

Continue the Message to Clinical Psychology Doctorate Students

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A report from the most recent Doctorate Employment survey conducted by the American Psychological Association indicated that 33% of recipients selected employment in the Health area. Of that number, it was reported that 20% worked in University settings and 40% worked in Medical School settings [1]. Additional attention in this area has led to organized listings of competencies for Clinical Psychology work in the health related settings. In fact, the formal title, "Integrated Healthcare in Primary Care settings" has been the focus of the competency areas [2]. For example, two representative competencies are [1] Communicate with physicians and other providers professionally, including asserting oneself as a doctoral level health professional with equal status, and [2] Understand how patients feel and perceive medical treatment. Understand what constitutes a normal versus pathological response on the part of the patient to the medical encounter [2,3]. The reported job outlook and work seem conducive to the training of Clinical Psychologist. To date, secure counts of the numbers of Clinical Psychologists working in health settings (i.e., primary care practices, training of medical students, consultations in medical settings) is unknown. Further, is the coursework/internship training opportunities preparing students to understand and work in the health care work settings.

I would respectfully add to the list of competencies based on clinical experience in health settings. Core areas of training are useful to the practice of Clinical Psychology in a health setting. Assessment to determine diagnosis, selection for a work position based on employment physical exam findings, and children with special needs receiving accommodations based on psycho educational evaluations. Also, training in psychotherapy is commonly applied in health care settings to such intense issues of adjustment to disability, development of coping with chronic illness and discerning the degree to which psychological factors are sustaining medical symptomatology. Finally,

research skills for useful studies using qualitative analysis could be applied, straightforwardly as well as quantitative studies of behavior factors and illness.

These areas of suggestions are nothing more than using the core training at the doctoral level with a focus to the health care setting. Informal recognition of these skills occurs by Medical professionals, now, in health care settings. A more focused, emphasized approach through the advanced seminar, upper level practicums and increased notice to health settings internship opportunities would provide the additional awareness to Health practices. Continuing education opportunities provide intensive immersions in the clinical psychology work in health care settings.

The message to Clinical Psychology Doctorate students is to continue core training with the additional focus on work in healthcare settings. The current competencies provide an infrastructure to the work role of the psychologist in health care settings. The few added suggestions are meant to provide a message of continuance with current training of Clinical Psychologists. The health care work setting for Psychologists has expanded and with continued encouragement and adaptations to current training to include a health care setting focus, the message to continue training to work in this field will be further addressed.

References

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