

Greetings to CCPPP Members

*John Pearce
President, CCPPP*

Welcome to the Spring 2003 CCPPP Newsletter. As I mentioned in this column in the last Newsletter, the CCPPP list serve has facilitated communication among our members. I was remiss in failing to thank Dr. Laurene Wilson for all her hard work in developing the list serve. Laurene, along with Carl von Baeyer, deserve our appreciation.

A small working group is now developing a document on internship funding. This will serve as a foundation brief for lobbying and advocacy, and will be submitted to the Standing Senate Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby, at the end of June. CCPPP has organized a conversation session on internship funding at the CPA Annual Convention. It will be an opportunity to develop specific plans for lobbying (see page 3 for a schedule of presentations of particular interest to CCPPP members). CCPPP will be participating in the CPA Accreditation Panel sessions where concurrent accreditation will figure prominently in the discussion. By now you're familiar with this debate and we welcome your participation. Laurene Wilson has contributed an article to the Newsletter articulating her views.

The Newsletter also includes several articles on innovative projects undertaken by CCPPP members. Laurene Wilson and Janice Cohen give us an update regarding the project to develop guidelines for the format for reference letters, and Valerie Holms and her colleagues describe the Northern Residency Program in Manitoba. Adrienne Witol, Janet Olds and Marcia Barnes have initiated a project to encourage clinical research in internships; their article can be found on page 7.

On behalf of CCPPP, I want to thank three members of the CCPPP Executive whose terms expire in June. Dick Steffy and Dale Stack have served as Members-At-Large and we thank them for their very hard work. Dale has been responsible for the annual supply and demand

survey, an important but often onerous task. Dick ably represented CCPPP at the 2002 Competencies Conference, and Dale has served as a representative at the Council of Chairs of Training Councils. Both have provided sage advise, generous amounts of time, and wit and humour to our Executive meetings.

When I agreed to stand as President-Elect two years ago, I felt quite intimidated as I had had no previous experience serving on the Committee. Fortunately, I have had the real privilege of having Janice Cohen as a mentor and now, a friend. Janice is retiring this year as Past President. She's been a steadfast member of the Executive, having served as Secretary-Treasurer and in the Presidential capacities. Janice has devoted an enormous amount of time to CCPPP and we have been well-served by her efficient and conscientious handling of numerous tasks and her tireless devotion to promoting the goals of CCPPP. I'm certain all of you join me in extending Janice our sincere appreciation.

I look forward to seeing many of you at the CCPPP Workshop and Annual General Meeting in Hamilton on June 11, and at the CPA Annual Convention.

**Presentations at the
Annual Convention of the
Canadian Psychological Association, Hamilton,
June 11 – 14, 2003**

2003 CCPPP Pre-Convention Workshop

June 11, 2003 8:30 am to noon

Empirically Supported Therapies: From Principle to Practice

presented by Keith Dobson, University of Calgary

[Registration in the workshop includes lunch]

2003 CCPPP Annual General Meeting

June 11, 2003 2:00 to 5:00 pm

The Annual General Meeting will be preceded by an informal
discussion of selected training issues from 1:00 – 2:00 pm

Reception for CCPPP Members

June 11, 2003 5:00 pm

Please join us for a wine and cheese reception
after the Annual General Meeting

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Friday – June 13, 2003

Accreditation Panel Session 12:00 – 12:55 pm

***Applying for Internship: Perspectives from
an Internship and Academic Director*** 2:00 – 2:55 pm

Conversation Session on Internship Funding 4:00 – 4:55 pm

Please Post or Circulate

**Fourth APPIC
Membership Conference**

*John Pearce
President, CCPPP*

Four Canadians were among the 170 participants who attended the Fourth APPIC Membership Conference on April 3 - 5, 2003. Exchanging the tedium of a cold and snowy spring, Clarissa Bush (SCON), Janice Cohen (CHEO), Valerie Holms (University of Manitoba) and John Pearce (ACH) spent several days defrosting in the warm Florida sun at Disney's Coronado Springs Resort in Orlando. Here are some of the highlights.

Valerie Holms and Janice Cohen presented papers at this year's conference. Valerie (co-authors: Bob McIlwraith and Karen Dyck) described the U of M's very innovative rural training program in a paper entitled "Psychology Internship and Postdoctoral Training in Rural and Northern Manitoba." Janice presented two papers: "Increasing Reference Letters' Utility in the Internship Selection Process: Evaluation of an Initiative of the Canadian Council of Professional Psychology Programs (co-author: Laurene Wilson, Royal University Hospital, Saskatoon); and "Diversity in Canada versus Diversity in the United States: Implications for Accreditation and Training".

Valerie and Janice both did great jobs. They presented creative projects which generated considerable interest in our American colleagues, and raised Canada's profile and the excellent and sometimes unique training we offer in professional psychology. For example, Janice's and Laurene's work on developing the standardized letters of reference format came up in a number of other sessions and I think APPIC might be interested in initiating a similar project. I'm certain all CCPPP members join me in thanking them and their co-authors for all the effort they've expended in these projects and for presenting the information at a major conference. You will find summaries of Valerie's presentation and Janice's and Laurene's evaluation study in this current Newsletter.

There were two full days of other presentations, including sessions on evaluating trainee

competence, advocacy and funding and assuring competent supervision. This is the 2nd APPIC Conference I've attended and like the first, sessions were thoughtful and offered useful, viable suggestions for training.

Several interesting issues were raised at the **APPIC Membership Meeting**. It was clear from the onset of this meeting that this was going to be a forum for discussion rather than an opportunity to reach an agreement upon specific plans of action. The Executive requested feedback on the AAPI, an integral component of the internship application. Some participants advocated that applicants be allowed to submit this on-line to programs. Others were concerned that the ease of on-line submission could result in an increase in the number of applications sent to programs, although other participants pointed out one might only download and print those in which one is truly interested. Others suggested that there could be an increase in the submission fee after a certain threshold number of applications was crossed. One individual pointed out that she has training staff dispersed among remote sites and that electronically submitted APPIs would greatly facilitate the dissemination of material.

The recording of diversity experiences on the AAPI was also discussed. Some participants thought that requesting applicants to specify the number of clients from different diverse groups was not terribly useful and argued for a more general question about diversity experiences; others advocated strongly for retaining the current system as they must determine if prospective interns have the requisite experience to work with particular diverse populations served by their internships.

A topic that really got the crowd going was this year's Clearinghouse. In summary, it was a mess. Individual after individual recounted horror stories of receiving numerous calls from unmatched applicants (one site received over 60 calls in one day). Others were sent so much material that their fax machines either expired (I'm not making this up) or were tied up for days churning out paper. Moreover, some applicants just faxed their applications indiscriminately to sites without any regard for the site's program and whether they would even remotely be considered a good match. For example, applicants who had never seen a

child as a client applied to internships with an infant/toddler mental health emphasis.

After this emotional catharsis it seemed that the group was depleted of energy and we had few viable, practical suggestions about what to do, apart from developing longer rank order lists to increase the chances that more applicants are matched and asking unmatched individuals to put their material on the website so programs could review them.

Other interesting bits of information that emerged at the APPIC Meeting were the possibility that APA may develop a separate division of training and that APPIC is looking into the possibility of launching a "Journal of Professional Training" which would focus on articles for the practicing clinician/supervisor. Given CCPPP's liaison with APPIC, I wonder if CCPPP will be invited to sit on the editorial board?

The buzz is that the next APPIC Training Conference will be held in 2005 at the same resort, the Disney Coronado Springs Resort, just a stone's throw from the "Happiest Place on Earth".

This was a good conference and a chance to walk outside in April without a down parka – what more could you ask for?

Liaison Report from APPIC Board Meeting
(April 3, 2003)

Janice Cohen

Last month I had the pleasure of attending the APPIC Board Meeting in Orlando, Florida, as the liaison from CCPPP. This meeting provided an excellent opportunity to dialogue about training issues with the APPIC Board and with liaisons from several other training councils, resulting in some interesting discussion and lively debate. Several topics were covered during the course of the day, which were of relevance to CCPPP members.

2003 Internship Match: There was general feedback that this year's internship match had gone very well. It was noted, however, that there

had been an increase in the overall number of applicants this year resulting in a larger percentage of students who were not matched. This increase also occurred in Canada. It is unclear what this increase is attributable to, but APPIC will be closely monitoring this over the next few years. There was a sense that the increase in participants created considerable anxiety for students. Concerns were also noted about this year's Clearinghouse process. Internship training directors reported that they were inundated with applications as soon as the Clearinghouse opened, often jamming fax machines and occupying staff for several days. APPIC will be considering how they can facilitate the Clearinghouse process so that it is less onerous for training directors. At the meeting, there was also an interesting discussion about internship programs providing feedback to the training directors of students who applied to their program but were not matched. This feedback was thought to be valuable in helping training directors advise and prepare students for subsequent interviews. In general, there was a sense that open communication between internship and academic programs was valued, and would be preferable to students individually contacting the programs. However, the importance of informed consent in this process was emphasized.

APPIC Directory Online: The APPIC on-line directory will be available for use by May 1. During the next year APPIC will be reviewing and potentially revising some of the categories they are using to define site designations in the directory. This may be of particular relevance to Canadian sites, as many of the current designations do not reflect the reality of where our sites are housed (e.g. private general hospital).

AAPI: APPIC is currently conducting their annual review of the AAPI. Any feedback pertaining to the AAPI would be welcomed by APPIC. At the board meeting there was discussion about the development of an on-line version of the AAPI. If there is support from members APPIC will consider moving forward with this.

Journal of Training: APPIC will be launching a new journal focused on supervision and training issues. Manuscripts that are research or theory based will be sought for publication. APPIC is

hoping that many of their liaison organizations will have involvement with the journal, possibly through participation on the editorial board.

Models of Training Survey: The APPIC Research Committee recently conducted a questionnaire survey of members to explore how models of training are implemented at internship and postdoctoral settings. The survey examined the training models used by APPIC members, how values related to these specific models, and the behaviours required to implement the models.

Visa Issues: APPIC has worked to clarify and provide accurate information about visas for students entering the United States for internship training from other countries. There is an article in the current APPIC newsletter summarizing the information.

CCPPP Letters of Reference Initiative: At the board meeting, I summarized the CCCPP initiative, and noted that the response from letters writers and letter readers has generally been very positive. Some general concerns were raised by the academic training directors about the provision of negative information about candidates. However, once they had a chance to see the CCCPP guidelines it became more apparent that our focus was on eliciting constructive feedback about training needs rather than negative feedback, and the concerns diminished. Overall during the course of the meeting and conference there was considerable interest in our initiative.

Update on CCCPP Guidelines for Letters of Reference to Canadian Predoctoral Internships

*Laurene J. Wilson
Member-at-Large, CCCPP
and
Janice Cohen
Past-President, CCCPP*

As approved at the June 2002 AGM of CCCPP, Guidelines for Letters of Reference were implemented on a voluntary basis for this year's applications for Canadian predoctoral

internships, which were due November 2002. These guidelines continue to be posted at the CCCPP website:

<http://www.usask.ca/psychology/ccppp/ref-letters/>.

An evaluation of this initiative is currently being undertaken. The methodology for evaluating this initiative was developed in December and January, and underwent ethics reviews by institutional boards at the Children's Hospital of Eastern Ontario and Royal University Hospital (University of Saskatchewan) where the principal researchers, Dr. Janice Cohen (Past-President) and myself work. Briefly, this evaluation involves two components. Firstly, we surveyed "letter writers" who provided letters of reference to our two internships. We expect to sample a good cross-section of letter writers, as both programs receive applications from across the country and one internship serves children, while the other has a predominance of adult rotations. "Letter writers" are asked to indicate their awareness of and adherence to the guidelines, as well as opinions about them in comparison to traditional letters. In our second arm of the research, we surveyed all CCCPP member internship settings' "letter readers", asking for feedback from four members of each site's selection committee, including the Internship Training Director. This survey includes questions about the degree of compliance they observed to voluntary guidelines and letter recipients' opinions about the utility of these guidelines in comparison to traditional letters. Surveys were mailed out in late February. Thus far, we have had a response rate of approximately 40% for "letter writers" and 32% for "letter readers".

We would like to add that our colleagues in the United States have taken an interest in our Canadian initiative, as their training community has expressed similar concerns about the utility of reference letters over recent years. As a result, Janice presented preliminary results of the research at the APPIC Membership Conference which took place in April in Orlando Florida.

If you have not yet completed your survey, please do so in order to enhance the breadth of opinions received on this CCCPP initiative. We intend to review the results at the Hamilton AGM, in order to determine the future of these guidelines.

Rural and Northern Training in Manitoba

Valerie Holms, Ph.D., Director of Training and Education

Robert McIlwraith, Ph.D., Director, Rural and Northern Programme

*Karen Dyck, Ph.D., Rural Staff Psychologist
Department of Clinical Health Psychology,
University of Manitoba*

The Clinical Psychology Internship in the Department of Clinical Health Psychology, Faculty of Medicine, University of Manitoba has been training interns and residents in rural and northern regions of Manitoba for the past seven years. Two of our seven internship positions, along with a yearly resident (postdoctoral) position, are dedicated to rural and northern training.

Winnipeg is a city of about 680,000 people. The remainder of Manitoba's population, just over 420,000, is spread over an area of approximately 650,000 square kilometers. The provincial health care system is divided into 12 Regional Health Authorities, of which ten are rural or northern, and cover large expanses of tundra all the way up to Hudson Bay.

Right now our program has full-time psychologists in four regions: Burntwood (office in Thompson), Norman (The Pas), Parkland (Dauphin), and the Interlake (Selkirk).

Burntwood RHA, the largest in Manitoba, occupies the northern half of the province, up to the border with Nunavut and Hudson Bay. It contains 44,000 people. Thompson, a city of 15,000 people, is the largest community in the Burntwood region. It is a mining town located 750 km north of Winnipeg.

The Pas, in the Norman region (population 25,000), is 600 km northwest of Winnipeg. It has a population of about 8000, one-quarter of whom are of First Nations descent. Flin Flon, a mining town of 7,000 people, is 100 km further north from The Pas.

The Interlake Regional Health Authority extends north from Winnipeg between two large lakes. The psychologist in this region has also provided service to two adjacent regions for the past six years, a total area containing 160,000 people.

Parkland RHA has a population of about 44,000. The largest town, Dauphin, with a population of 10,000 people, is about 325 km northwest of Winnipeg.

The Rural and Northern Psychology Training Programme started from a discussion between Dr. John Arnett and an Assistant Deputy Minister of Health, who was concerned about the scarcity of mental health professionals outside of Winnipeg. Dr. Arnett commented on the need to create jobs for psychologists outside of Winnipeg in order to be able to recruit people to these areas, and was challenged to develop a proposal. After a couple of years of meetings between Drs. Arnett, McIlwraith, and Brolund of our Department, and staff of Manitoba Health, a proposal was developed in 1995 (and eventually funded by the Manitoba government in 1996).

Previous practice in many rural and northern health regions had been to hire Master's level clinicians. Our department argued successfully that because of the diversity of clinical work and level of independence required, rural and northern areas should have the highest level of trained staff available and that, in order to train interns who may eventually fill staff positions, Ph.D. level registered psychologists were required.

The initial proposal called for three staff positions. Once staff were hired and had time to settle in, interns and residents would be recruited and sent to these rural and northern RHA's.

The first two staff psychologist positions were filled in late 1996 and early 1997, and our first resident and two interns started in the fall of 1997. The third staff psychologist position was filled in 1998 by the first person to complete our rural residency training. A fourth staff psychologist position, in Parkland RHA, was established in 1999, and filled by another of our residency graduates.

The Rural and Northern Internship Experience

The two rural interns are placed with our other five interns in Winnipeg for the first half of the year. Their programmes are individually tailored to fill in gaps in their training and provide them with a well-rounded experience, which will prepare them for their rural and northern rotations. They are assigned a mix of both adult and child assessment and therapy experiences.

The interns' second six months are spent in full-time clinical training in a rural or northern region of Manitoba. The psychologist based in the region provides supervision. Other members of the Department of Clinical Health Psychology provide additional supervision through telephone contact, e-mail, and periodic visits to the region. The rural intern is often close enough to the city to commute in one day a week for seminars and case presentations. The northern intern lives in the region and maintains contact with interns in Winnipeg through weekly case conferences by Telehealth. Students in more remote areas are provided with a monthly northern allowance, over and above their salaries. As well, they are provided with two paid trips to the city during their six-month northern rotations.

The interns are involved in consultation with mental health workers and other staff based in several rural communities. This experience provides the opportunity for assessment and treatment planning, in-service education, programme development and evaluation, public education, as well as direct service opportunities (e.g., individual, group, family therapy, psychological assessment).

The goals of the rural and northern streams are to provide interns with closely supervised clinical experiences in culturally-appropriate service provision with a broad diversity of primary care activities and opportunities for collaboration with multi-disciplinary teams. Trainees are often faced with diagnostically-complicated treatment cases. They usually gain a good deal of experience working with a number of systems at once, including the family, the school, child and family service agencies, and community mental health.

Interns learn about the unique issues associated with providing health care in rural areas, working with under-served populations, cultural factors in health, and community-based and preventive approaches. Trainees usually find the work very rewarding as clients and agencies are appreciative of the services they are provided. While a fair amount of travel is involved, the scenery, wildlife, and time to reflect are also seen as very rewarding.

Many of the communities have inpatient mental health units where interns and residents obtain training experiences. Consultation takes place in other hospital units as well and there is no shortage of outpatient experiences. Trainees also have the chance to consult with community agencies, primary health centres and self-help groups. They may provide outreach services to even more remote communities. For example, trips to Churchill, a small community of mostly First Nations people on the edge of Hudson Bay could be part of their experience. This community, accessible either by air or train, is situated at the 59th parallel.

Rural residents' experiences are similar to those of the interns; however, they spend their entire year in a rural area and work at a more independent level, structuring their time to meet their own training needs and interests. Supervised by the psychologist in the region, they provide direct service to a wide variety of clients in terms of presenting problem, age, and cultural and ethnic background. The resident may also choose to focus some attention on public education or continuing education for health workers, or work with other agencies and self-help groups in the region to plan and implement public education programs.

In order to continue to generate interest in the programme, we take all of our interns on a field trip up north each year. The Department Head, the Director of the Rural and Northern Programme, the Training Director and all of the interns travel to Burntwood and NorMan regions, where interns and residents train. This year's trip is scheduled for May. We manage to stop at some very picturesque locations on the way and often encounter wildlife.

Staff psychologists in the rural and northern programme present papers at conferences, and give talks at the university campus, at high school career days, etc.

Staff in the rural regions have regular contact with colleagues in the city in order to decrease their sense of isolation. Winnipeg-based psychologists make trips out to their communities and also use telephone consultation and Telehealth. Faculty in our department are also available to provide consultation and continuing education to the rural and northern psychologists. Access to other psychologists is particularly important to

psychologists in the rural and northern areas given the complexity and variety of their clinical work.

An effort has been made to educate urban staff about the unique aspects of rural and northern work so that they are better able to provide suitable training experiences to the interns in their first six months. Also, new rural and northern staff are supervised by the Director of the Rural and Northern Programme, along with a rural/northern staff person. In addition, the rural and northern psychologists meet regularly as a group, and have developed their own support system and unique group identity.

What's Been Accomplished So Far

Since a high turnover rate is an expected and accepted part of rural practice, the ability to continually train new psychologists for these positions is essential to the programme. We've been very successful in keeping staff psychologist positions filled through trainees moving into these positions. It was anticipated that staff in remote areas would likely stay in their positions between one to three years and, in fact, this was what happened, (although one of our staff psychologists has remained in her position for more than six years and is still there). Over the seven years that the programme has been operational, we have hired a total of eight Ph.D. psychologists into our four staff positions. Nine psychology interns and four residents have been trained. Our former trainees have filled several of the staff psychologist position vacancies. In all, 40% (5 of 13) of our trainees have accepted permanent staff positions in rural areas. Several others have indicated that they would be interested in rural jobs, had the jobs been available.

We have by now, we think, demonstrated clearly that it is not necessary to lower the level of qualifications for practice in order to be able to recruit psychologists to rural and northern areas to practice. Rural RHA's now strongly support the importance of doctoral-level qualification for rural practice in psychology.

Awareness of our program continues to grow. Each year the number of applicants to the internship position grows. We've gone from one

or two applicants to 14 this year and we have had a growing number of inquiries about the positions. In the APPIC Match in February 2003, we filled both the rural and northern internship positions for next year.

The Rural Residency has been harder to fill, and we've had that position vacant in the past two years. We think that the main reason is that we have had open staff positions at the same time. Students are more likely to apply to full-time staff positions, where they can still obtain their required year of supervision, than to spend a year as a resident at a lower salary and still need to look for permanent employment.

What We've Learned

One of the things that we've learned to do over the years is to rank students who seem genuinely interested in the challenges of this type of work and are open to new experiences. Students who simply don't want to leave Manitoba for internship, or who think that these positions may be easy to obtain but who aren't really interested in rural work, usually don't have a good experience. Nor do their supervisors.

In order to manage the often very complicated cases, students accepted into these positions must be strong candidates. As well, the wide range of experiences and the need to be able to work independently, mean that students need a solid, general base of training.

We've also found that an enjoyment of driving seems to be a predictor of satisfaction in these positions. Trainees who don't enjoy the travel involved do not seem as satisfied, overall, with the experience, as students who find the scenery and time for reflection a positive aspect. Also, students must adjust to the fact that they may see fewer cases in a day than their cohorts in the city, since they need to factor travel time into their days.

Our concern about interns and staff in northern communities feeling isolated and needing consultation led us to establish regular contact by telephone, telehealth conferences, and visits back and forth, in order to support them. We discovered over time that there was an additional benefit to interns and staff in Winnipeg from all this contact with the people up north: all of us have learned

much more about rural and northern practice, culture and health care.

Looking Ahead

In a country where the average coverage for rural and northern areas is one psychologist per 9,619 people (CPA, 1999) the staff in our programme provide service to between 24,000 and 160,000 people each. We've been extremely fortunate in one of our regions to have a very dedicated staff member who, for the past six years, has provided service to three regions on an "interim" basis, in addition to supervising interns, residents, and new staff psychologists seeking registration; however, this is not sustainable. As of September 2003, we will be limiting that psychologist to one RHA only. We are working with the other two RHAs to apply for funding from Manitoba Health for two new psychologist positions for these regions.

Another difficulty is that we have not had any increase in funding for the programme since it began in 1996. Currently a proposal has been submitted to Manitoba Health for increased funding in order to keep the rural and northern salaries attractive compared to salaries for psychologists in Winnipeg, which have increased during this time.

Finally, the recent addition of a Manitoba Telehealth link has improved our ability to maintain regular contact with trainees and staff. It is likely to also gradually cut down on the amount of travel required as patients begin to be seen across this network as well. While Telehealth doesn't replace direct human contact, it can certainly be used as an adjunct when patients would normally be required to make multiple, lengthy trips by air or by car.

Reference

Canadian Psychological Association (1999). Geographic locations survey of registered psychologists in Canada.

This article is based on a presentation by Dr. V. Holms to the Conference of the Association of Psychology Postdoctoral and Internship Centres (APPIC), in Orlando, FL, April 3, 2003.

Enhancing Research Capacity in Clinical Health Care: Summary of the January 2003 Workshop

*Adrienne Witol, Psy.D., Janet Olds, Ph.D.,
Marcia Barnes, Ph.D.*

Recent initiatives, including those undertaken by the Canadian Institutes of Health Research, have highlighted the importance of clinical research in promoting health, and in delivering health care which is of high quality. Health care specialists who provide clinical care, mentor and teach health professionals, and who conduct research, occupy a unique place in Canadian health care: they are well-positioned to pose research questions of direct clinical relevance and to translate research findings directly into clinical practice. However, opportunities for hospital-based clinician scientists to conduct research have not kept pace with the research training and expertise developed by health care professionals.

In January 2003, a workshop was held in Edmonton to discuss the current status of clinical research in pediatric health centres, and to formulate action plans to enhance clinical research capacity for the benefit of Canadian children and youth. Workshop representatives included researchers, trainees, administrators, clinical and academic leaders from pediatric health centres and universities, as well as CIHR Scientific Directors Bruce McManus and Miriam Stewart. Strategies to build research capacity by enhancing multisite networks and by enhancing opportunities for clinician researchers were developed. Topics included dedicated research time, mentorship, rewards and recognition, infrastructure support and bridging university-hospital systems.

Key issues were identified and action plans were proposed at this workshop. These included:

- Develop and Support the Careers of Clinician Scientists

Actions included: expand opportunities for personnel support through CIHR and other funding agencies; providing opportunities for research-trained clinicians to return to research; providing alternate funding models for clinician researchers (e.g., block funding, sabbaticals); salary support through operating grants and expanding mentorship through the career cycle.

- Develop and Fund Hospital-University Partnerships that Articulate a Common Vision for Clinical Research

Actions included: fund partnerships between hospitals and universities that articulate a common vision for clinical research and develop alternative models of joint employment.

- Fund Infrastructure to Support Clinical Research

Actions included: fund clinical research centres (both real and virtual) to provide infrastructure support; support local dedicated research space; embed research into new clinical programs and establish standards, guidelines and auditing processes for clinical research facilities.

- Revise Recognition, Reward and Incentive Structures

Actions included: adjust salary and benefits to reward clinical research activities in health centers and recognize mentorship, knowledge translation, co-principal investigator and collaborator roles.

- Provide Funding to Support Networks of Researchers

Actions included providing infrastructure support for the start-up and maintenance of research networks, including research coordinators, teleconference, meetings, database and other expertise.

Conclusions

A network of clinician researchers, Child and Adolescent Research – Networking for Growth (CAHR-NG), emerged from the Enhancing Research Capacity workshop to continue to advocate for clinical research in child and youth health, and to continue to develop and implement new strategies to enhance clinical research. One of the initiatives is the development of a questionnaire to obtain further information about clinical research activities across Canada. Clinical researchers are encouraged to complete this web-based questionnaire, the questionnaire, as well as further information, is available at www.cahr-ng.org. Detailed information about the issues and action plans is available in the final report, which may be obtained from the authors.

Implications for Psychology and Training

The commitment to the actions plans during Enhancing Capacity workshop was consistent across health disciplines. For the most part, all health disciplines were represented during the workshop, and most were represented by individuals who had received doctoral level research training.

However, psychology was unique in its commitment to the scientist practitioner model. In fact one of the recommendations was to involve trainees in research much earlier in their clinical training, a recommendation which historically has been well-entrenched in our profession. In addition, psychology was extremely well-represented. Fully one-third of attendees worked as psychologists in health centres and their impact was noted across topics and discussion groups. Perhaps, too, as noted by another health professional, psychologists are the ‘worst off’; while we have doctoral level research training, the opportunities to fully utilize this training in clinical research are quite possibly fewer than for other professionals whose challenges in enhancing capacity are more within the realm of training individuals to research. In many cases, clinical research is conducted by university-based researchers, who partner with clinicians who provide access to patients and cover clinical need.

The fact that research-trained psychologists already work in clinical settings suggests that they may be well-positioned to provide leadership in the area of facilitating hospital-based clinical research across health disciplines. In this regard, the role of training, including of interns, practicum and other students, in developing clinical research as part of their hospital-based experience is important. Mentoring other health professionals, and their students, may also be a significant leadership role. In the arena of training, in particular, the relationship between university- and hospital-based clinical researchers may emerge as an important one and creating partnership with a common vision was an exciting recommendation to many. Within psychology, the Directors of Clinical Training may play important roles in bridging the different ‘cultures’ of hospital and university, and through relationships associated with clinical training, provide opportunities to develop innovative

partnerships which best address the psychological needs of our clients.

We would be very interested in your feedback to the issues and recommendations which emerged from the workshop. In addition, assistance in the dissemination of our questionnaire to students and colleagues would be most appreciated. Feel free to correspond with us at awitol@cha.ab.ca or olds@cheo.on.ca

**CPA/APA Accreditation—Reflections on
December 2002 Commentaries**

*Laurene J. Wilson
Royal University Hospital
Saskatoon Health Region*

Thanks John for organizing the series of articles by Karen Cohen, Janel Gauthier, and Bill Koch on concurrent accreditation in December 2002's newsletter. As a training director of a dually accredited internship, I have been following the discussions at CPA's annual conventions in recent years with much interest. I am glad to see some dialogue and debate within our organization's newsletter. I would like to add my brief thoughts and reactions at this time.

The costs don't seem justifiable

There is much talk about evidence-based practice in our clinical work and training these days. How is it, then, that we can seemingly ignore the evidence when it comes to the administration of our training programs? Karen presents data (e.g., US universities hire CPA graduates; fewer than 10% ever go to the US anyway) that are very convincing regarding the lack of "return on investment" in APA accreditation. While I am very appreciative of the many efforts of APA generally (e.g., journal publication, public education, advocacy), it is becoming increasingly difficult to justify the expense of accreditation and site visit costs in relation to what it nets.

Consumers' unreasonable demands

Bill quotes, "the customer is always right", noting the anxiety that students experience regarding career choices. Faculty like APA accreditation

for the "instant" recognition the APA component nets in conversing with US colleagues, for example. Thus, presumably they would fear the loss of this simplicity. In clinical work with anxiety, we challenge inaccuracies and help patients acquire more rational beliefs and behaviours. In professional work as training directors for our students and colleagues, I would argue for parallel responsibilities. Thus, in the face of anxiety by our consumers and being mindful of Karen's evidence (above), I feel obliged to ask, "where is the handicap?". I cannot disagree with Bill's argument for freedom of choice; however, I remain unconvinced about his arguments for consumers' demands when they appear without rational foundation.

In this domain, I agree more with Karen's note that everyone (including students) will always take/want more if they can get it for the same price. As such, I have wondered to myself the following: given the state of evidence regarding the value/need for APA accreditation, would students still want it if they have to pay for it themselves? That is, if students had to pay an "APA accreditation" levy on their tuition fees, or take a reduced stipend at internship, would they still insist on both? Similarly, are the faculty who want this willing to pay the price (e.g., reduced salary increments)?

The perceived need to attract US students

If US students are not convinced of the value of Canadian training programs, then why do they wish to come and train in Canada? A Canadian program with Canadian accreditation should be acceptable to all applicants. If not, candidates should continue to seek training where they will be satisfied with all aspects of their program.

As there is such a tremendous pool of well-prepared, talented Canadian students from our own excellent academic programs and from US programs (who want to return to Canada to work), I find it difficult to understand the felt need to bring in US citizens. In my experience, there are always more than enough Canadian candidates with better or equivalent credentials and talent to fill positions. I have heard academic training directors say they need to draw from the US but once again, I find it hard to believe that there is not ample talent from Canada to fill Canadian positions. Once again, this

does not bar US applicants who appreciate the value of Canadian training and credentialing.

What's wrong with patriotism?

Resources in Canadian training programs are precious today. By opting for Canadian accreditation, training programs within our country maximize support to the organization responsible for advocacy, coordination, leadership, etc. within our own country. Given a choice, I would like to see Canadian tax dollars (to which Bill refers) go back to the promotion of psychology, public education, advocacy within Canada, rather than the US where there is significantly less impact on our society.

Free-standing PsyD programs

I find it unfortunate that efforts related to this debate may be partially or mainly a means to halt the expansion of free-standing PsyD programs (accredited by APA) in Canada. PsyD graduates can freely move across the border following graduation. These graduates will not acquire internship and professional positions if they are not appropriately prepared and suited to positions offered. It seems to be a case of much ado about nothing or much ado about something we have little control over. Do we really want to invest our energies here or on more important things (e.g., enhancing funding to Canadian programs, other advocacy and public education)?

Next steps

I am in support of Karen's concept of continuing efforts to educate US organizations (e.g., APPIC, ASPPB, CUDCP) on the value of CPA accreditation to ensure the freedom of the minority of Canadians wishing to work in the US.

If the evidence is not "good enough" (e.g., because of limited responses) for some Canadian training directors to feel convinced, then I hope CPA can continue to gather information in order to bolster the case for CPA accreditation.

In closing, I would like to propose/request that other training directors submit their opinions to the Newsletter on a continuing basis, so that such discussions can be maintained throughout the year, rather than solely at the annual convention.

CCPPP Mid-Winter Executive Committee Meeting

Doug Cane

Secretary-Treasurer, CCPPP

The CCPPP mid-winter executive meeting was held March 1-2 in Ottawa and a number of issues of interest to the clinical training community were discussed. Consistent with the amount of discussion it has generated on the CCPPP listserver, the topic of single versus joint accreditation of training programs generated the most discussion. The Executive considered a number of different roles that CCPPP might play in this ongoing debate ranging from advocacy to the more neutral role of providing a forum for discussion of this issue. The Executive recognized that this is an important, and occasionally controversial topic, and that it is unlikely that a consensus exists among the membership of CCPPP with respect to this issue. After some discussion, the Executive concluded that at this time CCPPP would best serve the interests of its members by providing a forum to facilitate these discussions. The CCPPP listserver remains available to CCPPP members to share their thoughts and opinions about this important topic. In addition, the Executive decided to participate in a conversation session at the upcoming CPA Convention in June that should provide for some informative (and perhaps even entertaining) discussion.

With the recently completed intern selection process still fresh in everyone's minds, the Executive was pleased to receive an update on the use of the standardized letters of reference format. Initial feedback suggested that the format was used quite extensively and even found its way south of the border. A more extensive survey of internship and training programs will be conducted to evaluate how extensively the standardized format was used and to obtain more feedback from those writing the letters and those reading the letters. We look forward to a further update at the CCPPP AGM in June.

The Executive was updated on the planning for the CPA Pre-convention Workshop in Hamilton. This year's workshop will include a presentation by Dr.

Keith Dobson on providing training in empirically supported therapies. In addition there will be an opportunity for CCPPP members to discuss other relevant training issues and share information. We look forward to seeing many of you at the workshop.

Some of the recent and exciting developments in clinical training in Quebec were discussed where changes in the regulatory process are leading to considerable growth and re-organization in clinical training in both the university and internship settings. CCPPP welcomes the

opportunity to be involved in this exciting process and hopes to increase its membership in Quebec as new training opportunities develop. To facilitate this, and in recognition of its Francophone members, the Executive voted to provide funding for the translation of the CCPPP mission statement and bylaws into French.

Finally, the Executive was pleased to approve one new application for membership. Welcome to the clinical training programme at CHUM in Montreal, headed by Dr. Paul Veilleux. Bienvenue !

Directory Update Request

It is once again time to update your program information for the CCPPP Directory. In the next several weeks you will be receiving via email a copy of your most recent program description. Please proofread carefully, note any corrections or changes and pass them back to me by **June 20, 2003**. I would greatly appreciate your prompt attention to this matter.

With thanks in advance,
John Pearce
President, CCPPP

CHANGE OF ADDRESS FORM

If the director of your training program or the name/address or other contact numbers have changed, please complete this change of address form and return it to: Dr. Douglas Cane, Secretary-Treasurer, CCPPP, c/o Department of Psychology, Queen Elizabeth II Health Sciences Centre, Bethune Building, 1278 Tower Road, Halifax, N.S. B3H 2Y9, FAX: (902) 473-2148, EMAIL: douglas.cane@cdha.nshealth.ca

Institution Name: _____

Director of Training: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____