Hospital Psychology

Newsletter of the CPA Section of Psychologists in Hospitals and Health Centres

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Psychology in Health Care Organizations: What Works Well and What Doesn't

Kerry Mothersill. Ph.D., R. Psych.

At the 2013 CPA Convention in Quebec City, the Section organized a Conversation Session which was attended by several leaders in hospital psychology across Canada. Here are some helpful hints that were discussed.

Develop and Maintain Relationships:

With managers, directors, CEOs, colleagues and consumer groups, associations, the College of Psychology and Ministry of Health. Ask what services they need and deliver the goods. We don't get to the sit at the table by virtue of our degrees. We have to earn our place at the table, in most cases. Speak their language and avoid jargon. Make summaries readable. Managers are interested in outcomes and solutions, not problems. Provide assistance in helping them achieve good patient outcomes in a time efficient and effective manner.

Help managers to understand the full scope of psychology at their service: research, psychotherapy, assessment, diagnostics, outcome evaluation, clinical programming, etc. If they think psychologists are too expensive, they are not asking psychologists to do enough. The full scope of their skills should be utilized. Use a strength based model approach. Generate an expectation that the experts should perform the work. Be open to consultation, and make yourself available for this. They might not have thought it was possible.

Develop Good Optic Strategies.

Celebrate publicly awards, achievements, patient care, etc. Create opportunities for Psychologists to demonstrate their knowledge, excellent clinical service, skills to develop and evaluate new clinical services and to supervise/train. Be visible and invite others to your conferences and education days. Collaborate, celebrate, and take credit.

Stay Patient Focused

Agendas should always be patient focused, meeting the needs of patients, adding value. Stay patient focused when discussing all aspects of psychology, including research, that's the common language. Try not to 'compete' for clinical care. There is plenty of work

to do and lots of patients without any service.

Advocate

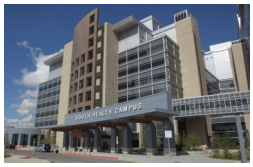
Advocate for profession everywhere, help staff orient to advocacy, informally and at every opportunity (in elevator etc.). Expect to have to explain what you do and why it matters.

In Matters of Health -Psychology Matters.

Inside this issue:

Message from the Chair

Kerry Mothersill. Ph.D., R. Psych.



22 Psychologists
South Health Campus
Calgary, AB

The Section of Psychologists in Hospitals and Healthcare Centres (PHHC) continues to grow in strength and numbers. We currently have 464 members with students comprising about 2/3rds of the total. Please remember to renew your membership in the Section when completing the online CPA form for 2014, and encourage your colleagues to join the Section of Psychologists in Hospitals and Healthcare Centres. We need additional full members as our goals are ambitious!

CPA is placing more emphasis on the role of the sections in developing policy and providing information to the organization.
Over the past several months, the Section Executive has been focused on three important areas:

- identification and development of best practice guidelines for psychology in healthcare delivery programs,
- development of and support for psychology leaders in health care organizations and
- preparation of students and early career psychologists for practice in the complex, diverse, multidisciplinary and changing world of health care.

Starting with the CPA Convention in Vancouver 2014, the Section will be giving out awards for student papers/posters that best represent the application of psychology in hospitals and healthcare organizations (see the notice in this Newsletter for details).

All members are encouraged to consider the Section of Psychologists in Hospitals and Healthcare Centres as the endorsing section for their submissions to the Convention. The PHHC is developing the gravitational pull necessary to represent the needs of and support the practice of psychologists in publicly - funded healthcare

Leadership Committee Report

Vicky Wolfe, Ph.D., R. Psych., IWK

"Management is doing things right; leadership is doing the right things." (Peter F. Drucker).

As psychologists, we all recognize the need to talk things through now and then. What about those of us in psychology leadership roles? Leadership in health care settings often involves both “doing the right things” and “doing things right,” typically in collaboration with our inter-professional partners and other health care leaders. Nonethelesss, as psychology leaders, we are often a “one of” in our health care settings, so finding peers to share information relevant to our roles can be delicate. If you are looking for a group to share your goals and aspirations, triumphs and challenges, please join us!

The Leadership Committee for the Psychologists in Hospitals and Health Centres Section is planning a meeting for Psychology Professional Practice Leaders, Discipline Chiefs, and other Psychologists in leadership roles at the upcoming CPA Convention in Vancouver. The focus of the meeting will be to examine what is working for psychology leadership in our hospitals, identify our challenges, and work toward positive solutions that suit our Canadian health care system.

Our committee will be sending out a survey for Professional Practice Leaders and Discipline Chiefs in the upcoming months that will form the bones for our interactive workshop. Topics will include: factors that enhance job satisfaction for psychologists in health centres, recruitment and hiring practices, support for professional and inter-professional practice, professional development, student training, and research and evaluation. We’ll also be asking about variations in our roles, including involvement in program and service development, operations and service coordination, and management of budgets. We are interested in learning about leadership models at your health centre and how Psychology Professional Practice Leaders/Chiefs work with leaders of other disciplines and in other management roles. How do we promote and enhance our sense of identify as psychologists, while also promoting inter-professional collaboration and team work? What are some benchmarks for assuring high quality but cost efficient use of psychology resources?

We hope to see you in Vancouver at the 2014 CPA Convention!

Princess Margaret Hospital: University Health Network
Toronto, ON

30 Psychologists (Total UNH)

Royal University Hospital
Department of Clinical Health Psychology
Saskatoon, SK

6 Psychologists

Leading Practice:
On-Line and Stepped Care Treatment for Sleep Disorders

Norah Vincent, Ph.D., C. Psych., Winnipeg Regional Health Authority & Faculty of Medicine, University of Manitoba

Leading practices are exemplary organizational practices that demonstrate high quality leadership and innovative and efficient service delivery. In 2010, we received this designation from Accreditation Canada for an on-line and stepped care program for Chronic Insomnia offered by the outpatient Behavioral Medicine Sleep Clinic in the Department of Clinical Health Psychology. The clinic receives 400-600 new referrals each year for evaluation and treatment of chronic sleep disturbance. In response to the large demand for service and limited supply of providers, we developed a novel response to long waits (> 12 months) for service.

Upon referral to our outpatient clinic, prospective patients are screened by a psychological associate to determine suitability for stepped care. Once accepted into this program and provided with a username and password, patients can access a 6-week on-line program for chronic insomnia (*return2sleep.com*). Accessed at home using high-speed internet, the program features instructional video clips, daily symptom monitoring, homework exercises, adherence assessment, automated feedback, a sleep calculator to optimize bedtimes, and access to visual illustration of progress. A few preliminary questions at the beginning of each module help to tailor that week's content to the participant.

Following completion of the computerized program, patients have the opportunity to "step up" to a single-session in-person consultation with a psychologist, then to a 6 week on-site group treatment program, and then to short-term individual intervention. Each of these more resource-intensive steps reflects evidence-based practice and has demonstrated effectiveness. In practice, however, 62% of patients do not pursue further treatment after the step 1 on-line treatment. Of these individuals, 81% report that their sleep has improved and see no need for further intervention. As a result, fewer patients are receiving more intensive treatment (e.g., group, individual) after receiving an initial low-intensity treatment. A study published by our group in the Journal of Clinical Sleep Medicine (2013) showed that this model has resulted in an improvement of service efficiency by 69%.

The stepped care model was introduced in 2007 and continues to evolve. Perhaps surprisingly, the development of stepped care has resulted in larger volumes of patients being referred over time. Partly, this reflects patient interest in accessing the convenience of computerized treatment as well as increased physician confidence that patients will receive intervention in a timely manner. Unexpectedly, we now receive many referrals from physicians explicitly requesting the on-line treatment of insomnia for their patients.

Although the patient volumes have increased, the wait time has not grown proportionally. The advent of stepped care in this psychology-run outpatient sleep service has resulted in greater efficiency overall, and has changed the nature of the practice. For example, many of the individual consultation appointments show us that patients are learning how to manage their sleep problem and simply need more encouragement to continue doing what is already working. In the high intensity treatments, many patients are able to focus on areas that are most problematic after having reviewed a broad spectrum of techniques in the low intensity intervention. This has been a satisfying professional endeavor, and one that has been well received by patients and the broader healthcare community in Winnipeg.

Reference: Vincent, N., & Walsh, K. (2013). Stepped care for insomnia: Evaluation of implementation in routine clinical practice. *Journal of Clinical Sleep Medicine, 9(3), 1-8*.
nvincent@hsc.mb.ca

CPA Supply and Demand Summit: Who are we, what are we doing, and where are the needs?

Kerry Mothersill, Ph.D., R. Psych.

Did you know?

The number of psychologists in Canada has increased by 46% to 17,000 since 1996.

The average age of psychologists in Canada is 55.

Six out of ten psychologists have a masters' degree.

"The average age of psychologists in Canada is 55."

The Canadian Psychological Association organized a Supply and Demand Summit meeting in Ottawa on November 8 and 9, 2013. The purpose of the Summit was to review data pertaining to the Psychologist workforce in Canada, identify gaps in the availability of qualified personnel in key sectors and discuss solutions to right-size the supply-demand discrepancies.

Seventy-eight participants from across Canada were invited to hear 19 speakers who presented information on the demographics of Registered Psychologists in Canada (e.g. Canadian Institute for Health Information, Statistics Canada, Association of Canadian Regulatory Organizations), training programs and needs of psychologists in academic settings (e.g. Canadian Council of Professional Psychology Programs, Canadian Association of Postdoctoral Scholars) and what psychological services are needed (e.g. Mental Health Commission of Canada, Correctional Services of Canada, Dept. of National Defence and the Canadian Armed Forces, Canadian Institute for Military and Veteran Health, College of Family Physicians).

Several questions were posed to the participants including: What additional data need to be collected about psychology in Canada that could influence training, service delivery and public policy? What are the gaps between what we train psychologists to do and what is needed for the science and practice of psychology? What are the specific sectors in health care, industry and university settings that require more service providers and research psychologists? The CPA office will be compiling the notes taken during the break-out sessions and will be publishing the results of the discussions

The main take home messages for me included:

- CPA and other organizations need to collect and analyze additional data on the psychology enterprise,
- More psychologists need to be trained in health related areas (e.g. diabetes, neuro psychology, geriatrics, oncology, primary care), and to work with the correctional and military populations,
- Behavioural scientists are needed in non-academic roles in Industry and government-related sectors,
- Changes are needed in the way psychologists are trained in order to meet the demands of health services, industry and educational institutions and to compete with other service providers. If we could start from scratch, how would we train differently?

Watch for more details in Psynopsis.

Member Profile Dr. Theo De Gagne : A Rebuilding of the Profession

By Dr. Kerry Mothersill, Psychology Professional Practice Leader, Alberta Health Services, Calgary Zone

Dr. Theo De Gagne
Psychology Practice Leader, Vancouver Coastal Health (VCH)
Director of Clinical Training, Clinical Psychology Residency Program
Adjunct Professor, Department of Psychology, University of British Columbia
Clinical Instructor, Department of Psychiatry, University of British Columbia

Prior to Theo becoming the Psychology Professional Practice Leader in 2011, the VCH had been without a PPL for 12 years. Since he assumed the role, the transformation of the discipline has been breathtaking.

In the past year alone, 12 Psychologists and 2 Psychometrists were hired with several of these in new service areas. As a result, the number of Psychologists has increased by 50%, from to 22 to 34. They now have psychologists in every mental health inpatient unit across the health region. Psychology job descriptions were redesigned to include supervision of psychology and psychiatry residents as part of the job duties. In collaboration with colleagues, Theo is creating a new psychology website that will sponsor psycho-educational videos, e-mental health resources and will also promote professional practice.
In addition, the number of Psychology Residents and funding were increased to 4 positions, each with a salary of $33,590. Additional funding will be available for a fifth position based on satisfactory supervisory support. The residency program was recently reaccredited by CPA for a 5 year period.

Theo has been a major force in the development of new service areas within VCH Including:

- Burnaby Centre Mental Health and Addictions, a tertiary concurrent disorders residential treatment centre
- BC Psychosis Program, a residential provincial treatment program.
- Inpatient Mood Disorders program at UBC Hospital
- 1 East Inpatient Service and Psychiatric Assessment Unit at Vancouver General Hospital (VGH)
- Willow Pavilion Tertiary treatment program at VGH
- DBT clinic at the outpatient psychiatry treatment program at VGH
- Development of a hybrid model of primary care with the health region to include psychology in primary care

Theo has also organized two psychology regional conferences. The first was in February 2012, entitled "Psychology: Celebrating Collaborative Partnership in our Community" with a special session on Primary Care. The second, "Perspectives on Continuity of Care & Trauma Informed Practice" will take place on February 28, 2014. Theo et al. also hosted a full day workshop on Supervision Models with guest speaker Dr. Elizabeth Church. The workshop was video conferenced to Kamloops, Victoria and Calgary and it appears on their website for all staff and students to access.

On a provincial level, Theo became a member of the BC Ministry of Health Committee: Building Capacity for Psychology, which is charged with developing a set of guidelines delineating evidence-based psychotherapy practice in the province.

Through hard work, networking and forming collaborative relationships, Theo has advanced the profession with remarkable speed and effectiveness. I can't wait to see what he does in the next 2 years!

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Hospital Practice versus Private Practice

Ian Nicholson, PhD, C. Psych, London Health Sciences Centre

A few months ago, we had an unusual event here in London, Ontario. To fill a new position that was funded through provincial initiatives, we hired an experienced psychologist. The unusual part was that this psychologist had been in full-time private practice for many years prior to moving into this hospital position. While I have been hiring psychologists for close to 20 years, I have never had that happen. I have certainly seen the opposite – psychologists moving from hospital positions into private practice – many times.

A dozen years ago, John Service, Sam Mikail, and I did a survey of a number of Canadian psychologists (Mikail, Nicholson, & Service, 2001). One of the most striking aspects of the survey results was that the majority of psychologists working in institutions such as hospitals saw their future as being in private practice. Almost none of the psychologists in private practice, however, saw their future as being in institutional psychology.

While this finding saddened me, it didn't surprise me. Graduate students I have met over the years often talk about how their final goal is to be in a private practice. Many of our residents seek to start out in a hospital position with the aim of moving into private practice in the future. They often explain that they think they need to gain more experience first and they see themselves as ill-equipped for moving straight into private practice. While they have some concerns about the specific business skills they need--how to bill or deal with insurance companies, for example--they recognize that these are not the type of skills they will learn in a hospital; what they feel uncertain about is their *clinical* skills.

This concerns me in two ways: First, we are training people to a doctoral degree level in accredited doctoral programs and accredited internship programs with thousands and thousands of hours of clinical experience, and at the end of that, they don't feel confident in their skills. (What this says about our profession and our training for our profession is probably more appropriately dealt with in another article). Second, many in our profession and many of our students see a hospital job as just a developmental step on the way to their real goal of a career in private practice.

In the 2001 survey, psychologists cited the opportunity to get out from under the administrative oversight of institutional managers as the primary reason for aspiring to a private practice career instead of working in a public institution. Having your name outside the door of your private office, working independently of systems, and managing your own destiny is considered a higher calling by many. There is accountability to one's employer when working in a hospital, but I see many people in private practice whose duties are at the whim of arbitrary third party payer decisions and changes in government legislation and regulations. The perception of complete freedom and independence of the private practitioner is a bit of a myth. (con't p. 7)

Editor's Note: The opinions expressed are solely those of the author.

The Newsletter welcomes commentary and discussion on this and other issues related to hospital and healthcare psychology practice. Submissions should be sent to: bmcilwraith@hsc.mb.ca
Accepted submissions may be edited for length and relevance to the Section membership.

Opinion (con't) Hospital vs Private Practice

Toronto General Hospital
University Health Network
Toronto, ON

30 Psychologists
(Total UHN)

I have been fortunate to have had a very high retention rate for psychologists compared to the rate for other professions at my hospital. Once psychologists are here, many of them recognize the challenges and rewards that come from the clinical work in a hospital, and stay.

In my opinion, there is much greater satisfaction in public service. Within our Canadian system, we do have mechanisms for supporting those in need of health care. And while the publicly-funded healthcare system sometimes doesn't provide sufficient access to psychological services through hospitals, I don't believe the best way to address the public's limited access to services is to expand the private practice system. Public service is noble. Public service is for the greater good. Public service should always be a central, important, and valued part of our profession.

For the future of our profession, my question is how we ensure that those we are training, as well as our professional community, recognize the important and central role of psychology in hospitals. We are not just a training ground for future private practitioners.

Hospital jobs should be the desired career destination for psychologists who want to help those in need.

Reference: Mikail, S., Nicholson, I.R., & Service, J.C. (June, 2001). *Working conditions in professional psychology: The national survey results.* Presentation at the 62nd Annual Meeting of the Canadian Psychological Association, Quebec City, QC.

Recommended Reading

Owens, S.J., Wallace, L.M., Liu, I., Newman, K.R., Thomas, C. & Dobson, K.S. (2013) Hospital Psychology in Canada: An Update. Canadian Psychology, 54 (3), 147 – 152.

Reports the results of a repeat survey of Canadian hospital psychologists, previously surveyed in 1982 and 1999.

Call for Submissions
Special Feature on PSYCHOLOGY in SMALL HOSPITALS

Toronto Rehab Institute:
University Health Network
Toronto, ON

30 Psychologists
(Total UHN)

We would welcome submissions (any length) that deal with providing psychological services in small hospitals, defined as small-town hospitals or community / neighbourhood hospitals (as opposed to large teaching hospitals or networks) -- hospitals that may only have one or two psychologists on staff. Our readers and members would be interested in hearing about innovative ways of providing services in smaller facilities, interprofessional and "generalist" practice models, training for practice in smaller facilities, challenges and success stories.

Deadline for submissions is February 1, 2014

Chair:

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http://www.cpa.ca/aboutcpa/cpasections/Hospitals/

CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Section of Psychologists in Hospitals and Healthcare Centres Award of Excellence

The Psychologists in Hospitals and Healthcare Centres (PHHC) Section is seeking nominations for the Section Award, to be bestowed annually upon a psychologist who has made significant contributions to psychology in hospitals and healthcare centres. Through his or her efforts on a clinical or administrative level, the recipient of this award will have participated in the advancement of the role and the place of psychology in health-care settings in Canada. Please forward nominations to Dr. Paul Greenman at paul.greenman@uqo.ca

Please note that, as per the policies and procedures of the awards committee, candidates who are nominated but who do not receive the award in a given year will automatically be considered for the award the following year.

Student Paper/Poster Award

Each year the Section of Psychologists in Hospitals and Healthcare Centres will recognize student members' contributions to research conducted in hospitals and healthcare centres, by awarding three Student Awards. To be eligible, student members of the Section should notify the Student Representative (jessica.p.flores@alumni.ubc.ca) by April 1, 2014 that they wish to have their Paper or Poster presentation at the CPA Convention reviewed by the student award selection committee. Submissions will be evaluated based on their relevance to the Section's mission, originality, clarity and potential impact of the research on wellbeing of Canadians and hospital service delivery.

Newsletter contributions welcome– instructions to authors

We welcome submissions from section members to our newsletter. We are interested in hearing from our members to share knowledge, successes and challenges of the hospital based psychologist.
We have developed some recurring columns, but are open to other ideas. The following columns are available for contributions:

1) Open submissions: 500–1000 word column outlining a specific issue; historical review of a department; or any other topic of interest to the section.

2) Leading Practices: 500-1500 words Reports of psychological services that are considered leading practices, either as a result of recognition by accrediting bodies such as the Canadian Council on Health Services Accreditation (CCHSA: "Accreditation Canada") or similar organizations, or through outcome data that demonstrate the effectiveness of an innovation or an exemplary service model.

3) Recommended reading: 100-150 word summary of any article, book, website, journal, etc that would be of interest to the section

4) Cross country check up: 500-750 word article outlining an issue or experience that may apply across the country

5) Student focus: 250-1000 word submission from a student member.

6) Short snappers: 150-175 words describing a new initiative, a promising practice, a summary of a research study, etc

7) Member profile: 250 word biography including picture of a member

8) Other areas: announcements, job postings, clinical practice guidelines, management structure.

Please send submissions to:
Dr. Bob McIlwraith
bmcilwraith@hsc.mb.ca