



TRACKS & ROTATIONS



TRACKS AND MAJOR ROTATIONS

CHILD/ADOLESCENT TRACK

COORDINATORS: Dr. Jillian Glasgow & Dr. Craig Ross

NMS Code Number: 181513

Two (2) Resident Positions are available.

Number of applications in 2021: 53

The Child/Adolescent Track is designed to prepare residents for future post-doctoral supervised practice focused on children and adolescents and their families. Patients range in age from infancy to age 18. Training stresses three factors: developmental issues, family involvement, and liaison with interprofessional team members, physicians, community agencies, and schools. Competence in assessment and intervention skills are emphasized, integrating theoretical, ethical, research, and professional perspectives. Interprofessional teams are prevalent in all settings, and residents are provided the opportunity to work with professionals from a variety of disciplines.

Residents have the opportunity to choose Major Rotations in a community mental health facility as well as academic teaching hospitals. Across the two Major Rotation experiences, residents receive exposure to children and adolescents in inpatient or residential care settings as well as outpatient and community services. Training can include opportunities to work with children and adolescents in areas including paediatric health psychology, eating disorders, community and rural mental health services, day treatment, inpatient units, trauma and attachment, impulse control problems, mood disorders, anxiety disorders, developmental disabilities, and externalizing behaviours.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experiences by assigning cases to residents that reflect client diversity in terms of ethnicity, socio-economic status, and other individual differences. Supervision styles and preferred therapeutic modalities vary across supervisors.

To be considered for the Child/Adolescent Track, in addition to the core minimum requirements on pages 23-24, applicants must also have the following credentials by the time of application:

- Coursework at the graduate and/or undergraduate level in (a) child or lifespan development (or both), and (b) child psychopathology, assessment, and intervention;
- Coursework and practica at the graduate level reflecting that children and/or adolescents are a population of key interest;
- A minimum of 75 face-to-face hours of child and/or adolescent therapeutic experience. This includes individual therapy with adolescent, school-aged, and pre-school aged children, group counselling for adolescents and/or children, career counselling for adolescents, family therapy, and time spent in school counselling interventions, and;
- A minimum of five child and/or adolescent integrated psychological reports.

In order to facilitate our review of your application, we strongly encourage you to clarify how you have met these requirements in the contents of your cover letter.

Major Rotations available:

London Health Sciences Centre Children's Hospital: Paediatric Health Psychology

London Health Sciences Centre Victoria Hospital: Child and Adolescent Mental Health Care Program

Child and Parent Resource Institute (CPRI)

London Health Sciences Centre: Paediatric Health Psychology

Pediatric Health Psychology is a subspecialty of the field of Health Psychology. This training opportunity is available to residents from both the Child/Adolescent Track and Health/Rehabilitation Track who have a demonstrated interest and exposure to working with medical populations, as evidenced by:

- at least one therapy practicum in a health setting (or at least 35 hours of face-face therapy with clients who have a primary medical condition impacting their psychological functioning); and,
- coursework, workshop(s), or applied research in the area of health psychology.
- Discussion of your interest in the field of health psychology should be reflected in your essays and/or cover letter.

Psychologists in the Pediatric Health Psychology Department at the Children's Hospital, LHSC, provide both inpatient and outpatient services to children and families diagnosed with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. A 4-day major rotation is recommended for residents interested in achieving competency in the area of health psychology. This would facilitate gaining proficiency in inpatient consultation-liaison and treatment, as well as in outpatient assessment and treatment for a variety of medical populations. A 3-day major rotation is recommended for residents who are looking to increase their breadth of training in this area of practice; training during a 3-day major would include working with a variety of outpatient medical populations.

Inpatient Experiences:

Residents will become proficient in consultation-liaison and treatment services offered to a wide variety of inpatient medical services (e.g., critical care, oncology, general medicine). Services are provided for a number of different presenting problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioral strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds and consult with medical team members.

Outpatient Experiences:

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic headache or abdominal pain, anxiety and/or depression contributing or related to living with a medical condition, adjustment to a diagnosis, or adherence to treatment regimes. Residents may see some of these patients in an interprofessional pediatric chronic pain clinic that focuses on a biopsychosocial model of pain assessment and treatment.

Supervisors: Dr. Danielle Cataudella
Dr. Jennifer Crotonino
Dr. Abirami Kandasamy
Ms. Ann Klinck
Dr. Cathy Maan

**London Health Sciences Centre:
Child and Adolescent Mental Health Care Program**

At the Victoria Hospital site of LHSC, the Child and Adolescent Mental Health Care Program provides integrated inpatient, day treatment, and outpatient services to children and their families with potential experiences for a resident with Outpatients, Inpatients, Day Treatment, and Eating Disorders services.

Residents who choose this Major Rotation will be asked to select one area within which to focus their training.

The Child and Adolescent Outpatient Services provide assessment and treatment to children and their families through an interprofessional team. Presenting problems are generally of an internalizing nature such as depression, anxiety, trauma, emerging personality disorders, etc. with significant comorbidity. A range of services is offered including diagnostic assessments, individual and group therapy (with family component), community liaison, and so on.

Residents will have the opportunity to gain experience in both assessment and treatment of internalizing disorders. Types of assessments include psychodiagnostic and psychoeducational assessments. Cognitive behavioural therapy is the primary therapeutic approach, with opportunities to integrate other treatment approaches, including motivational interviewing, dialectical behavioural therapy, and interpersonal psychotherapy.

Supervisors: Dr. Julie Eichstedt

Child and Adolescent Eating Disorders is an interprofessional team specializing in the assessment and treatment of eating disorders in children and adolescents until the age of 18. It has inpatient, day treatment, and outpatient follow-up components. Residents will have exposure to cognitive-behavioural and family-based treatment experiences for patients and their families. This rotation is only available as a Major rotation in the first six months. Theoretical orientation is cognitive-behavioural.

Supervisor: Dr. Richelle Bird

The Child and Adolescent Inpatient Service specializes in assessment and stabilization of acute mental health crises spanning a wide range of presenting issues. Residents have exposure to daily interprofessional team care planning and consultation. The Inpatients treatment team has extensive expertise in child development, internalizing disorders, and crisis stabilization. The resident may gain exposure to group interventions and conduct clinical assessments, individual psychotherapy, and parental interventions with our patients who typically have very short admissions (i.e., under one week).

Supervisor: Dr. Jillian Glasgow

Child and Parent Resource Institute (CPRI)

Residents at CPRI can choose to receive breadth and depth of training at this site during a Major Rotation by working on more than one clinical team, with more than one supervisor. Beyond the supervision from our Psychologists, psychology residents work with Psychiatrists, Developmental Paediatricians, Social Workers, Speech and Language Pathologists, Occupational Therapists, front-line Behaviour Therapists, and teachers.

Note that acceptance into this Major Rotation (any of the services below) is dependent on the successful completion of a police record check with vulnerable sector screen.

Residents should have interests in diagnosing complex, comorbid child and adolescent populations experiencing significant family dysfunction, understanding larger system issues in child and family wellness, and a desire to assist caregivers and teachers in reducing acting out behaviours including aggression. Residents at CPRI may negotiate experiences directly supervised by a psychologist in the following services:

The Mood Disorders Clinic provides opportunities to participate in a multi-step comprehensive assessment of children and adolescents aged 6 to 17.5 years of age with normal intellect. The first step in the assessment process when a child/youth is referred with a query of mood disorders involves a pre-screening evaluation to determine the likelihood of mood disorders. The next step is the completion of a comprehensive evidence based semi-structured instrument (WASHU-KSADS) with the child/adolescent and parents in their home for consideration of possible differential diagnosis. The final stage in this process is a psychiatric consultation with the youth and parents for further evaluation prior to rendering a diagnostic opinion. The opportunity is also available to conduct intellectual and socio-emotional assessments as needed. In addition, the clinic offers short term individual and/or group treatment with the focus on psychoeducation and cognitive behavioural strategies. As well, the clinic provides consultations to community agencies including schools across Ontario.

Supervisor: Dr. Gani Braimoh

The Brake Shop is an interdisciplinary clinic providing service to children and adolescents who present with complex combinations of neurodevelopmental disorders including Tourette Syndrome and Obsessive-Compulsive Disorder or other anxiety disorders, Attention-Deficit/Hyperactivity Disorder, sensory processing dysfunctions, body-focused repetitive behaviours (Trichotillomania or Excoriation Disorder) or significant behavioural issues including Intermittent Explosive Disorder ('rage'). A wide selection of services for Brake Shop patients, their families, and community teams translates into substantial opportunity for residents to tailor and vary their experiences. Options include semi-structured diagnostic assessment, co-facilitation of various treatment groups (primarily cognitive-behavioural and narrative in orientation), individual therapy, internet therapy (e.g., virtual Exposure and Response Prevention [ERP]), consultations (client or programming based), and knowledge translation/transfer activities such as community presentations or school assemblies. Attendance at interprofessional rounds, conducting literature reviews, student supervision, or program development/evaluation are additional opportunities. For detailed treatment videos, parent and child treatment handouts and other information please explore our many webpages at www.leakybrakes.ca

Supervisor: Dr. Magali Segers

The Dual Diagnosis: Behaviour and Anxiety Clinic (DD:BAC) is one of the outpatient programs for children and adolescents with developmental disabilities at CPRI. The DD:BAC team provides assessment, consultation, and treatment for children and youth with developmental disabilities and behaviour, anxiety or mood disorders. The resident could be involved with any aspect of service of the Dual Diagnosis Behaviour and Anxiety clinic, including interdisciplinary diagnostic assessments, psychological assessment (cognitive, academic and adaptive assessment; assessment for mental health and behaviour disorders), functional assessment of behaviour, co-therapist for parent groups, as well as providing consultation to families, schools and others supporting children/youth in the community. This clinic also offers residents the unique experience of providing modified cognitive behaviour therapy for anxiety on an individual basis with clients with intellectual disabilities.

Supervisor: Dr. Karin Gleason

One of the outpatient rotations available at CPRI that provides opportunities to work with clients with a neurodevelopmental disorder is the Interdisciplinary Autism Services (IAS). The clinic works with children and youth aged 3-to-18 for whom there is a question or diagnosis of Autism. Like the other outpatient services at CPRI, IAS provides three levels of service intensity, all of which may be appropriate for a resident. At the lowest level of intensity are agency-to-agency collaborations. Based primarily on file reviews, these collaborations involve interaction with community partners, usually via videoconference, about behavioural concerns. As part of the team, the resident could have opportunities to share information from the Psychologist-perspective, and/or to participate in meeting leadership. The next level of intensity in the clinic emphasizes diagnostic clarification and assessment. Typically, the resident would support the diagnostic review undertaken by a Physician through the completion of a standardized assessment of cognitive, adaptive, and/or academic domains. An emphasis on observation and assessment of social deficits associated with Autism is included. At the highest level of intensity, the resident would be part of an interdisciplinary team involving a Speech and Language Pathologist, Occupational Therapist, Board Certified Behaviour Analyst and Social Worker; a Psychiatrist may also be involved as needed. Referrals at this level of service begin with a team meeting with the community to develop an assessment and service plan. Assessments for Psychology are multi-faceted and provide opportunities to work with a population and tools that are not commonly encountered in traditional training (e.g., Stanford-Binet 5, ADOS-2). The culmination of this level of service is the development of an interdisciplinary report and sharing/discussion with the referring community. Through this process, the resident will have the opportunity to engage in (complex) differential diagnosis involving information from multiple clinical disciplines.

Supervisor: Dr. Craig Ross

Residential/Intensive Services are also provided to children and youth, aged 6 to 18 years, with a primary mental health condition. Youth are admitted due to severe psychiatric disturbance and family and school placement breakdown. Psychologists on our residences and in-house school provide cognitive/learning, social, and emotional assessment; behaviour programming, individual parenting interventions, consultation, individual cognitive behavioural therapy; and staff training and support. Interest in complex, comorbid child and youth populations with diverse family trauma is required. Evidence-based, trauma-informed care is offered in these services. As with the dual diagnosis intensive programs, residents will gain experience in working with multiple systems, matching strengths, needs and supports, and planning and implementation at a multi-agency team level.

Supervisors (various possible): Dr. Patricia Jordan (inpatient girls' unit)
Dr. Niki Rielly (inpatient young child unit)

TRACK	Child / Adolescent (see p. 35)	
ORGANIZATION and SITE	LHSC: Children s & Victoria Hospital (see p. 36 37)	Child and Parent Resource Institute (CPRI) (see p. 38 39)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80) Note: Paediatric Health is 4 days a week in the first six months only. For others, residents normally work in a maximum of 2 Services within one Site.	<ul style="list-style-type: none"> - Paediatric Health Psychology <ul style="list-style-type: none"> • Inpatient • Outpatient - Child & Adolescent Mental Health Care Program <ul style="list-style-type: none"> • Outpatient • Inpatient • Eating Disorders (Inpatient, Day Treatment, Outpatient) 	<ul style="list-style-type: none"> - Mood Disorders Clinic - Brake Shop - Dual Diagnosis: Behaviour and Anxiety Clinic - Interdisciplinary Autism Services (IAS) - Residential/Intensive Services

Sample Combination of Major and Minor Rotation Schedules:

Track	1st Six Months	2nd Six Months	
	Major – 4 days/week	Major – 3 days/week	Minor – 1 day/week
Child / Adolescent	Residential/Intensive Services; Mood Disorders Clinic (2 days each service) (CPRI)	Child and Adolescent Mental Health Care Outpatient Services (LHSC)	Trauma-Related Disorders Clinical Research Program (LHSC)

ADULT MENTAL HEALTH TRACK

COORDINATOR: Dr. Bonnie Purcell

NMS Code Number: 181514

Three (3) Resident Positions are available

Number of applications in 2021: 61

The Adult Mental Health Track is designed to prepare residents for eventual autonomous practice in clinical psychology, through broad-based and intensive exposure to adult mental health. Several rotations serve a broad range of inpatient and outpatient populations and allow residents to focus on specific patient groups or on specific assessment or therapeutic modalities.

Residents create an individualized, broad-based training program by selecting relevant experiences within Major Rotations. To allow for an adequate breadth of training, clinical experiences within the rotations should include at least one experience focusing on assessment and consultation while another should focus on intervention. Intervention experiences should include individual and group psychotherapies, as well as inpatient and outpatient experiences. Exposure to research as a guiding principle, as well as a systematic method for evaluating clinical outcomes and programs, is emphasized. Using a professional developmental approach of clinical and scientific inquiry, residents apply skills in prior and current training to assess and treat patients according to best practices and sound clinical judgment.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experience by assigning cases to residents that reflect patient diversity in terms of ethnicity, socio-economic status, age, and other individual differences, as much as possible.

Competence in assessment and intervention skills is emphasized, integrating theoretical, ethical, research, and professional perspectives. While psychologists provide the bulk of supervision, residents are encouraged to work with other professionals as well, including Psychiatrists, Social Workers, Nurses, Occupational Therapists, and Therapeutic Recreation Specialists. Supervision styles vary across supervisors. Several supervisors emphasize training in specific skills (e.g., empirically-supported treatments) while other supervisors emphasize the development of strong interpersonal and therapeutic process skills.

In addition to the core minimum requirements on pages 23-24 it is recommended that competitive applicants also have the following credentials by the time of application:

- At least 600 hours of direct mental health assessment, intervention, consultation, and supervision practicum experience, as assessed by summing direct (face-to-face, virtual/video, or telephone client contact) intervention and assessment hours (doctoral and master's level) and supervision hours stated in the AAPI;
- At least 100 hours of assessment experience (as indicated by the number of assessment hours in the "Summary of Practicum Experience" section of the AAPI) and at least five integrated adult psychological assessment reports;
- Experience with a range of psychotherapeutic modalities.

Please note that preference will be given to applicants who meet these criteria.

Major Rotations available:

London Health Sciences Centre: Victoria Hospital

St. Joseph's Health Care London: Parkwood Institute

St. Joseph's Health Care London: Southwest Centre for Forensic Mental Health Care

London Health Sciences Centre: Victoria Hospital

Adult mental health at LHSC's Victoria Hospital provides a range of acute care mental health services for adult inpatients and outpatients in London. Along with 108 inpatient beds for acute crisis stabilization and treatment for adults 18 years of age and older, adult mental health at Victoria Hospital also provides general ambulatory mental health services as well as some specialized adult services. Residents working in this rotation will be able to select from a variety of potential experiences and work in one or two of the following programs.

Cognitive-Behavioural Therapy (CBT)

The cognitive-behavioural therapy team at LHSC Victoria Hospital provides CBT to adults who have a primary diagnosis of depression and/or anxiety. Personality factors and comorbid mental or physical health concerns may also be present. Within this interdisciplinary team residents will be responsible for providing comprehensive individual therapy to adult clients. Skills in CBT case formulation and treatment planning will be emphasized. Observation and/or direct involvement in a skills-based cognitive therapy group is a possibility, as is some accommodation of resident preference with respect to factors such as client diagnostic status, level of comorbidity, and presenting problems.

Supervisor: Dr. Brendan Guyitt

Dialectical Behaviour Therapy (DBT)

Within the General Adult Ambulatory Mental Health Service (GAAMHS) at LHSC Victoria Hospital, the Dialectical Behaviour Therapy (DBT) outpatient program serves adults (between the ages of 18 and 65) with multi-disordered mental health conditions who have impaired function in multiple life domains. The program offers specialized training in the delivery of Dialectical Behaviour Therapy. The standard DBT modes of therapy offered in the program includes individual therapy, group skills training, and therapist consultation. DBT patients usually have several comorbid diagnoses such as mood disorder, posttraumatic stress disorder, panic disorder, generalized anxiety disorder, somatic disorder, and personality disorder, as well as significant difficulties with affect management and interpersonal regulation. DBT interventions include mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. These interventions are implemented in 25-week skills training groups and individual therapy. In this rotation, residents predominantly gain experience in delivering DBT individual and group skills training. Cultivating skills in diagnostic assessment, suicide risk assessments, DBT-based case formulation, and the provision of feedback to clients will also be encouraged. Residents will also be expected to participate in a weekly interdisciplinary DBT consultation team meeting. The DBT consultation treatment team currently includes psychology, occupational therapy, and social work. The minimum time commitment for residents in the DBT program is three days per week. Previous training or experience working with personality disorders, trauma-related conditions, or other complex mental illness, or experience working within a DBT framework, is considered beneficial, but not required.

Supervisor: Dr. Danielle Bedard

Geriatric Mental Health Program (GMHP)

The GMHP consists of an interprofessional team designed to provide outpatient geriatric psychiatry consultation, assessment and treatment to seniors, 65 years of age and older, and their families living in the London-Middlesex region. Our mandate includes providing 1) quality clinical care that recognizes the unique psychiatric and medical needs of older adults, 2) education for physicians and professionals training to care for the elderly, and 3) collaboration with community agencies and partners in specialized geriatric services. Clinic, home, and virtual visits for clients in the community and in long-term care settings are provided in this service and often address mental disorders of late life, including dementia and related disorders, mood disorders, addictions, and psychotic disorders. Residents will work closely with a team consisting of Nurses, Psychiatrists, Social Workers, Occupational Therapists, and Therapeutic Recreation Specialists. The Psychologist provides psychosocial and diagnostic assessment, further cognitive/personality assessment, and psychotherapy (primarily cognitive-behavioural therapy) within the program. A cognitive-behavioural therapy group for depression has been offered in the past, which previous residents have co-led, if interested.

Psychology consultations are also provided as part of the Behavioural Response Team (BRT), which is a newer facet within GMHP, that provides consultations and short-term follow-up addressing urgent referrals for responsive behaviours related to mental health or addictions (although primarily dementia) in the community and long-term care. Teaching opportunities are also available to provide in-services to long-term care homes on topics such as addictions, senior mental health, and personality disorders. Residents may participate in a combination of assessment, psychotherapy (individual or group-based), consultations, and teaching during their rotation in this program, depending on their training goals and the opportunities available during their rotation.

Supervisor: Dr. Bonnie Purcell

St. Joseph's Health Care London: Parkwood Institute

Operational Stress Injury (OSI) Clinic

Adult Mental Health residents working at Parkwood Institute have the opportunity to work in the Operational Stress Injury (OSI) Clinic for Canadian Armed Forces and RCMP personnel and veterans. Opened in 2004, the St. Joseph's OSI Clinic is part of a national network of OSI clinics funded by Veterans Affairs Canada. These clinics are focused on assisting patients who suffer from a number of mental health conditions that can result from military or policing service. In addition, the network of OSI clinics is developing standards of OSI treatment through education and research. Psychology provides assessment and treatment, and common clinical issues include Posttraumatic Stress Disorder, Mood and Anxiety Disorders, relational difficulties, substance and alcohol misuse, and chronic pain resulting from, or aggravated by, military service. Educational programs as well as individual, couples, group, and family counseling are also provided at the Clinic.

Residents will work as part of an interdisciplinary team of health professionals that includes Psychiatrists, Psychologists, Nurse Practitioners, Nurses, and Clinical Social Workers who work together to develop treatment plans tailored to the individual needs of each client. Residents complete assessments for treatment planning, as well as for Veterans Affairs Canada Pension and Rehabilitation Program eligibility purposes, typically involving clinical interviews, structured diagnostic interviews (e.g., the SCID-5, DART, CAPS), cognitive screening, and integration of self-report questionnaires. Intervention training experiences can be tailored to the interests of the resident. All residents are expected to conduct individual psychotherapy. Opportunities to cofacilitate a psychoeducation or treatment group (e.g., a Cognitive Behavioural Therapy for Depression group) are sometimes available. All residents are also expected to engage in consultation and collaboration with referral sources from the assessment through the treatment trajectory.

Supervisors: Dr. Rod Balsom
 Dr. Brenda Chiang
 Dr. Tracy Desjardins
 Dr. Nicole Elliott
 Dr. Tevya Hunter
 Dr. Steve Orenczuk
 Dr. Maya Roth
 Dr. Sonya Wanklyn

Assessment, Consultation and Education (ACE) Service

The ACE service focuses on providing psychological assessment for inpatients and outpatients in the context of a highly interdisciplinary team environment at Parkwood Institute – Mental Health. Patients presenting with severe and persistent mental illness can benefit from diagnostic, cognitive, and personality assessments resulting in strong case conceptualizations/formulations that are therapeutic and can inform treatment recommendations for the patient and their care team. Consultation to patients and their teams, along with education services offered to staff within mental health, can open up opportunities to aid in treatment and recovery. The resident will complete assessments, have opportunities to engage in consultation with patients and mental health care teams, and offer education to service providers as requested. Intervention opportunities may also be available on a limited basis. The resident will work closely with psychometrists in the service and may be able to supervise both students and psychometrists while in the rotation. Keeping up with new software platforms and test administrations in this ever-changing climate of assessments and technology is an exciting addition to this rotation.

Supervisor: Dr. Stephanie Dubois
Psychometrists: Julia MacKinley and Amanda Stirling

Adult Ambulatory Service

Adult Ambulatory Services provides mental health services to adult outpatients with a wide range of psychiatric disorders, primarily to those with more serious and chronic psychopathology (Psychosis, Affective, and Anxiety). Personality and comorbid mental or physical health disorders may coexist with any of the above. Referrals are accepted from Coordinated Intake. These include patients who are referred by LHSC and the community. Treatment is provided with interprofessional involvement (including psychiatry, nursing, social work, therapeutic recreation, occupational therapy, and psychology). The interprofessional service also aims at relapse prevention and recovery from mental illness. In this service, residents would be able to provide psychological assessment to adults, particularly cognitive, personality, and diagnostic assessments. Residents would also be able to provide psychotherapeutic intervention services from a variety of approaches, including cognitive-behavioural therapy and supportive and mentalization-based therapy, depending on supervisor availability. Interventions provided by residents would be primarily in the context of individual psychotherapy.

Supervisors: Dr. Jeremy Harrison
Dr. Farida Spencer

Concurrent Disorders Services

Psychology is also an integral part of Concurrent Disorders Services. This service provides specialized outpatient tertiary care to individuals who suffer from both severe psychiatric disorders as well as severe substance use disorders. Residents involved in this rotation intervene with patients with a wide range of substance use and mental health issues, addressing both aspects therapeutically. Treatment is individualized to meet the specific needs of these often challenging patients and includes motivational interviewing and cognitive-behavioral techniques to address substance use difficulties, and an integrative approach involving CBT, interpersonal and psychodynamic elements to address psychological disorders. Psychological assessment and group psychotherapy experiences are also opportunities in this rotation.

Supervisor: Dr. David LeMarquand

Inpatient Mental Health: Adult Treatment & Rehabilitation Program | Geriatric Psychiatry Program

As part of an interprofessional team at a tertiary care mental health facility, residents will have the opportunity to participate in either or both programs for their major rotation, in accordance with their training goals.

1) The Mental Health Treatment & Rehabilitation Program serves adult inpatients with serious mental illness. Cases are complex, often with chronic psychosis and complex trauma presentations. Residents may provide individual therapy, groups for psychosis, and behavioural consultations.

2) The Geriatric Psychiatry Program serves older adults with mental illness and/or severe behavioural responses that require inpatient specialized care. Presentations are wide-ranging. They include dementia, complex trauma, and psychosis. Residents may provide assessments and group therapy, with occasional opportunities for individual therapy.

Across both programs, residents can further elect to initiate and/or participate in program development, quality improvement, presentations, and research activities. Supervision is provided using a developmental approach. Dr. Wong's orientation is integrative, involving aspects of spiritually integrated therapy, third wave cognitive behavioural therapies, and trauma-informed somatic approaches.

Supervisor: Dr. Serena Wong (Supervised Practice; expected Autonomous 2024)

***St. Joseph's Health Care London:
Southwest Centre for Forensic Mental Health Care***

The Southwest Centre for Forensic Mental Health Care, located in St. Thomas, provides specialist inpatient and outpatient services to individuals who are in the forensic mental health system. Residents may have the opportunity to provide psychological assessment, diagnostic, consultation, and intervention services for individuals with mental illness while working with interprofessional teams in a unique clinical care setting.

Forensic Program

Psychology plays an important role in the Southwest Centre for Forensic Mental Health Care. This facility provides specialized mental health services to adults with a mental disorder who have committed a criminal offence, with an emphasis on the high risk and high need patient. The Forensic Program is comprised of 80 beds including assessment, treatment, and rehabilitation units as well as an Outreach Team. At all times the interprofessional teams working with our patients must balance the needs of each patient with the need for public safety. Patients present with a broad range of diagnostic categories such as schizophrenia, mood disorders, and personality disorders. A significant proportion of patients also have an addiction to drugs and/or alcohol. The Forensic Unit serves individuals who are on Court Ordered Assessments, are found either Unfit to Stand Trial or Not Criminally Responsible, or have been transferred from correctional facilities requiring treatment under conditions of security. Residents on the service could participate in forensic psychological assessments as well as diagnostic psycholegal assessments. Forensic assessments can include comprehensive psychosocial assessment, assessment of criminal responsibility, assessment of fitness, and/or assessment of risk. Residents could also be involved in a range of appropriate psychotherapies, gain experience with an interprofessional treatment team, and treatment planning. It may also be possible for the resident to obtain experience with Ontario Review Board hearings.

Supervisor: Dr. Laura Fazakas-DeHoog

TRACK	Adult Mental Health (see p. 41)		
ORGANIZATION	London Health Sciences Centre	St. Joseph s Health Care London	
SITES	Victoria Hospital (see p. 42)	Parkwood Institute (see p. 44)	Southwest Centre for Forensic Mental Health Care (see p. 47)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80)	<ul style="list-style-type: none"> - Cognitive-Behavioural Therapy (CBT) - Dialectical Behaviour Therapy (DBT) - Geriatric Mental Health Program (GMHP) 	<ul style="list-style-type: none"> - Operational Stress Injury (OSI) Clinic - Assessment, Consultation and Education (ACE) Service - Adult Ambulatory Services - Concurrent Disorders Services - Inpatient Mental Health 	<ul style="list-style-type: none"> - Forensic Program

Sample Combinations of Major and Minor Rotation Schedules:

Track	1st Six Months Major – 4 days/week	2nd Six Months	
		Major – 3 days/week	Minor – 1 day/week
Adult Mental Health	Assessment, Consultation and Education (ACE) Service (SJHC) - (4 days)	Dialectical Behavioural Therapy (DBT) (LHSC)	Child and Adolescent Assessment (CPRI)
Adult Mental Health	Geriatric Mental Health Program (GMHP) (LHSC) - (2 days) Cognitive Behavioural Therapy (LHSC) - (2 days)	Forensic Program Southwest Centre for Forensic Mental Health (SJHC)	Trauma-Related Disorders Clinical Research Program (LHSC)

HEALTH/REHABILITATION TRACK

COORDINATOR: Dr. Sarah Vernon-Scott

NMS Code Number: 181515

Two (2) Resident Positions are available

Number of applications in 2021: 18

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

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

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

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

To be considered for the Health/Rehabilitation Track, in addition to the core minimum requirements on pages 23-24, it is recommended that competitive applicants also have the following credentials by the time of application:

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

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

Major Rotations available:

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

London Health Sciences Centre: Children's Hospital

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

Paediatric Health Psychology offers the following training experiences:

Inpatient:

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

Outpatient:

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

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

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

Supervisors: Dr. Danielle Cataudella
Dr. Jennifer Crotonogino
Dr. Abirami Kandasamy
Ms. Ann Klinck
Dr. Cathy Maan

London Health Sciences Centre: Victoria Hospital

Behavioural Medicine Service

Residents may choose to work in the Behavioural Medicine Service. This clinical setting provides residents with a broad-based experience in the psychological assessment and treatment of patients with challenging medical conditions. Patients are referred from a wide variety of outpatient hospital programs, including internal medicine, gastroenterology, neurology, respirology, and others. Patients on this service present with comorbid physical (e.g., chronic pain, diabetes, and renal insufficiency) and psychological (e.g., depression, posttraumatic stress disorder, and personality disorders) conditions. Most patients present with significant changes in their quality of life and experience difficulties with coping and acceptance. Assessment measures can include indices of patient reported symptom and functional outcomes, psychological flexibility, and coping. Residents provide individual and group interventions on an outpatient basis. When available, residents also have the opportunity to supervise practicum level students.

Supervisor: Dr. Heather Getty

London Health Sciences Centre: University Hospital

Epilepsy

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

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

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

Supervisor: Dr. Sarah Vernon-Scott

Consultation-Liaison Psychiatry

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

Supervisor: Dr. Sandra Ulch

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

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

Pain Management Program

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

Supervisors: Dr. Marilyn Hill

London Clinical Psychology Residency Consortium 2023-2024

TRACK	Health/Rehabilitation (see p. 49)			
ORGANIZATION	London Health Sciences Centre			St. Joseph s Health Care London
SITES	Children s Hospital (see p. 50)	Victoria Hospital (see p. 51)	University Hospital (see p. 51 52)	St. Joseph s Hospital (see p. 52)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80)	- Paediatric Health Psychology • Inpatient • Outpatient	- General Behavioural Medicine Service	- Consultation-Liaison Psychiatry Service - Epilepsy	- Pain Management Program

Sample Combinations of Major and Minor Rotation Schedules:

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

NEUROPSYCHOLOGY TRACK

COORDINATORS: Dr. Andrea Downie & Dr. Lynn Rennison

One (1) Resident Position is available.

NMS Code Number: 181516

Number of applications in 2021: 14

The Neuropsychology Track provides training for residents primarily interested in pursuing a career as an Adult Clinical Neuropsychologist. The Track respects the spirit of the guidelines outlined at the Houston Conference on Specialty Education and Training in Neuropsychology in which specialty knowledge and skills are acquired throughout one's graduate school training, residency year, and post-doctoral experiences by means of a scientist-practitioner model. The primary goal of the Neuropsychology Track is to prepare residents for practice in providing neuropsychological assessment and consultation in a variety of post-doctoral settings. In order to achieve this goal, the neuropsychology residents are provided with:

- Experiences to advance their theoretical knowledge in neuropsychology and general clinical psychology, and;
- Training in assessment, diagnosis, and consultation with respect to neuropsychological and psychological disorders.

The general structure of the Neuropsychology Track includes the following experiences:

- A seminar series required of the residents in all Tracks,
- Neuropsychology Rounds, as well as additional medical/hospital rounds,
- Two Major Rotations within the Neuropsychology Track, and,
- One Minor Rotation outside of the Neuropsychology Track

A strength of the program is the opportunity to work with several different neuropsychologists who offer a variety of perspectives due to their different training backgrounds. The resident is exposed to fixed and flexible batteries of tests, as well as specialized assessment techniques/test batteries to address specific questions or populations on certain services (e.g., pre-operative assessments for deep brain stimulation or localization of function).

Most Neuropsychology Major Rotations share a common set of clinical experiences. The primary focus of these rotations is to address the referral question using neuropsychological assessment techniques. More specifically, residents will acquire skills in reviewing health records (paper-based and electronic) and neurodiagnostic test results; interviewing; test administration, scoring, interpretation; report writing; and providing feedback to patients and families. Feedback (oral communication of results and recommendations) may be provided to referring physicians, health professionals, patients, and families. Clinical assessments typically include evaluation of mood and personality. On some services, residents have the opportunity to work with psychometrists and/or practicum students.

Across the Consortium, opportunities are available to work with patients across the age spectrum, ranging from very young children to the elderly. Referred patients may present with a wide variety of neurological, medical, and psychiatric disorders. Neuropsychology Track residents are exposed to a wide variety of inpatient and outpatient populations, including individuals with very rare disorders. Opportunities also exist for working with individuals from different cultural backgrounds or those with specific disabilities. In addition to these shared experiences, each Neuropsychology Major

Rotation offers some unique experiences as outlined in the Rotation descriptions.

Residents in the **Neuropsychology Track** complete their two Major Rotations in settings that emphasize provision of neuropsychological services to adult populations. Specifically, the resident participates in the two following Major Rotations:

- LHSC: Victoria Hospital – Neuropsychology Consultation Liaison Service
- LHSC: University Hospital – Clinical Neurological Sciences

Due to CPA requirements of training in more than one institution over the year, Neuropsychology Track residents must choose a Minor rotation outside of London Health Sciences Centre (i.e., at St. Joseph's Health Care-London or CPRI).

Seminars, Rounds, and Other Training Experiences

Residents in the Neuropsychology Track participate in Neuropsychology Rounds approximately once a month on Wednesday mornings. These meetings encourage and provide the opportunity for discussion of the relevant neuropsychological literature pertaining to assessment issues and particular disorders within the context of case presentations or specific journal articles. The resident can expect to present once at Neuropsychology Rounds during the course of the year. Attendance at these rounds is required of all residents in the Neuropsychology Track.

Residents in the Neuropsychology Track are expected to develop expertise in working with other health care professionals as independent consultants. Medical teaching rounds are conducted on an ongoing basis by various departments. Attendance at some teaching rounds/team meetings is required for virtually all of the Neuropsychology Major Rotations and varies depending on the specific rotation (e.g., Epilepsy Teaching Rounds are required of residents on the Adult Epilepsy Service in the LHSC: University Hospital Major Rotation). Examples of the numerous teaching rounds occurring on a regular basis include CNS Grand Rounds, Movement Disorders Rounds, Neuroradiology Rounds, and Epilepsy Teaching Rounds and Team Meetings.

Special Requirements for Applicants for the Neuropsychology Track

Because of the specialized nature of the Neuropsychology Track position, academic preparation and practicum experience within the area of neuropsychology are necessary. We strongly prefer that resident applicants meet the guidelines put forth at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Specific requirements for applicants to this track are listed below.

PLEASE NOTE FOR APPLICANTS IN 2022: *As stated above, there are standard requirements and credentials for the Neuropsychology Track at LCPRC, which are set in order to ensure a successful training experience. In previous years, many applicants well exceed these criteria. Due to the unusual circumstances associated with the COVID-19 pandemic, we recognize that some applicants may have had interruptions in or modifications to their planned practicum training opportunities beginning in March 2020. If pandemic circumstances negatively affected your ability to meet your pre-residency training trajectory, please explain in detail in your cover letter and have your Director of Clinical Training verify the disruption, as well as any modifications, et cetera. We will take this information into consideration in reviewing your application. However, we must ensure that the residents with whom we match have enough clinical and neuropsychological experience and background at entry to benefit from and succeed in meeting the residency competencies and outcome expectations by the end of the residency year in order to continue to the next steps of professional registration. **Therefore, preference will be given to applicants whose backgrounds best match the recommendations listed below.***

*In addition to the core minimum requirements on pages 23-24, it is recommended that applicants for the **Neuropsychology Track** have the following credentials at the time of application:*

- 600 hours of formal neuropsychological practicum experience (with a minimum of 200 hours (300 hours preferred) spent in face-to-face neuropsychological activities) with adults;
- At least 8 comprehensive adult neuropsychological assessment reports completed in neuropsychology practica;
- Demonstrated proficiency in English as evidenced by writing reports or research articles, or pertinent coursework, and;
- Completion of a graduate-level course (or other equivalent documented formal didactic training) in neuropsychological theory or neuropsychological assessment.

****NOTE* To facilitate our review of your application, please specifically list each of the following separately in your cover letter:***

- Number of adult and paediatric comprehensive neuropsychological assessment reports written, in neuropsychology practica, for cases in which you conducted the interview and testing, integrated the test results, and provided a case formulation/interpretation and recommendations;
- Number of hours completed in neuropsychological practica, and;
- Number of hours of face-to-face neuropsychological activity (such as conducting interviews, administering tests, providing feedback, providing neuropsychological interventions) completed in practica; please provide hours involving adults and children separately.

Major Rotations:

London Health Sciences Centre: Victoria Hospital - Neuropsychology Consultation Liaison Service

The Neuropsychology Consultation Liaison Service conducts neuropsychology assessments with patients with a variety of medical and/or psychiatric presentations, such as dementia, metabolic disorders, endocrine disorders, cancers, schizophrenia, mood disorders and anxiety disorders. Evaluations are typically conducted to gauge cognitive strengths and limitations, provide a better understanding of the neurological underpinnings of behaviour to enhance patient care, assist with discharge planning and current medical management, or provide diagnostic assistance. The aim of this Major Rotation is to prepare residents for professional practice in a hospital-based general neuropsychology service.

While primarily an inpatient service, outpatient assessments are also conducted and the rotation can be tailored to the resident's preference for inpatient or outpatient experience. Inpatient units across LHSC hospital sites are served, but most of the work is completed at Victoria Hospital. Outpatient evaluations are completed at Victoria Hospital.

Strengthening the resident's knowledge of the cognitive, emotional, and behavioural manifestations of different disorders that impact the brain is a goal of the rotation. Residents will enhance their medical chart review and interview skills, ability to administer, score, and interpret neuropsychological tests and write clinically meaningful reports. Learning to work within the parameters of the patient's tolerance given the acuity of their medical or psychiatric circumstances is key. Case conceptualization occurs with the patient's background and current status in mind. Also

integral to the rotation is learning succinct and effective communication skills with physicians, nurses and allied health professionals, as well as learning in-depth communication skills tailored to patients and family members.

For residents wanting to obtain more comprehensive inpatient experience, the first six-month (four day per week) rotation is recommended, as inpatient experience during the second six-month (three day per week) rotation will be limited by the ability to meet timelines required for urgent inpatient referrals. Residents have the opportunity to work closely with a psychometrist on this rotation.

Supervisor: Dr. Lynn Rennison

London Health Sciences Centre: University Hospital - Clinical Neurological Sciences

To promote breadth of experience, residents who choose this rotation in the first six months (4 days per week) typically spend time on two available services, namely the Adult Neurology/Neurosurgery service and the Adult Epilepsy service. In the second six months (3 days per week) residents may choose to spend time on both services, or may concentrate their time on one of the two services. The Track Coordinator and rotation supervisors create a personalized training program for each resident based on the resident's particular background and interests, as well as supervisors' availability.

The **Adult Neurology/Neurosurgery** Service provides consultation to numerous neurologists and neurosurgeons in the Department of Clinical Neurological Sciences at University Hospital. Experiences within this primarily outpatient service will provide residents with exposure to a wide variety of adult age ranges and a wide variety of syndromes with unique behavioural disturbances. For example, patient populations include cerebrovascular disease (e.g., stroke, aneurysms), cortical and subcortical dementia (e.g., Alzheimer's disease, Parkinson's disease, Huntington's disease), multiple sclerosis, tumours, hydrocephalus, concussion (post-concussion syndrome), and patients seen for pre-operative assessments prior to deep brain stimulation surgery.

The major focus will be on neuropsychological assessment with the goal of diagnosis and/or description and documentation of neuropsychological functioning. More specifically, residents will acquire skills in interviewing, test administration, scoring, interpretation, report writing, and communication of results and recommendations to referring physicians, health professionals, and patients and their families. Opportunities are available to work with a psychometrist in the latter part of the rotation and opportunities to supervise a practicum student are also occasionally available.

Supervisors: Dr. Gloria Grace
Dr. Michael Harnadek
Dr. Ashley Miles

The **Adult Epilepsy** Service provides residents with experience in the neuropsychological assessment of adult and adolescent patients with intractable epilepsy. Most patients are surgical candidates or have had surgical treatment. Patients are seen on an outpatient basis or as inpatients admitted for continuous video EEG monitoring on the 11-bed epilepsy inpatient unit. The goals of a pre-surgical neuropsychological assessment typically include the identification of potential areas of cerebral dysfunction, assessment of hemispheric dominance for language, and communication to the team and the patient the results of the neuropsychological assessment including potential cognitive risks of a proposed resection. Post-surgical/follow-up issues are also addressed where relevant. Assessments include reviewing relevant medical information (including findings from neurological, EEG, and neuroimaging investigations), interviewing, neuropsychological testing, integration and interpretation of the findings, report preparation, communication of the results to the treatment team, and the provision of feedback to patients and families. In addition, the resident may gain experience in specialized test procedures and investigations, such as the etomidate Speech And Memory (eSAM) test, and/or have the opportunity to observe neurosurgical procedures and cortical mapping, as available. On this service, the resident will benefit from working on an interprofessional team (including neurology, neurosurgery, EEG, clinical psychology, social work and nursing) as well as have the opportunity to attend Epilepsy Teaching Rounds. Later in the rotation, opportunities will be provided to work with a psychometrist, if appropriate.

Supervisors: Dr. Brent Hayman-Abello
 Dr. Susan Hayman-Abello
 Dr. Ashley Miles

TRACK	Neuropsychology (see p. 54)	
ORGANIZATION	London Health Sciences Centre	
SITES	University Hospital (see p. 57 58)	Victoria Hospital (see p. 56 57)
MAJOR ROTATION/ SERVICE *See list of Minor Rotation options (p. 73-80)	- Adult Neurology / Neurosurgery - Adult Epilepsy	- Neuropsychology Consultation Liaison Service

Sample Combinations of Major and Minor Rotation Schedules

Track	1st Six Months	2nd Six Months	
	Major – 4 days/week	Major – 3 days/week	Minor – 1 day/week
Neuropsychology	Adult Neurology/ Neurosurgery; Adult Epilepsy (2 days each service) (LHSC)	Neuropsychology Consultation Liaison Service (LHSC)	Concurrent Disorders Service (SJHC)