

Clinical Neuropsychology Postdoctoral Residency Program



Corporal Michael J. Crescenz Veterans Affairs Medical Center
3900 Woodland Avenue
Philadelphia, PA 19104
(215) 823-5800 x7138 or x4158
<http://www.philadelphia.va.gov/>

Application Deadline: December 15, 2020
We are not an APPCN Matching Program this year.

PROGRAM TRAINING MODEL, GOALS, AND PHILOSOPHY

The Neuropsychology Postdoctoral Residency Program at the Corporal Michael J. Crescenz VA Medical Center (CMCVAMC) is a 2-year, full-time program that emphasizes advanced level training in neuropsychological assessment. The program follows the Scientist-Practitioner Model, with training objectives in accordance with the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology.

Consistent with Houston Conference Guidelines, the goal of the CMCVAMC Neuropsychology Postdoctoral Residency Program is to prepare fellows to function as independent, clinically skilled, evidence-based practitioners in neuropsychology. Training is therefore designed to provide clinical, didactic, and academic training that will result in advanced competencies in the specialty of clinical neuropsychology. Consistent with this goal, at the completion of the Fellowship, fellows are expected to demonstrate:

- 1) development of advanced skills in neuropsychological evaluation, treatment, and consultation sufficient to practice on an independent basis
- 2) development of advanced understanding of brain-behavior relationships and conditions affecting neuropsychological functioning
- 3) scholarly activity related to brain-behavior functioning
- 4) fulfillment of eligibility for state or provincial licensure or certification for the independent practice of psychology
- 5) fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology (ABPP)

To meet these goals, the program has identified the following eight core educational competencies:

- 1) Neuropsychological Assessment
- 2) Neuropsychological Diagnosis and Case Conceptualization
- 3) Consultation and Intervention
- 4) Supervisory, Teaching, and Presentation
- 5) Professional Values and Attitudes
- 6) Individual and Cultural Diversity
- 7) Integration of Science and Practice
- 8) Ethical and Legal Standards

CMCVAMC's Postdoctoral Residency adopts a developmental approach to training, with the knowledge that each fellow will begin the residency with different skill sets, clinical experiences,

research interests, and professional strengths and weaknesses. The co-directors of the program will meet with the fellow early in the first training year to collaborate on an individualized training plan to build upon existing skills, while also expanding skill sets in new and more challenging directions. As the residency advances, supervisors will evaluate the progress of the fellow in the context of his/her development plan, and the fellow will typically assume more autonomy in their clinical responsibilities. This process will hopefully facilitate progress from the role of “trainee” to the role of “junior colleague.” As mentioned above, at the conclusion of the fellowship, it is expected that the fellow will demonstrate the ability and confidence to practice clinical neuropsychology on an independent basis. To successfully complete the residency, postdoctoral residents are expected to demonstrate advanced skills in the core competencies of the fellowship for all competencies, equivalent to “no supervision needed” or “skills comparable to autonomous practice at the licensure level,” by the end of the residency. Specifically, residents will be rated at this level (6) for all of the items on the evaluation form completed by the Co-Directors of Training at 24 months.

Clinical rotations of the CMCVAMC residency include outpatient neuropsychology clinics, specialty clinics, and inpatient consultation. Additionally, neuropsychology residency fellows will participate in a structured program of didactics by attending a number of ongoing seminars taught by clinicians and researchers in neuropsychology, neurology, neuroscience, and psychiatry. Fellows will participate in ongoing and independent clinical research and will have protected time to conduct research. Fellows will also gain experience with teaching and supervision of junior colleagues, as well as familiarity with roles of neuropsychologists and clinical psychologists working in a VA hospital. As our program includes a first- and second-year resident, junior fellows will be mentored by senior fellows. These experiences and supervision-focused didactics will facilitate the resident’s development as a clinical supervisor and future mentor to other clinical neuropsychologists and psychologists. At the completion of the residency, a successful fellow will have satisfied postdoctoral supervised hour requirements for Pennsylvania licensure and are expected to meet eligibility criteria for ABPP certification in Clinical Neuropsychology.

The CMCVAMC was awarded a 2-year Neuropsychology Postdoctoral Residency Program in 2016 and an additional residency slot in 2017. **For the 2020 training year, we are recruiting for one (1) fellow. The Clinical Neuropsychology Postdoctoral Residency at the CMC VAMC is Accredited, On Contingency, by the Commission on Accreditation of the American Psychological Association.** The APA [Office of Program Consultation and Accreditation](#) can be reached at the APA, 750 First St. NE, Washington DC 20002-4242; (202) 336-5979.

Note that information in this brochure may change as the program is developed further.

Innovative Training

The CMCVAMC Neuropsychology Residency Program promotes evidence-based and interprofessional practice through intensive training in neuropsychological assessment, specialty clinic rotations in collaborative team environments, and rigorous didactics. The Behavioral Health Service at CMCVAMC has pioneered innovative, integrated care by incorporating mental health into primary care and other settings. Similarly, an innovative element of the Residency is integration of neuropsychological and neurobehavioral assessments into interdisciplinary settings. Fellows will have the opportunity to engage in brief, targeted neuropsychological and neurobehavioral assessments in the Community Living Center and the Geriatric Memory

Disorders Clinic as well as on the inpatient units. Fellows will work with other team members (e.g., nurses, psychiatrists, and social workers) to assess the severity of cognitive concerns in order to address patient needs and inform treatment plans. Through the specialty clinic rotations and outpatient neuropsychology services, fellows will also work to address the effects of PTSD, depression, substance abuse, insomnia, and chronic pain on the cognitive functioning of Veterans, consistent with the goals of the VHA's Mental Health Innovations Task Force. Finally, in order to become familiar with higher level, administrative responsibilities commonly expected of neuropsychologists, fellows will review assessment referral requests and discuss triaging decisions with the Co-Directors.

The Psychology Service at CMCVAMC is committed to patient-centered, team-based delivery models through evidence-based mental and behavioral health care practices. The educational philosophy of the neuropsychology residency program will follow the Scientist-Practitioner model, which is demonstrated by clinical supervisors who: 1) utilize evidence-based practices in the assessment and clinical care of veterans; 2) integrate research as a primary means of increasing knowledge and skills; and 3) actively participate in clinical and implementation research. Education in psychometric and neuropsychological theory, program evaluation, and the ethical conduct of psychological research will be incorporated throughout our training program.

Fellows will have on-site supervision with multiple supervisors, including individual, face-to-face supervision for a minimum of two hours per week, with co-directors as primary supervisors and contributory supervisors in specialty clinic rotations, meeting (or exceeding) accreditation expectations. In addition to neuropsychologist supervisors, fellows rotating in the specialty clinics will have other health care providers (e.g., neurologists, psychiatrists, physiatrists, primary care physicians) serve as mentors for on-site supervision.

SPECIFIC TRAINING SETTINGS

The Neuropsychology Postdoctoral Resident will gain expertise and exposure to a broad range of clinical conditions through rotations in a variety of clinical settings. Residents will receive extensive and immersive training in clinical neuropsychological assessment and consultation through the Neuropsychology Consultation Service throughout the course of their residency. In addition, the resident will have the chance to train in the rotations described below, which will ensure that fellows obtain appropriate depth and breadth of training through exposure to multiple patient populations, assessment environments, supervisors, and team settings. Please note that some clinical experiences may differ slightly because of COVID-19.

Neuropsychology Consultation Service

Supervisors: Solomon Kalkstein, PhD, ABPP; J. Cobb Scott, PhD

Fellows will conduct comprehensive neuropsychological assessments with a broad range of patient populations, including neurodegenerative diseases, cerebrovascular disease, cancer, epilepsy/seizure, substance abuse, ADHD, learning disorder, and cognitive dysfunction secondary to a medical or psychiatric condition. Many referrals come from the Mental Health Clinic, which provides multidisciplinary care through a team approach. Training will emphasize the importance of providing detailed recommendations focused on evidence-based interventions, where appropriate, as well as compensation for deficits and accentuation of strengths that can be utilized by referral sources, the patient, and caregivers. Training will also focus on using the research literature and psychometric theory to make logical, evidence-based

clinical predictions. In addition, fellows will provide evidenced-based psychoeducational interventions as appropriate.

Community Living Center (CLC)

Supervisor: Agnieszka Kleczek, PhD

The CLC is a residential care setting for residents requiring intensive care for medical, mental health, or neurodegenerative disorders. The population predominantly consists of older Veterans who present with complicated problems, including chronic medical and physical health issues, cognitive deficits secondary to dementia or other neurodegenerative conditions, severe mental illness, and psychosocial problems. The fellow will be an integral member of an interprofessional team of nursing, social work, nutrition, recreation therapy, OT, PT, psychology, and medical providers. The fellow will perform neuropsychological assessments, as well as neurobehavioral assessments for residents exhibiting acute behavioral problems. The fellow will collaborate with providers to make individualized recommendations for evidence-based interventions and care and provide expertise in behavioral health treatment and behavior management approaches to care.

Polytrauma Clinic

Supervisor: Rosette Biester, PhD

The CMCVAMC is a Polytrauma Network Site, and the fellow will therefore interface with the Polytrauma interdisciplinary team, whose members include the Neuropsychologist, OT, PT, Vestibular Therapist, Speech Therapists, Case Managers, Social Workers, Nurse Practitioners, Psychiatrists, and Low Vision Specialist. The fellow will conduct comprehensive neuropsychological evaluations to be used for diagnosis and evidence-based treatment planning. The fellow will be an integral part of the weekly interdisciplinary team meeting; patient goals, needs, and treatment planning are discussed and generated. Education will be provided regarding the unique issues and problems associated with dual diagnoses of TBI and behavioral health conditions, and the implications for treatment. The fellow will develop expertise in formulating recommendations that are rehabilitative, educational, and inclusive of behavioral health concerns.

Geriatric Memory Disorders Clinic (GMDC)

Supervisor: Agnieszka Kleczek, PhD

The Geriatric Memory Disorders Clinic is an outpatient assessment clinic that receives consults from across hospital disciplines, with most coming from primary care and the Mental Health Clinic. The clinic will provide fellows with focused experience in a fast-paced environment, with three patient appointments per day. During this time, the fellow will be expected to complete a targeted clinical interview, conduct a brief neuropsychological assessment, score the battery, and provide feedback to the psychiatrist within one hour. The fellow will interface with other members of the Clinic team, including the Geriatric Psychiatrist, and will participate in feedback/psychoeducational sessions. Recommendations will focus on evidence-based interventions, such as cognitive remediation and psychotherapy, as well as supportive home-based interventions that may be useful to patients and their caregivers.

Parkinson's Disease Research, Educational, and Clinical Center (PADRECC)

Supervisor: Solomon Kalkstein, PhD, ABPP

The PADRECC is a movement disorders clinic that is composed of expert clinicians from various fields of health care, including neuropsychologists from the CMCVAMC Behavioral Health Service. Neuropsychological evaluations are provided in order to assess for Parkinson's

Disease-related dementia as well as other conditions, and to assist with treatment planning, such as appropriateness for Deep Brain Stimulation surgery. Targeted evaluations will be performed and, because PADRECC patients are sometimes not connected with Behavioral Health, recommendations for evidence-based psychotherapy, where appropriate, will be emphasized. Fellows will engage in debriefing with the referring PADRECC neurologists and will also participate in PADRECC case conferences.

Inpatient Mental Health Clinic

Supervisors: Solomon Kalkstein, PhD, ABPP; J. Cobb Scott, PhD

CMCVAMC includes both medical and psychiatric inpatient units. Fellows will perform assessments on an as-needed inpatient basis, and these will include all aspects of the neuropsychological assessment (i.e., interview, test administration, test scoring, interpretation, and report writing). Frequent referral requests in this setting involve both cognitive and personality/diagnostic clarification. In this setting, the fellow will be required to work efficiently to provide in-person feedback to the medical and/or behavioral health team. The inpatient treatment team will be consulted prior to assessment for relevant acute considerations and will be debriefed after the evaluation so that results can inform inpatient treatment as well as discharge planning.

University of Pennsylvania Neuropsychology Clinic

Supervisor: TBD

Fellows will conduct comprehensive neuropsychological assessments outside the VA context to increase the breadth of their experience. The Neuropsychology Clinic at the University of Pennsylvania assesses and diagnoses patients with a variety of neurological, medical, neurodevelopmental, and psychiatric conditions. In addition, assessment of personality, mood, anxiety, and coping are also typically performed. Neuropsychologists and postdoctoral fellows conduct the evaluation and make recommendations for treatment, which may address the need for psychological or psychiatric intervention, driving ability, assessment of competency, need for supervision, occupational issues, and ability to return to work. Feedback will be provided to patients and/or their family members.

TRAINING EXPERIENCES

Didactics will include the following required and optional elements. Optional didactics will be reviewed with the program Co-Directors to identify those that best meet the resident's training goals:

Neuropsychology Seminar Series (2hrs/mo. at the VA and 1 hr/mo. at UPenn). **Required.** The Assessment Seminar is a bi-weekly series that covers a number of academic, clinical, and research issues in Clinical Neuropsychology. Topics are interprofessional in nature and provide advanced training in brain-behavior relationships, including overviews of functional neuroanatomy, neurological diseases, clinical syndromes (e.g., aphasia), ancillary neurodiagnostic procedures (e.g., neuroimaging), and professional issues. Fact finding for board certification will also be practiced. Residents will help organize this course, which is also open to pre-doctoral interns and practicum students in clinical neuropsychology rotations, as well as to other interested staff, residents, and fellows. Lectures will be delivered by prominent clinicians and researchers from diverse settings in order to provide a broad base of learning perspectives. Currently, this seminar is combined with neuropsychologists and trainees at the University of Pennsylvania and Bancroft Neurorehab. Residents will be required to present one

session on a neuropsychology topic of their choice at the Neuropsychology Seminar during their first year.

Neuropsychology Case Conference & Journal Club (1 hr/mo): **Required.** Group conference of neuropsychology cases, with case descriptions and literature review led by trainees and discussion led by Neuropsychology Supervisors. Will be conducted collaboratively (in teleconference) with Coatesville VA Medical Center Neuropsychology Department and their trainees.

Community Living Center Geropsychiatry Rounds (2 hrs/mo): **Required while on CLC rotation.** Interprofessional meeting led by CLC Psychiatrist.

Postdoctoral Fellowship Seminar (1 hr/wk.): **Required during first year, optional in second year.** This weekly seminar covers a wide range of advanced issues in psychology and is attended by all CMCVAMC post-doctoral residents. Includes topics such as interprofessional functioning, geriatrics, diversity, integrating research, professional development, and other mandatory training modules necessary for professional licensure.

Supervisor Development (1 hr/mo.): **Required.** Attended by fellows and staff psychologists for discussion of common supervision issues and articles relevant to supervisor development.

MIRECC Writing Group (2 hrs/mo.): **Required.** A multidisciplinary meeting of trainees, junior investigators, and senior investigators that aims to help attendees advance manuscripts and grants through peer review and feedback. Manuscripts from diverse backgrounds are presented and discussed.

BHS/CMCVAMC Cultural Competency Trainee Seminar (1 hr/mo.): **Required.** Various topics related to interplay between culture/diversity and mental health treatment.

Postdoctoral Ethics Seminar (1 hr/mo.): **Required.** Various topics related to ethical and legal issues in the practice of psychology.

BHS/CMCVAMC Grand Rounds (1 hr/mo.): **Optional.** Invited speaker series on topics of interest for interprofessional staff.

University of Pennsylvania Department of Neurology Grand Rounds (3 hrs/mo.): **Optional.** Invited speaker series for Neurology faculty and residents.

University of Pennsylvania Department of Psychiatry Grand Rounds (3 hrs/mo.): **Optional.** Invited speaker series for Psychiatry faculty, staff, and residents.

BHS Case Conference (1 hr/mo.): **Optional.** Interprofessional case conference. *Although optional, fellows will present one case conference to the Mental Health Clinic in their first year.*

Treatment Research Center Didactic (1 hr/wk): **Optional.** Seminars on addictive disorders presented by University of Pennsylvania and visiting faculty.

BHS/CMCVAMC Military Culture Trainee Seminar (1 hr/mo.): **Optional.** Various topics related to military structure and experience, particularly as these relate to mental health.

RESEARCH

The research component of the Neuropsychology Postdoctoral Residency will allow fellows to benefit from a Scientist-Practitioner model, which encourages skillful use of the empirical literature and opportunities for collaborative research. Ongoing research opportunities with research mentors will provide fellows with diverse research experiences, including preparation of manuscripts, critical reviews, or meta-analyses; participation in lab meetings; one-on-one mentoring; archival data analysis; study design; and grant preparation. Potential research mentors include Ruben Gur, PhD, ABPP; Solomon Kalkstein, PhD, ABPP; David Oslin, MD; Dawn Mechanic-Hamilton, PhD, ABPP; Katya Rascovsky, PhD; David Roalf, PhD; and J. Cobb Scott, PhD. Additional Penn faculty members may be available as mentors based on interest and experience.

At the beginning of their first year, fellows will develop a tailored research plan in collaboration with the Co-Directors and research mentor to outline the specifics and expectations of the fellow's role. Fellows will be encouraged to present their research work within our group, submit it to national meetings such as the International Neuropsychological Society, National Academy of Neuropsychology, or American Psychological Association (among others), and prepare and submit research manuscripts or other scholarly material to peer reviewed journals. Fellows will also attend the bi-weekly MIRECC Writing Group Meeting, led by Dr. Henry Kranzler, Professor of Psychiatry at the University of Pennsylvania. This meeting provides an opportunity for fellows to provide constructive criticism and benefit from discussion of manuscripts, reviews, and grants at various stages of development. To achieve competency in research and scholarly inquiry skills, residents will be expected to present a writing project (a product suitable for presentation at a scientific meeting, a manuscript, or a grant application) at least once at the MIRECC Writing Group Meeting during each training year, and submit a research project to a peer-reviewed journal or for presentation at a national conference. Our program also offers funding to support yearly attendance at a national neuropsychology meeting or conference specific to the fellow's training goals.

FACILITY AND TRAINING RESOURCES

Residents will be provided with office space equipped with telephone, voicemail and a networked computer as well as additional space for assessment and feedback sessions. Residents' workspace will provide proximity to other postdoctoral level psychology fellows and they will also be allotted time and space to allow for peer interaction, support, and socialization. Instruction on the VA's Computerized Patient Record System (CPRS) will be given during residents' initial orientation followed by specific instruction in documentation of neuropsychological services given by the Co-Directors of Training. Conference space is available for seminars, committee meetings and other didactics. Residents will receive the same level of clerical and technical support as a staff psychologist and will have access to computers that offer SPSS, SAS, and R statistical packages. In addition, the CMCVAMC maintains a professional library that offers an array of bound literature as well as access to various electronic journals, including full access to MEDLINE, ProQuest, New England Journal of Medicine, etc. All residents will have full access to these resources.

TEACHING AND SUPERVISION

As part of their professional development, and to facilitate the transition from trainee to junior colleague, the fellow will gain experience in the teaching and supervision of neuropsychological assessment and consultation skills through supervision of junior colleagues, didactic

presentations on topics relevant to clinical neuropsychology, case conferences, and interaction with other professionals. Throughout the residency, fellows will supervise pre-doctoral interns and/or psychology practicum students under the supervision of a staff neuropsychologist. This will include supervision of case conceptualization, test administration, and report writing. In addition, various approaches to supervision will be discussed, including potential challenges within supervisory relationships. As stated above, the fellow will also give didactic and case conference presentations related to clinical neuropsychology at least twice yearly as part of the Assessment Seminar and Mental Health Clinic Case Conference programs.

COVID-19 PROGRAM CHANGES

COVID-19-related restrictions have changed the way we are practicing clinical neuropsychology at the CMC VAMC, and our training program has evolved to continue to provide excellent training in line with our goals and competencies. However, COVID-19 is an evolving situation, and we do not yet know whether COVID-19-related restrictions will impact training for the 2021-2023 training cohort. As this is an evolving situation, we welcome applicants to ask about our current practices at the time of their interviews.

EVALUATION METRICS

APA is increasingly emphasizing the establishment and measurement of competencies. The effectiveness of the training program's ability to meet our stated competencies will therefore be measured and evaluated through several formal and informal methods. Resident progress will be evaluated throughout the program by supervisors and the Co-Directors of Training.

The resident's development of knowledge and skills relevant to competency areas will be evaluated through direct observation, interviews, discussion of clinical interactions, review of written work, case presentation, and surveys of interdisciplinary team members. Specific benchmarks and minimal levels of achievement (MLAs) have been established for each competency. Competencies and MLAs will be communicated to residents at the beginning of each rotation. A resident's progress will be assessed through quarterly evaluations towards meeting competency benchmarks by all supervisors to ensure licensure level autonomy by the end of the residency.

These evaluations will be completed using a standardized form that includes both behavioral anchors as well as a section for individualized comments regarding areas of strength and areas requiring additional development. Residents will also be monitored by faculty on their contributions to seminars and didactics. In addition, at the onset of the program, an individualized training plan will be developed for each resident as a collaboration between the resident and the Co-Directors. This individualized training plan will have specific training goals as determined by the resident and supervisors.

Progress will be evaluated at quarterly meetings between the Co-Directors and the resident and the training plan will be updated/revised as appropriate. Supervisors will meet monthly to evaluate resident progress. The Co-Directors of Training will also informally interview and/or survey the supervisors directly to determine their evaluation of the residents' progress. If competency problems are noted during the training year, a remediation process will occur as outlined in Appendix B of the brochure. This process will also be outlined to residents at the beginning of training.

In order to ensure that residents meet these benchmarks, the Co-Directors of Training will complete a comprehensive evaluation for each resident at the end of the first year and end of the residency. This evaluation will integrate information from individual supervisor evaluations, discussion of resident progress and areas of development in monthly training group meetings, individual discussions with supervisors, and quarterly Co-Director meetings with residents.

To successfully complete the residency, postdoctoral residents are expected to demonstrate advanced skills in the core competencies of the fellowship for all competencies, equivalent to “no supervision needed” or “skills comparable to autonomous practice at the licensure level,” by the end of the residency. Specifically, residents will be rated at this level (6) for all of the items on the evaluation form completed by the Co-Directors of Training at 24 months. There will be no scores below “Intermediate/should remain a focus of supervision” (4) at any time.

Competency 1. Neuropsychological Assessment

Residents need to demonstrate advanced proficiency in medical record review, interviewing, test selection, report writing, and formulation of recommendations and treatment plans.

Competency 2. Neuropsychological Diagnosis and Case Conceptualization

Residents need to demonstrate advanced knowledge in conditions that affect cognitive and neurobehavioral functioning, functional outcomes of neurocognitive deficits, psychometrics, case conceptualization, test profile interpretation, and differential diagnosis.

Competency 3. Consultation and Intervention

Residents need to demonstrate the ability to effectively communicate both knowledge and results to patients, their families, and other medical professionals; residents need to show advanced knowledge of empirically supported interventions and using assessment data to provide feedback and inform treatment.

Competency 4. Supervisory, Teaching, and Presentation

Residents need to show proficiency in their ability to present cases, neuropsychological knowledge, and research summaries in group and individual formats, as well as providing training, mentorship, and supervision to more junior trainees.

Competency 5. Integration of Science and Practice

Residents need to demonstrate the ability to seek out, integrate, and apply research and theory in neuropsychological science, as well as effectively performing research projects over the course of the residency.

Competency 6. Professional Values and Attitudes

Residents need to show consistent professionalism and good judgment in interactions with other professionals, patients, family members, and supervisors.

Competency 7. Individual and Cultural Diversity

Residents need to demonstrate understanding and application of how cultural, linguistic, disability, and other demographic/socioeconomic factors affect the process and outcomes of neuropsychological assessments and interpretations in specific populations.

Competency 8. Ethical and Legal Standards

Residents need to demonstrate understanding of and behavior consistent with APA ethical guidelines and relevant laws, regulations, rules, policies, standards and guidelines.

Residents, upon graduation, will meet requirements for licensure in Pennsylvania.

The fellow will also be asked to evaluate the residency and supervisors to assist in program development. To assess the degree to which the training meets the program objectives, fellows will complete an anonymous evaluation of each seminar and rotation to assess quality and guide future training.

RESIDENCY SETTING

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. In addition, the CMCVAMC manages several community-based outpatient clinics (CBOCs), which include clinics in Camden, NJ; Fort Dix, NJ; Gloucester County, NJ; Center City Philadelphia; West Philadelphia; and Horsham, PA. The CMCVAMC currently has over 90,000 veterans from varying backgrounds and cultures enrolled for healthcare. With



a full complement of inpatient and outpatient treatment programs, VA Centers of Excellence, and specialty programs designed to meet the healthcare needs of Veterans, the CMCVAMC delivers an outstanding educational experience across a variety of professions including psychology.

CMCVAMC Psychology is organized as a section within Behavioral Health. Our Acting Chief Psychologist is Johanna Klaus, Ph.D. Our service has grown in the past ten years from 12 to over 70 doctoral level psychologists. Psychologists serve in a wide range of clinical and research settings including: Primary Care-Mental Health Integrated Care team, the VA Home Based Primary Care Program, the Mental Health Clinic (MHC), the Inpatient Psychiatric Unit, the Community Living Center (CLC), the Psychosocial Rehabilitation and Recovery Center (PRRC), the Mental Illness Research, Education and Clinical Center (MIRECC), the Center of Excellence for Substance Abuse Treatment and Education (CESATE), the Center for Health Equity, Research and Promotion (CHERP), the Addictions Recovery Unit (ARU), the Opioid Treatment Program (OTP), the Post-deployment Clinic (PDC), the Sleep Clinic, the Polytrauma Team, and in four community-based outpatient clinics (CBOCs). As members of interdisciplinary teams, psychologists work to operationalize the Patient Centered Medical Home and to facilitate the integration of mental health service into Veterans' healthcare delivery. Furthermore, psychologists are also involved in clinical research projects in collaboration with members of other disciplines throughout the Medical Center.

CMCVAMC has recruited and retained highly qualified psychologists from a wide variety of theoretical orientations, many from VA training programs, and many of whom specialize in evidence-based treatments. Staff include a national VA trainer and consultant in Prolonged Exposure (PE) who is currently the Evidence Based Treatment Coordinator, a trainer in Cognitive Behavioral Therapy (CBT) from the University of Pennsylvania who leads the CBT training program, along with national experts in Motivational Interviewing, Cognitive-Behavioral

Treatment for Insomnia, and Integrated Behavioral Couples Therapy. There is little staff turnover, assuring continuity of patient care and programs.

The CMCVAMC has an extensive history of excellence in health profession education and a long history of graduate level psychology training for post-doctoral fellows in the VISN4 Mental Illness Education, Research, and Clinical Center (MIRECC) and for practicum students. The Pre-Doctoral Clinical Psychology Internship began in 2011 and was accredited by APA in March of 2013 until 2020. In 2014, psychology training was further expanded to include two postdoctoral fellowship positions with an emphasis in Interprofessional Mental Health. Our five VA Centers of Excellence and numerous clinical research projects offer an atmosphere of dynamic exchange between rigorous academic research and clinical applications.

Furthermore, CMCVAMC is adjacent to, and closely affiliated with, the University of Pennsylvania whose psychiatry residents, medical, and nursing students rotate through CMCVAMC Behavioral Health. CMCVAMC psychologists are integral to the education of these trainees. Psychology trainees have access to didactic training in conjunction with the University of Pennsylvania's Psychiatry and Psychology clinical training programs and have opportunities for professional collaboration on clinical and research endeavors with University-affiliated faculty. Most CMCVAMC psychologists have University of Pennsylvania faculty appointments.

In addition, CMCVAMC is also the home of the VISN4 MIRECC that spearheads numerous studies on veterans with psychiatric and substance use disorders. The focus of the MIRECC is "Measurement-Based Care."

Local Information

The CMCVAMC is part of the VISN 4 VA Healthcare Network, serving Veterans in the city of Philadelphia, as well as Southeastern Pennsylvania and Southern New Jersey. It is located a short distance from downtown Philadelphia, and across the street from the University of Pennsylvania campus.

The city of Philadelphia is a center for education and culture. Known as the "City of Brotherly Love," it is the fifth largest city in the United States. It is one of the most diverse cities in America, with longstanding traditions reflecting European, Asian, Native American, African American and Hispanic culture. Philadelphia is known for its wealth of American history, active art community, sports teams, and cuisine (including the famous Philly cheesesteaks), and also boasts the world's largest landscaped urban park. Philadelphia is centrally located in the Northeast, only a short car or train ride to Baltimore, Washington, D.C., and New York City, and just over an hour from the Jersey shore and Atlantic City.

Directions to the Crescenz VA Medical Center

The Crescenz VA Medical Center is located at the corner of University and Woodland Avenues and 38th Street in West Philadelphia. The address is 3900 Woodland Avenue, Philadelphia, PA 19104. For driving directions, please check the CMCVAMC website at: <http://www.philadelphia.va.gov/visitors/directions.asp>.

Hotels within walking distance include the Sheraton University City Hotel, the Hilton Inn at Penn, and the Study Hotel.

The Crescenz VA is also accessible by public transportation. The hospital is a 20-minute walk from 30th Street Station, which is served by Amtrak and SEPTA Regional Rail. Bus and subway lines run from there to locations convenient to the Crescenz VAMC. For more information, go to the SEPTA website at <http://www.septa.org>.

APPLICANT ELIGIBILITY CRITERIA (all are required prior to starting the fellowship):

Applicants for our Clinical Neuropsychology Postdoctoral Residency Program must meet the following minimum requirements in addition to the general eligibility requirements of the VA (found at: <http://www.psychologytraining.va.gov/eligibility.asp>).

1. Successful completion of all requirements towards earning a doctoral degree from an APA-Accredited Clinical or Counseling Psychology Graduate Program (including dissertation defense). **Candidates must have received their doctoral degree prior to the start of residency.**
2. Successful completion of an APA-Accredited Psychology Pre-Doctoral Internship Program.
3. U.S. Citizenship.
4. Successfully meet mandatory requirements for appointment as a Federal Employee, including, but not limited to: willingness to participate in the government's drug testing procedures, selective service registration for males, and consent to participate in a background check to verify your application information and/or criminal history. Applicants who do not successfully pass this background check and/or drug test are ineligible for our program.

Applicants who meet these eligibility criteria are invited to apply for a position in the Neuropsychology Postdoctoral Residency Program with the Psychology Service, Department of Veterans Affairs, CMCVAMC.

APPLICATION PROCESS:

To apply, please send the following by email (preferred) or postmarked by **December 15, 2020**:

- a) A letter of interest describing your past accomplishments and experience, career goals, and how the aims and structure of our program will facilitate achievement of these goals.
- b) A copy of your curriculum vita, including clinical practica and internship information.
- c) 3 letters of recommendation.
- d) A copy of your graduate transcript.
- e) 3 work samples, at least two of which are de-identified neuropsychology reports. Other work samples could include published manuscripts on which you are a first author, additional clinical evaluations, or other evidence of scholarly or clinical productivity.

Application materials should ideally be sent via email (preferred) or mail **in one package/attachment** to the attention of the Co-Directors of Training for the Neuropsychology Postdoctoral Residency (letters of recommendation may be sent separately by supervisors/mentors, if preferred):

Solomon Kalkstein, Ph.D. (Solomon.Kalkstein@va.gov)
J. Cobb Scott, Ph.D. (scott1@pennterms.upenn.edu)
Co-Directors of Training, Neuropsychology Postdoctoral Residency

Corporal Michael J. Crescenz Veterans Affairs Medical Center
3900 Woodland Avenue (BHS/116)
Philadelphia, PA 19104

Selection Procedures

The supervisors of the Postdoctoral Neuropsychology Residency will review all complete applications. Application ratings will be generated based on the applicant's experience, quality and extent of previous clinical training, academic record, research accomplishments, letters of recommendation, written samples provided, and the personal qualities of the applicant (e.g., ethics). In general, we look for residents who are a good fit for our program—whose experience and career goals match the training that we offer.

Applicants who are thought to match well with our program will be offered to participate in video and/or phone based interviews. Interviews will continue until the position is filled. Expected start date is August 28, 2021. If you have been selected to interview, you will be contacted by one of the Co-Directors of the program. All applicants will be notified of their interview status by February 15, 2021.

The Corporal Michael J. Crescenz VA Medical Center is an Equal Opportunity Employer (See Appendix C); we are committed to ensuring a range of diversity among our training classes, and we strive to select candidates representing different kinds of geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans, have VA experience, or demonstrate an interest in a VA career; identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status. This diversity may be indicated in the cover letter.

SALARY AND BENEFITS:

The salary for the postdoctoral residency program is consistent with national VA standards and locality pay differentials. Currently, the salary for our residents is \$50,070 for the first year and \$52,776 for the second year, plus benefits including health insurance, federal holidays, and other leave (sick leave and annual/"vacation" leave), in accordance with national VA guidelines.

ADMINISTRATIVE POLICIES AND PROCEDURES

Authorized Leave Policy: In addition to Annual (i.e., vacation) and Sick leave, residents may request leave for academic/research purposes, such as attendance at professional or scientific meetings. Academic/research leave can be approved as "authorized absence" and is considered part of the training experience. The dates and length of leave are to be worked out with the supervisory psychologists and should be discussed *well in advance*. For authorized absence, paperwork needs to be filled out and approved at least two weeks prior to travel.

Due Process: Please see Appendix B.

Privacy policy: We collect no personal information from you when you visit our web site.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

Maintenance of records: Trainee records are maintained by the Behavioral Health Department, including all evaluation forms completed by supervisors during the training year. The records are kept in a locked filing cabinet located in a Program Director's office. Maintenance of these forms helps ensure availability of accurate records as needed for certification, licensing, and credentialing purposes. These records are kept in hard form for 7 years and are digitally archived after that point for up to 50 years.

No tolerance policy: The Crescenz VA strives to maintain a culture of respect for all, and policies are in place that include "no tolerance" for remarks, behavior or other interpersonal conduct that convey disrespect for others.

Appendix A. Neuropsychology Residency Supervisors

Rosette Biester, Ph.D.

Ph.D., University of North Texas, 1985

Postdoctoral Fellowship, McLean Hospital/Harvard Medical School, 1985;

Mediplex Rehab - Camden, 1989

CMCVAMC Position: Neuropsychologist, Polytrauma Team

Adjunct Assistant Professor in the Department of Physical Medicine and Rehabilitation, U of Penn; Clinical Assistant Professor, Philadelphia College of Osteopathic Medicine

Interests: Neuropsychological screening and comprehensive neuropsychological evaluations, rehabilitation-based psychotherapy, mental health disorders and TBI

Solomon Kalkstein, Ph.D., ABPP-CN

Ph.D., Columbia University, Teachers College, 2006

Postdoctoral Fellowship, Hackensack University Medical Center/Neurocognitive Associates, PC, 2007; University of Pennsylvania, 2009

CMC VAMC Position: Neuropsychologist, Neuropsychology Consult Service and PADRECC

Clinical Associate in Psychiatry, U of Penn

Interests: Neuropsychological assessment and anger management

Agnieszka Kleczek, Ph.D.

Ph.D., California School of Professional Psychology, 2003

Postdoctoral Fellowship, Drexel University, 2004

CMC VAMC Position: Psychologist, Community Living Center; Neuropsychologist, Geriatric Memory Disorders Clinic

Clinical Associate in Psychiatry, U of Penn

Interests: Clinical neuropsychology and geropsychology, assessment and behavioral management of dementia

J. Cobb Scott, Ph.D.

Ph.D., SDSU/UCSD Joint Doctoral Program in Clinical Psychology, 2009

Postdoctoral Fellowship, VA Connecticut and Yale University, 2011

PVAMC Position: Neuropsychologist, Neuropsychology Consult Service; Research Psychologist, VISN4 MIRECC

Assistant Professor of Psychiatry, U of Penn

Interests: Integrating neuroimaging and neuropsychological methods to investigate psychiatric disorders; PTSD and cognitive functioning; cannabis and brain functioning; the relationship between neuropsychological and functional outcomes; meta-analysis.

Training Faculty

Ruben Gur, PhD, ABPP

PhD, Michigan State University, 1973.

Postdoctoral Fellowship, Stanford University, 1974; University of Pennsylvania, 1976

CMC VAMC Position: Neuropsychologist

*Professor, University of Pennsylvania Departments of Psychiatry, Neurology, and Radiology
Director, Neuropsychology and the Brain Behavior Lab, Neuropsychiatry Section, U of Penn*

Interests: Neuropsychological test construction; the application of neurobehavioral probes in functional neuroimaging studies; schizophrenia and psychosis
gur@penmedicine.upenn.edu

Claire McGrath, PhD, ABPP-CN

Board Certified in Clinical Neuropsychology

Senior Neuropsychologist

Co-Director, Clinical Neuropsychology Postdoctoral Fellowship

Bancroft NeuroRehab

Interests: TBI, stroke, neuropsychological rehabilitation

claire.mcgrath@bancroft.org

Dawn Mechanic-Hamilton, PhD, ABPP-CN

PhD, Drexel University Program in Clinical Psychology, Neuropsychology Concentration, 2010

Postdoctoral Fellowship, Department of Psychiatry, University of Pennsylvania, 2012

Assistant Professor, University of Pennsylvania, Department of Neurology

Director of Neuropsychological Training and Services and Cognitive Fitness Programs, Penn Memory Center

Interests: cognitive aging, preclinical Alzheimer's Disease, mobile device cognitive assessment and behavioral intervention in aging, apathy and goal-directed behavior in neurodegenerative disease

dawn.mechanic@penmedicine.upenn.edu

Appendix B. Due Process

Crescenz VA Medical Center Neuropsychology Postdoctoral Residency

Trainee Right to Due Process

1. **Purpose:** To provide procedural guidelines when a trainee (resident) is seen as lacking the ability to provide competent neuropsychological services in this setting due to a serious deficit in skill and knowledge, or due to problematic behaviors that significantly impair their professional functioning. The training program will help residents identify problematic areas and provide remedial experiences or recommend resources, in an effort to improve the trainee's professional functioning to a satisfactory degree. In rare cases, the problem identified may be of sufficient seriousness that the trainee would be placed on probation or terminated. Serious trainee impairment will be defined as interference in professional functioning due to, but not limited to, serious emotional/psychological disorders, chemical abuse or dependence, sexual intimacy with patients, conviction of a felony, or negligent, unethical, or unprofessional conduct.
2. **Policy:** When a trainee exhibits problematic behaviors that interfere with professional functioning, the Training Co-Directors will initiate steps to assess the presence and degree of impairment and to initiate remediation when necessary. The trainee will be informed of any allegations of such impairment and be given the opportunity to address the allegations. The trainee and involved supervisory staff will meet with the Training Committee to address the concerns.
3. **Procedures:**
 - a. A trainee identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the trainee from fulfilling the expected learning outcomes, and thereby, not receive credit for the training program.
 - b. The Training Committee may require the trainee to take a particular rotation, or may issue guidelines for the type of rotation the trainee should choose, in order to remedy such a deficit.
 - c. The trainee, the trainee's supervisor, the Training Co-Directors, and the Training Committee will produce a remediation plan specifying the kinds of knowledge, skills and/or behavior that are necessary for the trainee to develop in order to remedy the identified problem.
 - d. Once a trainee has been placed on probation, and a remediation plan has been written and adopted, the trainee may move to a new rotation placement if there is consensus that a new environment will assist the trainee's remediation. The new placement will be carefully chosen by the Training Committee and the trainee to provide a setting that is conducive to working on the identified problems. Alternatively, the trainee and supervisor may agree that it would be to the trainee's benefit to remain in the current

- placement. If so, both may petition the Training Committee to maintain the current assignment.
- e. The trainee and the supervisor will report to the Training Committee on a regular basis, as specified in the plan (not less than twice during a six-month rotation) regarding the trainee's progress.
 - f. The trainee may be removed from probationary status by a majority vote of the Training Committee when the trainee's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the trainee's performance is at the appropriate level to receive credit for the training program (fellowship).
 - g. If the trainee is not making progress, or if it becomes apparent that it will not be possible for the trainee to receive credit for the training program, the Training Committee will so inform the trainee at the earliest opportunity.
 - h. The decision for credit or no credit for a trainee on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the trainee's fulfillment of the remediation plan.
 - i. A trainee may appeal the Training Committee's decision to the Chief of Psychology. The Chief of Psychology will render the appeal decision, which will be communicated to all involved parties and to the Training Committee.
4. **Procedures regarding illegal or unethical behavior:** Illegal or unethical conduct by a trainee should be brought to the attention of the Training Co-Directors in writing. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident.
- a. The Training Co-Directors, the supervisor, and the trainee may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the trainee's file.
 - b. Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Co-Directors, who will notify the trainee of the complaint. Per the procedures described above, the Training Co-Directors will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties, including the trainee. All involved parties will be encouraged to submit any relevant information that bears on the issue and invited to attend the Training Committee meeting(s).
 - c. In the case of illegal or unethical behavior in the performance of patient care duties, the Training Co-Directors may seek advisement from appropriate Medical Center resources, including Risk Management and/or District Counsel.

Following a careful review of the case, the Training Committee may recommend either probation or dismissal of the trainee. Recommendation of a probationary period or termination

Updated October 27, 2020

shall include the notice, hearing, and appeal procedures described in the above section pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the trainee's appointment at the Corporal Michael J. Crescenz VAMC.

Psychology Trainee Grievance Procedures

1. **Purpose:** To provide procedural guidelines for trainees who may have a grievance against supervisors or the training program's policies and procedures. These guidelines should not be interpreted as a substitute for other applicable policies that have been established by the Crescenz VAMC to handle grievances. In addition, this policy does not address grievances with more general VA institutional policies.
2. **Definitions:** Grievances covered by this policy include, but are not limited to, challenging a performance rating the trainee considers to be inaccurate or unfair, grievance against clinical, teaching, supervision, or other professional behavior of a staff member, or challenging a program policy or procedure.

3. Procedures:

a. Informal mediation:

Many problems can be resolved through face-to-face interaction between trainee and supervisor (or other staff), as part of the on-going working relationship. Trainees are encouraged to first discuss any problems or concerns with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the trainee, and to seek appropriate consultation. If trainee-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the trainee. Either party may request a Training Co-Director(s) to act as a mediator, or to help in selecting a mediator who is agreeable to both the trainee and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the trainee change rotations in order to maximize their learning experience. Trainees may also request a change in rotation assignment. Changes in rotation assignments must be reviewed and approved by the Training Committee.

b. Formal grievances:

In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the trainee may initiate a formal grievance process by sending a written request for intervention to the Training Co-Directors.

1. The Training Co-Directors will notify the Chief of Psychology of the grievance and call a meeting of the Training Committee to review the complaint. The trainee and supervisor will be notified of the date that such a review is occurring and given an opportunity to provide the Committee with any information regarding the grievance. The parties may be asked to appear in person before the committee to provide additional information or clarification.
2. Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the trainee's training experience. These may include but are not limited to: recommended changes within the placement itself, change in supervisory assignment, change in rotation placement, revision of a performance rating, and revision of training policies and procedures.

3. The trainee will be informed in writing of the Training Committee's decision and asked to indicate whether they accept or dispute the decision. If the trainee accepts the decision, the recommendations will be implemented. If the trainee disagrees with the decision, they may appeal to the Chief of Psychology. The Chief of Psychology will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee.
4. In the event that the grievance involves any member of the Training Committee (including one of the Training Co-Directors), that member will excuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding a Training Co-Director may be submitted directly to the Chief of Psychology for review and resolution.
5. Any findings resulting from a review of a trainee grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Chief of Psychology for appropriate personnel action.

These procedures are not intended to prevent a trainee from pursuing a grievance under any other mechanisms available to VA employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Trainees are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in Pennsylvania by contacting the office of the Examining Board of Psychology.

Appendix C. CMC VAMC Equal Opportunity Policy

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER PHILADELPHIA,
PENNSYLVANIA 19104

MEDICAL CENTER MEMORANDUM NO. 00-66 APRIL 2015

EQUAL EMPLOYMENT OPPORTUNITY POLICY

1. **PURPOSE:** This Philadelphia VA Medical Center Directive provides the policy to not tolerate discrimination including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or for participating in the discrimination-complaint process. This policy applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

AUTHORITY: 38 U.S.C. 308, 319, and 516.

2. **POLICY:** It is the Philadelphia VA Medical Center's policy to provide EEO to all of its employees and applicants for employment without discrimination including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or for participating in the discrimination-complaint process.

3. **BACKGROUND:** The Philadelphia VA Medical Center is committed to ensuring Equal Employment Opportunity (EEO), constructively resolving workplace disputes at the lowest possible level, and promoting diversity and inclusion to maintain a high performing workforce in service to our Nation's Veterans. The Philadelphia VA Medical Center will enforce all applicable Federal EEO laws, executive orders, and management directives to ensure equal opportunity in the workplace for all Philadelphia VA Medical Center employees, applicants, and former employees.

A. In an effort to streamline the Philadelphia VA Medical Center's EEO policy, the following VHA EEO Directives are consolidated into this Directive: 1017, Prohibiting Discrimination Based on Status as a Parent, 2008-013, Prohibition of Discrimination Based on Sexual Orientation, 2008-045, Anti-Harassment Policy, 2008-050, Alternative Dispute Resolution Program, 2009-057, Prohibiting Retaliation or Reprisal Against Employees, 2009-071, Prevention of Workplace Harassment.

B. The Philadelphia VA Medical Center does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or for participating in the discrimination complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

C. The Department of Veterans Affairs (VA) Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints processing service to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. The regulations governing the Federal EEO complaint process are found in Title 29 Code of Federal Regulations (CFR) Part 1614. Employees seeking redress under this process must contact an EEO counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged discrimination.

4. DEFINITIONS:

A. **Harassment.** Harassment is unwelcome conduct that is based on race, color, sex (including sexual orientation), religion, national origin, disability, and/or age when:

- (1) The conduct is a condition of the individual's employment.
- (2) Employment decisions are based on whether the employee accepts or rejects such conduct.
- (3) The conduct can unreasonably interfere with an individual's work performance or create an intimidating, hostile, or offensive work environment.

B. **Hostile Work Environment.** A hostile work environment is created when sexual comments or conduct unreasonably interfere with an individual's work performance or create an intimidating, hostile, or offensive work environment. A supervisor or co-worker may be responsible for this type of conduct or a non-employee in certain circumstances. Jokes, remarks, teasing, rude or obnoxious behavior, pranks, non-sexual conduct or questions that contain sexual overtures can be a form of sexual harassment, and are not acceptable in the Philadelphia VA Medical Center's professional work environment, and are not appropriate action, or who retaliate against an employee who reports incidents or sexual harassment, are subject to disciplinary action.

C. **Sexual Harassment.** Sexual Harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature not only when the submission to advances is an expressed or implied condition for receiving job benefits and the refusal of advances in tangible employment action, but also when the conduct creates an intimidating, hostile or offensive working environment. Sexual harassment is not limited to explicit demands for sexual favors. It also may include such actions as:

- (1) Sexually-oriented verbal kidding, teasing, or jokes.
- (2) Repeated sexual flirtations, advances or propositions.
- (3) Continued or repeated verbal abuse of a sexual nature.
- (4) Graphic or degrading comments about an individual or the individual's appearance.
- (5) The display of sexually suggestive objects or pictures.
- (6) Subtle pressure for sexual activity.
- (7) Physical contact such as hugging, pinching, brushing against another's body or unwelcome patting.

D. **Status as a Parent.** Status as a Parent refers to the status of an individual who, with respect to an individual who is under the age of 18 or who is 18 or older but is incapable of self-care because of a physical or mental disability is: a biological parent, an adoptive parent, a foster parent, a stepparent, a custodian of a legal ward, in loco parentis over such individual, or actively seeking legal custody or adoption of such an individual.

5. **RESPONSIBILITIES:** Supervisors, Medical Center Directors, medical center service chiefs) are responsible for ensuring the prohibition of discrimination based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or for participating in the discrimination-complaint process.

A. Generally, supervisors are responsible for:

- (1) Ensuring they do not interfere with employees' rights to use the EEO complaint process.
- (2) Completing required EEO supervisory training.
- (3) Ensuring their employees complete required EEO employee training.

NOTE: Information concerning the EEO complaint process is available at <http://vaww.va.gov/ORM/EEOcomplaintresources.asp>. VA requires all employees, including supervisors, to take mandatory training concerning prohibition of discrimination in the workplace. This training is available at <https://www.tms.va.gov/learning/user/login.jsp>. These are both internal VA Web sites and are not available to the public.

B. Further specific supervisor responsibilities by subject are as follows:

(1) **Prohibition of Discrimination Based on Status as a Parent.** Supervisors must: Ensure the protection of parents in the workplace through the procedures provided for in Executive Order 11478 as amended by Executive Order 13152.

a. Notify applicants or employees who believe they have been subjected to discrimination based on their status as a parent may seek assistance from ORM. (See Appendix B for ORM's Parental Status Notice.)

b. Ensure a person's status as a parent is not the basis for the denial of a job, promotion, or any employment action.

(2) **Prohibition of Discrimination Based on Sexual Orientation.** Supervisors must notify employees and applicants that EEOC has held that discrimination against an individual because that person is transgender (also known as gender identity discrimination) is discrimination because of sex and therefore is covered under Title VII of the Civil Rights Act of 1964, Title 42 United States Code (U.S.C.) 2000e et seq. The EEOC has also found that claims by lesbian, gay, and bisexual individuals alleging sex-stereotyping state a claim of discrimination under Title VII. Employees seeking to file complaints based on sexual orientation may have multiple avenues to consider. If an employee believes that he or she has been discriminated based on sexual orientation, he or she should contact an ORM EEO counselor for more information.

(3) **Anti-Harassment Policy.** Supervisors must emphasize to employees the need to inform the alleged harasser directly that the conduct is unwelcome and that it must stop. **NOTE:** Employees need to report harassment at an early stage to prevent its escalation.

a. Persons believing themselves to have been subjected to harassment need to discuss concerns with their immediate supervisor, service line director, the Equal Employment Opportunity (EEO) Program Manager, Human Resources Management Service, or their union representative.

b. Complaints of harassment may also be brought to the attention of an Office of Resolution Management (ORM) EEO Counselor; this must be done within 45 calendar days of the date of the event or alleged act(s) occurred.

c. Efforts will be made to resolve harassment claims as early as possible and where appropriate, alternative dispute resolution is encouraged.

(4) Protection against Genetic Discrimination in Federal Employment. Prohibiting discrimination for employment based on protected genetic information, or information about a request for, or the receipt of, genetic services and notifying employees and applicants, who believe that they have been subjected to discrimination based on genetics, may seek:

a. Assistance under certain circumstances from the MSPB, the OSC, the Agency's Negotiated Grievance Procedure or Administrative Grievance Procedure.

b. To initiate file an EEO complaint with ORM under Title II of the Genetic Information Nondiscrimination Act GINA of 2008, 42 U.S.C. 2000ff et seq.

c. Maintaining protected genetic information or information about a request for, or the receipt of, genetic services in general personnel files; such information must be treated as confidential medical records and kept separate from personnel files.

(5) Alternative Dispute Resolution Program. Medical Center Directors must designate an Alternate Dispute Resolution Program (ADR) Manager on a full-time, part-time, or collateral duty basis who is provided the necessary resources.

a. Ensuring all their employees have access to ADR as a method for resolving workplace disputes and EEO complaints.

b. Ensuring that the ADR program is coordinated in a fair and neutral manner.

c. Resolving workplace disputes at the earliest possible stages. This may include ADR or other informal dispute resolution techniques.

d. Ensuring VHA supervisors are evaluated in terms of their efforts to implement and utilize ADR to resolve workplace disputes and EEO complaints. VHA supervisors are to support, participate in, and encourage early dispute resolution through ADR; and are to have open and honest communication with employees to demonstrate effective conflict management skills.

e. Approving, as appropriate, facility settlement agreements negotiated through ADR and ensuring compliance with the terms of settlement.

f. Providing ADR awareness training and program information to all their employees.

g. Ensuring full cooperation with ORM Investigators during an EEO Investigation.

(6) Prohibiting Retaliation or Reprisal against Employees. Pursuing necessary follow-up action when the Director, Office of Employment Discrimination Complaint Adjudication (OEDCA), issues a final agency decision finding retaliation for EEO activity.

- a. Providing timely compliance documentation to ORM when OEDCA renders a finding of discrimination.
- b. Taking corrective action and appropriate disciplinary action immediately in all cases where there has been a finding of discrimination, retaliation or reprisal.
- c. Ensuring follow-up action is taken when the Director, OEDCA, receives an appellate decision by the EEOC.
- d. Ensuring any employment action taken by the individuals under their supervision is in full compliance with EEO laws and regulations as well as VHA and Departmental EEO policies.

(7) Prevention of Workplace Harassment. Ensuring Federal employees are provided with a workplace free of discriminatory harassment as referenced in the Equal Employment Opportunity Management Directive 715, Section II (A) and (C) see <http://www.eeoc.gov/federal/directives/md715.cfm>

- a. Ensuring this policy is included in new employee and supervisory orientations, manuals, newsletters, and regular personnel communications and that each new employee receives training on the Prevention of Workplace Harassment/No FEAR Act within 90 days of employment, and thereafter, refresher training every 2 years. This mandatory training is offered on-line by the VA's Talent Management System: <https://www.tms.va.gov/>.
- b. Notifying employees and applicants that if they believe they have been subjected to discrimination based on workplace harassment, they may seek:
 - i. Assistance under certain circumstances from the Merit Systems Protection Board (MSPB), the Office of Special Counsel (OSC) the Agency's Negotiated Grievance Procedure, or the Agency's Administrative Grievance Procedure.
 - ii. Assistance from ORM to file an EEO complaint. The individual must contact an EEO counselor within 45 calendar days of the date of the incident or alleged act(s).
- c. Designating the EEO Manager, or other appropriate individual, to conduct a prompt, thorough, and impartial inquiry of all workplace harassment allegations. Any person who believes he/she has been the subject of an incident of workplace harassment in violation of this Directive must report the matter to anyone in the supervisory chain, immediate supervisor, the Equal Employment Opportunity (EEO) Program Manager, Human Resources Management Service, or union representative (see Appendix A).
- d. Ensuring all allegations of workplace harassment against a member of the senior leadership, General Schedule (GS)-14 and above, are reported to the VISN Lead EEO Manager's Office, within 24 hours of notification of the allegation.

(8) Ensuring the Implementation of a Violence Prevention Program. Violence in the workplace is an occupational safety hazard citable under Department of Labor's Occupational Safety and Health Administration standards and under VA Directive 7700, Occupational Safety and Health.

(9) Providing Reasonable Accommodations. Providing reasonable accommodations to employees on the basis of disability in accordance with VA Directive 5975, Diversity and Inclusion, and VA Handbook 5975.1, Processing Requests for Reasonable Accommodation for Employees and Applicants with Disabilities.

(10) Encouraging employees to embrace the complementary principles of equity and diversity and inclusion throughout VHA to deliver the best care and services to America's Veterans.

6. REFERENCES:

- A. Executive Order 11478, Equal Employment Opportunity in the Federal Government.
- B. Executive Order 13152, Further Amendment to Executive Order 11478, Equal Employment Opportunity in Federal Employment.
- C. Executive Order 13087, Further Amendment to Executive Order 11478, Equal Employment Opportunity in the Federal Government, May 28, 1998.
- D. Executive Order 13145, To Prohibit Discrimination in Federal Employment Based on Genetic Information.
- E. Executive Order 12106, Equal Employment Opportunity Enforcement (Title 44 Code of Federal Regulations 1053, January 3, 1979).
- F. 42 U.S.C. 2000e et seq., Title VII of the Civil Rights Act of 1964.
- G. 29 U.S.C. 621 et seq., Age Discrimination in Employment Act of 1967.
- H. 29 U.S.C. 791 et seq., The Rehabilitation Act of 1973, as amended.
- I. 5 U.S.C. 552a, The Privacy Act of 1974.
- J. 42 U.S.C. 2000ff et seq., Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA).
- K. 5 U.S.C. 571-584, Administrative Dispute Resolution Act of 1996.
- L. 42 U.S.C. 1981 et seq., The Civil Rights Act of 1991.
- M. 5 U.S.C. 7101 et seq., The Civil Service Reform Act of 1978, as amended.
- N. 29 U.S.C. 206, The Equal Pay Act of 1973.
- O. 5 U.S.C. 2301 et seq., The Notification and Federal Employee Antidiscrimination and Retaliation Act (NoFEAR Act) of 2002 and the Whistleblower Protection Enhancement Act of 2012.
- P. Equal Employment Opportunity Management Directive-110, see <http://www.eeoc.gov/federal/directives/md110.cfm>.
- Q. Equal Employment Opportunity Management Directive-715, see <http://www.eeoc.gov/federal/directives/md715.cfm>.
- R. Title 29 CFR Part 1604, U.S. Equal Employment Opportunity Commission Regulations and Guidelines on Discrimination Because of Sex available at: http://www.eeoc.gov/laws/types/sexual_harassment.cfm.
- S. U.S. Equal Employment Opportunity Commission, Facts about Discrimination in Federal Government Employment Based on Marital, Parental, Political Affiliation, Sexual Orientation, or Transgender (Gender Identity) Status available at: <http://www.eeoc.gov/federal/otherprotections.cfm>.
- T. U.S. Equal Employment Opportunity Commission, Guidance, Discrimination by Type, Harassment available at: <http://www.eeoc.gov/laws/types/harassment.cfm>.

U. 29 CFR 1614 (requiring that each Federal agency make available an ADR program for employees who believe they have been the victims of a prohibited discrimination).

V. VA Secretary's EEO, Diversity, and No FEAR Policy Statement, June 11, 2014, see <http://www.diversity.va.gov/policy/statement.aspx>.

W. VA Directive 5975, Diversity and Inclusion.

X. VA Handbook 5975.1, Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities.

Y. VA Directive 5977, Equal Employment Opportunity Discrimination Complaints Process.

Z. VA Directive 5978, Alternative Dispute Resolution.

AA. VA Directive 7700, Occupational Safety and Health.

7. **RESCISSION:** NONE

8. **REVIEW DATE:** April 2018

/s/

DANIEL D. HENDEE, FACHE

Director

GUIDELINES ON REPORTING WORKPLACE HARASSMENT AND MAKING INQUIRIES INTO ALLEGATIONS OF WORKPLACE HARASSMENT

1. REPORTING WORKPLACE HARASSMENT:

A. Any person who believes he/she has been the subject of an incident of workplace harassment in violation of this Directive must report the matter to anyone in the supervisory chain, immediate supervisor, the Equal Employment Opportunity (EEO) Program Manager, Human Resources Management Service, or union representative.

B. All information must be maintained on a confidential basis to the greatest extent possible. The maintenance of records and any disclosure of information from these records must be in complete compliance with the Privacy Act, Title 5 United States Code (U.S.C.) 552a. Such information, however, may have to be disclosed on a "need to know" basis in order to carry out the purpose and intent of this policy.

2. INQUIRIES INTO ALLEGATIONS OF WORKPLACE HARASSMENT:

A. A supervisor or manager who receives an allegation or witnesses workplace harassment must immediately:

B. Inform the EEO Manager and seek guidance as to further actions;

(1) In consultation with the EEO Manager, take preliminary action to alleviate alleged workplace harassment and prevent further harassment while an inquiry into the allegation is being made, including granting of appropriate interim relief to the victim of the alleged workplace harassment.

(2) In consultation with the EEO Manager, document the allegation received and the efforts to address the allegation.

(3) Meet with the person reporting the harassment to update on the outcome of the inquiry.

C. If a Senior Executive (i.e., VHA Chief Officer, Veterans Integrated Services Network (VISN) Director, Medical Center or Health Care System Director, etc.) receives an allegation of workplace harassment, the EEO Manager at the facility, VISN, or program office is to be promptly notified of the person accused of the misconduct and the Senior Executive needs to provide further assistance as requested by the EEO Manager.

D. When the EEO Manager receives an allegation of workplace harassment, either directly from the employee or through a supervisor, manager, or other sources, the EEO Manager must:

(1) Ensure that the appropriate management official is notified and a prompt, thorough, impartial, and appropriate inquiry is conducted.

(2) Follow-up with the appropriate management official to ensure that action is taken to stop any alleged workplace harassment and to prevent further harassment.

(3) Advise the employees of their right to contact the Office of Resolution Management; should the individual desire to file an EEO complaint, the individual must contact an EEO counselor within 45 calendar days of the date of the incident or alleged act(s).