

# **LONDON CLINICAL PSYCHOLOGY RESIDENCY CONSORTIUM**

## **Philosophy of the Residency Program**

The London Clinical Psychology Residency Consortium emphasizes clinical service, teaching, and research. The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, particularly within the health care system. This aim is pursued through identification of individual interests, enhancement of strengths, and broadening areas of clinical interest and skill. Professionalism is enhanced through the development of strong interpersonal and communication skills, time management strategies, and an overall positive sense of professional self and identity.

While clinical training is emphasized, the scientist-practitioner model serves as the philosophical basis for clinical practice, as well as educational and research endeavours. In line with the goals outlined in the Gainesville Manifesto of 1990, the aim of the scientist-practitioner model is to integrate science and practice, and to facilitate career-long integration of investigation, assessment, intervention, and consultation. Psychology Staff at the Consortium Sites endeavour to maintain both an empirical basis to their clinical practice and clinical relevance in their research.

The Consortium views the program as a pre-requisite to the awarding of the doctoral degree. As a result, we support a model of training in which the predoctoral clinical residency must be completed before the doctoral degree is conferred.

## **Goals of the Residency Program**

Consistent with the philosophy of the London Clinical Psychology Residency Consortium's program, we continually strive to meet seven goals for the program.

### **1) To provide all residents with a broad-based training in clinical psychology.**

To develop each resident's competence in assessment, diagnosis, case conceptualization, intervention, and consultation, each resident is expected, through the combination of Major and Minor Rotations, to have a breadth of training experiences. Efforts are made for each resident's individualized training plan to include breadth of training in four domains: i) diversity in age groups, ii) theoretical models, iii) patient populations (including both inpatients and outpatients), and iv) service experiences.

### **2) To increase residents' awareness and sensitivity of individual differences, including multicultural issues.**

To address the need for sensitivity and skill regarding complex dimensions of diversity including health status, language, socio-economic status, ethnicity, religion, race, sexual orientation, and cognitive impairment, our Consortium includes both didactic and experiential components. To support this integration, all residents participate in a series of monthly, 90-minute "individual differences seminars" (in addition to the weekly clinical/professional seminar series). As well, rotation supervisors monitor residents' caseloads and, where possible, assign cases that will broaden residents' awareness and sensitivity related to individual differences, including multiculturalism.

When interpretation is necessary for effective communication to occur with a patient, each organization ensures that appropriate efforts are made to locate an interpreter. If a resident is aware of a language barrier, he or she may access one of the site's professional interpreter resources. Consortium Staff can access interpretation services, for both scheduled and urgent/emergent appointments, for over 60 languages including sign language service for American Sign Language.

Information on the demographics of London (2006) can be found at:  
<http://www.lmiec.ca/sites/default/files/Fact%20Sheet.pdf> and at  
[http://www.london.ca/About\\_London/PDFs/cityoflondonoverview06.pdf](http://www.london.ca/About_London/PDFs/cityoflondonoverview06.pdf)

**3) To facilitate the consolidation of residents' professional identities as psychologists.**

Residents are regarded as "junior colleagues". As such, residents are highly involved in setting their training goals and objectives and are considered valued members of the profession of psychology at each of the Consortium Sites. Residents receive the same benefits allotted to permanent staff members and serve as active members on our Consortium Committee. Residents have equal opportunities to access the organization's resources, attend professional development events, and participate in profession activities. They are typically assigned a primary office at their Consortium Site. Most offices are equipped with voicemail as well as a networked computer. Overall, they are treated in a manner similar to Psychology Staff. All Psychology Staff in each Consortium Site are encouraged to participate in the Consortium by serving as role models and by discussing a wide range of issues with individual residents as opportunities arise.

At the beginning of the year, residents are given a package of materials relating to the ethics and standards of practice of psychology in Ontario. Each resident also has access to resources that includes all legislation, professional standards, and guidelines identified by the College of Psychologists of Ontario as relevant to their members. During the course of their year with us, residents participate in a number of seminars dealing with the standards of professional practice for psychology in Ontario. Also, ethics and professional issues are integrated into the discussions in the other seminars. Ethical issues and questions are discussed in supervision as they arise in the residents' clinical work.

**4) To facilitate the development of skills in providing patient-centred care as part of an interprofessional health care team.**

We recognize that all students in health care must learn to be members of patient-centred interprofessional teams. Through practical experience and training in interprofessional care, it is the aim of the program that residents will further develop a sense of their own professional identity, develop a greater knowledge and appreciation of the role of other professionals on a health care team, learn to effectively collaborate around the needs of the patients with fellow team members, learn to communicate with fellow team members on issues of patient care and interprofessional practice, develop a greater knowledge of the skills to support interprofessional health care team functioning, and increase their understanding of the potential for enhanced outcomes in care delivery through collaborative care.

We work at facilitating this development through both didactic and practical opportunities. Each year, a minimum of four seminars are specifically devoted to issues of interprofessional collaboration and consultation and these issues are discussed in a number of other seminars. Also, we aim to have residents work as members of at least one interprofessional patient-centred care team and to consult with at least one other team. Issues and questions relating to interprofessional care also are discussed in supervision as they arise in the residents' clinical work.

**5) To facilitate residents' integration of research into their professional role.**

Consistent with the scientist-practitioner philosophy of the Consortium, residents are expected to incorporate an empirically based, or research informed approach in their development and delivery of clinical skills. This approach should involve various "scientist-practitioner activities" as appropriate to the clinical setting. Scientist-practitioner activities are defined broadly. Some examples include conducting an internet search on a clinical issue, conducting a literature search regarding a diagnosis, assessment measure, or intervention technique, conducting a literature review on a clinical topic, identifying or developing an empirically based assessment or intervention, identifying or using appropriate pre-post measures to assess change, using a single case design or developing a group intervention. Other scientist-practitioner activities include knowledge transfer, such as case presentations, consulting with staff from other disciplines, and presenting at rounds. Other examples include program evaluation activities such as conducting a needs assessment, or engaging in program development, program evaluation, or logic model (designing, participating in an ongoing evaluation, or both). Scientist-practitioner activities could also include research activities, such as analyzing information in an existing data base, participating in an ongoing study, or presenting research findings. Depending on the location and the project, the resident may be asked to present findings to relevant stakeholders and staff within the organization.

To further support the integration of research into the professional role of psychologist, all residents participate in a series of monthly, 90-minute "scientist-practitioner seminars" (in addition to the weekly clinical/professional seminar series). These seminars are aimed at the development of knowledge and critical thinking skills regarding the integration of science and practice. Sample topics include *"Interprofessional Team Research"* and *"Research Ethics."* All residents are expected to pursue scientist-practitioner activities in both major rotations. In addition, attendance at monthly scientist-practitioner seminars is a requirement of the residency program.

Sites are not usually able to provide financial support for research activities, but some exceptions may occur. The Consortium does provide resources in the form of a \$300 Education Fund, available to support resident research projects, as well as other learning initiatives. Residents also have access to the organization's computer network in their primary work space. This allows residents access to software for word processing, searches of journals, and the Internet. All residents have full access to both their Consortium site's libraries and the libraries at the University of Western Ontario where they may borrow journals and books, order journal articles from other hospitals, and perform computer searches of psychology journals. Similarly, each Consortium member organization subscribes to journals that are available to residents. Many staff also subscribe to journals and keep private libraries of texts and journals that residents may borrow.

The Consortium also facilitates access to the library resources at the University of Western Ontario. With the permission of the resident's home university, arrangements are made

with the Department of Psychology at the University of Western Ontario to classify each resident as a visiting graduate student. With this status, they are allowed access to university resources (with the exception of taking courses for credit). This includes access to the university library system that offers more than 9 million items in print, microform, and various other formats, as well as links through the online catalogue to tens of thousands of digital resources. Through Scholars Portal, an Ontario Council of University Libraries initiative, the University of Western Ontario is able to provide access to approximately 13 million articles from over 8,400 full text scholarly journals.

**6) To integrate consideration of supervisory issues into all components of the predoctoral residency program.**

Staff adopt a “developmental” model of supervision, matching the resident’s level of competence and confidence with appropriate levels and types of supervision. Supervision activities are individualized to each resident’s specific training needs and entry-level skills. In areas where the resident has little experience, supervisors may take a more “hands on” approach to training, and may include directed readings, modelling, co-therapy, observation, and feedback in their supervision activities. Facilities are available for videotaping and each resident has a portable dictaphone to be used for audiorecording clinical services for later review and feedback. As a resident’s competence grows, supervision will become more consultative and collaborative. Each resident receives a minimum of four hours of scheduled, individual supervision by psychologists per week but, in most cases, receive additional supervision.

Psychologists working in health care settings appreciate that clinical supervision of students, junior colleagues, and unregulated staff is a significant professional responsibility. Our training program is also designed to introduce residents to the conceptual, practical, professional, ethical, and interpersonal aspects of clinical supervision. Residents participate in a three session seminar series devoted to supervision issues. To increase their knowledge of supervisory styles and models, residents sometimes may have the opportunity to supervise practicum students from the University of Western Ontario. In addition, Neuropsychology Track residents are also provided with the opportunity to collaborate with psychometrists.

**7) To maintain the receptivity to feedback from the residents regarding all aspects of their training program.**

We recognize that the Consortium must continue to grow and develop. Feedback from residents, both during and after their training, is essential for this growth and development to take place.

Feedback is important during the course of the year. In order for residents to receive the maximum benefit from their training, they must feel comfortable providing feedback to supervisors. Feedback is provided both formally and informally to rotation supervisors and in meetings with the Director of Clinical Training and Track Coordinators. Feedback is also received through the residents on the London Clinical Psychology Residency Consortium Committee (each resident rotates through this committee during the year) and through the evaluation forms that residents complete both during the course of the year and after they graduate. As well, residents are given the opportunity to rate the extent to which they believe Consortium Staff have been receptive to the feedback they have received.

To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of formal feedback until their final evaluations of the residents have been submitted.

## Clinical Training

### *Tracks and Major Rotations*

The London Clinical Psychology Residency Consortium offers fourteen full-time twelve-month predoctoral positions. Residents apply, and are accepted for, a position in one of the five Tracks:

- Adult Mental Health (4 positions available)
- Child/Adolescent (3 positions available)
- Counselling (2 positions available)
- Health/Rehabilitation (2 positions available)
- Neuropsychology (3 positions available)

Within each Track, there are a number of potential Major Rotation opportunities from which the resident can choose. In the first six months, each resident will work at one site for a Major Rotation for four days per week (the fifth day is set aside for non-clinical resident activities).

In the second six months, each resident spends three days per week in their second Major Rotation and one day a week in a Minor Rotation to ensure a breadth of training. In addition, to allow breadth of experience across different training locations, during this second half of the year each resident will spend one or both of these rotations at a different training site than their first six months. A fifth day continues to be set aside for non-clinical resident activities.

Within all domains of clinical service, collaboration with professionals of diverse disciplines is emphasized through interprofessional teams and consultation-liaison services.

### *Minor Rotations*

A mandatory Minor Rotation *outside the resident's Track* is included in the residency to ensure that residents receive broad-based training in a number of different areas. Descriptions of the experiences available as Minor Rotations are described in the **Minor Rotations** section of the brochure. These Minor Rotations generally involve one supervisor but experiences are diverse and can vary from a general outpatient service to work with a specific patient population to training in a specific assessment or therapeutic modality.

As an example, a resident within the Adult Mental Health Track could select a Minor Rotation from any of the available experiences within the Child/Adolescent Track, Neuropsychology Track, or Health/Rehabilitation Track.

Also, some experiences are available as *only* Minor Rotations. These include **Sleep Disorders** and **Population Health Psychology**.

### *Rotation Selection Process*

Shortly after residents are matched with our program, they are sent a letter requesting that they submit a rank-ordered list of rotations for their Major Rotations and a similar list of potential Minor Rotations to their Track Coordinator later that spring. During the spring, residents work with their Track Coordinator and the Director of Clinical Training to develop these lists, which will be used to create their individualized year-long training plan. In developing these lists, we strongly encourage incoming residents to speak with current residents and potential supervisors.

The Director of Clinical Training and the five Track Coordinators typically meet in April to coordinate individualized schedules for the incoming residents. While many practical factors (e.g., supervisor availability) are taken into consideration during the process, resident interests/goals, resident background and experience, and the need to ensure that all residents have broad-based clinical experience (i.e., diversity of age groups, theoretical orientations, patient populations, and service experiences) are very important influences in the formation of the final schedule. As well, because we are a consortium, every resident is required to have clinical training with more than one organization.

Throughout the development of their schedules, all efforts will be made to ensure that residents' interests and needs are met for their Major Rotation selections and Minor Rotation selection.

Also, many Major Rotations have a range of training opportunities and supervisors available. The Track Coordinator will work with the resident in the spring to discuss which of the opportunities at the sites are best matched with their training needs and interests to focus their clinical training at the site.

In general, residents are encouraged to select up to a maximum of two distinct services within a Major Rotation in which to train, recognizing that when one selects more services within a Major Rotation the greater the likelihood that there will be a lessening in the depth of training available with any experience. This may be an issue, in particular, in the second six months, in which the Major Rotation consists of three days per week (compared to four days in the first half of the year).

Unfortunately, because of the large number of sites, staff, and clinical services involved with the Consortium, we are unable to guarantee that all of the services listed in the brochure will be available until the time of the completion of the predoctoral residency year (August 31, 2013). We will, however, inform applicants of any changes in our Consortium prior to the submission of their ranking lists to National Matching Service.

### *Predocotoral Residency Components and Respective Time Allocations*

- Major Rotations: 4 days/week in the first 6 months; 3 days/week in the second 6 months
- Minor Rotation: 1 day/week in the second 6 months
- Non-Clinical Activities: 1 day/week for 12 months

## *Supervision and Evaluation*

As noted above, all psychology residents are provided with regularly scheduled, individual supervision (a minimum of four hours per week), sensitive to residents' emerging development as independent practitioners. Supervision can take many forms and often includes a variety of experiences such as case discussions, live observation, co-leading group therapy, co-leading individual therapy, audio recordings reviews, and video recordings reviews.

Attention is directed toward maintaining residents' caseloads at a level that allows for sufficient time to integrate theory and practice. Individual goals and objectives are set through mutual consultation, with regular feedback and evaluations designed to facilitate growth and positive identification with the profession of psychology.

In addition, residents have individual quarterly meetings with their Track Coordinator and with the Director of Clinical Training.

Each rotation supervisor has his or her own set of required readings, minimum required clinical activities, and minimum required clinical competencies. At the beginning of the rotation, the residents rate their own level of competency and these ratings are shared with the relevant supervisors, their Track Coordinator, and the Director of Clinical Training. These ratings then guide each resident's specific development during that rotation. At the end of the rotation, evaluations are completed by their supervisors on each of the required clinical competencies. As well, in order to facilitate clear communication with residents about their training, supervisors often will discuss a resident's progress with one another on an informal basis.

Feedback is provided to residents informally, through discussions during supervision sessions. There are also formal evaluation forms completed at the mid-point and end of each rotation by the resident's supervisors. Feedback is also communicated to the residents' university Director of Training twice during the year.

As input from the residents is valued highly in our training program, residents are asked to formally evaluate their rotations and supervisors at the end of each rotation. To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of the feedback until all supervisor evaluations of the residents have been submitted.

In addition, at the end of the year, residents complete a general evaluation form pertaining to the entire Consortium. As with the evaluation of residents by supervisors, policies ensure that the resident is able to provide as open feedback as possible without it having an impact on their final evaluation to their university by the Director of Clinical Training.

Residents are assigned an individual Psychology Staff Ombudsperson with whom they may discuss any concerns that might arise during their predoctoral residency year. The Ombudsperson is a staff psychologist at one of the Consortium Sites who is not one of the resident's supervisors or Track coordinator. Formal policies and procedures are in place to resolve conflicts between residents and supervisors in the event that they might occur.

## **Non-Clinical Activities**

Wednesdays are dedicated to non-clinical activities. The mornings are set aside for reading or other individual activities while on-site. In the second six months of the predoctoral residency, this time can be used for continuing clinical care of patients from the first six months and the supervision of those cases. Once a month, there is a 90-minute scientist-practitioner seminar over the lunch hour. On another Wednesday in the month, there is a 90-minute individual differences seminar over the lunch hour. The afternoons are reserved for group activities including weekly two-hour clinical/professional seminars, and separate monthly group meetings with the Director of Clinical Training. The seminars are presented by Consortium Site Psychology Staff and a number of guest speakers from the community. A wide variety of topics are presented during the predoctoral residency year. Listed below are samples of topics presented last year.

### *Ethics*

*Role of Professional Associations*

*Career Planning*

*Media Training*

*Supervision*

*Registration as a Psychologist in Ontario*

*Private Practice*

*Medical Legal*

*Evaluating Effort in Psychological Assessments*

*Capacity Issues*

*Interprofessional Education*

*Linguistic Barriers*

*Gay/Lesbian/Bisexual/Transgender Issues*

*Working with Homeless Clients*

*Working with Deaf Patients*

*Native Issues*

*Gerontology*

*Community Health Research*

*The Scientist-Practitioner Model*

*Grant Writing*

*Interprofessional Team Research*

*Sex Therapy*

*Research Ethics*

*Intervening with Suicidal Patients*

*Psychology and Religion*

*Crisis Intervention*

*Electro-Convulsive Therapy*

*Dementia*

*Consultation Liaison*

*The Consultative Role for Psychologists*

*Integrating Research into Clinical Practice*

*When to Refer to a Neuropsychologist*

*Paediatric Psychology*

*Introduction to Applied Analysis*

*Working in Residential Settings*

## **Presentations and Meetings**

In addition to their clinical work and the seminar series, all residents attend the following presentations and meetings:

- Weekly resident meeting (1 to 2 hours)
- Annual retreat (full day)
- Committee meetings (1 to 2 hours per month)
- Yearly resident case presentations (half-day)

In the spring of each residency year, each resident gives a formal 30-minute case presentation open to all Psychology Staff from Consortium Sites.

Attendance at other meetings and research or case presentations may also be required depending on the residents' specific rotations and track. For example, within the Neuropsychology Track, residents are expected to attend, as well as occasionally present at, bi-weekly rounds during the course of the program.

On Wednesday afternoons, the residents meet as a group when no other meetings are scheduled, following the clinical/professional seminars. During this time, the residents meet either onsite or offsite for informal discussion and peer support. The format is flexible but topics discussed in the past have included: i) clinical cases; ii) professional issues; iii) areas of clinical practice (e.g., hospital versus private practice); iv) employment issues (e.g., interviews, positions available, navigating the process); v) College registration (e.g., EPPP, licensing process, declaring competencies, supervised practice); vi) general residency/rotation experience; vii) issues related to transitioning from graduate student to professional role; and viii) personal adjustment and life in London. Generally it is a relaxed and collegial atmosphere where residents have the opportunity to get to know one another, to debrief, and to receive and provide support. Because of the nature of the consortium, residents spend most of their time in programs located across the city. Residents have routinely commented on the value of these Wednesday afternoon meetings as an opportunity to maintain regular contact with their peers.

## **Cross-Site Travel**

The Consortium is a multi-organization training program. As a result, residents will have to travel between sites for some activities (e.g., committee meetings, seminars). The Consortium provides residents with a parking pass that can be used at all sites where paid parking is required (there is no cost for parking at Vanier or CPRI). For residents who do not have a car, the Consortium will reimburse them for London Transit Commission (LTC) bus passes to the same level as the cost of the multi-hospital parking passes. More information on buses in London is available at the LTC website: <http://www.ltconline.ca>.

It should be noted that it may not be necessary for residents to have a car; many past residents have not had cars during their year with us. However, recent feedback would strongly suggest that residents have found it much easier when they have had a car because of the necessity for cross-site travel. Given the distance between some sites, in some cases, bus travel can take a substantive amount of time (i.e., up to 45 minutes). Applicants should be aware that there is no public transit to the Regional Mental Health Care, St. Thomas site. In addition, some rotations require travel by residents as part of the clinical experiences offered and this information is listed in their material in the brochure.

## **London Regional Psychological Association (LRPA)**

One of the great strengths of the London psychology community is the London Regional Psychological Association (LRPA). It is an organization of local psychologists that has been an active part of the local community for almost 40 years. It has a membership of about one hundred members, including experienced psychologists, psychological associates and graduate students from London and the surrounding region. Their professional activities reflect the breadth of psychology in London, with members from various local organizations and private practices.

Each year, the organization holds a number of educational events for its members including an annual dinner where awards are given to both a student and a local psychologist for their contributions to the profession. The organization also has been involved in a number of local public education initiatives. LRPA has been awarded the Public Education Award by the Ontario Psychological Association to acknowledge both its efforts both in public education over the years as well as the very strong and unique role it plays in regional psychology.

Because we value LRPA as an organization with strong relevance for new psychologists in the London psychology community, we will pay for the membership of all residents in LRPA during their year with us. More information on LRPA can be found at: <http://www.lrpa.ca>

## Stipend And Benefits

The current stipend for the training year is \$28,000 (Canadian). All residents will be London Health Sciences Centre employees, irrespective of the Consortium Site where they are providing psychological services. As such, they receive the LHSC employee comprehensive benefit package that includes extended health care (e.g., dental plan, drug plan, semi-private hospital room), sick leave, and opportunity to purchase group life insurance. As with all LHSC employees, these benefits are available after a three-month waiting period and there is a minimal payroll deduction for them.

In addition, residents receive three weeks (fifteen days) vacation, one week (five days) education/research/dissertation support leave, and twelve paid statutory holidays.

An Educational and Professional Development Fund of up to \$300 is available to each resident to subsidize expenses incurred for educational or professional development during the year. Examples of appropriate uses for this fund include attending conferences or workshops, the purchase of relevant books, joining professional associations, or professional liability insurance. Other uses of the fund not listed above may be possible with Consortium Committee approval.

All out-of-province residents may apply for Ontario Health Insurance. However, the government requires a three-month waiting period for all non-residents of the province, and residents are responsible for their own health coverage over this period. A resident from another Canadian province is usually covered by the health insurance plan from the province they have left during this waiting period.

## Work Settings of Graduates

The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, particularly within the health care system. However, we also ensure that residents have a broad-based training in clinical psychology, which gives them the opportunity to find employment in a variety of settings. The table below lists the current employment settings of recent graduates of the previous London Health Sciences Centre Internship and the first year of the London Clinical Psychology Residency Consortium.

<b>Setting</b>	<b>Number (2007 - 2010)</b>
Academic Medical Centre	6
Community Hospital/Agency	7
Private Practice	7
Completing Dissertation	5
Academic/Research	1
Post Doctoral Fellowship	1
University Counselling Centre	1
School Board	2

## Eligibility

Advanced graduate students who have completed all of their required graduate level course work and at least 500 hours of Direct Practicum (Intervention, Assessment, and Supervision) experience are invited to apply.

In addition, each of our five Tracks has *individualized* minimum application criteria. Interested applicants should review the Track descriptions for more details of the minimal credentials required.

It is preferable that applicants have also proposed their doctoral thesis, collected and analyzed their data, completed a draft of their thesis, and, whenever possible, have successfully defended their doctoral thesis prior to beginning the predoctoral residency year. Preference will be given to applicants who have defended their proposal and collected their data by the time of their application.

Applicants from CPA-accredited graduate psychology programs, or their equivalent, will be considered. Applicants who do not attend doctoral programs accredited by CPA should provide the residency with information necessary for the Consortium to establish that their program's doctoral training is equivalent.

It has been our experience that in past years our predoctoral residency consortium has had the strongest match for students from Clinical Ph.D. programs. Nevertheless, we recognize that there is great variability across doctoral programs and for the experiences of students within those programs. Thus, we recognize that applicants from Counselling, School, or Clinical Neuropsychology Ph.D. programs, or from Psy.D. programs, may also have clinical experiences and training that match well with the training that we provide in our program. We will accept applications from students in such programs who believe their experiences are a match.

Canadian immigration policy requires that suitable Canadian Citizen and Permanent Resident applicants must be given preference. However, in the past, we have matched with US citizens, and accordingly, we encourage foreign applicants to apply.

Prior to starting the residency, all residents must provide evidence of Professional Liability Insurance to the Director of Clinical Training. Coverage must be in effect by the first day of program. If your university program does not provide insurance coverage while on residency, information about how to obtain this insurance is available from the Director of Clinical Training.

Because of the highly vulnerable populations at many of the Consortium Sites, final acceptance into the program is dependent on the successful completion of a vulnerable persons/police record check.

Given that the primary language spoken by supervisors in the Consortium is English, and the language of training and of most services provided by psychologists within the Consortium is English, residents will be expected to perform clinical services and be supervised in English. As such, applicants should be proficient enough in oral and written English to perform all necessary clinical and training experiences in English. On occasion, some sites or supervisors may see clients whose primary language is not English. Under these circumstances there may be opportunities to conduct clinical work in a language other than English. For this to occur, the resident's supervisor must ensure this is appropriate for the client, the resident must be deemed competent to conduct clinical work in this language (i.e., is a native speaker, or is interviewed by a bilingual staff member or member of the Consortium), and arrangements must be made for appropriate supervision. Proficiency in more than one language, therefore, may be an asset.

## **Diversity and Non-Discrimination Policy**

The member sites of the London Clinical Psychology Residency Consortium are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals including members of visible minorities, aboriginal persons, and persons with disabilities.

The London Clinical Psychology Residency Consortium endeavours to provide an accessible work place for residents with disabilities. All sites can provide work space, parking, and equipment to meet the needs of residents with disabilities and successful accommodations have been made for residents in the past.

Applicants who may have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process in order that their concerns or needs may be fully addressed, including during the application process.

## Application and Selection Procedures

Application procedures involve submission of each the following using the AAPI Online:

- Cover letter (which should describe which Track they are applying to and why they believe they are a good fit for training provided by that track)
- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program's Verification of Internship Eligibility and Readiness
- Curriculum Vitae
- Graduate transcripts
- Three letters of reference (complying with CCPPP guidelines) – Please note, the Consortium may contact referees directly for further information.

Letters of reference should comply with the guidelines endorsed by the Canadian Council of Professional Psychology Programs for letters to Canadian internship programs. This standardized format for letters of reference includes a review of the applicant's current professional and personal skills and strengths as well as comments on areas for potential growth and development. Further information regarding these guidelines is available at: <http://www.ccppp.ca/en/letters-guidelines.html> (ou en Français à <http://www.ccppp.ca/fr/form-et-guide.html>).

Please note that we require *no supplemental material* to be sent with the application.

We recognize that the new process has resulted in concerns for applicants and we want applicants to know that we recognize that there may be some unforeseen "glitches" in applications (e.g., unusual paragraph spacing). Please know that we are not rating applications by how well they have managed a new and complex process but, instead, are rating their applications on their training and their goals and how well we fit in the process.

The application deadline, for all material to be submitted using the AAPI online, is **Monday, November 7, 2011** by *the end of the day* (in the applicant's time zone). We expect to email applicants to let them know of that we have received their application, and if it is complete, by the end of the day on November 11, 2011. Applicants *do not need to contact us* before then to check on the status of their applications.

The interview notification date is set for: **Friday, December 2, 2011** (this is the final date by which all applicants can expect to be notified of their interview status).

Start date for this predoctoral residency year is: **Tuesday, September 4, 2012.**

All applications will be carefully reviewed and rated by supervisory staff within the applicant's Track. Applicant rankings are based on many factors, including (in no particular order) progress toward completion of dissertation, quality work and breadth and depth of assessment and intervention experience (particularly in areas related to the training offered in our Consortium), relevant didactic training (e.g., course work, workshops attended), academic accomplishments, letters of reference, faculty's impressions from the applicant interviews, research experience, quality of writing samples (e.g., responses to essays on the AAPI), goals of training, and other information from the application materials.

Note that applicants are **not** ranked based on the raw number of practicum hours reported in the APPI, as long as the minimum required hours for that Track have been completed. Students and programs should strive in their practica for experience with cases varying in complexity in different service delivery settings, with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire the competencies for readiness for a successful predoctoral residency year. This is more important than the number of hours recorded.

A subset of applicants will be chosen by Friday, December 2, 2011 for interviews in January 2012. Applicants will be contacted by email with their interview status. Each Track has its own team of interviewers.

If an applicant is unable to travel to London for the interview, a telephone interview will be arranged at the expense of the Consortium. While we recognize that face-to-face interviews allow potential residents to meet the staff and become familiar with the setting, there is no prejudice against those applicants who are interviewed by telephone. In a typical year, many of our interviews are conducted by telephone and we have had applicants match with us following a phone interview. At the present time, we are unable to offer video-conferencing interviews.

The interviews typically follow a three-part format. The core of the interview is with the interview team, which includes representative supervisors from the Track. This approximately one-hour interview is the primary evaluative portion of the interview process. While it is an evaluative interview, there is also an opportunity for applicants to ask questions about the predoctoral residency during this interview.

Two additional interviews are offered so that applicants can learn more about our residency program. Applicants meet with the Director of Clinical Training, often in a group with other applicants, where they are provided with a more general overview of the Consortium and can have their general questions about the program answered. Applicants are also provided with the opportunity to speak with a current resident about his or her experiences as a resident in our program. Neither the Director of Clinical Training nor the residents are part of the formal evaluative process although, in rare circumstances, the Director of Training may comment on an applicant to their Track's interview team. It is **not** a regular part of our application procedure to search for information on our applicants online (e.g., Google, Facebook) during the file review, interview or ranking process.

Applicants who have been offered an interview are also welcome to meet individually with potential supervisors to discuss details of training opportunities. When an offer is made for an interview with our Consortium, applicants will be asked if they would like separate additional meetings arranged with any specific supervisors to allow them to discuss details of training opportunities in their rotations. Interview applicants interested in such meetings should request them when arranging the date of the interview (note that, due to potential limited availability of some potential Consortium supervisors, these may need to be arranged for another date).

Given the large number of strong applications typically received by the Consortium, not all applicants can be offered an interview. However, some applicants will receive notification that they will be ranked without an interview. We strongly encourage these candidates to contact us for more information and can arrange for them to discuss the program with current residents, supervisors, or the Director of Clinical Training.

## *APPIC Policies*

All selection procedures follow the Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines. This Consortium agrees to abide by the APPIC policy that no person at these training facilities will solicit, accept, or use any ranking-related information from any applicant. The twelve positions will be offered to applicants in order of their ranking within the Tracks through the National Matching Service. All ranking and offers will be in accordance with APPIC Match policies.

APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements for releasing the student to go on internship, to ensure that students who are applying for positions in our Consortium will indeed be allowed to begin their training experiences on **Tuesday, September 4, 2012.**

The deadline for submissions by both residents and by programs of their Rank Order Lists to the National Matching Service for Phase I will be set by APPIC, typically in early February.

APPIC Phase I Match Day will be on a date to be determined by APPIC (usually late February).

If any of our residency positions remain unfilled after Phase I of the match, we will follow APPIC guidelines for participation in Match Phase II. Because of the reduced timeline of Phase II, any interviews during that time will be by telephone only.

## *Policy on Handling Your Personal Information*

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* - <http://laws.justice.gc.ca/en/showtdm/cs/P-8.6>), you should be aware that we are committed to collecting only the information in your application that is required to process your application. This information is secured within Psychological Services at London Health Sciences Centre and is shared only with those individuals involved in the evaluation of your application. If you are not matched with our Consortium, your personal information is destroyed within four months of Phase II Match Day.

If you are matched with our Consortium, your application and CV will be available only to those directly involved in your supervision and training including your rotation supervisors, your Track Coordinator, the Director of Clinical Training, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the relevant Consortium Site networks that will only be made available to those individuals directly involved in your supervision and training.

## **Information on Accreditation**

The London Clinical Psychology Residency Consortium was initially formed by a partnership of the London Health Sciences Centre, St. Joseph's Health Care (London), Child and Parent Resource Institute (CPRI), and Vanier Children's Services. That residency program had its first cohort of residents begin in 2008 and is accredited as a Doctoral Internship Program in Clinical Psychology by the Canadian Psychological Association. The program has recently expanded to include a new partnership with the Student Development Centre at the University of Western Ontario, and the first cohort of residents from this new five-member consortium will begin in 2012. The next accreditation site visit will be in 2013-2014.

Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Ann Marie Plante - Accreditation Assistant  
Accreditation Panel for Doctoral Programs and Internships in Professional Psychology  
Canadian Psychological Association  
141 Laurier Street - Suite 702  
Ottawa, ON  
Canada K1P 5J3  
Telephone: 1- 888-472-0657  
e-mail: [accreditation@cpa.ca](mailto:accreditation@cpa.ca); [aplante@cpa.ca](mailto:aplante@cpa.ca)  
website: <http://www.cpa.ca/accreditation/>

## **For More Information**

For further information regarding the London Clinical Psychology Residency Consortium, please contact:

Dr. Brent Hayman-Abello, C.Psych.  
Director of Clinical Training, Psychological Services  
London Health Sciences Centre  
339 Windermere Road  
London, Ontario, Canada N6A 5A5  
Telephone: 519-663-3466  
Fax: 519-663-3176  
E-mail: [brent.haymanabello@lhsc.on.ca](mailto:brent.haymanabello@lhsc.on.ca)

## Locating Consortium Sites

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### *London Health Sciences Centre, University Hospital*

A map of the site can be found at: [http://www.lhsc.on.ca/patients/map\\_uh.pdf](http://www.lhsc.on.ca/patients/map_uh.pdf)  
Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

Psychological Services – 3<sup>rd</sup> Floor  
University Hospital  
339 Windermere Road, PO Box 5339  
London ON  
Canada N6A 5A5  
Telephone: 519-663-3466

### *London Health Sciences Centre, South Street Hospital*

A map of the site can be found at: [http://www.lhsc.on.ca/patients/map\\_ssh.pdf](http://www.lhsc.on.ca/patients/map_ssh.pdf)  
Estimated Driving Time from Wellington Street and Dundas Street: 5 minutes

Psychological Services  
Nurses Residence – 1<sup>st</sup> Floor  
South Street Hospital  
375 South Street, PO Box 5375  
London ON  
Canada N6A 4G5  
Telephone: 519-667-6697

### *London Health Sciences Centre, Children Hospital/Victoria Hospital*

A map of the site can be found at: [http://www.lhsc.on.ca/patients/map\\_vh.pdf](http://www.lhsc.on.ca/patients/map_vh.pdf)  
Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

Paediatric Psychology  
Zone B – 6<sup>th</sup> Floor  
Victoria Hospital  
800 Commissioners Road East, PO Box 5010  
London ON  
Canada N6A 5W9  
Telephone: 519-685-8144

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### *St. Joseph's Health Care, St. Joseph's Hospital*

A map of the site can be found at:  
<http://www.sjhc.london.on.ca/sjh/coming/maps/sjhinterior.pdf>  
Estimated Driving Time from Wellington Street and Dundas Street: 5 minutes

268 Grosvenor Street  
London ON  
Canada N6A 4V2

*St. Joseph's Health Care, Parkwood Hospital*

A map of the site can be found at:

**[http://www.sjhc.london.on.ca/parkwood/coming/parking\\_parkwood.pdf](http://www.sjhc.london.on.ca/parkwood/coming/parking_parkwood.pdf)**

Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

801 Commissioners Road East  
London ON  
Canada N6C 5J1

*St. Joseph's Health Care, Regional Mental Health Care, London*

A map of the site can be found at: **[http://www.sjhc.london.on.ca/mhl/coming/parking\\_rmhcl.pdf](http://www.sjhc.london.on.ca/mhl/coming/parking_rmhcl.pdf)**

Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

850 Highbury Avenue  
London ON  
Canada N6A 4H1

*St. Joseph's Health Care, Regional Mental Health Care, St. Thomas*

A map of the site can be found at:

**[http://www.sjhc.london.on.ca/mhst/coming/parking\\_rmhcst.pdf](http://www.sjhc.london.on.ca/mhst/coming/parking_rmhcst.pdf)**

Estimated Driving Time from Wellington Street and Dundas Street: 40 minutes

467 Sunset Drive  
St. Thomas ON  
Canada N6P 3V9

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*Child and Parent Resource Institute (CPRI)*

A map of the site can be found at:

**[http://www.cpri.ca/uploads/section000009/files/209p\\_cpri%20grounds%20map.pdf](http://www.cpri.ca/uploads/section000009/files/209p_cpri%20grounds%20map.pdf)**

Estimated Driving Time from Wellington Street and Dundas Street: 15 minutes

600 Sanatorium Road  
London ON  
Canada N6H 3W7

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*Vanier Children's Services*

Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

871 Trafalgar Street  
London ON  
Canada N5Z 1E6

*Student Development Centre, University of Western Ontario*

A map of the site can be found at:

**<http://www.geography.uwo.ca/campusmaps/images/map/westernandaffiliates.pdf>**

Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

Western Student Services Building, University of Western Ontario

1151 Richmond Street

London ON

Canada N6A 3K7

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A general map of London that provides approximate locations of all sites is on the next page.