

HEALTH/REHABILITATION TRACK

COORDINATOR: Dr. Sarah Vernon-Scott

NMS Code Number: 181515

Two (2) Resident Positions are available

Number of applications in 2018: 26

The Health/Rehabilitation Track is designed to provide residents with broad-based clinical training combined with specialization in the integration of the knowledge and techniques of health, behavioural, and biomedical sciences. The Track also allows interested residents the opportunity to receive training across the lifespan.

The primary goals of the Health/Rehabilitation Track are twofold:

- to provide an understanding of the relationship among psychosocial issues, health, physical illness, and disability; and,
- to apply clinical and research skills and knowledge to the prevention, diagnosis, treatment, and rehabilitation of a wide variety of medical disorders and conditions.

Supervisors and clinical services are available in a number of rotations with different medical populations and presentations. There are opportunities to work with inpatients and outpatients, both in individual and group formats, and with a variety of assessment and intervention approaches.

To be considered for the Health/Rehabilitation Track, in addition to the core minimum requirements on pages 24-25 applicants must also have the following credentials by the time of application:

- A minimum of 200 hours of assessment, intervention, consultation, and/or supervision experience involving health, physical illness, and disability
 - Applicants must explicitly identify the sources/sites, associated hours, and total of these hours in the application cover letter;
 - In general, it is expected that these hours were primarily clinical in nature (as opposed to, for example, dissertation research)
- For those seeking a lifespan approach to their training, practicum experience with a range of age groups (children, adults, and older adults) is an asset.
- For those wishing to complete a Major Rotation at Children's Hospital, Paediatric Health Psychology, resident applicants must have both of the following credentials:
 - 1) coursework at the graduate and/or undergraduate level in child or lifespan development (or both) and in child psychopathology, assessment, and intervention;
 - 2) a minimum of 75 face-to-face hours of child and/or adolescent therapeutic experience.

*Note: the 75 face-to-face hours of child and/or adolescent therapeutic experience MAY be part of the 200 hours of experience involving health, physical illness, and disability described above (i.e., does not have to be in addition to), **if** they were also completed in those areas. Again, these specific experiences should be described in the application cover letter.*

Major Rotations available:

London Health Sciences Centre: Children's Hospital
London Health Sciences Centre: University Hospital
St. Joseph's Health Care London: Parkwood Institute
St. Joseph's Health Care London: St. Joseph's Hospital

London Health Sciences Centre: Children's Hospital

Psychologists in the Paediatric Health Psychology service of the Children's Hospital provide inpatient and outpatient services to children and families coping with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. Issues commonly addressed include coping with illness, medical compliance, and school adjustment.

Paediatric Health Psychology offers the following training experiences.

Inpatient:

Residents will become experienced in consultation-liaison and treatment services offered to a wide variety of inpatient medical services at the Children's Hospital (e.g., critical care, oncology, neurology, acquired brain injury, gastroenterology, and respiratory). Services are provided for both children and their families for a number of different presenting problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioural strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds (e.g., Oncology, Critical Care, General Medicine) and consult with medical team members.

Outpatient:

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. There are a number of opportunities for outpatient work on this rotation including the following:

Residents may work with patients originally seen in the hospital (e.g., cancer patients in late effects clinic, school reintegration program for cancer patients) or with their family members (e.g., sibling bereavement group therapy).

Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety and/or depression contributing, or related to, living with a medical condition, adjustment to a diagnosis, or adherence to treatment regimes.

Supervisors: Dr. Danielle Cataudella
Dr. Jennifer Crotogino
Ms. Ann Klinck
Dr. Cathy Maan

London Health Sciences Centre: Victoria Hospital

General Behavioural Medicine

Residents may choose to work in the General Behavioural Medicine Service. This clinical setting provides residents with a broad-based experience in the psychological assessment and treatment of medical conditions. Patients are referred from a wide variety of hospital programs, including anaesthesiology, neurology, oncology, psychiatry, nephrology, and psychiatry. Patients on this service often present with comorbid physical (e.g., chronic pain, head injury, diabetes, and renal insufficiency) and psychological (e.g., depression, posttraumatic stress disorder, and personality disorders) conditions. Because of important medical repercussions, most patients present with significant changes in quality of life and experience difficulties with coping and acceptance. Assessment measures usually include indices of personality, emotional distress, quality of life, and coping. Residents provide individual and group interventions (structured treatment protocols and open-ended psychotherapy groups) on an outpatient basis. Residents also provide consultation services on a limited basis to hospital clinics (e.g., total parenteral nutrition clinic). When available, residents also have the opportunity to supervise practicum level students.

Supervisors: Dr. Tony Iezzi
Dr. Felicia Otchet

London Health Sciences Centre: University Hospital

Epilepsy

Residents may choose to work providing psychological services within the Clinical Neurological Sciences department, mainly the Epilepsy Monitoring Unit (EMU). The EMU provides 24-hour video electroencephalogram (EEG) monitoring. Patients with seizures are referred to this unit for diagnosis, medication adjustment, assessment for surgery etc. Residents on this service have the opportunity to work on an interdisciplinary team, including neurology, nursing, EEG technologists, clinical psychology, neuropsychology, social work, and occupational therapy. Regular attendance at clinical rounds is an important aspect of clinical training on this service.

One of the main roles for clinical psychology on this team is the diagnosis and treatment of patients with psychogenic non-epileptic seizures (PNES), a form of functional neurological symptom disorder. In addition to inpatient assessment and consultation, the delivery of diagnoses to these patients is a key intervention, and is often undertaken as a team. Outpatient group treatment is offered to these patients. If individual treatment is appropriate, it is often comprised of trauma-focused cognitive-behavioural therapy, emotional regulation and distress tolerance, and/or structured treatment protocols for managing PNES. Clinical psychology is occasionally asked to consult with other neurology patients in the hospital in regards to queries of other functional symptoms also (e.g., functional gait, functional motor disorders).

Patients with epilepsy often have comorbid mental health diagnoses, and complex presentations with respect to cognitive function, post-surgical course, symptoms related to their seizures and post-ictal (i.e., after seizure) phases, etc. Short-term inpatient intervention is sometimes conducted to assist patients in managing their hospital admission (e.g., relaxation strategies, grounding strategies). Opportunities exist for residents to learn about systems issues (e.g., employment/disability concerns) in regards to chronic disease while providing individual outpatient treatment for mood, anxiety, adjustment concerns (e.g., adjustment to diagnosis, adjustment after surgery, etc.).

Supervisor: Dr. Sarah Vernon-Scott

London Health Sciences Centre: University Hospital

Consultation-Liaison Psychiatry

The resident may also work with the Consultation-Liaison Psychiatry Service at University Hospital. This service is an interprofessional team (psychiatry, psychology, and mental health nursing) that provides mental health services to the inpatient medical-surgical units of the hospital. Patients referred to this service often have complex medical and psychiatric symptom presentations. Common reasons for referrals include adjustment to illness and recovery from complex surgery (e.g. transplantation), depression, anxiety, delirium and suicidality. This rotation provides opportunities for the resident to further develop skills in the areas of assessment and diagnosis, treatment, and interprofessional consultation. Treatment provided is typically cognitive behavioural in orientation.

Supervisor: Dr. Sandra Ulch

St. Joseph's Health Care London: Parkwood Institute

Psychology Staff affiliated with the Health/Rehabilitation Track at St. Joseph's Health Care, Parkwood Institute provides services to several distinct areas including the inpatient and outpatient regional specialty rehabilitation programs serving Southwestern Ontario. Participation alongside members of interprofessional treatment teams is an important component of this setting.

Regional Rehabilitation Service

Psychology residents may participate in the Regional Rehabilitation Service that serves persons with Spinal Cord Injuries (SCI; 15 beds) and Acquired Brain Injuries (ABI; 10 beds) who require inpatient care. This includes individuals who have had a spinal cord injury that is either traumatic (e.g., from a motor vehicle accident or fall) or non-traumatic in etiology (e.g., spinal metastases or transverse myelitis) or other neurological disorder (e.g., Guillain-Barre Syndrome). Supportive counselling and psychoeducational groups are available as experiences to the residents working on the spinal cord service. There is a cognitive behavioural emphasis to the treatment interventions that focuses on adjustment of the patient to his or her disability. Evaluations frequently include the psychometric assessment of cognitive functioning. Services often are consultative in nature. Participation in a community injury prevention program is also available.

In the Acquired Brain Injury (ABI) Rehabilitation Program, the inpatient service provides acute rehabilitation to patients referred for assessment and intervention requiring an intensive interprofessional program. ABI may be due to traumatic brain injury (TBI) associated with physical injury sustained in falls, assaults, and motor vehicle collisions. ABI may also be associated with medical conditions that affect the central nervous system, such as anoxia, stroke, brain tumour, or meningitis. Degenerative disease and dementia are usually followed by other programs. Concomitant mood disorders and pain complaints are prevalent, and may require consultation with specialized mental health and/or addictions services. Psychology residents may obtain experience planning and providing clinical interventions for individuals and families. Interventions may include cognitive-behavioural approaches, clinical education on emotional regulation for survivors and spouses, and participation in interprofessional rehabilitation.

Supervisor: Dr. Steven Orenczuk

St. Joseph's Health Care London: St. Joseph's Hospital

At the St. Joseph's Hospital site of St. Joseph's Health Care London, Psychological Services are provided through the Comprehensive Pain Program and the Cardiac Rehabilitation and Secondary Prevention Program.

Pain Management Program

The Pain Management Program offers interprofessional services for outpatients diagnosed with a range of persisting pain conditions, including musculoskeletal and neuropathic pain. Psychological services include education sessions, consultation, assessment, group treatment and follow-up/relapse prevention sessions, and, to a more limited degree, individual treatment. Treatment services are based on cognitive behavioural and acceptance based approaches, and include interprofessional chronic pain management groups, depression treatment groups, and ACT groups. Residents work collaboratively with physicians, nurses, occupational therapists, physiotherapists, social workers, and pharmacists. Residents have the opportunity to participate in rounds, observe interprofessional treatment interventions, and facilitate access to community services. There may also be opportunities to be involved in program development and evaluation, or clinical research projects.

Supervisors: Dr. Heather Getty
Dr. Marilyn Hill

Cardiac Rehabilitation and Secondary Prevention Program

In the Cardiac Rehabilitation and Secondary Prevention (CRSP) Program located at St. Joseph's Hospital, psychologists treat cardiovascular patients who present with a range of mental health issues, and deliver psychosocial and behavioural risk factor modification interventions for chronic cardiac and vascular disease. The population served by the CRSP Program includes adults across a range of ages. Most patients have cardiac conditions, including coronary artery disease, cardiomyopathy, heart failure, congenital heart problems, valve dysfunction, or dysrhythmias; and may have undergone open heart surgery, angioplasty and stenting, pacemaker or implantable cardioverter defibrillator (ICD) implantation, or medical management. In addition, the program has accepted patients following transient ischaemic attacks (TIAs) or mild strokes, in the context of clinical research trials. The focus of clinical work is formal interview-based assessment and interventions with individuals, drawing upon cognitive-behavioural and psychodynamic approaches. Other opportunities may include group interventions or work with other chronic disease populations. Residents interact with members of the team, which includes cardiologists, dietitians, kinesiologists, nurses, and psychologists; and use an advanced web-based clinical management system, *Cardiologica*, which was developed at the CRSP Program and can function as a multi-site cardiac rehabilitation registry. Residents can view medical and surgical procedures including exercise stress testing, percutaneous coronary intervention (PCI), or open heart surgery. The CRSP Program maintains a large clinical database, and has an active research program. These afford research opportunities within the rotation.

Supervisor: Dr. Peter Prior

TRACK	Health/Rehabilitation (see p.53)				
ORGANIZATION	London Health Sciences Centre			St. Joseph's Health Care London	
SITES	Children's Hospital (see p. 54)	Victoria Hospital (see p. 55)	University Hospital (see p. 55)	Parkwood Institute (see p. 56)	St. Joseph's Hospital (see p. 57)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 75- 84)	Paediatric Health Psychology • Inpatient • Outpatient	General Behavioural Medicine Service	Consultation-Liaison Psychiatry Service Epilepsy	Rehabilitation Service • Regional Spinal Cord Injury (SCI) Rehabilitation Service • Acquired Brain Injury (ABI) Rehabilitation Program	Comprehensive Pain Program Cardiac Rehabilitation and Secondary Prevention Program

Sample Combinations of Major and Minor Rotation Schedules:

Track	1st Six Months Major – 4 days/week	2nd Six Months Major – 3 days/week	Minor – 1 day/week
Health/Rehabilitation	Behavioural Medicine (4 days) (LHSC)	Cardiac Rehabilitation & Secondary Prevention (SJHC)	Child/Adolescent Mood and Anxiety Disorders (LHSC)