PSYCHOLOGISTS IN HOSPITALS AND HEALTH CENTRES
SECTION OF THE CPA
CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE
PSYCHOLOGUES EN MILIEUX HOSPITALIERS ET EN CENTRES DE SANTÉ
SECTION DE LA SCP

PHHC Newsletter

Volume 3, Issue 2

Summer 2015

Inside this issue:

Hospital Section has Something for Everyone at the CPA Convention in Ottawa

Whether you are a hospital psychologist interested in pediatric psychology, psychosis, medical education, research, internship training, leadership development, or changing the system, the program of the CPA Section of Psychologists in Hospitals and Health Centres (PHHC) has something for you!

Wednesday, June 3

The Section is sponsoring a Pre-Convention Workshop entitled: "**Leadership in Hospital Psychology: A Call to Serve**"

The workshop will be of interest to hospital psychologists, hospital psychology leaders (variously defined), aspiring leaders, and students with an interest in leadership as part of their careers. The workshop was developed by Drs. Peggy O'Byrne, Vicky Veitch-Wolfe, and Simone Kortstsee, and will include a talk by the founding Chair of the Section – now CPA President – Kerry Mothersill.

Thursday, June 4

- Hospital Psychology and Leadership – Changing the System from Within Our Section's Keynote Speaker, Dr. Joyce D'Eon, the former Chief of Psychology at The Ottawa Hospital, will share the wisdom and insights accumulated during her distinguished career as a highly-successful leader, builder, and administrator in hospital psychology. 2:30 – 3:25
- Perspectives on Developing a Successful Hospital-Based Research Program (Theo DeGagne, Keith Wilson, John Fisk, Lesley Graff, Mahesh Menon) 4:30 – 5:55

Friday, June 5

- Annual Business Meeting The Section of Psychologists in Hospitals and Health Centres (PHHC) annual business meeting will include the election of new members of the Executive. 8:00 – 8:55 AM in the Manitoba/British Columbia Room. Come on, get up early and get involved in the important work of this Section!
- Psychology in Medical Education at Memorial University (Olga Heath, Michelle Neary, Elizabeth Whelan) 11:00 – 12:25.

Saturday, June 6

- A Model of Program Evaluation Training During the Psychology Pre-doctoral Internship (Stephanie Greenham, Hien Nguyen, Laila Din Osmun) 9:00 – 10:25
- CBT – Psychosis in the Public Sector (David Erickson, Amy Burns, Mahesh Menon) 10:30 – 11:55
- Innovative Roles in Pediatric Health Care: What's Psychology Got to Do With It? (Stephanie Greenham, Janet Olds, Annick Buchholz, Carole Gentile, Melissa Vloet) 10:30 – 11:55
- Psychology in Medical Education: A Cross-Country Perspective (Maxine Holmqvist, Peter Cornish, Douglas Cave) 12:00 – 1:25
- Innovations in Hospital-Based Pediatric Care: Development and Implementation of Relevant, Responsive and Accountable Health Services (Janet Olds, Stephanie Greenham, Mario Cappelli Janice Cohen, Anne-Lise Holahan) 1:30- 2:55
- Four of our student members' posters will be featured in Poster Session "G" from 4:00 – 4:55 on Saturday.

Thanks to Theo DeGagne for his excellent work organizing our Section's program for the Convention.

See you all in Ottawa!

Message from the Chair: Research by Hospital Psychologists

Bob McIlwraith, Ph.D.

It is important to note right at the start that my title for this column was not "Research in Hospitals". I want to make the clear point that a lot more research in hospitals should be done *by hospital psychologists*. The research potential of hospital psychologists is under-utilized.

Psychologists working in hospitals have many advantages when it comes to getting research projects going:

- *Credibility*. Because they work every day with patients, their colleagues know them and find them credible. It is much easier to enlist the support of staff (physicians, nurses, etc.) for a research project when they know you well and find what you do helpful.

- *Inter-professional Collaboration*. Working clinically in a hospital full-time naturally leads to collaborative relationships with others, helping to build the sorts of big, diverse research teams that research granting agencies increasingly favour. It's also easier to do a piece of a research project with collaborators than to do the whole thing yourself. It may be easier to let your own deadlines slip at times when you are very busy clinically, but collaborators keep you on track and keep you meeting deadlines for your contributions to the project.

- *Ideas*. Many of the very best research ideas arise from situations encountered in the course of everyday clinical work. Patterns are noticed, hypotheses are formulated by the psychologist or other colleagues that lead to review of the literature and to applied research questions.

- *Ecological validity*. Buy-in by colleagues is likely greater if the research question is rooted in daily clinical practice and holds the promise of improving practice and patient outcomes.

- *Research Participants*. Psychologists working in hospitals are in contact with large numbers of patients every day and have unparalleled access to patient populations for research. In tertiary centres, there are some very special patient populations that are much easier for an "insider" to recruit as research participants particularly if the research is integrated into regular care.

Offsetting these substantial advantages, however, hospital psychologists often encounter barriers to research:

- *Time*. With a busy clinical workload, it is always hard to find time to write grant proposals, analyze data, write and revise manuscripts.

- *Job Description*. In many program-managed hospitals, the job descriptions of psychologists do not include (may explicitly exclude) research. This is even the case in some teaching hospitals.

- *Research Assistants*. Hospital psychologists may have little access to graduate students or other research helpers. Contact with students, when it does occur, may be entirely focused on clinical training, e.g. many hospital psychologists provide clinical training as part of psychology internship/ residency programs. This may not include any expectation of involvement in research, or may be of such short duration (4 to 6 month rotations) as to preclude meaningful involvement in clinical research studies, which can take years.

In many cases, the compromise is that university-based psychology researchers from Departments of Psychology in Faculties of Arts & Science and their students come into the hospital to do research. When this works well, it can be a win-win situation for everyone: university faculty (who may otherwise be limited to the Introductory Psychology subject pool and have no access to patients except by approaching hospitals), graduate students, hospital psychologists, and patients. Sometimes, though, there are problems with "outsider" research:

- Relevance of the research topic to the patients or those caring for them. e.g. theory-driven research with little obvious relevance to clinical practice, or curiosity-driven research undertaken by individuals who have no clinical background or history with the patient population.

- Short-term or "one-shot" (e.g. thesis or dissertation) research with no follow-up or ongoing relationship with the patients or the clinical program for implementation of findings.

- Relegation of the hospital psychologist to a supporting role, for example recruiting patients for someone else's research. Psychologists are generally helpful people and pro-research, but hospital psychologists may come to resent just facilitating other people's research. Or, they may be left out altogether, providing the clinical care while others get to do the research.

- Hospital psychologists, while collaborating with non-hospital psychologists, should not pass up the opportunity to build relationships with departments in the Medical School or Faculty of Health Sciences . Clinical Psychology doctoral programs everywhere in Canada seem to be stuck in Faculties of Arts, Science, Social Sciences, etc., instead of being located in Medical Schools or Health Professional Faculties where, I argue, they belong. Connections with hospital-based researchers from other departments within the Medical School or Health Sciences Faculty (e.g. appointments in Neurology, Surgery, Paediatrics, Endocrinology, Anaesthesia, Psychiatry, Rehabilitation Sciences etc.) may, in the long run, be more helpful for hospital psychologists and ultimately for the research enterprise in hospitals than adjunct appointments in departments of Psychology in Arts or Science.

How can hospital psychologists overcome these barriers, optimize research collaboration, and ultimately benefit patients? Each hospital is different. I will offer a few general suggestions, however:

1. Demonstrate the value of psychologists' research training and skills to the organization. This can begin by involvement in program evaluation projects where the psychologist's expertise in design and data analysis will shine. Evaluation projects linked to hospital accreditation may be particularly

Message from the Chair (continued)

valued by the organization. This may lead to of the psychologist's time being assigned to these kinds of projects by management.

2. Involve other members of the patient care team in your research in meaningful ways. They will more readily see the value of research rather than regarding it as some esoteric hobby of yours that steals time away from important patient care tasks.

3. Be selective about research collaborations with academics from outside the institution. Don't agree to projects that have little benefit to patients (or substantial nuisance value to patients or staff) – staff and patients will come to associate you with the project even if it is not yours. Recognize that because of your intimate familiarity with the setting or population, you are the expert on the feasibility of the research, and help to improve the project so that it actually gets completed and produces a useful product. Be clear in advance about things like authorship in return for your specified contributions. Be clear about professional liability for students or outside faculty members interacting with patients of the institution–if something goes wrong, does this all fall on you? Also be clear with everyone about the rules around confidentiality of research data -- are data collected for the research going to be used for clinical purposes, shared with the treating team, or with patients?

4. Seek out collaborations with other clinical departments in your medical school or health professional faculty e.g. opportunities to collaborate with existing research teams, presentations at clinical or research rounds in other departments, guest lectures in health professional schools – generally, networking with the academic side of colleagues that you work with clinically.

5. Seek academic appointments in departments within the medical school or faculty of health sciences that you collaborate with regularly.

6. In the longer run, establish yourselves as an academic department in the Medical School or Faculty of Health Sciences.

Our readers will have other suggestions or examples of what worked for them in their hospitals, to share with each other. Increased participation and visibility in research will highlight the valuable training and expertise that hospital psychologists worked hard to get, which is too often denied expression within program-managed hospital jobs, and will ultimately lead to positive outcomes for patients.

Anyone interested in research by hospital psychologists should attend the Section-sponsored symposium on this topic during the CPA Convention in Ottawa:

"Perspectives on Developing a Successful Hospital-Based Research Program"
(DeGagne, Wilson, Fisk, Graff & Menon)
Thursday, June 4, 4:30 – 5:55.

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[1] In this article I use the terminology from my own institution. Names of medical and health professional training faculties vary from university to university. My point is that psychologists should be connecting with these health professions faculties that, in different places, include various combinations of medicine, dentistry, nursing, rehabilitation sciences OT, PT), pharmacy and the like.

The opinions expressed herein are my own, and do not necessarily reflect the views of CPA or the Section. The Newsletter welcomes comments and discussion of these issues and other issues relevant to the members. (see Instructions to Authors).

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Be sure to follow PHHC Section on Facebook and Twitter. Our Student Representative Dr. Lara Hiseler will be live tweeting throughout the CPA convention to keep all of our members of the PHHC Section informed of our great Section activities!

Advocacy Tips for Psychologists Working in Hospitals and Health Centres: An Interview with Karen Cohen, Chief Executive Officer of the Canadian Psychological Association

Dr. Deanne C. Simms, R. Psych., C. Psych.

Psychologists working in hospital settings are often members of interdisciplinary teams consisting of colleagues from diverse professional backgrounds who share knowledge, skills and responsibilities to collaboratively provide patient care. While these settings can provide numerous benefits to patients, health systems and the healthcare professionals who work within them, they are also complex networks within which advocating for the role of psychology can be difficult. For example, despite recognizing the importance of professional advocacy, psychologists may struggle to clearly promote their knowledge, skills, and the specific contribution psychology can make to clinical, research or other matters without concern of "stepping on the toes" of colleagues. The delicate navigation of this issue within these complex settings is made more difficult still in that psychologists have somewhat limited access to advocacy-specific mentorship and supervision in keeping with that we are accustomed in other domains (e.g., research or clinical work) over the course of our training. Thus, learning opportunities pertaining to professional advocacy are an important means through which psychology practitioners can develop and enhance their skills in the area of professional advocacy.

One such learning opportunity arose when Dr. Karen Cohen, Chief Executive Officer of the CPA visited Halifax, Nova Scotia to speak with students and clinicians about the agendas, activities and advocacy efforts of the CPA. In her talk, Dr. Cohen outlined the undertakings of CPA's Directorates and highlighted the Association's advocacy activities including engaging with federal and provincial government (i.e., multi-partisan meetings with ministers, politicians and government officials, participating in budgetary processes, presenting at Standing Committees), working closely with stakeholder groups, and developing strategic public media campaigns. She also spoke about challenges to professional advocacy and potential ways in which to overcome these challenges to enhance skills in this area. Following her talk, I was able to speak with Dr. Cohen regarding advocacy issues specific to psychologists working in hospitals and health care settings. From this discussion, and content gathered from her presentation "*Psychology in Canada 2014/15: Agendas and Activities for Science and Practice*"[1], I arrived at the following advocacy tips for the hospitalist psychologist.

Stakeholder Identification and Landscape Awareness: It is important to become familiar with the processes, systems and stakeholders at the hospital or health centre setting at which you work. This may include learning about the organizational structures, processes and people at your specific site, hospital, or in your geographic region. Also, be mindful that within the rapidly changing climates that characterize Canadian healthcare centres (associated with changes in economic and political systems), frequent revisiting of and/or reorienting to these factors will likely be important.

Goal Delineation: Once stakeholders and processes have been identified, you can then clarify what these stakeholders need from psychologists (i.e., not what psychologists want or need from them). This may require educating, informing and reminding stakeholders who psychologists are and what we do. In these discussions, it is important not to define ourselves in relation to others (i.e., who has what "piece of the pie" in your setting). Instead, clearly describe what we uniquely offer and how these things align with stakeholder goals. Further, in order to bolster your position, it can be helpful to identify other colleagues or organizations that are aligned in your position.

Endurance: Advocacy is a long-term investment. Implementing and sustaining advocacy effort requires time, resources, patience and a high tolerance for repetition. Ensuring that the particular issue or advocacy effort you chose to undertake is important to you decreases the likelihood that you'll be susceptible to fatigue and increases the likelihood that you'll be able to make gains toward your desired outcome.

Future Directions: There is an identified need for education related to Public Relations and Government Relations within psychologists' training. Commonly, we are experts on our subject matter but less practiced in our messaging and strategy skills which require learning and rehearsal. Potential ways to enhance our skill building in this area include: 1) increasing advocacy-specific education in our training programs; 2) identifying and recruiting mentors (within and outside of the profession/discipline) who may be suitable resources for learning these skills; 3) encouraging psychologists who are currently undertaking these efforts to mentor early career psychologists, students, residents and other learners in all stages of your advocacy work (e.g., developing fact sheets, submitting letters to editors, meeting with administrators).

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[1]January 16, 2015. *Psychology in Canada 2014/15: Agendas and Activities for Science and Practice*. Presented by Dr. Karen R. Cohen, Capital District Health Authority/QEII, Halifax, Nova Scotia.

Psychologists interested in this topic may also wish to review resources available on the CPA website including "*Psychology and Public Policy: A Government Relations Guide for Psychologists*", and "*Working with the Media*".

Complexity in Health Care Settings and Opportunities for Indirect Advocacy for Psychology

Dr. Mary Pat McAndrews, C. Psych.

I am encouraged to reflect on the key principles of advocacy as outlined in Dr. Simms' article above in the context of my life as a Professional Practice Leader in one of the largest and most complex tertiary/quaternary academic hospitals in Canada. Our context at the University Health Network in Toronto is one of program management, with Psychology embedded within clinical programs and a larger structure of Collaborative Academic Practice which brings together 13 health professions. This is becoming the most common organizational structure for Psychologists in Canadian hospitals, as discussed in the Message from the Chair in the last issue of this newsletter. Many of us now have so many dotted lines on our personal 'org chart' that it sometimes feels like we are swimming in circles. And while there are clear challenges associated with those models in terms of advocacy for the profession, including not having a central strong voice charged with speaking to the organizations' leadership, I also wonder if it provides some opportunities for 'making lemonade'.

For many of us, the potential scope of activities in health care settings reaches beyond practice to training, collaborative and independent research, program development and evaluation, and leadership in the program and organization. Many of these take place within interprofessional settings and can offer indirect opportunities for advocacy by demonstrating the broad and deep knowledge, skills and leadership Psychologists bring to each table. We certainly can all benefit from more mentorship in professional advocacy, but I have found it important to seek out and capitalize on more indirect opportunities that can arise. At our hospital, these have included:

- organizing Psychology month mini-workshops such as "the science of happiness" and "enhancing clinical supervision" which are open to (and heavily attended by) other health professionals
- enabling Psychology participation in new organization-wide initiatives such as prevention and management of post-operative pain and delirium
- ensuring Psychologists get involved in working groups and committees for non-clinical corporate initiatives such as change management teams and research supervision/ mentorship

While this is indeed extra work on top of what is already a more-than-fulltime job, the pay outs for highlighting what the profession (not just the individual) contributes may be worth it. As Dr. Cohen indicated, these are ways to demonstrate the alignment of our expertise with stakeholder goals. That is particularly important in times of economic strain and retrenchment in health care in which the value proposition for maintaining, let alone expanding, clinical services may be harder to make.

Finally, as someone involved at the University side in training, I wholeheartedly echo the sentiments expressed several times in this newsletter that we need more intentionality in preparing our graduates for advocacy and interprofessional work of the non-clinical variety. That would be a great topic for discussion at faculty meetings and for CPAs Education and Training committee. Perhaps we can even use this newsletter as a forum to elicit some ideas!

Toronto General

Toronto Western

Princess Margaret

Toronto Rehab

University Health Network

Program Evaluation Training during Internship: An Innovative, Hospital-based Approach

Stephanie L. Greenham, Ph.D., C.Psych.

Children's Hospital of Eastern Ontario

Psychologists practicing in hospital settings are very often in the role of leading evaluation and outcome research on the effectiveness of clinical programs. Not surprisingly, previous research has found that potential employers of psychologists at pediatric healthcare centres value training in program evaluation more highly than general research training or allotted time to complete dissertation research during the internship year (Miller, Greenham & Cohen, 2007). Certainly psychologists are well prepared to conduct evaluation and outcome research by virtue of their training within a scientist-practitioner model. However, the importance of program evaluation is also recognized and embedded in psychology training standards, where competency in program development and evaluation is a core domain of professional knowledge and skill to be acquired during the pre-doctoral internship experience, according to the Accreditation Standards for Internships (Canadian Psychological Association, 2011).

At the Children's Hospital of Eastern Ontario (CHEO) in Ottawa, training in program evaluation (PE) has been a requisite component of the pre-doctoral psychology internship program for the past 15 years. This training experience is consistent with the strong scientist-practitioner orientation of the CHEO internship program, but also with the growing emphasis in hospital settings on evidence-driven improvements and patient-related outcomes. PE training at CHEO is coordinated and supervised by a psychologist on staff, in consultation with the Director of Training. It consists of both didactic and experiential components with the objectives of 1) exposing psychology residents to knowledge about key concepts and methods of PE and 2) developing an awareness of issues related to conducting applied research in a tertiary healthcare setting. In addition, psychology residents typically make valuable and useful contributions to the teams or clinical services with which they are affiliated vis a vis their PE projects.

So what's involved? To begin with, psychology residents attend a two-part seminar with the PE supervisor at the beginning of the internship year where various types of PE methodologies are reviewed, including program planning/needs assessment, process evaluation, outcome evaluation and impact assessment, and program efficiency/cost-benefit analysis. Following the seminar, psychology residents gain hands-on experience in conceptualizing, developing, and implementing a PE project during the course of the internship year, in consultation with a clinical supervisor with oversight and supervision by the PE supervisor. There are regular opportunities throughout the internship year for supervision and consultation with the PE supervisor in both group format and individually.

Psychology residents have conducted a wide range of PE projects over the past 15 years, some of which have contributed to the development of new clinical services at CHEO. For example, an evaluation was conducted to identify the needs of children and youth with complex chronic and recurrent pain. The results provided data on the patient perspective that informed the development of the Chronic Pain Service and the Multidisciplinary Pain Clinic for patients with complex needs. A similar kind of needs assessment informed the work of developing services to treat pediatric obesity at CHEO, which is called the Centre for Healthy Active Living.

Other residents' PE projects have provided a roadmap for the integration of program evaluation or outcomes management approaches within a clinical program. Examples include developing a plan for embedding a program evaluation framework into a new model of care for the inpatient mental health program as well as for the multidisciplinary complex pain clinic. Similarly, some residents have developed outcome tools that are subsequently used within outcomes management approaches to clinical care.

Many psychology residents have conducted outcome evaluations of the effectiveness of group interventions, such as cognitive behaviour therapy groups for youth with depression or anxiety, a recovery group for youth with an eating disorder, parent-training for parents of children with ADHD, and an adapted dialectical behaviour therapy protocol for parents. Other outcome evaluation projects provided data about the clinical profiles of children and youth accessing different services, such as an urgent care clinic for youth with mental health needs.

Satisfaction has been the focus of a number of projects: of patients (e.g., adolescents with physical disabilities who are supported by a Transition Clinic to adult services); parents and caregivers (e.g., parent satisfaction with neuropsychological assessment reports); and staff and physicians (e.g., Emergency Department

staff and physician satisfaction with psychiatric emergency services in the ED).

Finally, PE training has provided opportunities for unique projects, such as evaluating the sustainability of a granting program to build capacity in doing evaluation in community children's mental health agencies, evaluating hospital staff's needs and satisfaction with the corporate multicultural service at CHEO, and developing a plan to evaluate the family therapy training program. We have even evaluated the value of internship training in PE from the perspective of future employers (Miller et al., 2007)! Feedback from psychology residents who have completed the PE training has been overwhelmingly positive and it is seen as an important component of the internship experience.

Psychology residents have many different opportunities to share the results of their PE projects, including internal presentations to the Psychology discipline at CHEO and at the CHEO Research Institute Research Day, at local and national conferences, and through peer-reviewed publications. This June at the annual CPA Conference in Ottawa, a symposium will be presented (June 6th at 9:00 am) that will highlight the PE training program and the work of a few past psychology residents from CHEO. We look forward to seeing you there!

Research in a Hospital Based Setting: Allocation and Accountability

Dr. Debbie Emberly, Advanced Practice Leader, Outcomes and Evaluation Research, IWK Health Centre

At the IWK Health Centre in Halifax, Nova Scotia, as with most academic health institutions, research is a core component of delivering quality care to children, youth, women and families. It is reflected as a core value in the mission statement of the IWK, *"To bring together care, research, teaching and advocacy for the best possible results,"* and is seen as a key recruitment and retention incentive in the hospital setting. There is an active research community within the IWK Health Centre, accounting for over 23 million dollars in internal and external grant funding and 337 publications in the 2010-11 fiscal year (2010-11 IWK Research Annual Report).

Within the Mental Health and Addictions (MHA) program at the IWK, Psychology and Psychiatry are the largest contributors to research production with many of these individuals having protected research time or academic responsibilities which include research. In 2011, there were 22 psychologists with protected research time accounting for 4.4 Full Time Equivalent (FTE) positions, however, data from the workload measurement system accounted for only 1.14 FTE of research time in total; (the discrepancy in allocated time versus workload time recorded time may be a reflection of poor data entry into the workload system). There were many psychologists who due to clinical workload burdens were unable to utilize their allocated research time. Others utilized their time and produced academic products such as publications and grants. While others, utilized their time, but for multiple reasons, including limited resources, were unable to bring a project to completion via publication or other methods of formal and informal dissemination.

Those who were productive (*it is recognized that there are many ways to define productivity, but for this article, productivity refers to traditional dissemination activities, e.g., peer reviewed publications, conference presentations*) in their research activities were generally working as part of interdisciplinary teams. This type of partnership and collaborative model has many advantages to investigator led initiatives, including the very important ability to reach publication or other dissemination goals through the combined efforts of the team. Within the team setting, the workload can be shared, gaps in skills addressed, time held accountable and productivity improved. This is compared with the individual clinician/investigator who must navigate the balance between individual clinical responsibilities versus research responsibilities and goals. The scales often tip toward clinical care.

A hospital based setting provides a unique opportunity for research to be embedded in the setting where it will be implemented and for researchers to work directly with the clinical population they are seeking to understand through their research activities. This experience is enriching for the researcher, clinician and the children, youth and families.

The complexity of the clinical presentation of children and youth in the MHA program has led to the need for multidisciplinary interventions and perspectives to meet the complex individual, family and social needs of the child or youth in our services. This multi/inter disciplinary clinical structure of the MHA programs provides an important model for research activities.

Accountability

In the past, much of the research conducted within the MHA program at the IWK was focused on the specific clinical interests of the clinician conducting the research. While this often contributed to knowledge about the effectiveness of the programming offered and individual satisfaction,

Research in a Hospital Based Setting (continued)

there was a lack of shared vision and accountability to ensure that the research conducted within the program contributed to the knowledge of the effectiveness of the program, improved program delivery, built a centre of excellence in care provision, and contributed to the scientific community. There was little accountability for the use of research time and assessment of productivity and no structure or process for the allocation, review and prioritization of research time and activities. As a result, management viewed research activities with skepticism regarding their worth and research time was often put forward for discontinuation during resource allocation and prioritization discussions.

In 2011, the IWK MHA program launched a five year strategic plan with the following five goals: 1) Efficient, Effective, and Enhanced service delivery; 2) Research and Education; 3) Community Partnerships; 4) Evaluation and Accountability; 5) Health Promotion and Prevention. The strategic planning process highlighted the need for fundamental change in service delivery to meet the needs of the population serviced by the MHA Program. The development of research priorities was embedded within the MHA strategic plan. In order to support the development of a program wide research initiative it was necessary to create a structured approach to the allocation of research time. Providing research time to virtually every member of a discipline, e.g., psychology, as a general condition of employment was not the best use of this highly valuable commodity.

It was recommended that that a process for application, allocation and accountability for research time be developed to ensure equitable distribution of research time and resources to groups of individuals who were able to demonstrate productivity. Research time would be allocated for the following purposes:

- To understand and evaluate the effectiveness and improve delivery of services provided by the Mental Health and Addictions program;
- To contribute to the scientific literature regarding child and adolescent mental health, to improve the mental health of children, youth and families serviced by the IWK;
- To ensure alignment with the Mental Health and Addictions strategic planning priorities;
- To encourage and support the development of interdisciplinary teams of talented researchers;
- To support collaborations internal and external to the IWK Mental Health and Addictions Program;
- To support the completion of research projects and publication/ dissemination of results.

A research application process for dedicated FTE allocation was developed in 2013 with two calls per year (April and October); a scientific review committee was established and accountability measures including annual progress reports and end of study reports were implemented. The proposal encourages applicants to be realistic in the allocation of their FTE. For example there may be an increased need for time at the beginning of the project, then less time during data collection and more time at the end. This realistic allocation permits a fluctuation in research time and increased availability of clinical time. There is a tiered approval process with the scientific merits of the proposal reviewed at the scientific table and then the researchers consult with their manager to determine the best time for operational release. From an operational standpoint there was a cap placed on the amount of allocated research time to the equivalent of 5.0 full time positions. This represented approximately 5% of the total clinical FTEs in the program. Since implementation, 2.45 FTEs have been awarded. The majority of these continue to be individual investigator initiated proposals, however, there is an increase in team based applications. We are beginning to receive annual progress reports and recognize that many of the limitations prior to this initiative related to productivity remain, i.e., clinical care taking over research time, inability to complete publications. We have implemented research awardee support meetings in an effort to assist with identifying barriers to progressing with the intended research proposal and providing research infrastructure support, i.e., methodology consultation, ethics application support, strategies for balancing of clinical responsibilities.

IWK Heath Centre in Halifax, Nova Scotia

Member Profile: Bob McIllwraith, Ph.D.

2015 is an appropriate year for the PHHC Newsletter to highlight the contribution of Dr Bob McIlwraith to hospital psychology in Canada. In June 2015, Bob will be stepping down as Chair of the CPA Section of Psychologists in Hospitals and Healthcare Centres. 2015 is also his 10th and last year as Head of the Department of Clinical Health Psychology in the College of Medicine, Faculty of Health Sciences, University of Manitoba, and as Medical Director of the Clinical Health Psychology Program of the Winnipeg Regional Health Authority. In 2016 he intends to retire, and his dedication to the promotion of psychology in hospitals will be sorely missed.

Bob has worked at the Health Sciences Centre in Winnipeg from 1981 to the present, having done his internship training at Kitchener-Waterloo General Hospital in 1979-1980 and received his PhD from the University of Manitoba in 1981. The Health Sciences Centre is the teaching hospital core of the University of Manitoba's Bannatyne Campus, which is devoted to professional health care education. Thus it has been Bob's focus in this setting to promote psychology's presence and role within interprofessional health care training.

A significant portion of Bob's career has been devoted to training clinical psychologists. From 1989 to 1999 Bob was Director of the CPA and APA Accredited Residency in Psychology in the Faculty of Medicine, University of Manitoba. He served as President of the Canadian Council of Professional Psychology Programs (CCPPP) in 1993 and 1994. He served on the Canadian Psychological Association Panel on Accreditation of Doctoral Programs and Internships in Professional Psychology from 2003-2007, and as Chair of this body from 2005-2007. Bob has conducted numerous Accreditation Site Visitor Training Workshops, and has also served on numerous accreditation site visits. Bob valued his accreditation work very highly and has often stated how instructive it was to visit other sites and learn what was being developed elsewhere.

Bob is justifiably proud of his role in establishing a unique rural training program in Manitoba. In 1996 he succeeded in obtaining funding for rural psychology positions from the provincial Department of Health. This included three rural residency positions that continue through to the present to be an integral part of the University of Manitoba clinical psychology residency program, and three rural and northern staff psychologist positions. In its almost 20 year history, the program has so far employed 19 psychologists in rural or northern communities in Manitoba and trained 43 psychology residents, many of whom have gone into rural practice. One of the first psychologists hired by the rural program was Dr Karen Dyck, and Karen, with Bob's encouragement and assistance, helped establish the CPA Section of Rural and Northern Psychology. In 2004, the Manitoba Psychological Society awarded Bob its highest honour, the Clifford J. Robson Award for Distinguished Contribution to Psychology in Manitoba, in recognition of his contribution to the development of rural psychology practice. Bob and Karen, with several collaborators, published an article documenting the history of Manitoba's rural training program (see selected bibliography below).

Since 2006 Bob has held the dual leadership roles for Clinical Health Psychology within the university and the regional health authority. Thus the "head of the academic department, in this model, is also in charge of clinical services in that specialty for the health region" (McIlwraith, 2014, p.934). Bob has championed this model as one that affords clinical psychology the opportunity to integrate services, training, and research. In an era in which psychology leadership in Canadian hospitals has struggled, Bob has effectively integrated all hospital psychologists in Winnipeg (as well as many rural regions of the province) into a unified department that promotes patient access to services, and has overseen the growth of psychological services beyond mental health, across all areas of health care.

Selected bibliography

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McIlwraith, Robert D (2014). Psychology departments in medical schools: There's one in Canada, eh? *American Psychologist, 69.9*, 934.

New Submissions 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. Deanne Simms deanne.simms@iwk.nshealth.ca

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