

Referral of Trainees and Residents to Neuropsychology Service

November 2016

This purpose of this document is to provide information to program directors and residents about neuropsychological evaluations requested for performance difficulties in a GME/HPE training program. This is a general guide only. The process may vary depending on the circumstances of an individual case and the preferences of the psychologist conducting the evaluation. A request for evaluation may be ill-advised or denied under certain circumstances (see Potential Complications). These guidelines do not apply to formal command directed evaluations which are governed by military regulations/instructions.

General Procedures

- Resident makes a self-referral, or formally referred by his/her primary care physician
 - For self-referral, call 301-400-1977 or email mark.kelly1.civ@mail.mil
- Evaluation is voluntary, not command directed, not ordered by program director (but may be suggested by program director)
- Preliminary discussion by psychologist with resident about purpose and process
- The standard limits of confidentiality for all active duty service members apply
- A condition potentially affecting patient safety will be reported to the PWC in accordance with WRNMMC instructions
- The examining psychologist uses professional judgment about what to assess, by what means, and what information is placed in the subsequent report. However, psychologists are bound by professional ethics to be sensitive to patient privacy
- The neuropsychological report is placed in electronic health record and becomes PHI
- Resident may disclose all or part of the report as he/she sees fit

Possible Areas Addressed (alone or in combination)

- Learning problems. The neuropsychologist typically conducts a basic assessment for specific learning disorders. However, a fine-grain analysis of the bases of a resident's learning problems for educational remediation purposes is not available.
- Cognitive strengths and weaknesses such as
 - General cognitive ability
 - Verbal skills
 - Memory
- Attention-Deficit/Hyperactivity Disorder (refer first to Adult Behavioral Health Clinic)
- Behavioral health conditions (refer first to Adult Behavioral Health Clinic)
- Personality traits potentially hampering learning and/or performance (anxiety, empathy, communication style, etc.)
- Personal stressors or other external factors interfering with performance (financial, relationship/marital, etc.)

Neuropsychological Evaluations of Residents

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Possible Outcomes

- A DSM-5 diagnosis
- Description of factors, not constituting a diagnosable condition, that affect resident performance
- No explanation identified

Possible Recommendations

- Refer for treatment
- Refer for further evaluation
- Refer to Provider Wellness Committee
- Recommend MEB
- Propose accommodations or other ways to improve performance
- Improve test-taking skills
- Manage performance anxiety
- Assign a mentor
- Refer for psychological counseling

Timeline

- Preliminary appointment (about 15 minutes). POC is Chief, Neuropsychology Service
- Initial appointment with psychologist 1-3 weeks after preliminary appointment, (60- 90 minutes)
- Test administration (if warranted) with psychometrist 1-3 weeks after initial appointment (3-7 hours)
- Report placed in health record and “feedback” appointment, 1-2 weeks after test administration

Potential Complicating Factors

- Pending disciplinary action against the resident
- Investigation by external agency such as IG, EEO, Congressional inquiry
- Direct involvement of program director or clinical supervisor in the evaluation process
- Request by resident for broader involvement by the psychologist, such as direct advocacy on his/her behalf in administrative hearings
- Invalid neuropsychological test results

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