

PEDIATRIC NEUROPSYCHOLOGY FELLOWSHIP

2018/2019 PROGRAM DESCRIPTION

ALBERTA CHILDREN'S HOSPITAL (ACH)

Alberta Children's Hospital (ACH) is Southern Alberta's major treatment, teaching, and research facility for children with complex medical problems. Approximately 10,000 children received care here in 2016. ACH is a tertiary care teaching and research hospital affiliated with the University of Calgary and is an integral part of the Alberta Health Services, which includes several other hospitals and health centers in Calgary, including Foothills Medical Centre, Rockyview General Hospital, Peter Lougheed Centre, and the new South Health Campus. Read about 10 of the crucial advancements made in the past 10 years since ACH opened its doors to the public: http://www.childrenshospital.ab.ca/site/PageNavigator/success_stories/success_stories. We are doing innovative, ground breaking treatment and research here, including leading stem-cell cures for kids with sickle cell anemia (<http://www.albertahealthservices.ca/news/Page13206.aspx>), using TMS for pediatric stroke therapy (http://www.childrenshospital.ab.ca/site/PageNavigator/success_stories/TMS.html), and advancing pediatric brain injury, epilepsy and neurodevelopmental research (<https://research4kids.ucalgary.ca/behaviour-and-developing-brain-theme>).



CALGARY, ALBERTA

ACH is located in Calgary, a vibrant urban centre of 1.5 million people that is located on the Bow River at the foot of the Rocky Mountains. Consistently ranked among the world's top cities for quality of life, Calgary is well-known for its hospitality, urban amenities, year-round sporting opportunities, and festivals. It is also known for being a 'young' city, with a median population age of approximately 36.1 years. It is a short drive from Banff National Park, Lake Louise, and other mountain ski resorts. As Canada's fourth largest urban centre, Calgary is a thriving city that continues to draw newcomers every year. Calgary continues to be named as one of the top 5 most livable cities in the world (Economist-Intelligence-Unit¹). See what Calgary has to offer: <https://www.youtube.com/watch?v=iBrX1Mxyi2M&feature=youtu.be>



¹ <http://www.cbc.ca/news/canada/calgary/calgary-economist-most-liveable-cities-2017-1.4249212>

NEUROPSYCHOLOGY AT ALBERTA CHILDREN'S HOSPITAL

Within this multidisciplinary and collaborative healthcare environment, neuropsychologists function as consultants and provide a wide range of clinical services. For example, this includes neuropsychological assessment of children with a variety of neurological conditions such as intractable epilepsy, concussion/traumatic brain injury, stroke, brain tumors, hydrocephalus, metabolic disorders, genetic disorders, and infectious diseases such as encephalitis and meningitis. Children are generally seen as part of comprehensive multidisciplinary investigations requested by treating neurologists, neurosurgeons, pediatricians, and psychiatrists from a variety of clinics and programs across the hospital.

Currently, there are five full-time neuropsychologists involved in the fellowship, as well as affiliated members (see Appendix A). The Neuropsychology Service has three neuropsychometrists (2.5 FTE), a masters-level research coordinator, and clerical support for administrative needs. Neuropsychologists function as members of multidisciplinary teams or as consultants for physicians and treatment teams serving children and adolescents with complex neurological and medical conditions.

Research is an integral part of our mandate in neuropsychology. Alberta Children's Hospital is on the University of Calgary campus (www.ucalgary.ca) and is affiliated with the Faculty of Medicine at the University of Calgary and several institutes that promote research in neurosciences and child health. These institutes include the Alberta Children's Hospital Research Institute (<http://research4kids.ucalgary.ca/>) and the Hotchkiss Brain Institute (www.hbi.ucalgary.ca). Neuropsychologists at ACH conduct research in several different areas in addition to their clinical work (see Appendix B for a list of recent publications). There is a range of continuing education activities for staff members and for professionals in the hospital and in the community.

FELLOWSHIP GOALS AND TRAINING

The Pediatric Neuropsychology Fellowship at the Alberta Children's Hospital is modeled after the goals set forth by the *International Neuropsychological Society - American Psychological Association Division 40 Task Force on Education, Accreditation, and Credentialing*, and by the *Houston Conference on Specialty Education and Training in Clinical Neuropsychology*. We prepare fellows for a career as a scientist-practitioner in pediatric neuropsychology. Our graduates have obtained board certification and are working in pediatric neuropsychologist positions at major Canadian and American institutions, including Sick Kids, Kennedy Krieger and Seattle Children's Hospital.

The goal of the fellowship is to train fellows to an advanced level of competence in pediatric neuropsychology consistent with independent practice in a tertiary health care setting, and to provide fellows with experience in pediatric neuropsychology research.

Training objectives are designed to train fellows who, by the end of the program, will:

1.	Demonstrate an advanced level of competence in pediatric neuropsychology sufficient for independent practice.
2.	Demonstrate a strong knowledge base in clinical neuropsychology and clinical neurosciences.
3.	Be able to design and conduct clinical research within a hospital setting.

STRUCTURE

This is a two-year fellowship designed to follow the program guidelines set forth by the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Satisfactory performance in year 1 is necessary to advance to year 2. Our fellowship positions include the following components, which can be tailored to meet the needs and goals of trainees:

- Clinical training (70-80% of time commitment)
- Didactic Experiences (10% of time commitment)
- Research (10-20% of time commitment, depending on fellow's goals and demonstrated abilities)

This translates into 3.5 to 4.0 days/week devoted to clinical work and clinical supervision, 0.5-1.0 days per week for research, and 0.5 days per week devoted for education/didactics. The exact proportion of clinical and research time will be determined according to the candidate's training goals and their demonstrated abilities, but research is an expectation of every fellow. The exact proportion will be determined in collaboration with the program director, and may change as the fellow progresses through the program.

In the second year of the program, fellows may also take part in supervising junior fellows, pre-doctoral residents, practicum students, and psychometrists.

CLINICAL COMPONENT

The first year of the fellowship provides broad general pediatric neuropsychology training with a wide variety of neurological and medical conditions (generalist training). The second year may include rotations in specialty areas to provide more in-depth training, or a fellow may wish to continue the generalist training model. On average, 3.5 to 4.0 days per week will be devoted to the clinical rotations. Primary clinical activities may include: 1) conducting inpatient/bedside and outpatient neuropsychological assessments with provision of reports and feedback to families; 2) providing consultation to the multidisciplinary treatment teams, paediatricians, neurologists, and neurosurgeons during weekly team rounds and also individually; 3) providing consultation to the unique Dr. Gordon Townsend School located within ACH; 4) providing consultation to external parties such as schools and community organizations; and 5) acute/emergency intervention arising from time to time (e.g., suicidal patients, child protection).

The specific rotations available are subject to change depending on staff availability, but the fellowship director will work hard to ensure training in the areas desired by the fellow. Minor rotations in each year may be arranged for fellows who demonstrate an ability to meet or exceed the expectations set forth in the major rotations. In addition to these rotations, the fellows are responsible for all inpatient neuropsychology assessments.

FIRST YEAR BREADTH ROTATION

The focus for the first year of the fellowship is for our fellows to gain experience with a *breadth* of disorders seen by neuropsychologists in a tertiary care pediatric hospital. During their first year our fellows typically see 10 patients from each of the following areas:

- **General Neurology** (i.e., Hydrocephalus, AVM, Stroke, Myelomeningocele, Tuberous Sclerosis, Polymicrogyria, Sturge Weber, Migraine, Neuromyelitis Optica, CP, ACC)
- **Epilepsy** (i.e., pre/post-surgical, CSWS, MTS, CAE, JME, BECTS, Lennox-Gastaut, Rolandic)
- **Traumatic Brain Injury** (i.e., mild, moderate and severe, acute, inpatient, rehabilitation, concussion clinic)

- **Hematology/Oncology/Bone Marrow Transplant** (i.e., ALL, brain tumour, Sickle Cell Disease, NF-1, pre-radiation assessments)
- **Autoimmune/Inflammatory** (i.e., anti-NMDA, Meningitis, Multiple Sclerosis, SLE)
- **Metabolic/Genetic** (i.e., PKU, Niemann Pick Type C, Tyrosinemia, Galactosemia, Klinefelter, BPAN, Hypothyroidism, Glutaric Aciduria)
- **Other** cases (i.e., NYD developmental delay, congenital cardiac, psychosis, narcolepsy, Down's syndrome, complex pain)

SECOND YEAR ROTATIONS

Neurotrauma/Neurorehabilitation Rotation

The Neurotrauma/Neurorehabilitation rotation provides intensive and in-depth experience and training in the field of pediatric acquired brain injuries (i.e., moderate-to-severe traumatic brain injuries, cerebrovascular, hypoxic-ischemic, hydrocephalus, neurotoxic, autoimmune, infectious) and general neurology (i.e., complex and/or rare presenting conditions, such as neuromuscular, neuropsychiatric, and genetic disorders, as well as cases involving neurosurgical intervention requiring pre-surgical evaluations and post-surgical follow-up, such as endoscopic third ventriculostomy for hydrocephalus). Opportunities for involvement in cognitive rehabilitation and behavior management programming may also be available.

Slow Recovery Concussion/MTBI Clinic

Fellows may have an opportunity to become involved in a weekly clinic that provides neuropsychological assessments for youth who are slow to recover from a concussion/mild traumatic brain injury. This rotation provides a unique experience for fellows because it provides a more rapid clinical service as part of patient management through the ACH Brain Injury program.

Hematology, Oncology, and Transplant (HOT) Rotation

The Hematology/Oncology rotation provides intensive and in-depth experience and training in the fields of pediatric oncology/neuro-oncology (e.g., brain tumors, acute lymphoblastic leukemia, Hodgkins' lymphoma, acute myeloid leukemia) and hematology (e.g., sickle cell anemia, hemophilia, diamond blackfan anemia, pre/post bone marrow transplant). There are also opportunities for involvement (i.e., screening, consultation, brief intervention) in the Long Term Survivors Clinic and Hemoglobinopathy Clinic. The HOT rotation also provides an opportunity to gain experience in assessing a wide age range of children, from infancy to young adulthood (25 years old).

Refractory Epilepsy/Epilepsy Surgery Rotation

The Refractory Epilepsy rotation will provide direct training in the neuropsychological evaluation of children with seizure disorders, potentially including training in pre-operative neuropsychological assessment of children evaluated for epilepsy surgery as part of multidisciplinary pediatric surgery work-ups. The fellow will participate in Pediatric Epilepsy rounds at ACH, and in the combined adult-child Calgary Comprehensive Epilepsy Programme Surgical rounds at Foothills Medical Center. The fellow will gain experience in assessing children from the preschool age to young adulthood, with most patients in the school-age range. Training in assessing quality of life and psychosocial adjustment of children with epilepsy comprises an integral part of the rotation, in addition to the assessment of executive functions, memory, language, visual-spatial skills, and other neuropsychological domains. Training in specialized techniques such as extra-operative language mapping may also be included, as well as opportunities to learn techniques offered through the adult epilepsy program.

MINOR ROTATIONS

Minor rotations can also be arranged to provide experience with assessment or treatment of other neuropsychological or general clinical populations of interest to the fellow. Minor rotations are optional, are available at the discretion of the fellowship director and/or program manager, and are only available to those fellows who meet or exceed the clinical demands in their major rotations. Minor rotations will not exceed one day per week of clinical time and shall not interfere with the major rotation duties.

EDUCATIONAL/DIDACTIC COMPONENT

Clinical and Teaching Rounds

A minimum of 0.1FTE (1/2 day) is dedicated for didactics. Fellows will have access to a number of required and optional educational, research, and clinical rounds as part of their didactic component. These include active participation in patient-focused rounds (i.e., Pediatric Epilepsy Rounds, Neurorehabilitation [Brain Injury] Team Rounds, Neuro-oncology Rounds), attendance at a number of teaching and clinical rounds (i.e., Neurology Teaching Rounds, Neuroradiology Teaching Rounds, Developmental Neurosciences Grand Rounds, Pediatric Grand Rounds, Clinical Neurosciences Grand Rounds, Psychiatry Grand Rounds), and research-based meetings (i.e., monthly Neuropsychology monthly journal club, Alberta Children's Hospital Clinician-Scientist Mentorship Group) offered at the hospital and affiliated sites, including Foothills Medical Centre and the research institutes (e.g., Alberta Children's Hospital Research Institute, Hotchkiss Brain Institute). Fellows are required to participate in the patient-focused rounds applicable to their rotation(s), to attend weekly educational and research rounds, and present cases at the teaching rounds.

RESEARCH COMPONENT

All fellows take an active part in collaborative research with fellowship supervisors. As noted, fellows have up to one day per week for research, which will be negotiated with the fellowship director. If fellows are meeting or exceeding their clinical demands, more focused research time is available. Projects will be under the guidance of the supervisor and will almost always involve multidisciplinary research and clinical data. The supervisor will work closely with the fellow to ensure that the project moves along smoothly and will provide assistance at all stages of the project. Fellows are expected to present their research at a conference and seek publication in a peer-reviewed journal. Ideally, fellows will complete one to two peer-reviewed publications over the course of their fellowship. Examples of recent publications can be found in Appendix B.

RESOURCES AND EQUIPMENT

The Neuropsychology Service has several state-of-the-art pediatric testing suites for conducting neuropsychological evaluations. Each has digital audio-video equipment for remote observation and recording, including observation-room video monitors, DVD recorders, and remote camera controls. The Neuropsychology Service also has an extensive library of neuropsychological equipment and testing materials, clinical questionnaires, and scoring software for conducting pediatric neuropsychological assessments, as well as a number of reference texts on clinical neuropsychology.

Fellows will be provided with office space and will have full access to computers, testing materials, library facilities, electronic journals, statistical and referencing software, and other supplies necessary for conducting their clinical work and research.

SUPERVISION AND PROGRESS EVALUATIONS

Supervision follows a mastery model:

1.	Observation (fellow of staff).
2.	Joint assessment/treatment (shared responsibility for case management).
3.	Observation (staff of fellow); the observation is direct, requires the staff to be in the room and prepared to intervene if necessary.
4.	Fellow solo, with staff providing planning and debriefing sessions for each case (may use audio, video or one-way mirror to review sessions).
5.	Arms-length supervision; fellow carries a case load and cases are discussed at regularly scheduled supervision sessions.

After an initial screening period, fellows are expected to rapidly move to level 3, and would be expected to be working at level 4 for the majority of their rotations. Fellows are expected to be working at level 5 by the end of the fellowship, but often this occurs after the first year.

Supervision each week will be conducted with rotation supervisor(s), and will include review of upcoming cases, review of current cases, and feedback on clinical reports. Total amount of formal supervision is at least 2 hours per week, with additional time for informal (non-scheduled) supervision. At the end of each six-month period, an interim progress report will be completed and shared with the fellow and the Fellowship Director. A final report for each major rotation will be completed at the end of the rotation. Continuation to the second year of the program is contingent on satisfactory progress during the first year. A final exit evaluation will be completed with the director of training at the end of the second year of the fellowship.

Fellows whose performance is not meeting expected levels will be directly informed of their perceived problem areas, and a plan for remediating these weaknesses will be formulated in conjunction with the fellowship supervisor, the fellowship director, and/or the discipline leader.

ELIGIBILITY

Please note that for the 2018-2019 academic year, we will be recruiting 1 fellow.

In order to be eligible, applicants must have (1) completed a CPA- or APA-accredited Clinical Psychology or Clinical Neuropsychology doctoral program, (2) completed a CPA- or APA-accredited pre-doctoral internship, and (3) have substantial experience in clinical neuropsychological assessment of children. In addition, all degree requirements must be completed before the start date.

With respect to issues affecting our ranking process, please note that Alberta Children's Hospital is an equal opportunity employer with a strong commitment to diversity of trainees. In accordance with Canadian immigration regulations, preference will be given to qualified Canadian citizens. If a non-Canadian applicant is matched to ACH, the fellowship position will remain posted (Nationally) until all paperwork for the non-Canadian is complete and that person has successfully entered Canada on their work permit.

SALARY AND BENEFITS

Stipend for fellows is \$57,000 (Canadian funds) for the first year and \$59,000 (Canadian funds) for the second year. The fellow will be provided with a standard employee benefits package that includes three weeks paid vacation in each of year 1 and year 2 (i.e., 15 working days each year), 11 paid statutory holidays, and a basic health benefits plan. Funds for conference travel are not provided by the program, but can be applied for through the Alberta Children's Hospital Research Institute (<http://research4kids.ucalgary.ca/files/research4kids/achri-research-travel-grant-information-may-2015.pdf>).

START DATE

The fellowship training year runs from the first week of September until the final week of August. Adjustments to start date may be negotiated with the director of training depending on individual circumstances.

APPLICATION DEADLINE

All application materials must be received no later than midnight (mountain standard time) on January 14, 2018. Applications received after this date or applications with missing information after this date will not be considered.

APPLICATION PACKAGE

Electronic applications are preferred. Applications must contain the following 8 items to be considered complete. With the exception of the official graduate school transcripts (#6), director of training statement (#7), and reference letters (#8) being sent directly to Dr. Fay-McClymont, applicants should put items 1-5 in a SINGLE email. Please use the subject, "*Post-doctoral fellowship application package*". Conversion of documents to PDF (in the following order) is encouraged to maintain desired formatting when sending via email.

1. Letter of interest
2. Curriculum vitae

3. Two sample de-identified pediatric neuropsychological reports
4. Copies of representative publications (if applicable)
5. Application form and checklist (please download application form and checklist from the website, <http://www.albertahealthservices.ca/3805.asp>).
6. Official graduate school transcripts (sent directly from school to Dr. Fay-McClymont)
7. A statement from your graduate school clinical training director indicating your status in the program and probability of completing all doctoral requirements prior to the start date of the fellowship (the latter is waived for those already holding the doctorate) (sent directly from training director to Dr. Fay-McClymont)
8. Three letters of recommendation (sent directly from referees to Dr. Fay-McClymont)

INTERVIEWS

After initial review of the application packages by the admissions committee, potential candidates will be contacted via email to arrange an interview. Interviews may be conducted at INS 2018 in Washington. Interviews using Skype or telephone will also be considered for fellows unable to travel (Skype would be preferred). A candidate is welcome to travel to ACH for an in-person interview, but this is not necessary to be considered for the position.

MATCH PROCEDURES

Our program is an APPCN Member (APPCN match # 8473). Selection of a successful candidate will be accomplished in accordance with the APPCN Match Policies. Candidates wishing to apply for the position must therefore register to participate in the APPCN Resident Matching Program (www.natmatch.com). Information on how to register, the deadline for submitting rank order, and date of match announcements is available at the NatMatch website.

This fellowship site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any fellowship applicant.

INQUIRIES

Further questions should be directed to Dr. Taryn Fay-McClymont through email at taryn.fay-mcclymont@ahs.ca

Dr. Taryn Fay-McClymont
Director, Pediatric Neuropsychology Fellowship
Neurosciences Program, Alberta Children's Hospital
2888 Shaganappi Trail NW
Calgary, AB, CANADA, T3B 6A8



Photo credit: 1. Alberta Children's Hospital, obtained from www.q107fm.ca; 2. Calgary Skyline, obtained from www.fergie.ca; 3. Moraine Lake, Banff National Park, obtained from www.calgary.ca

APPENDIX A
NEUROPSYCHOLOGY FELLOWSHIP SUPERVISORS: BIOGRAPHICAL SKETCHES²

CORE STAFF (Alphabetical)



BROOKS, Brian, PhD, Neuropsychologist and Director of Neuropsychology Services; Neurotrauma/Neurorehabilitation Program
(PhD: 2005, University of Calgary, Clinical Psychology; Fellowship training 2005-2007: BC Mental Health & Addiction Services and NeuroHealth Research & Rehabilitation)
Dr. Brooks' clinical work involves neuropsychological assessment of youth with acquired brain injuries (e.g., concussion/traumatic brain injury, stroke, hydrocephalus, hypoxic-ischemic events). His current research focuses on outcome after acquired brain injury, performance validity tests, and test psychometrics. Research funding is provided by the Canadian Institutes of Health Research, the Alberta Children's Hospital Research Institute, and the Cumming School of Medicine (University of Calgary).
Websites: <https://cumming.ucalgary.ca/neurodetect/>; <http://research4kids.ucalgary.ca/profiles/brian-brooks>
Recent publications: <http://www.ncbi.nlm.nih.gov/pubmed/?term=Brooks+BL>



FAY-MCCLYMONT, Taryn, PhD, Pediatric Neuropsychologist and Director of Training – Pediatric Neuropsychology Postdoctoral Fellowship Program; Neurosciences & Hematology/Oncology/Transplant Programs
(PhD: 2009, Ohio State University, Clinical Child Psychology; Fellowship training 2009-2011: Alberta Children's Hospital)
Dr. Fay-McClymont's interests are broadly focused on neuropsychological and neurobehavioral outcomes of neurological and medical disorders in children and adolescents. An overarching interest includes examining variables that ameliorate or promote the persistence of neurocognitive difficulties in medical conditions. Specific populations of interest currently include brain tumour and leukemia survivors, sickle cell disease, and autoimmune encephalopathies.
Website: <http://research4kids.ucalgary.ca/profiles/taryn-fay-mcclymont>
Recent publications: <http://www.ncbi.nlm.nih.gov/pubmed/?term=Fay-McClymont+TB>



MacALLISTER, William S., PhD, ABPP-CN
Board Certified Clinical Neuropsychologist with Additional Pediatric Subspecialization
Co- Director of Training – Pediatric Neuropsychology Postdoctoral Fellowship Program
(PhD: 2001, Palo Alto University, Clinical Psychology; Fellowship training 2001-2003: State University of New York at Stony Brook)
Dr. MacAllister's clinical work over the years has involved neuropsychological assessment of children and adolescents with demyelinating disease/Multiple Sclerosis, general ADHD/Learning Disabilities, Autism/Autism Spectrum Disorders, and Epilepsy. He joined the team at Alberta Children's Hospital after over 10 years at New York University, serving as a lifespan neuropsychologist in the Comprehensive Epilepsy Center with a focus on the assessment of children and adolescents with epilepsy. Research interests include cognition in pediatric epilepsy and the utility of performance validity measures in young populations.
Recent publications: <https://www.ncbi.nlm.nih.gov/pubmed/?term=MacAllister+W+S>



MISH, Sandra, PhD, Rehabilitation Psychologist/Neuropsychologist; Vi Riddell Children's Pain & Rehabilitation Centre, and Dr. Gordon Townsend School Rehabilitation and Education Program.
(PhD: 2008, University of Victoria, Clinical Psychology, Neuropsychology Specialization; Internship: Kennedy Krieger Institute/Johns Hopkins University School of Medicine).
Dr. Mish's clinical work primarily involves rehabilitation, with a focus on skill building and transition planning, as well as consultation and neuropsychological/psychoeducational assessments of children and youth with

² Presented in alphabetical order for each section.

neuromotor issues and neurological and medical disorders

VASSERMAN, Marsha, Psy.D., ABPP-CN,

Board Certified Clinical Neuropsychologist with Additional Pediatric Subspecialization

(PsyD: 2008, Widener University, Institute for Graduate Clinical Psychology; Fellowship training 2008-2010: NYU Langone Child Study Center)

Dr. Vasserman's clinical work over the years has involved neuropsychological assessment of children and adolescents with a wide range of neurodevelopmental and psychiatric disorders including general ADHD/Learning Disabilities, Autism Spectrum Disorder, Language Disorders, as well as other genetic, neurological and psychiatric conditions affecting cognition. She also worked closely with the cochlear implant team to help provide neuropsychological evaluation services to this unique and often under-served population. She joined the team at Alberta Children's Hospital after 8 years at New York University, serving as a pediatric neuropsychologist at the Child Study Center, with a focus on assessment of children and adolescents. Research interests include impact of neuropsychological evaluations on disease management in populations with chronic medical conditions, brain development in hearing impairment, and utility of performance validity measure in children.

Recent publications: <https://www.ncbi.nlm.nih.gov/pubmed/?term=Vasserman+M>



YEATES, Keith Owen, PhD, ABPP-CN, Affiliated Staff

Neuropsychologist, Professor of Psychology, Adjunct Professor of Pediatrics and Clinical Neurosciences, University of Calgary; Ronald and Irene Ward Chair in Pediatric Brain Injury

(PhD: 1984, University of North Carolina at Chapel Hill, Clinical Psychology; Fellowship training: Boston Children's Hospital & Judge Baker Children's Center)

Dr. Yeates' clinical work primarily involves consultation regarding childhood acquired brain injuries. Broadly speaking, his research aims to better understand the outcomes of childhood brain injury and influences on recovery, and thereby foster more effective treatment and management. His current projects focus on concussion and mild traumatic brain injury (TBI), in terms of both assessment and treatment. He is particularly interested in understanding the interplay of neurobiological and psychosocial factors in determining children's outcomes after mild TBI, and how such factors can be modified through intervention to improve outcomes.

Website: <http://research4kids.ucalgary.ca/profiles/keith-yeates>

Recent publications: <https://www.ncbi.nlm.nih.gov/pubmed/?term=Yeates+KO%20>



RESEARCH COORDINATOR

VIRANI, Shane, MSc. Research Coordinator, Neuropsychology and Pediatric Rehabilitation program (MSc: 2016, Simon Fraser University, Biomedical Physiology and Kinesiology)

Shane manages and develops a variety of research projects related to brain injury, neuroimaging, and cognitive testing. These projects all aim to enhance the functioning, outcome, and quality of life of children following a brain injury and to provide insight into novel techniques for injury prevention and rehabilitation.

NEUROPSYCHOMETRISTS

DAVID, Claire, B.C.R., Neuropsychometrist (Neuropsychology and Medical Psychology Teams) (BCR: 2014, University of Calgary, Cummings School of Medicine, Bachelor of Community Rehabilitation)

MITCHELL, Lonna, B.A., Neuropsychometrist (BA: 2005, University of Calgary, Linguistics with Speech Science Distinction)

MONTPETIT, Carlie, B.A., Neuropsychometrist (BA: 2013, University of Calgary, Psychology [Honours])

APPENDIX B
RECENT AND SELECTED NEUROPSYCHOLOGY FACULTY PUBLICATIONS*

BOOKS

- Sherman, E.M.S. and **Brooks, B.L.** (Eds., 2012). *Pediatric forensic neuropsychology*. New York: Oxford University Press.
- Yeates, K.O.**, Ris, D.O., Taylor, H.G., & Pennington, B.F. (Eds., 2010). *Pediatric neuropsychology: Research, theory, and practice (second edition)*. New York: The Guildford Press.

SELECTED BOOK CHAPTERS

- Yeates, K.O. & Brooks, B.L.** (in press). Traumatic brain injury. In Morgan, J.E. and Ricker, J.H. (Eds.), *Textbook of Clinical Neuropsychology, Second Edition*. New York: Taylor & Francis.
- Morrison, C., **MacAllister, W.S.** (2016). Pre- and Post-Surgical Neuropsychological Evaluation: Illustrations in Epilepsy. In J. Donders (Ed.) *Clinical Neuropsychological Report Preparation*, Guilford Publishing, New York.
- MacAllister, W.S., & Vasserman M.** (2015). Ethical Considerations in Pediatric Validity Testing. In M. Kirkwood (Ed.). *Validity Testing in Child and Adolescent Assessment: Evaluating Exaggeration, Feigning, and Noncredible Effort*. Guilford Press. New York.
- Baril, M-C. & **Mish, S. J.** (2013). Neuropsychiatric manifestations of a paraneoplastic syndrome. In T. A. Hurwitz & W. T. Lee (Eds.), *Casebook of Neuropsychiatry*. Washington: American Psychiatric Publishing.
- Vasserman, M., & Baron, I.S.** (2016). Neuropsychological Evaluation of the Medically Complex Child. In J.Donders (Ed.). *Neuropsychological Report Writing*. Guilford Press, New York.

SELECTED PSYCHOLOGICAL TESTS

- Sherman, E.M.S. and **Brooks, B.L.** (2017). *Multidimensional Everyday Memory Ratings for Youth™ (MEMRY)*. Lutz, FL: Psychological Assessment Resources, Inc.
- Sherman, E.M.S. and **Brooks, B.L.** (2015). *Child and Adolescent Memory Profile™ (ChAMP)*. Lutz, FL: Psychological Assessment Resources, Inc.
- Sherman, E.M.S. and **Brooks, B.L.** (2015). *Memory Validity Profile™ (MVP)*. Lutz, FL: Psychological Assessment Resources, Inc.

SELECTED SAMPLE OF PEER-REVIEWED RESEARCH PAPERS

- Araujo, G. C., Antonini, T. N., Anderson, V., Vannatta, K. A., Salley, C. G., Bigler, E. D., Taylor, H. G., Gerhardt, G., Rubin, K., Dennis, M., Lo, W., Mackay, M. T., Gordon, A., Koterba, C. H., Gomes, A., Greenham, M., **Yeates, K. O.** (in press). Profiles of executive function across children with distinct brain disorders: Traumatic brain injury, stroke, and brain tumor. *Journal of the International Neuropsychological Society*.

* Trainees are underlined. Faculty are bolded.

Beauchamp, M., Aglipay, M., **Yeates, K.O.**, Désiré, N., Keightley, M., Anderson, P., **Brooks, B.L.**, Barrowman, N., Gravel, J., Boutis, K., Gagnon, I., Dubrovsky, S., and Zemek, R., for the 5P PERC Concussion-Neuropsych Team (in press). Predictors of neuropsychological outcome after paediatric concussion. *Neuropsychology*.

Brooks, B.L., Daya, H., Khan, S., Carlson, H., Mikrogianakis, A., & Barlow, K.M. (2016). Cognition in the emergency department as a predictor of recovery after mild traumatic brain injury in youth. *JINS*, 22(4), 379-387.

Brooks, B.L., Holdnack, J.H., & Iverson, G.L. (in press). Reliable change on memory tests is common in healthy children and adolescents. *Archives of Clinical Neuropsychology*.

Brooks, B.L., Low, T.A., Daya, H., Khan, S., Mikrogianakis, A., & Barlow, K.M. (2016). Test or rest? Brief computerized cognitive testing in the emergency department after pediatric mild traumatic brain injury does not delay symptom recovery. *Journal of Neurotrauma*, 33(23), 2091-2096.

Brooks, B.L., Ploetz, D., & Kirkwood, M.W. (2016). A survey of neuropsychologists' use of validity tests with children and adolescents. *Child Neuropsychology*, 22(8), 1001-1020.

Durish, C. L., Pereverseff, R., & **Yeates, K. O.** (in press). Depression and depressive symptoms in pediatric traumatic brain injury: A scoping review. *Journal of Head Trauma Rehabilitation*.

Emery, C. A., Barlow, K. M., **Brooks, B. L.**, Max, J. E., Villavicencio-Requis, A., Gnanakumar, V., Robertson, H. L., Schneider, K., & **Yeates, K. O.** (2016). A systematic review of psychiatric, psychological, and behavioural outcomes following mild traumatic brain injury in children and adolescents. *Canadian Journal of Psychiatry*, 61, 259-269.

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