accurately and reach appropriate diagnostic conclusions 2. Write a well-organized, concise psychological report with relevant and detailed   recommendations   1. Demonstrate competence in conducting these assessment activities in the ABRP-defined areas of:  * Adjustment to disability: patient * Adjustment to disability: family * Extent of extent and nature of disability and preserved abilities * Educational and vocational capacities * Personality/emotional functioning * Cognitive abilities * Sexual functioning * Decision making capacity * Pain * Substance use/abuse identification * Social and behavioral functioning |

**Competence in Interventions**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Create and maintain therapeutic working alliances for treatment 2. Formulate useful case conceptualizations 3. Identify appropriate treatment goals in collaboration with the patient 4. Perform competently all treatment procedures considered essential for the area of   practice   1. Present interventions that are well-timed and consistent with empirically-supported data 2. Demonstrate competence in conducting these intervention activities in the ABRP-defined areas of:  * Individual therapeutic interventions as related to adjustment to disability * Family/couples therapeutic interventions as related to adjustment to disability * Behavioral management * Sexual counseling with disabled population(s) |

**Competence in Consultation**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Identify and describe the contribution of each member of the team 2. Create and sustain effective and appropriate relationships with team members 3. Provide organized, clear, and concise oral and written communication in a timely   manner   1. Demonstrate the ability to make team recommendations that are relevant and helpful 2. Proactively look for and suggest ways the psychology service can assist the team in patient treatment planning and delivery 3. Demonstrate competence in conducting these consultation activities in regard to the ABRP-defined areas of:  * Behavioral functioning improvement * Cognitive functioning * Vocational and/or educational considerations * Personality/emotional factors * Substance abuse identification and management * Sexual functioning and disability |

**Competence in Research and Evaluation**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Use information tools to locate relevant information for patient care 2. Effectively select information which is accurate and applicable to current patients 3. Integrate clinical information and scientific literature to improve patient care |

**Competence in Supervision and Teaching**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Appropriately initiate, participate in, and use consultation/supervision 2. Provide productive supervision to more junior trainees which emphasizes skill building within a supportive relationship 3. Provide effective teaching within areas of expertise to other professionals and trainees |

**Competence in Management and Administration**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Demonstrate the ability to prioritize and manage unit/clinic resources and patient needs 2. Identify and use appropriate diagnosis and billing codes |

**OVERALL RATING:**

**1** = unacceptable à consultation with Director of Training and written plan for remediation

**2** = below expected level à identify additional training opportunities for improvement

**3** = appropriate for expected level à continue growth

**4** = above expected level à identify higher-level training opportunities

**5** = superior à identify opportunities for teaching and supervision

**Comments**

Summary of Strengths:

Areas of Development:

Additional Recommendations:

The trainee HAS successfully completed the goals of this rotation.

The trainee HAS NOT successfully completed the goals of this rotation.

Supervisor’s Signature Trainee’s Signature

(indicates receipt, not agreement)

## Evaluation of Fellow – Neuropsychology

Trainee: Supervisor:

Rotation: Date:

The goal of this training program is to prepare trainees for advanced practice in Neuropsychology and meet eligibility requirements for the ABPP Diploma in Neuropsychology through the American Board of Clinical Neuropsychology (ABCN).

In comparison to other trainees at the same level, this trainee’s current performance is:

**1** = unacceptable à consultation with Director of Training and written plan for remediation

**2** = below expected level à identify additional training opportunities for improvement

**3** = appropriate for expected level à continue growth

**4** = above expected level à identify higher-level training opportunities

**5** = superior à identify opportunities for teaching and providing supervision

Definition of “expected level”

* + First 6 months: Functions at an independent practice level in regard to the broad and general practice of psychology. Has foundational competencies in establishing and maintaining professional relationships that promote effective clinical work. Provides appropriate supervision to graduate students, and teaches junior and peer trainees in areas of knowledge and ability.
  + Second 6 months: Functions at a **supervised** practice level with **developing** competencies in regard to the specialized population, problems, and procedures which define Neuropsychology. Able to demonstrate competence in conducting assessment, intervention, and consultation activities in **some** of the ABCN-defined areas. **Beginning** to develop research and practice management skills specific to Neuropsychology.
* Second year postdoctoral trainee
  + First 6 months: Functions at a **supervised** practice level with **advanced** competencies in regard to the specialized population, problems, and procedures which define Neuropsychology. Able to demonstrate competence in conducting assessment, intervention, and consultation activities in **many** of the ABCN-defined areas. **Implementing** research and practice management skills specific to Neuropsychology.
  + Second 6 months: Functions at an **independent** practice level with **advanced** competencies in regard to **all** of the specialized population, problems, and procedures which define Neuropsychology. Able to demonstrate competence in conducting assessment, intervention, and consultation activities in all of the ABCN-defined areas. Able to **demonstrate** the ability to conduct research activities, to prioritize and manage unit/clinic resources and patient needs, and to identify and use appropriate diagnosis and billing codes.

*If any item within a category is “unacceptable,” then the entire category is marked as “unacceptable.” If no item within a category is “unacceptable,” then the entire category is marked as the mean score of the individual items.*

**General Professional Competence**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Demonstrate professional appearance and behavior, and appropriate self-control 2. Demonstrate self-direction and responsibility for professional tasks 3. Show good time management skills 4. Deal with confidential information discretely and appropriately |

**Overall Patient Care Competencies**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Have appropriate and positive patient interactions 2. Incorporate patient wishes and preferences into assessment and treatment 3. Demonstrate understanding of and respect for cultural and individual diversity 4. Recognize limits of own knowledge, skills, and abilities 5. Demonstrate knowledge of and conduct professional activities in accordance with State laws of practice, including those related to confidentiality and mandatory reporting 6. Demonstrate knowledge of and conduct professional activities in accordance with laws related to ADA 7. Demonstrate knowledge of and conduct professional activities in accordance with APA Ethical Principles |

**Competence in Assessment**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Create and maintain therapeutic working alliances for assessment 2. Effectively gather behavioral observations and interview data relevant to the referral question 3. Proficiently administer and score psychological testing relevant to the referral   question   1. Interpret test results accurately and reach appropriate diagnostic conclusions 2. Write a well-organized, concise psychological report with relevant and detailed   recommendations   1. Demonstrate competence in conducting these assessment activities in the ABCN-defined areas of:  * Information gathering * History taking * Selection of tests and measures * Administration of tests and measures * Interpretation and diagnosis * Treatment planning * Report writing * Provision of feedback * Recognition of multicultural issues |

**Competence in Interventions**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Create and maintain therapeutic working alliances for treatment 2. Formulate useful case conceptualizations 3. Identify appropriate treatment goals in collaboration with the patient 4. Perform competently all treatment procedures considered essential for the area of   practice   1. Present interventions that are well-timed and consistent with empirically-supported data 2. Demonstrate competence in conducting these intervention activities in the ABCN-defined areas of:  * Identification of intervention targets * Specification of intervention needs * Formulation of an intervention plan * Implementation of the plan * Monitoring and adjustment to the plan as needed * Assessment of the outcome * Recognition of multicultural issues |

**Competence in Consultation**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Identify and describe the contribution of each member of the team 2. Create and sustain effective and appropriate relationships with team members 3. Provide organized, clear, and concise oral and written communication in a timely   manner   1. Demonstrate the ability to make team recommendations that are relevant and helpful 2. Proactively look for and suggest ways the psychology service can assist the team in patient treatment planning and delivery 3. Demonstrate competence in conducting these consultation activities in regard to the ABCN-defined areas of:  * Effective basic communication (e.g. listening, explaining, negotiating) * Determination and clarification of referral issues * Education of referral sources regarding neuropsychological services (strengths and limitations) * Communication of evaluation results and recommendations * Education of patients and families regarding services and disorder(s) |

**Competence in Research and Evaluation**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Use information tools to locate relevant information for patient care 2. Effectively select information which is accurate and applicable to current patients 3. Integrate clinical information and scientific literature to improve patient care |

**Competence in Supervision and Teaching**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Appropriately initiate, participate in, and use consultation/supervision 2. Provide productive supervision to more junior trainees which emphasizes skill building within a supportive relationship 3. Provide effective teaching within areas of expertise to other professionals and trainees |

**Competence in Management and Administration**

**unacceptable or mean =**

|  |  |
| --- | --- |
|  | 1. Demonstrate the ability to prioritize and manage unit/clinic resources and patient needs 2. Identify and use appropriate diagnosis and billing codes 3. Perform systematic practice evaluation and improvement activities |

**OVERALL RATING:**

**1** = unacceptable à consultation with Director of Training and written plan for remediation

**2** = below expected level à identify additional training opportunities for improvement

**3** = appropriate for expected level à continue growth

**4** = above expected level à identify higher-level training opportunities

**5** = superior à identify opportunities for teaching and supervision

**Comments**

Summary of Strengths:

Areas of Development:

Additional Recommendations:

The trainee HAS successfully completed the goals of this rotation.

The trainee HAS NOT successfully completed the goals of this rotation.

Supervisor’s Signature Trainee’s Signature

(indicates receipt, not agreement)

## Evaluation of Faculty Supervisor and Rotation

Trainee: Supervisor:

Rotation: Date:

Faculty performance in regard to the following items is:

**1** = unacceptable à create written plan for remediation

**2** = below expected level à identify opportunities for improvement

**3** = appropriate for expected level à continue

**4** = above expected level à excellent supervision

**5** = superior à use as an example to modify other rotations

The faculty member:

|  |  |
| --- | --- |
| \_\_\_\_\_\_ | 1. daily: is available and willingly provides sufficient time for daily consultation |
| \_\_\_\_\_\_ | 1. daily: provides teaching with all or almost all clinical service delivery activities |
| \_\_\_\_\_\_ | 1. weekly: regularly provides a minimum average of 2 hours of supervision per week, at least 1 of which is a continuous hour, face-to-face, in the office |
| \_\_\_\_\_\_ | 1. provides efficient, focused supervision, which is tailored to the needs of the learner |
| \_\_\_\_\_\_ | 1. provides feedback which effectively achieves skill development in a supportive environment (feedback is neither too lenient nor too harsh) |
| \_\_\_\_\_\_ | 1. achieves a balance between   – allowing sufficient autonomy (avoids “micro-managing”) and  – providing sufficient consultation and supervision |
| \_\_\_\_\_\_ | 1. is encouraging of questions and discussion, and accepting of different views/concepts |
| \_\_\_\_\_\_ | 1. is knowledgeable about and effectively teaches in regard to the specific patient populations, conditions, and related assessment and intervention issues |
| \_\_\_\_\_\_ | 1. provides useful guidance in developing understandable diagnostic conceptualizations and practical treatment goals |
| \_\_\_\_\_\_ | 1. assigns workload which is appropriate in relation to other requirements (e.g., didactics, research, etc.) |

**OVERALL RATING:**

The rotation:

|  |  |
| --- | --- |
| **\_\_\_\_\_\_** | 1. involves adequate orientation to the rotation, facility, and program |
| **\_\_\_\_\_\_** | 1. provides a variety and diversity of patients and diagnoses for learning |
| **\_\_\_\_\_\_** | 1. includes a balance of assessment and intervention activities |
| **\_\_\_\_\_\_** | 1. is a useful learning environment |
| **\_\_\_\_\_\_** | 1. includes adequate support services (e.g., office space, computers, support staff) |
| **\_\_\_\_\_\_** | 1. includes adequate clinical resources (e.g., test equipment) |
| **\_\_\_\_\_\_** | 1. has an appropriate balance between service delivery and supervision/teaching |
| **\_\_\_\_\_\_** | 1. meets the stated goals of this rotation |

**OVERALL RATING:**

**Comments**

Supervisor: Summary of Strengths:

Supervisor: Areas of Development:

Rotation: Summary of Strengths:

Rotation: Areas of Development

Additional Comments:

Trainee’s Signature

## Evaluation of Rehabilitation Psychology and Neuropsychology Didactics

Presenter:

Title:

Date:

Circle responses below. If you rate any item ”1” or ”2” provide a comment for improvement of the presentation.

***Importance of topic***

1 = Not Important 2 = Minimally Important 3 = Somewhat Important

4 = Important 5 = Very Important 6 = Essential and Critically Important

***Usefulness of content***

1 = Not Useful 2 = Minimally Useful 3 = Somewhat Useful

4 = Useful 5 = Very Useful 6 = Tremendously Useful

***Clarity / effectiveness of structure / organization***

1 = Learning points confused/vague, presentation poorly organized

2 = Learning points not clear, presentation not well organized

3 = Learning points not entirely clear and/or organization not entirely clear

4 = Clear learning points, presentation appropriately organized

5 = Very clear learning points, very well organized

6 = Exceptional in clarity of learning points and organization

***Helpfulness of materials used (handouts, slides, readings)***

1 = None provided 2 = Minimally useful materials 3 = Somewhat useful materials

4 = Useful materials 5 = Very useful materials 6 = Extremely useful materials

***Presentation met the learning objectives***

1 = Strongly Disagree 2 = Disagree 3 = Somewhat Disagree

4 = Somewhat Agree 5 = Agree 6 = Strongly Agree

**Comments**

Strengths of the presentation:

Opportunities for improving the presentation:

Other suggested topics:

## Individualized Development Plan (IDP) Summary Form

**Name:**

**Specialty Area:**

**Year Term**

1 Fall-Winter (September – February)

Clinical

Clinical

Didactic

Research

1 Spring-Summer (March – August)

Clinical

Clinical

Didactic

Research

2 Fall-Winter (September – February)

Clinical

Clinical

Didactic

Research

2 Spring-Summer (March – August)

Clinical

Clinical

Didactic

Research

## Leave Request Form

**Trainee Name**: **Training Year**:

Complete this form each time you request an absence. Do not delete past entries. The form should reflect your cumulative leave taken to date within a given training year (Sept 1 – Aug 31).

Professional/Conference (policy: 5 days/year)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) Requested**  (working days only) | **Supervisor’s**  **Name** | **Supervisor’s**  **Approval** (yes/no) | **Training Director’s**  **Approval** (yes/no) |
|  |  |  |  |

Sick/Medical (policy: 15 days/year) \*Contact Training Director if extended leave exceeding 3 days is anticipated (e.g., parental, sick, FMLA)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) Requested**  (working days only) | **Supervisor’s**  **Name** | **Supervisor’s**  **Approval** (yes/no) | **Training Director’s**  **Approval** (yes/no) |
|  |  |  |  |

Personal (policy: 15 days/year)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) Requested**  (working days only) | **Supervisor’s**  **Name** | **Supervisor’s**  **Approval** (yes/no) | **Training Director’s**  **Approval** (yes/no) |
|  |  |  |  |

Floating Holiday (policy: 2 days/year in addition to University Holidays)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) Requested**  (working days only) | **Supervisor’s**  **Name** | **Supervisor’s**  **Approval** (yes/no) | **Training Director’s**  **Approval** (yes/no) |
| * + 1. 12/27/23   or other: \_\_\_\_\_\_   * + 1. 12/28/23   or other: \_\_\_\_\_\_ |  |  |  |

Bereavement (policy: 3 days)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) Requested**  (working days only) | **Supervisor’s**  **Name** | **Supervisor’s**  **Approval** (yes/no) | **Training Director’s**  **Approval** (yes/no) |
|  |  |  |  |

Other (describe):

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) Requested**  (working days only) | **Supervisor’s**  **Name** | **Supervisor’s**  **Approval** (yes/no) | **Training Director’s**  **Approval** (yes/no) |
|  |  |  |  |

Date Last Updated