



Postdoctoral Fellowship Training Program

Postdoctoral Fellowship Description

CLINICAL FOCUS

Title: Postdoctoral Fellowship in Medical Neuropsychology

APA-accredited: Yes

Site/Employer: Brown University Health, Rhode Island Hospital

Supervisor(s): Sarah Pillemer, PhD, (Primary)
David Ahern, PhD
Kimberly Chapman, PhD
Jennifer Davis, PhD, ABPP-CN
Jacob Lafo, PhD
Seth Margolis, PhD., ABPP-CN
Kelli Sullivan, PhD
Kristen Wesbecher, PhD

Description of Site

This two-year fellowship at **The Brown University Health Neuropsychology Program** is part of the APA-Accredited Clinical Neuropsychology Specialty Program (CNSP) within the Postdoctoral Fellowship Training Program (PFTP) of Brown University's Clinical Psychology Training Consortium. The fellowship is housed in the Neuropsychology Program. The fellow will spend 70% of their time on clinical activities, 20% on research, and 10% on structured didactics. Training is consistent with Houston Conference Guidelines and meets requirements for the American Board of Professional Psychology (ABPP) / American Board of Clinical Neuropsychology (ABCN) board certification.

Incoming fellows will receive assessment/consultation experience in both inpatient and outpatient settings, as well as a focused experience with a clinical forensic population. There are also opportunities to conduct non-English speaking evaluations with medical interpreters and/or conduct evaluations in Spanish under the supervision of a bilingual provider.

Inpatient consultation service at Rhode Island Hospital. Rhode Island Hospital (RIH) is one of several teaching hospitals within Brown University Health. RIH is a private, 719-bed, not-for-profit, acute care hospital and academic medical center founded in 1863. It is the largest of the state's general acute care hospitals, providing comprehensive health services, and serves as a primary teaching hospital for the Warren Alpert Medical School of Brown University. RIH is the largest trauma center in the region and has extensive neurology, neurosurgery, and psychiatry departments. Inpatient consultation referrals come from all medical and surgical specialties, as well as inpatient psychiatric services, across the hospital. Referral questions include issues of decision-making capacity, differential diagnosis, rehabilitation needs, and disposition. The incoming fellow will interact with a variety of allied health professionals and have close contact with referring providers, conduct bedside assessments, and write same day targeted reports. The incoming fellow will have a dedicated day on the inpatient consultation service across two years of training.

Outpatient program at Brown University Health. The outpatient neuropsychology service receives referrals predominantly from internists and neurologists, with questions of differential diagnosis and treatment planning for a wide range of adult and geriatric patients. Referral questions include those

with mild cognitive impairment/dementia, multiple sclerosis, stroke, TBI, movement disorders, and neuropsychiatric disorders. A major focus of the outpatient evaluation process is the follow-up, feedback appointment, at which time the patient and family/caregivers are provided with both written and oral summaries of the examination, along with detailed recommendations. The incoming fellow can expect to receive in depth training in delivering impactful feedback in these sessions. In addition, the fellow will actively participate in a memory disorders meeting attended by neurologists and neuropsychologists, in which cases are discussed in a group format to develop knowledge in Alzheimer biomarkers, current treatments, and differential diagnosis.

Forensic Evaluations. The incoming fellow will also have the opportunity to participate in clinical consults with an incarcerated population within The Rhode Island Department of Corrections (RIDOC). The RIDOC oversees a complex of seven prison buildings with an operational capacity of >3,800 inmates. Referrals often originate from psychiatry or neurology, but may also come from other healthcare providers, the parole board, or other services facilitating community release. Referral questions are broad but commonly include dementia and aging, mTBI, ADHD, and assessment of intellectual functioning. The population is diverse and special considerations are needed for a high degree of medical and psychiatric comorbidities and assessment of performance validity (~2 forensic referrals per month).

Minor Experiences. Over the two years, fellows may have the opportunity to engage in minor rotations to provide exposure to certain patient populations and care models. Experiences may include evaluations conducted in multidisciplinary, fast track clinics for normal pressure hydrocephalus and movement disorders (Deep Brain Stimulation, MRI-guided high intensity focused ultrasound) where the emphasis is on determining surgical candidacy for treatment of these conditions. The fellow may also have the opportunity to participate in Wada procedures for patients being considered for surgical treatment of epilepsy and cortical brain mappings for patients undergoing brain tumor resection. Finally, fellows may also have the opportunity to develop knowledge and skills in delivering interventions grounded in neuropsychological principles including Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), adapted for people with cognitive impairment as well as interventions aimed at treating functional neurological disorders.

Brown Neuropsychology Free Clinic Elective Rotation. The Brown Neuropsychology Free Clinic provides a brief neuropsychology evaluation service to the uninsured/underinsured patients of the larger Rhode Island Free Clinic (RIFC). RIFC is a community-based free healthcare center in Providence RI, with a mission to increase access to medical services among underserved communities and contributes to reducing healthcare disparities. The Neuropsychology Free Clinic at RIFC serves as an elective opportunity for Brown neuropsychology fellows to train with culturally, racially, and linguistically diverse populations. Under the supervision of a Brown neuropsychology faculty member, trainees will work with professional interpreters to conduct neuropsychological evaluations and provide consultation on differential diagnosis and treatment recommendations. Experienced RIFC neuropsychology postdoctoral fellows could potentially engage in tiered supervision of new RIFC neuropsychology residents with their primary supervisor at RIFC.

Fellowship Aims

1. To provide the fellow with broad post-doctoral training in hospital-based, outpatient adult/geriatric clinical neuropsychology and adjunctive experience providing neuropsychological services within a correctional facility.
2. To enable the fellow to develop expertise working in an inpatient medical setting providing bedside evaluations with acutely medically ill patients and to develop skills communicating with hospital-based treatment teams.
3. To mentor the fellow in conducting neuropsychological research.

Fellowship Timeline

The duration of the fellowship is 2 years, contingent upon satisfactory progress during the first year. The anticipated start date is September 1, 2027. The fellow will have a 2-year research placement with one or more dedicated research mentors from among the Brown University Health faculty or among the broader Brown University Clinical Neuropsychology faculty depending on the fellow's particular area of research interest. Fellows will be license-eligible following completion of the first year of fellowship.

Note: The fellow and the primary mentor will notify each other in December whether the commitment will be made for a second year.

Clinical Activity Plan (70% time)

The fellow will have four clinical days per week comprised of direct clinical contact with patients including inpatient and outpatient assessments. The fellow will be trained and prepared to function independently in clinical neuropsychology through exposure to a wide variety of commonly encountered adult and geriatric clinical populations with neurological and/or psychiatric conditions. Supervision will focus on ensuring that the fellow has achieved advanced skills in clinical interviewing, test administration, scoring and analysis of test data, integration of assessment results (including neuroimaging and other general medical work-up), differential diagnosis, treatment planning, report writing, and intervention. There will be a focus on developing professional skills in interacting with other disciplines and professionals and ensuring strong general clinical skills.

To ensure that the fellow receives a high level of clinical training in clinical neuropsychology the following activities will be required during the fellowship:

- The fellow will regularly conduct outpatient neuropsychological evaluations.
- The fellow will conduct inpatient neuropsychological consultations throughout the hospital.
- The fellow will participate in neuropsychological feedback sessions, reviewing test results with patients and their families.
- The fellow will attend and participate in weekly Alzheimer's and Memory Disorders Center Conference.
- Post-Doctoral Seminars: The fellow will be required to participate in the post-doctoral seminars through the Brown University Clinical Psychology Postdoctoral Training Program and Clinical Neuropsychology Specialty Program (CNSP).

Research Activity Plan (20% time)

The fellow has one full day of protected research time each week (i.e., 20% time) throughout the two years of fellowship. Fellows will have the opportunity to work with designated faculty to conduct research in an area of shared interest. Neuropsychology Program faculty have active research programs. Funding for these projects comes from federal (NIH/NIA), Foundation (e.g., Alzheimer's Disease Association, AACN Foundation, Epilepsy Foundation), and hospital/university sources. There will be opportunities to use existing datasets, access data from ongoing research studies, or collect new data. The fellow will be encouraged to collaborate on manuscript preparation and poster submissions at professional conferences. There are also opportunities to develop grant-writing skills and potential opportunities to submit applications for external funding. Individually tailored goals will be established.

Examples of ongoing projects include: predicting and promoting medication adherence in older adults with cognitive impairment; factors associated with adjustment to neurological illness and disability; neuropsychological effects of sedating and anticholinergic medication use in older adults; development of behavioral interventions for neurologic populations (e.g., a self-administered anti-stigma self-management program for people with epilepsy, lifestyle behavioral intervention programs for people at risk for Alzheimer's disease and adaptation of this program to Latino individuals and dyad partners [MCI and care partners], and a behavioral anti-anxiety intervention for Parkinson's disease); interrelationships

among neuropsychological, psychiatric, and socioeconomic factors in people with multiple sclerosis; multi-modal neuroimaging (MRI, EEG) for preclinical detection of Alzheimer's disease and related dementias, and cognitive and neuropsychiatric features of NPH and predictors of shunt outcome.

Didactics (10% time)

Postdoctoral Seminars: The fellow will participate in post-doctoral seminars through the Brown Postdoctoral Training Program (10% time across the two years); didactics run from September-May.

Mandatory Didactics:

- Core Seminars (1 per month).
- DPHB Academic Grand Rounds (1 per month).
- Clinical Ethics (1 per month).
- Track Seminars –Neuropsychology Rounds, Neuropsychology seminar (weekly).
- Brain Cuttings, Medical Examiner's Office (required once during fellowship but may attend more frequently)

Additional Didactics:

- Neuropsychology Program Research Seminar (monthly)
- Neurology and Neuropathology Grand Rounds (weekly)

Opportunities to supervise neuropsychology practicum students and undergraduate volunteers, in a tiered supervision model, are also available.

Supervision and Evaluation

Supervision will be provided in the form of weekly individual supervision of at least 2 hours of face-to-face time from two or more faculty supervisors. There will be numerous other activities during the week in which the supervisor will observe and interact with the fellow in the clinical environment (e.g., interviewing and feedback sessions with families).

At every 6 months for the duration of the fellowship, the fellow and the supervisors will provide formal evaluations, and evaluations of the program relative to the goals and learning objectives of the fellowship.

It is anticipated that the fellow will accumulate sufficient clinical hours to be eligible for licensure in the state of Rhode Island.

Please visit the [Brown Faculty](#) page to view supervisor profiles.

Resource Requirements

Fellows will be provided with the following resources:

- Access to space appropriate for clinical care
- A computer and project specific software
- Internet access
- Telephone
- Personal office space
- Professional funds of \$1000 per year

Reporting and approval

This fellowship will be part of the CNSP. The position has been discussed and approved by the Neuropsychology track faculty in their monthly meeting.

Director, Clinical Neuropsychology Specialty Program (CNSP)

Associate Director, Clinical Neuropsychology Specialty Program (CNSP)

Director, Postdoctoral Fellowship Training Program (PFTP)