POSTDOCTORAL FELLOWSHIP PROGRAM IN
CLINICAL NEUROPSYCHOLOGY

Departments of Neurology (Benton Neuropsychology Laboratory) and Psychiatry
(Neuropsychology Service), University of Iowa College of Medicine

Program Director: Daniel Tranel, PhD, ABPP/Cn
Associate Director: Douglas Whiteside, PhD, ABPP/Cn

Program Faculty:
Steven W. Anderson, PhD, ABPP/Cn, Associate Professor of Neurology
Joseph Barrash, PhD, ABPP/Cn, Associate Professor of Clinical Neurology
Kristen Caraher, Psy.D, Clinical Assistant Professor of Psychiatry-Psychology
Natalie Denburg, PhD, Associate Professor of Neurology
Patricia Espe-Pfeifer, PhD, Clinical Professor of Psychiatry-Psychology
Karin Hoth, PhD, ABPP/Cn, Assistant Professor of Psychiatry-Psychology
Robert D. Jones, PhD, ABPP/Cn, Professor of Clinical Neurology
David J. Moser, PhD, ABPP/Cn, Professor of Psychiatry-Psychology

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PROGRAM OVERVIEW

The postdoctoral fellowship training program in clinical neuropsychology at the University of Iowa is administered through the Departments of Neurology and Psychiatry, in the University of Iowa Hospitals and Clinics. The Benton Neuropsychology Laboratory and the Neuropsychology Service of the Department of Psychiatry are the principal training sites and the program has a Major Area of Study in Clinical Neuropsychology. The Program is directed by Daniel Tranel, PhD, and Douglas Whiteside, PhD, serves as Associate Director. The Program has close ties to the University of Iowa Neuroscience PhD Program (http://neuroscience.grad.uiowa.edu), the Aging Mind and Brain Initiative (http://ambi.uiowa.edu), the Department of Neurosurgery (http://www.medicine.uiowa.edu/neurosurgery), the Department of Psychology (http://www.psychology.uiowa.edu), and the Neuroscience Institute. The training program accepts 1 to 2 fellows per year, and emphasis is placed on individual instruction by maintaining a low fellow-to-faculty ratio. Our training model stems from the scientist-practitioner tradition, and conforms to the guidelines provided by the Houston Conference. The program is a charter member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), and participates in the match program administered through APPCN. Most fellows graduating from the program have pursued careers in hospital-based practice, and many have maintained a balance between clinical practice, research, and teaching. The background of past fellows has been primarily in clinical psychology and counseling psychology.

The Program is housed at the University of Iowa Hospitals and Clinics (UIHC), which is one of the largest university-owned teaching hospitals in the United States. The Benton Neuropsychology Laboratory and the Psychiatry Neuropsychology Service serve approximately 2500 patients per year with specialized diagnostic and rehabilitation services. Referral sources are located throughout the UIHC, including the departments of Neurology, Neurosurgery, Internal Medicine, Psychiatry, and Family Practice. The Program has special strengths in assessment of neuropsychological syndromes associated with stroke, Alzheimer’s disease and other neurodegenerative conditions, traumatic brain injury, CNS tumors, epilepsy, metabolic/medical conditions, psychiatric disorders, and forensic evaluations. Given the setting in a tertiary medical center, and given the large catchment area of UIHC, fellows can expect to be involved in the care of patients with rare neuropsychological syndromes such as prosopagnosia, pure alexia, and Balint’s syndrome. Training includes understanding of the traditional syndromes of aphasia, amnesia, agnosia, executive dysfunction, and personality disturbance following brain damage. Similarly, fellows learn medical and psychiatric conditions ranging from the more common (Alzheimer’s disease, metabolic syndrome, Huntington’s disease, traumatic brain injury, schizophrenia, depression) to the unusual (e.g., Moya-Moya, myotonic dystrophy, Charles Bonnet Syndrome). Fellows also participate in Wada evaluations for patients being considered for epilepsy surgery.

Instruction in neuropsychological assessment is the core of the fellowship. The training model emphasizes developing the skills necessary to effectively work with psychometricians
in conducting high quality neuropsychological evaluation. Fellows normally participate in the evaluation of one to two patients per day (typically one if the fellow is doing their own testing; typically two if the fellow is working with a technician). The Benton Neuropsychology Laboratory and the Psychiatry Neuropsychology Service use a core battery that is two to five hours in length, with additional assessment instruments guided by the referral question, the condition of the patient, findings from the core battery, and other factors (see Benton, 1994; Lezak et al., 2012; Tranel, 2009). Reports vary in length depending upon the referral question and patient issues, and typically range in length from two or fewer pages to five pages.

The program follows NIH guidelines (http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-046.html) for salary of postdoctoral fellows. There are full health insurance benefits, and interested candidates are encouraged to inquire about the specifics of such benefits. The community of Iowa City has a population of approximately 75,000. Iowa City has a small college town atmosphere, but with diverse entertainment and recreational activities associated with the University of Iowa including numerous concerts, literary events (including those through the Writer’s Workshop), theatre, and sporting events. Downtown Iowa City is a ten-minute walk from UIHC, or a five-minute bus ride via the free University shuttle. Many of our past fellows have lived within walking distance of the hospital.
FACULTY

**Director:** Daniel Tranel, PhD, ABPP/Cn, Professor of Neurology and Psychology
**Associate Director:** Douglas Whiteside, PhD, ABPP/Cn, Clinical Professor of Psychiatry-Psychology

**Core Faculty:**
Steven W. Anderson, PhD, ABPP/Cn, Associate Professor of Neurology,
Joseph Barrash, PhD, ABPP/Cn, Associate Professor of Clinical Neurology
Kristen Caraher, PsyD, Clinical Assistant Professor of Psychiatry
Natalie Denburg, PhD, Associate Professor of Neurology
Patricia Espe-Pfeifer, PhD, Clinical Professor of Psychiatry-Psychology and Pediatrics
Karin Hoth, PhD, ABPP/Cn, Assistant Professor of Psychiatry-Psychology
Robert D. Jones, PhD, ABPP/Cn, Professor of Clinical Neurology
David J. Moser, PhD, ABPP/Cn, Professor of Psychiatry-Psychology

**Postdoctoral Fellows:**
Naseem Dezhkam, PsyD, Second-year Fellow (Florida Institute of Technology)
Janina Kamm, PsyD, Second-year Fellow (Chicago School of Professional Psychology)
Richard Laurent, PhD, First-year Fellow (St. Louis University)

**Affiliated Faculty:**
Harold Adams, MD, Professor of Neurology (stroke)
Nancy Andreassen, MD, PhD, Professor of Psychiatry (neuropsychiatry)
Mark Granner, MD, Professor of Clinical Neurology (epilepsy)
Jeremy Greenlee, MD, Associate Professor of Neurosurgery
Matthew Howard, MD, Professor and Head, Department of Neurosurgery (neurosurgery)
John Kamholtz, MD, PhD, Professor of Neurology and Psychiatry (movement disorders)
Katie Kenney, MD, Clinical Assistant Professor of Neurology (movement disorders)
Annie Killoran, MD, Clinical Assistant Professor of Psychiatry (neuropsychiatry)
Hiroto Kawasaki, MD, Associate Professor of Neurosurgery
Enrique Leira, MD, Associate Professor of Neurology (stroke)
Nandakumar Narayanan, MD, PhD, Assistant Professor of Neurology (movement disorders)
Peg Nopoulos, MD, Professor of Psychiatry (neuropsychiatry)
Jane Paulsen, PhD, Professor of Psychiatry and Psychology (movement disorders)
Connie Pieper, MD, Associate Professor of Clinical Neurology (headache, general neurology)
Hyungsub Shim, MD, Assistant Professor of Clinical Neurology (behavioral neurology)
Jodi Tate, MD, Clinical Associate Professor of Psychiatry (neuropsychiatry)
Ergun Uc, MD, Professor of Neurology (movement disorders)
ALUMNI NEUROPSYCHOLOGY FELLOWS (1995-2016)

Derek Campbell, PhD, University of Kentucky
Jane Cerhan, PhD, ABPP/Cn, University of Iowa
David Cordry, PhD, Michigan State University
Natalie Denburg, PhD, Michigan State University
Stefanie Griffin, PhD, University of Nebraska
Brian Harel, PhD, University of Connecticut
Catalina Hooper, PhD, University of Minnesota
Katie McCulloch, PhD, University of Houston
Jessie Morrow, PhD, Nova Scotia University
Sonia Mosch, PhD, ABPP/Cn, University of Minnesota
Bruce Parkinson, PhD, University of Florida
James N. Porter, PhD, University of Minnesota
Jyoti Pundlik, PhD, Northeastern University
Jason Southwick, PhD, Brigham Young University
Julie Suhr, PhD, University of Iowa
Eric Waldron, PhD, University of Houston
John Wright, PhD, ABPP/Cn, St. Louis University
PROGRAM GOALS

- To learn the principles and methods of neuropsychological assessment, including standardized measurement of perception, attention and orientation, intellect, memory, speech and language, reasoning and decision-making, and personality.

- To gain an understanding of neuropsychological manifestations of neurological and psychiatric disease, including agnosia, amnesia, aphasia, disorders of personality and social conduct, acquired neurological injuries, severe mental illness, and dementia.

- To learn the relationship between underlying medical diseases (e.g., Alzheimer’s disease, Parkinson’s disease, stroke, trauma) and the associated neuropsychological clinical presentations.

- To efficiently provide high quality neuropsychological services to diverse patients, including effective test selection, report writing, clinical interviewing, verbal feedback, and supervision of psychometricians.

- To design and execute research in clinical neuropsychology and cognitive neuroscience.

- To learn methods of neuroscience research, with an emphasis on lesion method techniques and structural and functional imaging at systems level (CT, MRI, PET, fMRI).
DESCRIPTION OF CLINICS AND LABORATORIES

The neuropsychology services in Neurology and Psychiatry are located centrally in the UIHC and provide easy and rapid access to all parts of the Hospital, including inpatient units on the Psychiatry, Neurology, and Neurosurgery wards, outpatient Neurology and Psychiatry Clinics, and neuroimaging centers. Fellows are provided with secretarial services, computers with high-speed internet access and MEDLINE capabilities, laser printers, appropriate professional and scientific software, and other amenities to foster professional development. There are no outside placements or sites – all facilities needed to participate in the fellowship are located within the UIHC.

In the Benton Neuropsychology Laboratory and the Psychiatry Neuropsychology Service, neuropsychologists carry on a tradition of neuropsychological assessment that dates to the 1950’s and the early work of Arthur L. Benton. Neuropsychology at Iowa has led the field for more than a half-century, and continues to do so. The Director, Daniel Tranel, is a co-author of the latest (5th edition) of the Lezak book on neuropsychological assessment (Lezak, Howieson, Bigler, & Tranel, 2012). Many neuropsychological tests and experimental procedures that now enjoy widespread clinical utilization have been developed here. Standardized instruments for the analysis of all forms of higher behavior and cognition are available and are routinely used in the unit. A wide variety of neuropsychological services are provided, ranging from brief consultations that may take no longer than a half hour, to comprehensive evaluations that may take up to 8 or 10 hours of test administration. An integrated computer system for neuropsychological data management is in place.

Pioneering methods for lesion analysis were developed in the Departments of Neurology (Hanna Damasio, 2005; Damasio & Damasio, 1989) and Psychiatry (Nancy Andreasen, http://iowa-mhcrc.psychiatry.uiowa.edu/mhcrc/IPLpages/altSoft.htm) at Iowa. These methods revolutionized the lesion approach in studies of brain-behavior relationships in humans, and fueled the growth of world-renown research programs in cognitive neuroscience in both Neurology and Psychiatry at Iowa.

Benton Neuropsychology Laboratory

The Benton Neuropsychology Laboratory is located in the Roy Carver Pavilion of the UIHC, and is comprised of five examination rooms with extensive assessment instruments, a technicians’ office, two faculty offices, a workroom for students and faculty, a neuropsychological rehabilitation facility, and a reception center and waiting room. Three full-time technicians, as well as rotating practicum students, are available for assistance with assessments. There are private offices for the fellows (or shared with one other fellow). Fellows spend two-thirds of their fellowship (16 months) in the Benton Neuropsychology Laboratory.

Psychiatry Neuropsychology Service

The Psychiatry Neuropsychology Service is located in the John Pappajohn Pavilion of the UIHC and includes faculty offices, technician offices, office space for a Fellow, and a
reception area/waiting room. The Psychiatry Neuropsychology Service has two technicians who work with the four faculty neuropsychologists and fellows. While the focus of the Neuropsychology Service is on adult neuropsychology, all fellows will gain experience with pediatric neuropsychology cases as well. The fellow’s interests and career goals determine the specific proportion of time devoted to pediatric versus adult neuropsychology. Fellows participate in outpatient evaluations, inpatient evaluations, and specialty interdisciplinary clinics in Huntington’s disease and myotonic dystrophy as part of the Psychiatry rotation. Fellows spend one-third of their fellowship (8 months) in the Psychiatry Neuropsychology Service.

Neuropsychological Rehabilitation Laboratory

The Neuropsychological Rehabilitation Laboratory is dedicated to the development and administration of psychological interventions to facilitate recovery and rehabilitation of cognitive and behavioral impairments and emotional disturbances resulting from brain damage. Interventions and counseling are available to patients with varied neurological conditions and concerns, including sleep disorders, movement disorders, pain management, and cognitive decline. The detailed neuropsychological evaluations conducted in the Benton and Psychiatry services are used to guide systematic individualized treatment programs that draw upon findings from cognitive neuroscience, psychotherapy, and educational research. Neurological patients, their families, and their caretakers are provided with training in behavioral compensatory strategies, hierarchically-arranged cognitive retraining programs, and task-specific procedural learning techniques, in order to promote cognitive-behavioral competencies, functional independence, and emotional and physical well-being.
FELLOWSHIP EXPERIENCES

The following is an outline of experiences during the postdoctoral fellowship program in clinical neuropsychology. This is a two-year Program, with the 24 months split between the Benton Neuropsychology Laboratory (16 months) and the Psychiatry Neuropsychology Service (8 months). Below, the specific training experiences are divided into activities related to clinical service, research, and education, although in practice these three domains are often blended. For example, a clinical conference is likely to lead to a discussion of the research literature on a given topic or condition. As noted earlier, our Program conforms to the guidelines of the Houston Conference, and is intended for highly motivated postdoctoral students who aim to establish a career in the practice and science of clinical neuropsychology. Fellows are formally evaluated by faculty every six months, and provided feedback regarding strengths and weaknesses so as to maximize the provision of training needs and interests. In addition, fellows take the APPCN Postdoctoral Examination at the end of their first year (see below).

A. First Year Fellow Experiences

1. Clinical

Clinical activities comprise approximately 80% time during the first year. On average, first year fellows see 1-2 two patients per day once they begin completing evaluations with the assistance of psychometricians. Initially, patients are seen directly by the fellow. After demonstrating proficiency in neuropsychological test administration and scoring, fellows are taught to complete assessments with the aid of technicians (psychometricians) who complete the testing under the supervision of the fellow and a faculty neuropsychologist. Fellows receive considerable training and experience in supervising psychometricians in neuropsychological evaluations. Time is spent principally in diagnostic work. As fellows gain experience, there can be increasing involvement in the Rehabilitation Laboratory. Fellows are supervised by clinical faculty. A clinical faculty member supervises each case individually; there is no group supervision.

In the Benton Laboratory Rotation, a typical examination is comprised of approximately three hours of patient contact. Reports are concise. Fellows are taught, on a case-by-case basis, to identify core neuropsychological syndromes associated with different neurologic conditions, effective and concise report writing, and how to identify relevant demographic, historical, medical, and psychological information in developing a neuropsychological diagnosis (see Tranel, 2009 for a summary of the Benton Laboratory method). In the Psychiatry Neuropsychology Rotation, evaluations typically involve two to six hours of patient contact, depending upon the referral question and patient characteristics. In both rotations, once Fellows demonstrate proficiency in formal testing, they are responsible for clinical interviewing, test selection, psychometrician supervision, report writing, and providing verbal feedback in consultation with and under the supervision of faculty neuropsychologists.
The method of assessment derives from the tradition of Arthur Benton, following a hypothesis-based testing approach (Benton, 1994; Tranel, 2009). Fellows conduct examinations on diverse outpatient and inpatient populations with a variety of presenting conditions and referral questions, including neuropsychiatric disorders, dementia, traumatic brain injury, metabolic and other chronic health conditions, neurological disorders, and learning disorders/ADHD. Referral questions are diverse as well, including differential diagnosis, treatment and discharge planning, decision making capacity, and academic accommodations. Fellows are exposed to complex cases that often involve both neurological and psychiatric issues. The approach to evaluations places an emphasis on individual supervision, hypothesis testing, concise and rapid report writing, and clear verbal communication of results to patients, treatment teams, and referring providers.

2. Research

The Benton Neuropsychology Laboratory and the Psychiatry Neuropsychology Service maintain registries of individuals representing different lesion sites and neuropsychological manifestations. In addition to access to patients with focal lesions, there are numerous opportunities to study patients with specific neurological and medical conditions (e.g., Alzheimer’s disease, Parkinson’s disease, TBI, neuropsychiatric disorders, temporal lobectomy). In the Benton Laboratory, patients who may be of special interest to research studies are identified daily in the outpatient clinics and in the inpatient Stroke Rounds and Morning Report. The availability of cooperative and well-studied patients has permitted a fundamental departure from the traditional orientation of neuropsychological studies: rather than studying interesting, isolated cases as they happen to occur, investigators are able to accrue and use extensive data about many neuropsychological and neuropsychiatric disorders. Moreover, for the past 30 years, all of the patients seen through the Benton Neuropsychology Laboratory have been coded and classified according to basic demographic information, neuropsychological syndrome (e.g., aphasia, amnesia, dementia) and neurologic disease (e.g., stroke, traumatic brain injury), permitting instant access to specific patient types. The neuropsychological data derived from assessment of these individuals are stored in permanent form and are available for research studies. Likewise, data from patients seen by the Psychiatry Neuropsychology Service are included in a database and fellows have access to these data for research purposes.

Research experience is initially provided through individual consultation with faculty, attendance at research seminars, and reading relevant textbooks and primary literature. Regular research meetings are attended by first year fellows, with the aim of developing an area of interest. These meetings are typically multidisciplinary, and include faculty neuropsychologists and neuroscientists, neurologists, neuropsychology technicians, psychology graduate students, neuroscience graduate students, and undergraduate students in psychology. In the latter half of the first year, fellows are encouraged to develop a research interest, to consult with faculty regarding specific projects, and to initiate such projects as appropriate.
The tradition of research excellence in the University of Iowa’s neuropsychology and cognitive neuroscience domains is hard to overstate. Carrying on the legacies of Arthur Benton and Antonio and Hanna Damasio, and capitalizing on a strong record of continuous NIH and private foundation funding, scientists in the Benton and Psychiatry services conduct cutting edge research in clinical and experimental neuropsychology. Fellows have many opportunities to become involved in ongoing projects, and to develop their own lines of investigation.

3. Education

Early educational experiences include consulting with faculty regarding clinical cases, attendance at Neurology Grand Rounds, Stroke Rounds, Neuroscience Seminars, Benton Lectures, Psychiatry Grand Rounds, Neuropsychology Journal Club, and the Geriatric Journal Club. A core set of readings is provided at the outset of training, to provide fellows with fundamental knowledge and principles related to the practice of clinical neuropsychology, neuropsychological syndromes, common neurologic diseases, and current issues in professional clinical neuropsychology. Many of these activities overlap substantially with research or clinical interests of the group. Readings are provided on an individual basis, based on the fellow’s individual interests, strengths, and educational needs. Specific didactic classes or experiences may be arranged, depending on the interests and educational needs of the fellow. Optional venues for educational growth include formal coursework (e.g., graduate courses such as Functional Neuroanatomy; Principles of Neuropsychology; Topics in Cognitive Neuroscience; Neurobiology of Disease) and specialty rounds (e.g., Epilepsy Surgery Conference, Radiology Conference, Dementia Clinic meetings, Neurology and Neurosurgery Bed Rounds). Also, the program supports fellows to attend the annual meeting of the International Neuropsychological Society.

Fellows participate in a quarterly career development seminar series addressing professional issues relevant to the transition from fellow to independent professional. The seminar includes some lecture material, but is primarily discussion based. The seminar topics will be developed at the beginning of each year in conjunction with the fellows driven, in part, by the fellows’ professional goals. Topics may include the job application process, job negotiation, clinical billing and insurance, balancing professional and personal life, and mentoring skills. This seminar series is led by Dr. Hoth.

4. Examination

Following the first year of the fellowship program, fellows are administered the APPCN first-year test. This is 50-item, 4-alternative multiple choice test that assesses advanced knowledge in neuropsychological assessment and treatment, neuropsychological syndromes, and relevant neurological and psychiatric diseases. The general format of the exam is akin to the EPPP licensing exam and the ABPP/Cn board examination, with content specific to neuropsychology. Fellows are provided their score and feedback from the Program Director, and results are used to guide specific directions for second-year training.
B. Second Year Fellow Experiences

The second year of the fellowship is considered a continuation of the first, and many of the same activities are continued. However, in general, there is a greater emphasis on research, on more complex cases, and on supervision of technicians and practicum students in clinical work. Greater independence in clinical activities is expected. Many second-year fellows participate in teaching, e.g., through presentations in Departmental Grand Rounds and morning Neuropsychology Rounds.

1. Clinical

The clinical appointment is approximately 50-70% time during the second year, with the possibility of a focus on specific areas of interest (e.g., dementia, stroke, epilepsy, TBI). Also, opportunities for involvement in medical-legal assessment cases are provided, and fellows are able to observe depositions and court appearances by staff neuropsychologists. Fellows can expect to see approximately 1-2 cases per day, under the technician model. In addition, fellows often maintain a partial clinical load (e.g., 10%) in the Rehabilitation Laboratory.

2. Research

For Fellows with a strong research interest, background and career interests, research activity may have an increased emphasis in the second year, comprising a greater proportion of the fellow’s time. For fellows with a strong research orientation, protected research time, free from clinical activities, is provided. Typically, this proportion is 20% release time, but may be higher in the second year for Fellows with particularly strong interests, aptitude, and productivity in research. Fellows must obtain approval from their supervisors and the training director/associate director for research release time. Fellows work closely with faculty members, and often submit completed research to relevant conferences and meetings (e.g., International Neuropsychological Society, Society for Neuroscience) and peer-reviewed journals.

3. Education

Ongoing educational activities include attendance at Neuroscience Seminar, Benton Lectures, Neuropsychology Rounds, Neurology Grand Rounds, Psychiatry Grand Rounds, and numerous lectures, colloquia, and seminars offered in the Departments of Neurology and Psychiatry and elsewhere in the College of Medicine and the University. Additional educational activity at this level is dedicated primarily to research endeavors, although particular areas of interest or areas of relative weakness may be addressed through didactic and experiential education. The Program supports the cost of Fellows attending the annual meeting of the International Neuropsychological Society.
C. Other Special Training Opportunities

1. Wada Testing

As core members of the UI Comprehensive Epilepsy Program, Benton Laboratory neuropsychologists conduct specialized “Phase I” evaluations of all candidates for resection surgery for treatment of pharmaco resistant epilepsy. The neuropsychological findings are presented at the multidisciplinary Epilepsy Surgical Case Conference, in which neuropsychology plays a central role in discussions regarding patients’ candidacy for surgical intervention. If candidacy advances, Benton Neuropsychology performs Wada testing to assess hemispheric contributions to language and memory. Approximately twenty Wada procedures per year are performed, with sequential injections of each hemisphere, typically with half-hour interval between injections.

2. Stroke Rounds

A number of previous fellows have taken part in morning Stroke Rounds through the University of Iowa Stroke Center. Staffed by senior neurologists, Stroke Rounds are a unique venue for teaching both the medical and behavioral/cognitive effects of acute brain injury, and are attended by a number of students including residents, fellows, and medical students. This experience affords the opportunity to see interventions with acutely ill patients with focal brain lesions, learn about neurological examinations, and see behavioral syndromes that are typically only transient nature following an acute lesion (for example akinetic mutism or right hemispatial neglect).

3. Neurosurgery

Through cooperation with the Department of Neurosurgery, a number of previous fellows have attended brain surgery. Specifically, fellows have followed patients that they have seen for assessment through the process of surgery for medication resistant epilepsy. Such an experience provides the fellow with an appreciation of the full course of surgical treatment for pharmaco resistant epilepsy, beginning with the neuropsychological valuation, through specialized Wada testing, respective surgery, and follow-up.

4. Carbon Monoxide Assessment

UIHC is the frontline treatment center in the state of Iowa for cases of moderate to severe carbon monoxide exposure to be sent for acute treatment in the hyperbaric oxygen chamber. By protocol, after hyperbaric treatment our service is consulted to assist with determination whether the patient is showing signs of persistent cerebral dysfunction (prompting additional hyperbaric treatment), and to conduct a standardized exam at one week and at six weeks to assess for possible delayed effects.
5. Huntington’s Disease Clinic

UIHC is designated as a Center of Excellence by the Huntington’s Disease Society of America, which allows fellows to participate in the interdisciplinary Huntington’s Disease (HD) Clinics during their rotations in the Psychiatry Department Neuropsychology Service. The HD Clinic interdisciplinary team consists of psychiatrists, neurologists, neuropsychologists, psychometricians, genetics counselors, social workers, and pharmacists. Fellows participate in neuropsychological evaluations and interdisciplinary team meetings during HD clinics. The HD Clinic coordinates the diagnosis, treatment, and counseling of individuals and families coping with Huntington’s disease or at risk for developing this disorder.
**SALARY AND BENEFITS**

The salary follows NIH guidelines for postdoctoral fellows (http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-046.html). Health and dental insurance are provided and interested candidates are encouraged to correspond with Departmental Administrators regarding the specifics of the insurance benefits. Vacations, sick leave, and maternity/paternity leaves are consistent with the leave policy established for medical residents and currently include 3 weeks of annual leave plus sick leave and conference leave.

**APPLICATION PROCEDURE**

The application process includes submission of the following components: cover letter; curriculum vitae; three letters of reference; two sample case reports; and graduate school transcripts. Materials should be submitted online through the APPA CAS Postdoctoral Fellowship application portal. The link to this portal is:

https://appicpostdoc.liaisoncas.com/applicant-ux/#/login

Other material that the candidate would like the Program Selection Committee to consider is welcome. Applications are due by **December 15** of the year prior to when the fellowship begins (e.g. 2017-19 position applications are due December 15, 2016). Applicants are notified of their status vis-à-vis our Program well in advance of the February meeting of the International Neuropsychological Society, and arrangements are made to interview with our faculty at the INS meeting. Typically, we interview highly ranked applicants at INS, although alternative interview formats (phone interview, in-person interview) may also be utilized.

Our Program participates in the APPCN Match Program. The APPCN match number for our Program is **9812**. We rank all competitive applicants. Applicants are provided feedback about their status vis-à-vis our Program in accord with APPCN guidelines. The match process ultimately dictates which applicant(s) are accepted to our Program.
SELECTED PUBLICATIONS AND SUGGESTED READING


Calamia, M., Markon, K., & Tranel, D. (2012). Scoring higher the second time around: Meta-analyses of practice effects in neuropsychological assessment. *The Clinical Neuropsychologist, 26*, 543-570. PMCID Not federally funded. (selected as a Continuing Education article)


Griffin, S.L., & Tranel, D. (2007). Age of seizure onset, functional reorganization, and


Lezak, M. D., Howieson, D., Bigler, E., & Tranel, D. (2012). *Neuropsychological assessment* (5th


University of Iowa Nondiscrimination Statement

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