



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

Membership snapshot:

- 307 Members
- 115 Regular Members
- 192 Student Members

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Report from the Chair: Formation of the CPA Section Psychologists in Hospitals and Health Centres

Hospitals and other publicly-funded healthcare centres, such as primary care clinics, are where most Canadians obtain their psychological services. Psychology services in these institutions have been under attack in some provinces, while growing and diversifying in other parts of the country. Changes in organizational structures as well as administrative and clinical accountability lines over the past two decades have been challenging for psychology. At the same time, the private practice sector has expanded significantly. Professional training has been impacted by the

changes in hospital psychology departments.

The CPA Task Force on Psychology in the Public Sector examined psychological services in hospitals and healthcare centres and recommended that a new CPA section be formed to address the relevant issues. An organizational meeting was held during the CPA Convention in June 2012 in Halifax. The CPA Board approved the draft bylaws and the new CPA Section of Psychologists in Hospitals and Health Centres was established. The new section was charged with setting the agenda for national action by psy-

chologists who provide clinical and health psychology services in the public sector.

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



Executive Committee Members



At the organizational meeting, the following Section Executive Committee members were elected:

Kerry Mothersill (Chair)
kerry.mothersill@albertahealthservices.ca

Bob McIlwraith (Chair-Elect)
bmcilwraith@hsc.mb.ca

Joyce D'Eon (Secretary-Treasurer)
jdeon@ottawahospital.on.ca

Vicki Veitch Wolfe (Member-at-Large)
vicky.wolfe@iwk.nshealth.ca

Paul Greenman (Member-at-Large)
Paul.Greenman@uqo.ca

Marcie Balch (Student Member)
marcie.balch@gmail.com



Sick Kids
Toronto, ON
44 Psychologists

Section Goals

- * Highlight the distinct roles of psychologists in health care settings
 - * Support psychology leadership in hospitals and health care centres and their advocacy for administrative support for psychology practice and research
 - * Improve the quality of psychological practice in hospitals and health care settings through establishing and promoting standards of clinical practice and promoting practice-based research
 - * Share information among Canadian hospitals and health care settings regarding psychological best practice services and the development and deployment of psychologists in health care.
 - * Support the development of professional training opportunities in hospitals and other health care settings
 - * Promote professional and public awareness of psychology services in hospitals and health care settings
 - * Assist in the development of Canadian benchmarks and recommended guidelines for psychological services across conditions
- The Executive Committee took the position that the development of a national perspective on the organization and delivery of psychological services in publicly funded health facilities would have a significant effect on the future of the profession on the front line.

Section Committees

Since September 2012, the Executive Committee has held 4 teleconference meetings. The following committees were established:

- 1) Awards Committee: Paul Greenman (Chair), Shelley Goodwin
- 2) Communications Committee: Bob McIlwraith (Chair), Debbie Emberly, Mary Pat McAndrews, Dawn Phillips
- 3) Guidelines Committee: Kerry Mothersill (Chair), Joyce D'eon, Margaret DeCorte, Camillia Clark, Lorne Sexton
- 4) Leadership and Mentoring Committee: Vicky Veitch Wolfe (Chair), Margaret O'Byrne, Simone Kortstee.



IWK Health Centre
Halifax, NS
48 Psychologists

Membership

As of February 2013, the Section has a total of 307 members, with 115 regular members and 192 student members.

The section executive is charged with harnessing this tremendous interest and producing deliverables

which will support and enhance the delivery of psychological services.

The committee was particularly excited about the significant level of interest in the Section among CPA student members.



Section Objectives

- 1) Prepare Submissions for Section relevant events at the 2013 CPA Convention in Quebec City.
- 2) Create a Newsletter Format and disseminate first issue (Communications Committee)
- 3) Create and send out a Survey Form for Professional Practice Leaders (PPL) and Department Chairs (Guidelines Committee)
- 4) Establish a Network of Psychology Administrators and DOTs (Communications Committee)
- 5) Establish a CPA Portal for storing Guidelines, Relevant Literature, etc (Communications Committee)
- 6) Develop templates for PPL/Chair Job Descriptions and posting (Leadership Committee)
- 7) Develop templates for psychologist job description and job posting (Leadership Committee)
- 8) Develop optimal psychologist hiring procedures and policies (Leadership Committee)
- 9) Develop guidelines for psychologists working in multidisciplinary teams (Guidelines Committee)
- 10) Develop “best practice” benchmarks for psychologist’s roles on mental health and health care teams (Guidelines Committee)
- 11) Prepare summary documents that present findings from cost/benefit and cost/offset research



Hôpital Montfort

Ottawa, ON

9 Psychologists

Leadership & Mentorship Network



Psychology leadership roles in hospitals include a number of functions, including Professional Practice Leaders and Chiefs, Psychology Department Heads, Program Directors and Managers, Team Leads, hospital-based research primary investigators, and leadership on important hospital committees. Many psychologists enter leadership roles without much formal training in management; even those with substantial experience may find the new roles challenging.

Dr. Vicky Wolfe of the IWK Children’s Hospital, Halifax, chairs the Section’s Leadership and Mentorship Com-

mittee. The goals of the committee are to identify psychology leaders in Canadian hospital settings, develop opportunities to dialogue around roles and challenges, and discuss what works in assuring that the skills and expertise of psychologists in hospitals are well recognized and utilized to maximum potential. We anticipate that this committee will help develop strategies for enhancing communication among psychology hospital leaders, help identify resources and educational opportunities to facilitate our leadership potential, and enhance our understanding of systems that govern hospital-based decision making at various levels of management. This is a great opportunity for us to learn from each other, and

an especially for those new to leadership role to learn from those who “have been in the trenches.”

One of the clear needs articulated during the foundational meeting of the Section of Psychologists in Hospitals and Healthcare Centres in June 2012 was for a mechanism to connect psychology managers and leaders to other psychologist administrators who can serve as mentors. Members who would like to be connected to an experienced mentor, or who would like to volunteer to serve as a mentor, or who would like to volunteer to serve on the committee are asked to contact:

Vicky.Wolfe@iwk.nshealth.ca



**Princess Margaret Hospital: University Health Network
Toronto, ON**

**30 Psychologists
(Total UNH)**



**Royal University Hospital
Department of Clinical
Health Psychology
Saskatoon, SK**

6 Psychologists

“Cross– Country Check up” Access to electronic medical records - the Patient Portal Project in Toronto



There have been significant changes in the past 10 years regarding how Psychology records (reports, notes, test data) are stored, with hospital systems moving inexorably to electronic documentation for all health professionals. A new, perhaps even more important, change is in the wind – systems that will permit patients to access electronic records directly via a web-based portal. In Toronto, this system is already ‘live’ at Sunnybrook Hospital (MyChart™) and it is in development phase at UHN (which includes Toronto General, Toronto Western, Princess Margaret and Toronto Rehabilitation hospitals). As we are in early days in Toronto, it is prudent to reflect on what the process and outcomes look like and how we might help to shape content that is accessible.

The objectives of the project are to improve patient access to their personal health information so they can be empowered to take a more active role in the management of their care and make more informed decisions to achieve optimal health. This reflects the evolution of patient-centered care into ‘patients as partners’ in optimizing health decisions. At UHN, the development of

the Patient Portal is being overseen by a design team representing over 80 Patients/Families/Caregiver, as well as clinical and IT support staff across the organization. Some of the governing principles are respect for all standards in terms of privacy, stewardship of information, security and design system for ease of use, and ensuring that information provision is evidence-based and reflects leading practices.

Phase 1 of the project will enable patients to view personal health information that is currently posted to the electronic record used by health professionals within the hospital such as test results, clinical notes, reports, discharge summaries, and upcoming appointments at UHN. Patients can also elect to share this information with caregivers, family members, and external health care providers. The portal will also be designed to help patients access and navigate information about their condition and test results as well as find information about relevant programs and support groups. During the course of the project foundation, several types of information have been identified as sensitive and consideration is being given to whether they should not be released in real time; these include psychology and psychiatry consultation notes, test results like genetic screening, tumor markers or pathology. Strategies include delay of release with transition to

real-time when health care programs indicate they have the systems and processes in place to support patients receiving such information. How easily that can be managed (e.g., how to support a patient when viewing their initial diagnosis of an aggressive cancer or fetal defect online) is an issue that will result in considerable dialogue and debate. The developers are committed to looking to existing models (e.g., Sunnybrook MyChart http://sunnybrook.ca/content/?page=mychartlogin_learnmore) for evidence-based and best practice guidelines. How will this affect Psychology at UHN?

At present, most psychology reports are not available on the electronic record and so are not presently ‘at risk’ for independent access by patients. For many of us, provision of direct feedback to patients is often accompanied by a copy of their report or a simplified summary so a delay in posting until the feedback session would address our concerns about supporting patients and their families in the context of difficult or sensitive information. As there is continuing pressure to move from paper to electronic records, there is additional concern that information in clinical/therapy notes, which may be deemed inappropriate to share with patients or other health professionals, may (Con’t page 6)

Psychologists: Who are they and what do they do?

Psychologists sometimes have to explain who they are and what they do in hospitals. The question may come from patients, members of the general public, other professionals, hospital administrators or government officials. Administrators may come from backgrounds in other health professions, management or business, and may not know much about what psychologists do (worse – they may “know” things that aren’t true).

When psychologists are asked who they are and what they do, their responses often take one of two forms:

1. Defining ourselves by contrast with other professions.

If asked “What’s the difference between a psychologist and a psychiatrist?” some answers I have heard include:

✦ “Oh, about \$100,000 a year (ha ha!)”. (Some private practice psychologists of my acquaintance would

dispute that).

✦ “Psychiatrists are MD’s; psychologists are PhD’s” (Not much help to the average lay person; the most they may get from this answer is that psychologists are “not real doctors”).

2. Defining ourselves by what we *don’t* do.

✦ “Psychologists don’t give you drugs; they just talk to you” (I note the frequent use of “just”)

✦ “Psychologists won’t give you electric shock therapy or put you in hospital.” (What will they do?)

✦ “Psychologists are non-medical mental health professionals” (So are a lot of other people; this is too broad)

The Clinical Psychology Section of CPA has a good statement on its web site:

<http://www.cpa.ca/aboutcpa/cpasections/clinicalpsychology/>

that outlines what clinical psychology is and what clinical psychologists do, but it

is four pages long. Quite a job to memorize and probably a longer answer than the person who asked you is hoping for or needs.

What is needed is a simple and affirmative statement of who we are and what we do.

When I posed the question to a convenience sample of my colleagues, I got off-the-top-of-the-head answers like:

✦ “Psychologists talk with people and help them to solve their own problems by changing their behaviour.”

(Note the empowering implications of “solve their own problems”. Also, this definition avoids narrowing the focus to only *mental* health problems. However, lots of professionals talk with people).

✦ “Psychologists are really good at the science of measuring mental functions, like changes in thinking or memory, for example after a brain injury or a stroke.” (Focuses too narrowly on assessment).

✦ “Psychologists have doctoral degrees in Clinical Psychology and are licensed by the Province (Territory) to assess and treat mental disorders and other health problems. Only people with these professional qualifications can call themselves psychologists”. (This one deals primarily with title protection, but little else).

**ENTER
TO WIN!**

I am sure that many other clearer, more concise answers could be suggested by our readers, so we are launching a **CONTEST** to come up with the best (**one-or, at most, two-sentence**) definition of who Psychologists are and what they do. There will be a prize (TBA), and the winning entry will become official policy of the Section. The contest is open only to members of the Section of Psychologists in Hospitals and Health Centres.



In this issue of the Newsletter, we are launching a **CONTEST** to come up with the best (**one- or, at most, two-sentence**) definition of who Psychologists are and what they do.

Please Submit entries to....

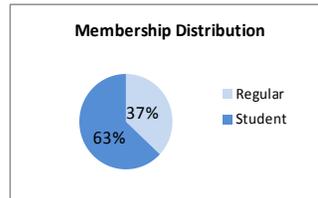
Dr. Bob McIlwraith
Clinical Health Psychology Programme
Winnipeg Regional Health Authority
bmcilwraith@hsc.mb.ca



**Toronto General Hospital
University Health Network
Toronto, ON**

**30 Psychologists
(Total UHN)**

Student Column



We are very pleased to have had so much student interest in this section, with 63% of the membership student members.

We want to ensure that the content of this newsletter and the objectives and goals

of the section are meeting your needs.

Please send us student focused ideas, comments, submissions for the newsletter. Please send to our student representative on the executive committee:

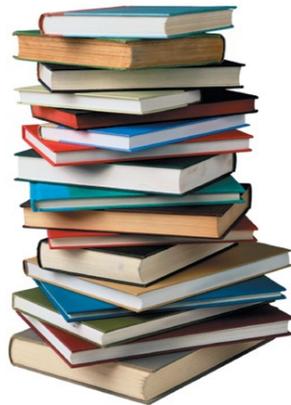
marcie.balch@iwk.nshealth.ca

We would love to hear from you.

UNDER CONSTRUCTION



Recommended Reading



The January 2013 issue of [American Psychologist](#) (68, 1) contains a number of very interesting Guidelines and Standards including “Guidelines for Psychological Practice in Health Care Delivery Systems”. The article deals with professional identity, privileges, collaborative care, competency, and many related points. Although these are US guidelines, there is likely much in them that can form the basis for development of a set of CPA Guidelines for psychologists practising in hospitals and healthcare centres. Development of such Canadian Guidelines is one of the key objectives of the Section, and was identified early on as a priority by members.

“Cross Country Check Up” (con’t from page 4)

become ‘at risk’ for (inappropriate) access.

Furthermore, in UHN as in many hospitals, some Psychologists are engaged in third-party consultations (e.g., medical-legal or workplace compensation) in which feedback is not typically provided to the patient of record; that may be a particularly ‘thorny’ dimension of the patient portal.

Is there a patient portal in your future? What are best practices for Psychology in such circumstances and how can we influence development and implementation of such portals? What kind of information should be ‘firewalled’ once patients have free and full access to their electronic records? On a positive note, how can we ensure that evidence-based information about psychol-

ogy and links to local resources are part of the patient portal at our institutions? Your feedback and insights are welcome !

Mary Pat McAndrews, Ph.D., C.Psych.
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**Toronto Rehab Institute:
University Health Network
Toronto, ON**

**30 Psychologists
(Total UHN)**



**Toronto Western Hospital :University Health Network
Toronto, ON**

**30 Psychologists
(Total UHN)**

“We are trying to build a structure on ground that is still shifting”.



**Foothills Hospital
Calgary, AB**



Royal University Hospital, Saskatoon, SK

Special Report: Issues and Opportunities in a Climate of Change

Since its inception in the 1960s, what is currently known as the Department of Clinical Health Psychology in the Saskatoon Health Region has undergone some major changes in both structure and provision of clinical services. Originally known as the Division of Psychology within the Department of Psychiatry, the Head was appointed jointly by the Department of Psychiatry (College of Medicine) and Department of Psychology (College of Arts and Sciences), in the University of Saskatchewan.

The clinical mandate of the department was to liaise with physicians to provide health psychology consultation services, as well as direct and consultation services for patients of the Department of Psychiatry. A research and training mandate was also embedded in the service, with the pre-doctoral internship program launched in 1982 (which was among the first intern-

ships accredited by the Canadian Psychological Association in 1986).

Based upon the recommendation of the CPA, in 1992 the Division of Psychology was separated from the Department of Psychiatry and renamed the Department of Clinical Health Psychology as a stand-alone department within Saskatoon District Health. For the next decade the Department experienced very little structural change due to its location apart from other departments and as a small outlier on a much larger organizational chart. Low visibility has both clear advantages and disadvantages in a large organization. As psychologists we were able to remain very independent and continue to provide a specialty consultation service across the Health Region and across the province; however, psychology was often overlooked when competing for scarce new resources.

A full-time position of Director of the Department of Clinical Health Psychology and Professional Leader of Psychology for all psychologists working in the Region, was created in 2002. Recently, however, in another reorganization, the Professional Leader positions were eliminated for all of the “allied health” professions, and when the individual serving as Professional Leader of Psychology left, the position was not filled.

With the reorganization, all discipline-specific departments (e.g., Clinical Health Psychology, Speech and Language Pathology, Physical Therapy) were moved to align with “value streams” outlined by the Health Region, and organized around the needs of patients.

The most logical places for us to fit within the new organization chart were with either Mental Health and Addictions or Chronic (con’t page 8)

A Climate of Change (con't from page 7)

Disease Management. Psychologists were very concerned that the specialized health psychology services and treatment we provide to patients with complex health and mental health needs could be lost if the department were subsumed under Mental Health and Addictions. In the process of developing collaborative relationships across the health region, we became familiar with the professionals in Chronic Disease Management and the innovative programs they were offering to expand patient care while reducing overall costs to the health care system. Despite a general reduction in budget and services across the region, Chronic Disease Management was developing new programs and expanding its services and staff.

In the fall of 2012, the new organizational structure was released, with the Department of Clinical Health Psychology becoming one of a number of programs within the larger portfolio of Chronic Disease Manage-

ment. We have been able to hire a Senior Psychologist into the Director position, who started in January, 2013.

In this process we have been able to maintain our specialized health psychology services (including clinical service, teaching, and research) and professional identity, while becoming a part of a much larger group. While there are clear advantages for the psychologists working within our department (increased visibility, access to specialized personnel, program facilitator, IT/database assistance, etc.), there also advantages for the other professionals working within Chronic Disease Management Programs (e.g., greater access to psychology through joint projects, meetings, etc.) but, most significantly, there are benefits for the patients we serve through a more organized and cohesive service. In the midst of this structural change, the provincial government has also adopted Lean methodology to be used in provincially-

funded programs. Additionally, the province has committed to prioritizing the health needs of residents in four broad areas, Primary Care and Chronic Disease Management being one of those priorities.

In a recent planning meeting within our department, someone commented “we are trying to build a structure on ground that is still shifting”. While this accurately reflects the current climate, it is also true that times of change may provide unprecedented opportunities for Health Psychology to develop a larger and clearer presence within our health care system.

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“Short Snappers” The Choice and Partnership Model at the IWK Health Centre

In 2011, the Mental Health and Addictions (MHA) Program at the IWK Health Centre in Halifax, Nova Scotia had reached a crisis point, with over 1100 children and youth waiting for service with wait times of up to one year. After a comprehensive strategic planning process for the MHA program, which highlighted improving access and reducing wait times, the Choice and Partnership Approach

(www.capa.co.uk) was selected as a model of care.

CAPA, a UK-developed model, employs lean thinking, demand and capacity planning, and places the child and family in the centre of care. We are pleased to report that approximately one year later we have seen a reduction of over 50% both in volumes waiting and in wait times.

For a more detailed description of the implementation of the CAPA model at the IWK MHA program, please see:

Clark, S., Emberly, D. (2012). Reimagining a System of Mental Health Care for Children and Youth: The Implementation of the Choice and Partnership Approach at the IWK Health Centre, *Psynopsis*, Fall, 2012, 16-17.

Debbie Emberly, MSc, PhD
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June 2013: CPA Quebec City

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Section Sponsored Events

Come find us at CPA!

The Section will sponsor the following activities at the CPA Convention in Quebec City, June 2013:

Annual Section Business Meeting

2 Symposia

1 Theory Review

1 Conversation Hour

7 Posters

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; (as

in this issue), or any other topic of interest to the section.

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

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

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

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

6) The back page Member profile: 250 word biography including picture of a member

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

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



Hospital Section tag line here...see contest page 5

Chair:

Dr. Kerry Mothersill
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E-mail:
Kerry.Mothersill@albertahealthservices.ca

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



CALL FOR NOMINATIONS



The Section is seeking nominations for the Section of Psychologists in Hospitals and Healthcare Centres Award, to bestowed annually upon a

psychologist who has made significant contributions to psychology in hospitals or healthcare centres. Through his or her efforts on a clinical, scientific or administrative level, the recipient of this award will have advanced the role and place of psychology in publicly-funded healthcare settings in Canada, for example through improving patient access, implementing innovative patient care services, or leadership in workplace and organizational functioning.

Nominations should include a nominating letter indicating why the nominee is deserving of this recognition, two supporting letters from Section members, and a copy of the nominee's CV. Please forward nominations to:

Dr Paul Greenman,
Institut de recherché de l'Hôpital Montfort
713, chemin Montréal
OTTAWA, ON
K1K 0T2

Paul.Greenman@uqo.ca

The Back Page: Member Profile

In each issue of the Newsletter, we will profile one of the members of the Section of Psychologists in Hospitals and Health Centres. For our first issue, we are profiling the Chair of the Section, Dr Kerry Mothersill.

Dr. Kerry Mothersill is the Psychology Professional Practice Leader (PPL) in the Calgary Zone (Alberta Health Services-Adult). He is also the Coordinator of the Cognitive Therapy Group in the Outpatient Mental Health Program, Coordinator of the Regional Psychological Assessment Service (AHS) and an Adjunct Associate Professor, Department of

Psychology, University of Calgary. Kerry is a regular Site Visitor for the Accreditation Panel, Canadian Psychological Association (CPA). Past positions in Psychology organizations include: Chair, Clinical Section, CPA; Chair, Canadian Council of Professional Psychology Programs (CCPPP); President, Psychologists Association of Alberta and Board member of the Canadian Register of Health Service Providers in Psychology. He is the founding chair of our new Psychologists in Hospitals and Health Centers Section of CPA and in June 2013, he will be the CPA President-

Elect. Kerry provides Cognitive Behavioural Therapy and psychological/vocational assessment services in addition to teaching, supervision and research. His research is focused on the development, evaluation and dissemination of a transdiagnostic CBT group intervention for anxiety and depression.



Dr. Kerry Mothersill