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**YALE  
SCHOOL OF  
MEDICINE**

**Department of  
Neurology**

**Division of  
Neuropsychology**

**Adult  
Neuropsychology  
Residency**

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# OVERVIEW

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## **PROGRAM PHILOSOPHY:**

The mission of the Yale Neuropsychology Postdoctoral Residency is to educate and train clinical neuropsychologists in the competencies necessary for the practice of clinical neuropsychology, as outlined in *Application of a Competency Model to Clinical Neuropsychology* (Rey-Casserly, Roper, & Bauer, 2012). The program meets all requirements of the Houston Conference Guidelines and the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). The program is anchored in a scientist-practitioner tradition, providing residents with training in both clinical and academic practice. This two-year program is designed to be the final training experience that allows residents to become independent clinical neuropsychologists. After completion, residents are encouraged to pursue board certification by the American Board of Professional Psychology (ABPP).

### YEAR 1 (Junior Resident)

- Generalist Neuropsychology Training
- Greenwich Hospital Campus
- Primary Supervisor: Stephanie Towns, PsyD, ABPP

### YEAR 2 (Senior Resident)

- Specialty Neuropsychology Training
- Yale New Haven Campus
- Primary Supervisor: Emily Sharp, PhD, ABPP

## **IMPORTANT INFORMATION:**

Program Orientation: 75% Clinical; 10% Research; 10% Education; 5% Administrative

Application Deadline: December 1<sup>st</sup>

Residency Interview: Virtual

Residency Start Date: July 1<sup>st</sup>

Residency Salary: GME Scale: Year 1= PGY2 (post grad year 2); Year 3 = (PGY3)

<https://www.ynhh.org/medical-professionals/gme/resources/house-staff-benefits.aspx>

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## FACULTY

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**Stephanie Towns, PsyD, ABPP-CN**, Training Director, Residency Program Director

Dr. Towns specializes in the assessment of patients with a variety of neurological diseases, such as neurodegenerative disorders (e.g., Alzheimer’s disease), traumatic brain injury, and Parkinson’s disease. Her research is focused on the relationship between cognition and sleep in patients with neurological disease. She is passionate about training and education in clinical neuropsychology and her most recent publications focus on issues related to training. Dr. Towns is located in the Greenwich, CT office.



**Emily Sharp, PhD, ABPP-CN**, Chief, Division of Neuropsychology, Associate Program Director

Dr. Sharp specializes in the assessment of neurodegenerative disorders (e.g., Alzheimer’s disease) and Parkinson’s disease (e.g., DBS surgery evaluations) as well as other neurologic conditions. Dr. Sharp is a member of the clinical core of the Yale Alzheimer’s Disease Research Center (ADRC). Her research has focused on the relationship between cognitive engagement and cognitive decline.



**Franklin Brown, PhD, ABPP-CN**

Dr. Brown specializes in the cognitive assessment of epilepsy (and epilepsy surgery consultations), oncology (both neurological and chemotherapy effects), multiple sclerosis and neurodegenerative disorders. His research focuses on visual memory, cognitive inefficiency, and using tests to differentiate etiologies for cognitive decline. Dr. Brown developed the Brown Location Test, which he continues to research in temporal lobe epilepsy patients and has expanded this research to examine cognitive inefficiency in MS and oncology patients.



**Christopher Benjamin, PhD**

Dr. Benjamin is a neuropsychologist and neuroscientist specializing in adult epilepsy. After training in Australia, he completed his research training at Children’s Boston/Harvard Medical School in fMRI and DWI for surgical planning, and his postdoctoral fellowship in clinical neuropsychology at UCLA’s Semel Institute. His research centers on the use of cognitive assessment and functional MRI for presurgical mapping of language and memory <https://cogneuro.net/>.



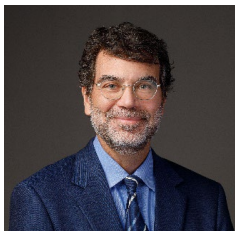
**Carmen I. Carrión, PsyD**

Dr. Carmen Carrión is an English/Spanish bilingual clinical psychologist who provides culturally informed neuropsychological evaluations to individuals presenting with diverse clinical conditions. Her clinical and research interests include memory and neurodegenerative disorders with a focus on how demographic factors influence the manifestation of neurological syndromes. At the [Yale Alzheimer’s Disease Research Center](#), Dr. Carrión is a member of the Clinical Core and Associate Core Lead of the Outreach Core where she is actively involved in investigating the correlation between contextual disadvantage and the incidence and manifestation of neurodegenerative disorders. Dr. Carrión served as Member-at-Large for the Hispanic Neuropsychological Society and is a member of the practice committee.



**Lucas Driskell, PsyD**

Dr. Driskell specializes in the assessment of individuals with cerebrovascular diseases and neurodegenerative disorders. Broadly, his research interests pertain to the relationship between brain and heart health; more specifically, the connection between cardiovascular health and cognitive longevity across the lifespan, as well as the impact of cardiovascular interventions on cognition. He is also involved in research intended to inform education and training standards within the specialty of neuropsychology. Professionally, he has served on several national and international psychology and neuropsychology organizations. In early 2020, he and his colleagues co-founded KnowNeuropsychology, an organization leading the field in neuropsychological and functional neuroanatomical didactics. Locally, he is serving on the Connecticut Psychological Association’s Board of Directors as the Region 3 Representative (New Haven) and has spent time meeting with our state’s Congressional leaders through the Legislative Committee.



**Timothy Belliveau, PhD, ABPP – CN, RP**

Dr. Belliveau specializes in assessment and rehabilitation after traumatic injuries. He is an experienced supervisor for trainees at all levels of professional development, and is currently the Chair of the Connecticut Psychological Association’s Neuropsychology Division. His research interests include validity assessment, measurement of post-injury expectations, and developing models for complex diagnostic and prognostic classification.



**Alice Perez, PhD**

Dr. Perez is a bilingual neuropsychologist who conducts neuropsychological assessments in both English and Spanish. Her clinical activities involve conducting neuropsychological evaluations with individuals with various conditions, including neurodegenerative diseases, autoimmune disorders, and other neurological diseases. Her research interests include assessing cognitive impairment in incarcerated individuals. She also has a background in basic neuroscience research.

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# INSTITUTIONS and PROGRAM DESCRIPTION

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## MISSION

The Yale School of Medicine's mission is to educate and nurture creative leaders in medicine and science, promoting curiosity and critical inquiry in an inclusive environment enriched by diversity. We advance discovery and innovation fostered by partnerships across the University, our local community, and the world. We care for patients with compassion and commit to improving the health of all people.

The mission of the Neuropsychology Residency Training Program is to develop advanced competencies in the clinical practice of neuropsychology with the following key goals:

- To learn the principles and methods of neuropsychological evaluation, in accordance with the foundational and functional competencies of neuropsychology as outlined in the *Application of a Competency Model to Clinical Neuropsychology* (Rey-Casserly, Roper, & Bauer, 2012)
- To gain an understanding of brain-behavior relationships in the context of a variety of neurological, psychiatric, and medical diseases.
- To become skilled in providing culturally sensitive neuropsychological evaluation of patients from diverse racial, ethnic, and socioeconomic backgrounds.
- To design and execute clinical neuroscience research.

## PROGRAM OVERVIEW

The program is administered through the Department of Neurology. The residency program accepts one resident per year. Each year, there is a first year (junior) and second year (senior) resident. These residents join other neuropsychology trainees including externs and interns. Our program primarily emphasizes the assessment of cognitive symptoms of neurological disorders in a diverse patient population. The majority of the training experiences will be conducted in outpatient neuropsychology clinics, in consultation with neurology and neurosurgery. The patient population includes adults 18 years of age or older with a variety of neurological, psychiatric, and medical disorders, including: Alzheimer's disease and other neurodegenerative diseases, Parkinson's disease and other movement disorders, cerebrovascular disease, multiple sclerosis, brain tumors, other cancers, traumatic brain injury, epilepsy, as well as less common neurological disease processes.

The program is housed within the department of Neurology on two campuses (<https://medicine.yale.edu/neurology/divisions/>). The first year of the Yale Neuropsychology Postdoctoral residency is designed as a generalist experience, located in outpatient facilities of Greenwich Hospital, in Greenwich, CT. Residents can expect to receive referrals from neurology, neurosurgery, geriatrics, psychiatry and primary care. Referral questions will range from dementia diagnosis to assessment of traumatic brain injury sequelae in a given week. During the second year, residents will rotate through

the Yale New Haven Hospital campus and adjacent campuses where they will have the opportunity to select more focused rotations in neurodegenerative disease, neurovascular assessment, and movement disorders/DBS. Minor experiences will be available in epilepsy and traumatic brain injury. Additionally, residents who are proficient in Spanish can receive additional training in bilingual neuropsychological assessment. During their time at each campus, residents will have access to dedicated workspace, computer, and library services.



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# RESIDENCY TRAINING ACTIVITIES

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## CLINICAL EXPERIENCES

Residents will rotate among at least three different supervisors over the course of their residency, with options for tailoring their experience based on interests and training goals. Clinical rotations will be split between the Greenwich, CT and greater New Haven, CT campuses.

During the first year of residency, the trainee will be required to rotate with Dr. Towns on the general neurology service. The Greenwich neuropsychology clinic provides assessment for all the neurology providers within the healthcare system (and many outside providers) in southern Connecticut. As such, the referral question will range widely and might include memory disorders, movement disorders, stroke, traumatic brain injury, and neuro-oncology.

In the resident's second year, they will be permitted to tailor their experiences for greater specialization. These may include more focused rotations in memory disorders, movement disorders/DBS evaluation, and neurovascular assessment. Minor rotations will also be available in presurgical epilepsy evaluation, traumatic brain injury, and bilingual (Spanish) assessment. Each of these rotations will also include some portion of generalized neurology assessment as well. Residents are expected to choose at least two of these experiences but will have the opportunity to complete up to four or five.

Residents are expected to complete an average of three outpatient neuropsychological assessments per week. The number of assessments conducted per week will vary with the level of the resident's skills/comfort level and the complexity of the assessments conducted. The typical outpatient testing battery is two to four hours and is based on the referral question. Residents will be expected to conduct their own testing with the majority of patients, although tiered supervision of extern level trainees is available on some rotations.

Residents also have several multidisciplinary opportunities including attendance in the neurology resident noon lecture series, geriatric psychiatry lecture series, neuroimaging series, neuropathology brain cutting series, Wada, and ADRC case consensus conferences. When offered, residents will have the opportunity to take Dr. Hal Blumenfeld's course based on his exceptional book, "Neuroanatomy through Clinical Cases." Residents will have the opportunity to take the lead on and/or collaborate on existing faculty research. Beyond the school of medicine, Yale University offers the insatiable mind endless opportunities for lectures, arts, and culture.

## RESEARCH EXPERIENCES

Residents are expected to complete one to two research projects over the course of their residency. Research projects may include investigator driven projects, collaborative projects (e.g., within the ADRC), educational projects, and/or program development and evaluation projects. Each year/project requires a product for presentation, which can be at the Yale Med-Ed day, the Neurology Research blast

day, and/or an annual neuropsychology conference presentation. The second-year project should culminate in a poster/paper presentation or a peer-reviewed manuscript publication. Residents are provided with at least 4 hours of protected research time per week. At the beginning of their residency, they will meet with a research mentor to conceptualize and map out their research project(s). Research mentors may change as the residency progresses based on faculty availability and resident interests.

### **DIDACTIC LEARNING OPPORTUNITIES**

Required weekly didactic experiences include Group Supervision, Neuropsychology Seminar, Neurology Grand Rounds, Neurology Clinical Grand Rounds, and Neurology Morbidity and Mortality Conference. Other didactic experiences (depending on year/rotation) include Clinical Neuroscience Grand Rounds, Epilepsy Surgery Conference, Epilepsy Fellowship Lecture, DBS Surgery Conference, Movement disorders video rounds, ADRC Case Conference, Neuropathology/Brain Cutting, and Neuro-oncology Lecture.

The Neuropsychology seminar will include didactic presentations about neuroanatomy and neurological syndromes, professional development, and board certification practice exams/fact-finding sessions designed to prepare the resident to successfully take their board exams upon completion of the residency.

### **SUPERVISION**

Residents will be expected to begin the program with clear competence in neuropsychological testing and scoring, medical record review, and report writing skills. Throughout the course of the program, residents will progress to increasing levels of independence including conducting clinical interviews, interdisciplinary consultations, didactic seminar presentations, and feedback sessions. Residents will participate in *at least two hours per week* of individual supervision with their primary rotation supervisor. Residents will also participate in a *1-hour weekly group supervision* with the other resident and externs. In addition to clinical supervision, residents will meet monthly with their research mentor and the program director to review progress and address any concerns.

### **COMPETENCIES**

The primary goal of the Yale Neuropsychology residency is to provide residents with the experience and training necessary to allow them to practice as independent clinical neuropsychologists at the level of competency outlined in the [Application of a Competency Model to Clinical Neuropsychology](#) (Rey-Casserly, Roper, Bauer, 2012). At the completion of the residency, trainees are expected to reach competency (as outlined in the article above) within each of the areas outlined below.

#### Foundational Competencies include:

1. Professionalism
2. Individual and cultural diversity
3. Ethical, legal standards, and policy
4. Reflective practice/self-assessment/self-care
5. Relationships
6. Scientific knowledge and methods
7. Research/evaluation

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1. Professionalism
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## SALARY and BENEFITS

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The resident's salary is commensurate with that of PGY2 and PGY3 (in years 1 and 2 respectively) Neurology residents. In addition to salary, residents are provided with \$1400 of professional development funds. Health insurance is provided at no cost to the resident. Vacation, sick leave, family leave, and professional leave are all available, consistent with existing policy's regarding resident leave. Department policy offers 10 days of personal vacation leave, in addition to federal holidays. Neuropsychology residents are considered house staff and receive all services available to Yale House Staff including support from the Yale Minority Housestaff Organization (MHO) for residents from underrepresented populations. See <https://www.ynhh.org/medical-professionals/gme/resources/house-staff-benefits.aspx> for more information.

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## APPLICATION PROCEDURES

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The application process includes submission of the following: a cover letter articulating goals and experiences; curriculum vitae; three letters of reference (preferably including at least one letter from an internship neuropsychologist supervisor and at least one from an ABPP/CN neuropsychologist); two sample case reports; APPCN Verification of Completion of Doctorate, and graduate school transcripts. If you have not completed your dissertation at the time of your application, please include a letter from the chair of your dissertation committee indicating the status of your project and your anticipated date of completion. Please also include information on the status of your dissertation in your cover letter. Materials should be submitted to Dr. Towns at [Stephanie.Towns@yale.edu](mailto:Stephanie.Towns@yale.edu) as a single PDF document (including reference letters and transcript, if possible). Any documents not able to be combined into a single PDF document can be sent as a separate file.

Other material that the candidate would like the Program Selection Committee to consider is welcome. Applications are due by December 1<sup>th</sup> of the year prior to when the fellowship begins (e.g., 2023-25 position applications are due December 1, 2022). Applicants are notified of their application status prior to the February meeting of the International Neuropsychological Society (INS). All applicants will be interviewed virtually, via video platform.

**Our Program participates in the APPCN Match Program. We rank all competitive applicants. Applicants are provided feedback about their status in accord with APPCN guidelines. If you are applying to our program and receive a pre-emptive offer from a non-APPCN program, we encourage you to contact us to discuss your ranking with us. We follow all APPCN regulations concerning**

communication during the match, but these regulations allow us to provide you information about your status with our program.

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# CAMPUSES

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## YALE NEUROPSYCHOLOGY LOCATIONS

### **Greenwich Hospital – Yale New Haven Health**

15 Valley Dr, Suite 201  
Greenwich, CT 06831

### **New Haven Campus – Yale New Haven Health**

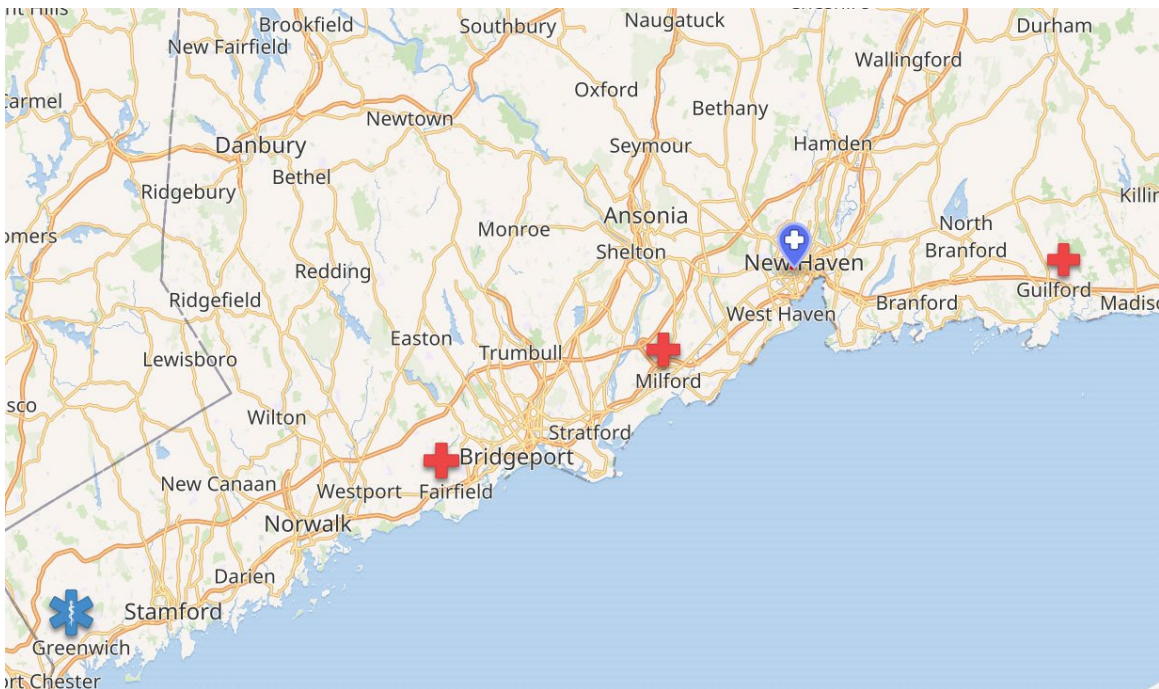
800 Howard Ave, LL  
New Haven, CT 06519

Additional Neuropsychology Clinics/Supervisor Locations:

Yale Medicine/YNHH – Milford

Yale Medicine/YNHH – Fairfield

Yale Medicine/YNHH – Guilford



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## Life in Connecticut

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Connecticut has many historical, cultural, scientific, and academic spaces. Greenwich and New Haven are connected by the MTA Metro North train line. This convenient train access continues to Philadelphia to NYC to Boston and beyond. See these excellent resources:

**For more information on life at Yale and in New Haven see:**

[Life at Yale \(Yale University\)](#)

[Living in New Haven](#)

[City of New Haven](#)

**For more information on life in Greenwich see:**

[8 Reasons to Live in Greenwich](#)

[Life in Greenwich](#)

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## Evaluation Policies

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Residents will undergo written evaluation every six months completed by their primary rotation supervisor. These evaluations (available upon request) are based on the competencies outlined above, with the expectation that the resident will become proficient in all competency areas listed. Residents who are not performing at the expected level of competence will be placed on a competency remediation plan (based on that provided by the American Psychological Association), which will include specific competencies not reached, a description of the problem within each domain, dates of intervention/informal discussion of problems, steps already taken by trainees and supervisors to address the problem, and a specific remediation plan with dated timeline for trainee and supervisor responsibilities for helping to trainee reach the appropriate level of competency, as well as, consequences for unsuccessful remediation.

Residents will evaluate the training program annually (along with trainees at other levels to allow for anonymity). Verbal feedback will be requested regularly during supervision and sessions with the program director. Residents who feel uncomfortable or unable to voice concerns to the program director are encouraged to approach the associate program director or division chief with any concerns.

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## RESIDENT PROBATION, SUSPENSION, OR DISMISSAL

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### INTRODUCTION

This policy is adopted consistent with the hospital mission to educate neuropsychologists for a leadership role in clinical and academic medicine as well as to protect and improve the health and maintain the safety of our patients, visitors and staff.

### DEFINITIONS

1. Probation: A trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the program.
2. Suspension: A period of time in which a resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.
3. Dismissal: The condition in which the resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident's appointment and termination of all association with the Medical Center.

### POLICY

It shall be the policy of Yale-New Haven Health that the decision for probation, suspension and/or dismissal of residents in accredited training programs is the primary responsibility of the Program Director along with the Clinical Competency Committee. This process should be progressive and objective. A final decision of suspension or dismissal must be reviewed and approved by the Chair of the Department and the Director/Associate Dean of GME prior to the suspension and/or dismissal. The program director must have records, in writing, of discussions, with the resident, involving faculty concerning the problems that have led to the probation and/or dismissal. A resident involved in any of the actions of probation, suspension or dismissal has the right to appeal according to GMEC policy.

## PROCEDURE

### Classification of Progressive Discipline Steps

There are basic steps of progressive disciplinary action, all of which must be documented in writing as follows:

1. Resident Counseling- Resident is counseled by the Program Director in an effort to eliminate possible misunderstandings and to explain what constitutes proper conduct or acceptable job/academic performance.
2. Verbal Warning- Following unsuccessful attempts (number of attempts is proportionate to the level of the problem) to correct the problem through repeated counseling, the resident should be verbally warned that further discipline may follow if the resident continues to commit the offense in question, or does not otherwise correct the academic/performance problem.
3. Written Warning/Remediation Plan- Resident receives written notice of discipline following intentional or repeated offenses. The purpose of a written warning/remediation plan is to make certain that the resident is fully aware of the misconduct they have committed and what is expected, thereby enabling the resident to avoid a recurrence of the incident. A written warning/remediation plan requires prior approval by the Programs' clinical competency committee.
4. Probation- A resident may be placed on probation by a Program Director for reasons including, but not limited to any of the following:
  - a. Failure to meet the performance standards of an individual rotation;
  - b. Failure to meet the performance standards of the program;
  - c. Failure to comply with the policies and procedures of the GME Committee, the Medical Center, the participating institutions or the program;
  - d. Misconduct that infringes on the principles and guidelines set forth by the training program;
  - e. When reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program. When a resident is placed on probation, the Program Director shall notify the resident in writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.
  - f. Based upon a resident's compliance with the remedial steps and other performance during probation, a resident may be:
    - i. Continued on probation
    - ii. Removed from probation
    - iii. Placed on suspension
    - iv. Dismissed from the residency program.
5. Suspension- A resident may be suspended from a residency program for reasons including, but not limited, to any of the following:
  - a. Failure to meet the requirements of probation
  - b. Failure to meet the performance standards of the program
  - c. Failure to comply with the policies and procedures of the GME Committee, the Medical Center, the participating institutions or the program
  - d. Misconduct that infringes on the principles and guidelines set forth by the training program
  - e. When reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program
  - f. When reasonably documented legal charges have been brought against a resident



- which bear on his/her fitness to participate in the training program
- g. If a resident is deemed an immediate danger to patients, himself or herself or to others.
  - h. When a resident is suspended, the Program Director shall notify the resident with a written statement of suspension to include:
    - i. Reasons for the action
    - ii. Appropriate measures to assure satisfactory resolution of the problem(s)
    - iii. Activities of the program in which the resident may and may not participate
    - iv. The date the suspension becomes effective and the term of the suspension
    - v. Consequences of non-compliance with the terms of the suspension
    - vi. Whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year. A copy of the statement of suspension shall be forwarded to the Director/Associate Dean for Graduate Medical Education and the Director of the House Staff Office.

During the suspension, the resident will be placed on “administrative leave”, with or without pay as appropriate depending on the circumstances. At any time during or after the suspension, the resident may be:

- i. Reinstated on probation
  - ii. Continued on suspension
  - iii. Dismissed from the program
6. Dismissal- Dismissal from a residency program may occur for reasons including, but not limited to, any of the following:
- a. Failure to meet the performance standards of the program
  - b. Failure to comply with the policies and procedures of the GME Committee, the Medical Center, the participating institutions or the program
  - c. Illegal conduct
  - d. Unethical conduct
  - e. Performance and behavior which compromise the welfare and of patients, self, or others
  - f. Inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States.

The Program Director shall contact the Director/Associate Dean for GME and provide written documentation which led to the proposed action. When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Program Director shall notify the resident with a written statement to include:

- a. Reasons for the proposed action
- b. The appropriate measures and timeframe for satisfactory resolution of the problem(s)
- c. If the situation is not improved within the timeframe, the resident will be dismissed.
- d. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty).

When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of this letter shall be forwarded to the Director/Associate Dean for GME and the Director of House Staff Office. If a contract is not to be renewed, and the resident dismissed, the program will provide the resident with written notice of intent not to renew the agreement no later than four (4) months prior to the end of the resident’s current agreement. If the primary reason for non-renewal occurs within the four months prior to the end of the agreement, the program will provide the resident with as much written notice of

the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. At that time, the resident will also be given a written copy of the grievance process.

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## GRIEVANCE POLICIES

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### RESIDENT GRIEVANCE

If a resident is unable to resolve their problem, a grievance may be initiated through the Director/Associate Dean of GME. A written statement setting forth the basis for the grievance and the outcome or remedy sought shall be submitted to the GME Coordinator, who will give it to the Chairperson of the GMEC. To be accepted for consideration, a grievance must be initiated by the Resident within ten (10) working days of the time they first had knowledge of the incident that gave rise to the grievance. The Chair of the GMEC shall then arrange a meeting with the House Officer to select the grievance panel. The panel will be immediately notified and shall meet with the resident within fourteen (14) working days after receiving the Step 1 appeal. The panel shall conduct a review of the grievance, shall develop the facts and information which are relevant to the grievance, shall meet with all other relevant parties and shall issue a written decision. The panel's decision shall be issued within fourteen (14) working days of the meeting. A copy of the decision shall be given to the Resident and to the GME Coordinator, who shall give it to the GMEC Chairperson.

If the resident is not satisfied with resolution of the Grievance at Step 1, the resident may appeal to Step 2 of the Grievance Procedure. This appeal must be in writing and comply with the requirements of paragraph F under Policy above, 2 copies must be submitted to the GME Coordinator, within seven (7) working days after receiving the Step 1 decision. The resident will deliver the appeal to individuals who will hear the Step 2 grievance. In the event a grievance is not appealed to Step 2 within the seven (7) working daytime frame, the Step 1 decision shall be considered final.

A second step grievance will be reviewed by one of the following, depending on the salary source of the Resident: 1) Chief of Staff/Senior Vice-President for Medical Affairs of Yale-New Haven Hospital, 2) Representative of the Dean, Yale University School of Medicine. Either the panel or the Chief of Staff, as applicable, shall meet with the resident within fourteen (14) working days after receiving the Step 2 appeal. The Chief of Staff/Representative of the Dean shall conduct a review of the grievance and reach a written decision promptly. The Chief of Staff's /Representative of the Dean's decision shall be issued within ten (10) working days of their meeting with the Resident. Either decision shall be deemed final and binding on all concerned parties.

For additional information about institutional grievance policies, residents can visit the House Staff Handbook at <https://www.ynhh.org/medical-professionals/gme/resources/handbook.aspx>

### WORK OR LEARNING ENVIRONMENT MISCONDUCT RESOURCES

1. YNHH Department of Employee Relations: This department can be contacted with any concern related to your employment at YNHH, including concerns about work or learning environments, or concerns about misconduct. The number is 203-688-2402, and the office is located at 789 Howard Avenue, on the First Floor.
2. YNHHS Compliance Office 203-688-8416/or an anonymous report to the Compliance Hotline at 1-888-688-7744 or [www.ynhhscomplianceprogramhotline.com](http://www.ynhhscomplianceprogramhotline.com)

3. RL Solutions Event Reporting: In EPIC under the “Tools” tab or through the hospital intranet. Users may enter events with their login or anonymously. Under category of concern, choose “Professional Conduct”
4. Concerns about Faculty Misconduct or Unprofessional Behavior may be made through the Office of Academic & Professional Development (OAPD)
  - a. <https://medicine.yale.edu/oapd/aipl/>
  - b. 203-785-4683 (voicemail, never answered)
  - c. [isabel.guerrero@yale.edu](mailto:isabel.guerrero@yale.edu) to arrange an in-person meeting
5. Call a Friend Program: This is a program where you can seek advice or support from a resident peer, not connected to the residency program.
6. Title IX Coordinators: If you have a complaint that involves a University affiliate (faculty, student, or staff) you may contact one of three Title IX Deputy Coordinators. You may ask that your complaint be pursued without revealing your name or other identifying details and this request will be accommodated to the extent possible. An anonymous complaint on its own cannot be the basis for disciplinary action. In situations where a confidentiality request limits an investigation or prevents the University from taking direct disciplinary action, the University will take other reasonable steps to minimize the effects of the reported misconduct and to prevent its recurrence. You also may ask that a complaint not be pursued. However, in the rare event of an immediate or ongoing threat, the University may need to take additional action to protect your safety and the safety of others.

#### **Sexual Harassment and Sexual Misconduct**

1. SHARE Center (Sexual Harassment and Assault Response & Education)
  - a. A call made to the SHARE Center does not constitute a formal report and may be made fully anonymously. SHARE counselors will review available options, from being heard to registering a formal complaint, and will provide links to any needed resources. When calling SHARE, you need provide neither your name nor your role within the medical center: 203-432-2000 (24/7) <https://sharecenter.yale.edu/>
2. For complaints about an employee of YNHH, call the YNHH Department of Employee Relations 203-688-2402/ 789 Howard Avenue, first floor.

#### **Discrimination/Workplace Climate/Diversity, Equity and Inclusion concerns can be brought to:**

1. Dr. Inginia Genao, GME Director of Diversity, Equity, and Inclusion 203-688-1449
2. Dr. Darin Latimore, Deputy Dean and Chief Diversity Officer 203-785-6896

#### **Mistreatment by Patients or Families**

1. Patient Relations 8AM-7PM Weekdays, Weekends 8am-4:30pm (only at York Street) 203-688-3430
2. Protective Services YSC 203-688-2500 and SRC 203-789-3800
3. The off-shift executive (listed on Amion under: Administrator on call/Off shift leaders)
4. BEST (Behavioral Emergency Support Team) Code: Available when threatened by patients 24/7, 155 from a Hospital phone
5. BIT (Behavioral Intervention Team): Available in the East Pavilion. Covered by psychiatry consult service after hours

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## **Resident Well-being**

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#### **WELL-BEING POLICY**

1. The Yale Neuropsychology Program is committed to resident well-being, as evidenced by the leave policies outlined above.

2. The Yale Neuropsychology Program prioritizes the need for trainees to attend medical and dental appointments for themselves and their dependents. Our policy to assist trainees with attending these appointments is as follows:
  - a. Trainees are given a half day every 6 weeks for appointments that can be scheduled in advance
  - b. Trainees are asked to alert (chief/coordinator) of upcoming appointment 1-2 weeks in advance if possible so that coverage can be arranged if needed.
  - c. Trainees are never asked about the nature of these appointments, only about the timing.
  
3. The Yale Neurology Program prioritizes the mental health of our trainees by:
  - a. Publicizing free online self-screening tools
  - b. Publicizing and encouraging the use of readily available, free, confidential mental and behavioral health services.
    - i. YNHH Employee and Family Resource Program
    - ii. LiveHealth Online Psychology
  - c. Our GME consultant psychiatrist is available to connect trainees with a mental/behavioral health provider
    - i. An additional member of the psychiatry faculty, Dr. Alice Papsun, is available exclusively to neurology residents for an initial consultation and referral to community providers
  - d. YNHH pays for up to 16 sessions of fully confidential care with no EMR documentation
    - i. Providers are sensitive to trainee schedules and experience and offer convenient times.
  - e. Online telehealth also is available <https://livehealthonline.com/>

## **WELL-BEING RESOURCES**

### **Employee and Family Resources Program**

The Employee and Family Resources (EFR) program is the integrated Employee Assistance and work/life program available to all residents. The goal is to provide a one-stop **confidential** resource to help you manage the demands of your everyday work and personal life. There is NO cost for you or your family to use this program. The toll-free phone number to call is **1-877-275-6226**.

### **Yale Minority Housestaff Organization.**

The Yale Minority Housestaff Organization (MHO) is dedicated to creating a supportive and nurturing environment for minority students, residents, and fellows through Yale School of Medicine and Yale New Haven Health. The MHO is committed to providing opportunities for mentorship, networking, and professional development of underrepresented residents and fellows across all specialties. Visit <https://bit.ly/3TatUk6> for more information.

### **Live Health Online Psychology**

For a \$5 copay, residents and fellows can access tele-psychology services through LiveHealth, and have the opportunity to see a therapist from the comfort of their own home, with flexible hours that are conducive to a resident schedule.

Website to access: <https://livehealthonline.com/> Phone number: 1-844-784-8409

### **YNHH Resident Wellness Program**

Mental health issues are common in residency, and many residents have benefitted from seeking help. Many resources are available through the program. Dr. Towns (cell 412-889-3484) is able to provide direction regarding referrals, or you can contact Dr. Emily Sharp, Associate Program Director and Division Chief (cell 310-662-3494).

If you prefer a contact outside of the program to guide you regarding resources for resident wellness, you can contact the GME Director of Resident and Fellow Well-being, Dr. Andrea Asnes ([andrea.asnes@yale.edu](mailto:andrea.asnes@yale.edu))

The YNHH resident wellness program has a panel of providers who can provide mental health care to residents, supported the hospital, during hours that are conducive to trainees' schedules.

In addition to the Wellness Program and the Employee and Family Resources Program, the referral to mental health services can be made directly through the providers listed in your insurance provider list, the Director/Associate Dean for Graduate Medical Education (Dr. Steve Huot), Occupational Health Services, or Chaplain Services.

### **Chaplain Services**

Office (8 AM – 4 PM) 203-688-2151; if no answer or off hours, use Chaplain on call pager: 187 then 12651 – also available through Smartweb

### **Call-a-Friend-Program**

It is not uncommon that trainees experience events that result in guilt, shame and emotional distress in their day to day work. Some examples include, but are not limited to, microaggressions, discrimination, sexual harassment, workplace hostility and other concerns outside of the workplace. YNHH has an active peer support program to assist our trainees with some of these issues, and the list of participating residents is on our blog and will be updated regularly.

### **Online/Telephone Resources**

1. The headspace app has a collection of free resources that are available for healthcare professionals and others who have had additional challenges in the context of the COVID-19 pandemic. The app can be found in both Android and Apple stores, and on headspace.
2. Free, online cognitive behavioral therapy at <https://moodgym.com.au/>
3. National Suicide Prevention Lifeline 1-800-273-TALK (8255) or contact the Crisis Text Line by texting TALK to 741741.

### **Gym Membership**

LivingWell fitness center: <https://ynhhfitness.motivation.cc/> Harkness Dormitory Gym

### **Safe Ride Program**

Trainees who are post 24-hour call may opt not to drive and take a cab or ride share service home. Reimbursement for the cost of the ride is