THE OTTAWA HOSPITAL

Doctoral Residency Training Program in Clinical Psychology

2027-2028 Residency Year

Training Director: Dr. Stefanie Ciszewski, Ph.D., C.Psych
stciszewski@toh.ca

The Ottawa Hospital | L'Hôpital d'Ottawa

Table of Contents

LAND ACKNOWLEDGEMENT 4

APPLICATION PROCEDURE AT A GLANCE 5

COMPENSATION AND BENEFITS 5

APPLICATION PROCESS AND ELIGIBILITY 5

Diversity 5
Policy on Your Personal Information 5
AVAILABLE RESIDENCY STREAMS, NUMBER OF POSITIONS, AND APPIC NUMBERS 5
CANDIDATE ELIGIBILITY 6
ADDITIONAL FACTORS IMPACTING RANKING 6

ABOUT THE OTTAWA HOSPITAL'S DOCTORAL RESIDENCY TRAINING PROGRAM IN CLINICAL PSYCHOLOGY 8

OUR VALUES 8
TRAINING GOALS 8
PROGRAM PHILOSOPHY 8
ACCREDITATION STATUS 9

STRUCTURE OF TOH'S DOCTORAL RESIDENCY PROGRAM IN CLINICAL PSYCHOLOGY 10

HEALTH, REHABILITATION, AND SPECIALITY MENTAL HEALTH STREAM 12

HEALTH PSYCHOLOGY ROTATION OPTIONS 12
The Pain Medicine Unit (PMU) 12
Psychosocial Oncology Program (PSOP) 12
REHABILITATION PSYCHOLOGY 12
Inpatient Rehabilitation 13
Outpatient Rehabilitation 14
Chronic Pain Self-Management Program 14
Acquired Brain Injury (ABI) Day Hospital Program 14
SPECIALTY MENTAL HEALTH 14
Eating Disorder Program (EDP) 14
On Track: First Episode Psychosis (FEP) Program 15

CLINICAL-NEUROPSYCHOLOGY STREAM 15

INPATIENT NEUROPSYCHOLOGY 16
Acute Care Inpatient Neuropsychology 16
Inpatient Rehabilitation Neuropsychology 16
OUTPATIENT NEUROPSYCHOLOGY 16
On Track: First Episode Psychosis (FEP) Program 16
The Ottawa Hospital Rehabilitation Centre Outpatient Neuropsychology 17
The Robin Easey Centre (REC) 17

COMPLEMENTARY EXPERIENCES 18

EVALUATION 19
QUESTIONS? 20
APPENDIX A 21
CPA Public Disclosure Table for the Last Seven Academic Years 21
APPENDIX B 22
Maps of Training Sites 22
APPENDIX C 25
Supervising Psychologists/Staff 25
APPENDIX D: 31
PHOTO CREDITS: 33

Land Acknowledgement

The Ottawa Hospital acknowledges that it is located upon the traditional and unceded territory of the Algonquin people. We have the privilege and responsibility to serve First Nations, Métis and Inuit of many backgrounds and from many treaty lands and to demonstrate respect for Indigenous people's contributions and culture. We also acknowledge traditional knowledge and healing developed over countless generations.

Application Procedure at a Glance

Do you already know you want to apply? If so, please read guidelines below

Compensation and Benefits

Residents at TOH in 2027-2028 will be paid $46,000 which is subject to tax and other applicable deductions. Residents also receive the following benefits: $500 allowance for educational needs (e.g., conferences, workshops; payable according to current hospital policy limits and guidelines); Three weeks holidays and statutory holidays; Access to the Employee and Family Assistance Program; Sick leave provided as needed with approval.

Application Process and Eligibility

Diversity

The Residency Program at TOH is committed to employment equity and welcomes applications from individuals representing a wide spectrum of diversity, including ethnic or cultural background, 2SLGBTQIA+ community, and/or physical disability.

Policy on Your Personal Information

In accordance with federal privacy legislation (Personal Information Protection and Electronic Documents Act; https://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html), we are committed to collecting only the information required to process your application. This information is secured within Psychology at TOH and is shared only with those individuals involved in the Residency application process. Information collected by TOH for applicants who are not matched with the TOH program is destroyed within 4 months of Match Day. Files of applicants matched to our program will be available only to those involved in the applicant's supervision and training including the Director of Training, supervisors, relevant administrative support staff, the Psychology Profession Leader, and relevant staff of the Human Resources Department at TOH.

Available Residency Streams, Number of Positions, and APPIC Numbers

There are three positions available in our Residency Program at TOH. Two residents are accepted into the Health, Rehabilitation, and Speciality Mental Health Clinical Health Psychology Stream, and one is accepted into the Clinical-Neuropsychology Stream. Both streams have their own APPIC numbers.

APPIC Number	Residency Stream	Number of Positions Available
181715	Health, Rehabilitation, and Speciality Mental Health	2
181716	Clinical-Neuropsychology	1

Candidate Eligibility

We subscribe to the Association of Psychology Postdoctoral and Internship Centres (APPIC) and CPA accreditation standards regarding preparation for Residency. The following are **required** for consideration in TOH's Doctoral Residency Training Program in Clinical Psychology:

- Dissertation proposal is approved by your Director of Training before applying for Residency.
- All course work is completed prior to applying for residency.
- A minimum of 600 practicum hours, with 300 hours of direct client contact and 150 hours of supervision. Applicants are not rated on their "raw number of practicum hours." Rather, they are rated on the quality and depth of their training.
- A minimum of five (5) adult written assessment reports.
- Therapy provided to a minimum of five (5) adult patients/clients

Services at TOH are provided in both English and French, facility in both languages is an asset but is not required. All charting and report writing is in English. In the selection process, priority is given to Canadian citizens, permanent residents, or international students with valid Canadian Co-op Work Permits. We welcome applicants coming from a PhD or PsyD program that is CPA or APA accredited. Residency positions are contingent on satisfactory criminal background checks. In addition, Residents must obtain professional liability insurance and vaccinations required by TOH. For more information on vaccination requirements, please contact our Director of Training.

Additional Factors Impacting Ranking

Applicants are ranked according to several criteria including, and in no particular order:

- The match between the applicant's interests in clinical training and our Residency program.
- The breadth and depth of an applicant's psychodiagnostic assessment training. We will build on this experience with tailored assessments to programs, rather than generic psychodiagnostic testing.
- The breadth and depth of an applicant's practicum experiences in hospital-based settings.
- An applicant's experiences working with interprofessional teams.
- Strength of reference letters from clinical supervisors.
- Impressions of an applicant's suitability and match with our residency program based on their interview.
- An applicant's clinical research experience and/or interests.
- Applicants who are more likely to be ready to submit or defend their dissertation thesis prior to starting residency will, all other things being equal, be ranked more highly.

APPLICATION PROCESS

The Residency Program at TOH is a member of the CCPPP and APPIC and adheres to APPIC policy regarding internship offers and acceptances. The Residency Program at TOH agrees to abide by the APPIC policy that no person at this training facility solicit, accept or use any ranking-related information from any applicant.

(1) The Residency Program at TOH participates in the APPIC Internship Matching Program. All applicants must register with the National Matching Services (NMS; https://natmatch.com/psychint/) and/or APPIC (https://www.appic.org/) to be considered for residency at TOH.

(2) Interested applicants should meet APPIC application criteria and complete the following through the Applicant Portal of the AAPI online (https://aapicas.liaisoncas.com/applicant-ux/#/login):

1. Completed APPIC Application.
2. Verification and electronic signature of the University Director of Training attesting to the applicant's readiness for residency.
3. Three letters of reference in APPIC format. We do not require a letter of reference from your dissertation supervisor; choose whoever can speak to your abilities, goals, and training needs.
4. Graduate transcripts.
5. Curriculum Vitae.

(3) Include a cover letter in your application with the following information:

1. Stream(s) you are applying to. You may apply to both streams.
2. Rotation options that you are interested in. Please specify your top 5 areas you would be interested in working in if applying to Health, Rehabilitation, and Speciality Mental Health stream). We will do our best to match your 2-3 rotations based on your interests listed in this letter, subject to supervisor availability.
3. If applying to the Clinical-Neuropsychology stream, please indicate neuropsychology interests as well as rehab/health/mental health areas of interest (top 3 of each).
4. Briefly describe how The Ottawa Hospital fits your interests and training goals.
5. Address your cover letter to our Director of Training:
   Dr. Stefanie Ciszewski, Ph.D, C.Psych., Director of Training
   The Ottawa Hospital, Department of Psychology
   501 Smyth Road, Room 7300, Ottawa, Ontario, K1H 8L6

(4) Submit your application no later than November 1st, 2026 11:59pm EST to be considered for the 2027-2028 training year.

Interview Dates

All interview notifications are made by email on Friday December 4, 2026, by 5:00 pm PST. Arrangements for interviews will commence immediately. In line with the CCPPP recommendation, all interviews will be virtual to support equity and access. We will not offer

any in-person interviews. We will be providing virtual Open House sessions the week of Dec 7-11 (dates TBD) for a chance to meet the Training Director, Staff, and current Residents. Our interviews will be conducted between December 14-18, 2026.

About The Ottawa Hospital's Doctoral Residency Training Program in Clinical Psychology

Our Values

The Psychology Residency Program at TOH values:

- The provision of psychological services within healthcare
- Following ethical principles and best practice guidelines
- The expertise of other fields and our interprofessional relationships in providing world class patient care
- Allyship and inclusionary, culturally safe, and anti-oppressive environments and practices
- Effective practices in supervision
- Self-reflection
- Work-life balance

Training Goals

The Residency Program at TOH is a clinical psychology program committed to providing a high-quality training environment that fosters residents' professional identity as a psychologist in a respectful and collegial atmosphere that embraces all forms of diversity. Our supervisors are leaders in healthcare based psychological assessment, intervention, and consultation and train residents to draw on their previous experiences to provide critical, flexible, and key contributions to patient medical health care.

Our program aims to provide residents with experience adapting to the provision of care within a healthcare setting. The goal at TOH is to prepare residents for a professional career and registering in clinical psychology as well as either health, rehabilitation, and/or neuropsychology (dependant on multiple factors, including training choices, jurisdiction of registration, and experiences during supervised practice).

Program Philosophy

The residency at TOH is a **clinical psychology training program** that provides residents with a responsive and flexible training environment with a *unique focus* on **health, rehabilitation, and neuropsychology training**. Our program is committed to delivering care within a ***scientist-practitioner model***. We believe that research-informed practice promotes clinical excellence, and that clinical practice informs and promotes important scientific developments.

The Residency Program at TOH promotes an ***Interprofessional Model of Patient Care*** which facilitates collaborative interactions as part of healthcare teams.

Our program values ***diversity and inclusivity***, and our residents receive experiences and education in inclusionary and culturally safe practices, allyship, and antiracism practices through grand rounds, panel discussion, and seminars. Residents at TOH are expected to provide direct clinical services across populations including, but not limited to, people with disabilities, members of the 2SLGBTQIA+ community, and individuals with diverse backgrounds, including those who have been racialized and systemically marginalized. TOH provides many highly specialized regionally based services. Residents are provided opportunities to hone assessment, case formulation, and contextualized intervention skills with patients with complex medical needs.

Accreditation Status

The Residency Program at TOH has been accredited by the Canadian Psychological Association (CPA) since 1992. Our program was reaccredited for 7 years from 2020/2021 to 2027/2028.

For more information on CPA accreditation, please visit https://cpa.ca/accreditation/ or contact the CPA Head Office by email (accreditationoffice@cpa.ca) or by phone (613-237-2144, ext. 334; toll-free: 1-888-472-0657 ext. 334).

Figure 1: Psychology Staff and Residents, 2024

Structure of TOH's Doctoral Residency Program in Clinical Psychology

There are 3 positions available for this CPA accredited clinical psychology program. We have two positions available that provide training within health psychology, rehabilitation psychology and/or speciality mental health. The other position is a neuropsychology-focused clinical position. The training experience is offered over a period of 12-months divided into training blocks.

Residents, in collaboration with the Director of Training and primary supervisors, will develop their training plan based on training needs, goals, and interests, as well as staff availability. The Clinical-Neuropsychology intern's training experience is split into 3 blocks; one 3-month clinically focused training block and two 4.5-month neuropsychology-focused training blocks. This may change depending on the resident's interests and supervisor availability. For all other residents, the training experience is typically split into 2 training blocks; each 6-month block typically consists of 1-2 different service areas, when interest and available experiences allow. Residents are generally placed at only one site (e.g., the General Campus or the Civic Campus) for each of their training blocks to limit intercampus travel.

The residency is **a full-time training position**; roughly 60% of residents' time is allocated to clinical service, 30% to support activities, and up to 10% to research (in line with registration and CPA accreditation standards). Residents generally spend the majority of their time engaged in clinical care, including direct patient contact, charting, report writing, and team meetings in order to develop and fine tune foundational and functional competencies. The

remaining time is spent in in other activities including research, professional practice experiences (e.g., serving on a committee), and attending seminars. This time will be regularly reviewed with your supervisors. **Work from home is not regularly guaranteed and is only considered based on training needs and patient care goals.**

Health, Rehabilitation, and Speciality Mental Health Stream

The Health, Rehabilitation, and Speciality Mental Health stream provides training in the treatment and/or management of acute and chronic illness (physical or mental) or disability. The goals of psychological intervention are to promote and maintain health and/or manage disorders of behaviour, thought or emotion. Working within health care teams, Residents will expand their clinical skills to include assessment, case formulation, intervention, and team consultation with these unique populations. Residents will learn skills that enable them to work effectively and efficiently in a fast-paced hospital setting. The TOH Clinical Psychology Residency Program provides a unique opportunity to apply and adapt skills and knowledge learned to date across varying stages within the health care system. Service areas include:

Health Psychology Rotation Options

The Pain Medicine Unit (PMU)

Location: The General Campus
Supervisors: Dr. Patricia Poulin; Dr. Rose Robbins, Dr. Louise Overington
The PMU is an outpatient interdisciplinary program that treats individuals with chronic pain. Residents work within a stepped-care approach to managing chronic pain and its co-occurring conditions. Interventions are done in a team setting, which include rounds. Patients present with various forms of chronic pain (e.g., low back, pelvic, cancer-related) and other health and mental health comorbidities including insomnia, mood disorders, anxiety, trauma, and addiction. **Residents provide intervention in cognitive behavioural therapy groups for depression and anxiety, pelvic pain, mindfulness, and trauma and pain. Residents also learn how to apply single session, or if required short term cognitive-behavioural therapy.**

Psychosocial Oncology Program (PSOP)

Location: The General Campus
Supervisors: Dr. Cheryl Harris
The PSOP is a multidisciplinary program that provides assessment and treatment to outpatients with cancer at any stage of the illness trajectory (new diagnosis, survivorship, end of life). Common presenting problems include, anxiety, interpersonal difficulties, cancer-related pain, insomnia, fatigue, and existential and end of life issues. **Residents will conduct assessments as well as individual and group therapy. Assessments include adjustment to health needs, treatment, and informing key cancer-related therapy goals. Individual and group therapy is short- or medium-term, most commonly including cognitive behavioural therapy and existential approaches. There are also opportunities to consult with other disciplines in the interest of optimizing patient care.**

Rehabilitation Psychology

For many considering the Ottawa Hospital, this may be your first experience with a rehabilitation service. Don't worry! The training provided in a rehabilitation context is highly valuable and applicable across multiple areas of professional psychology.

The Ottawa Hospital Rehabilitation Centre (TOHRC) specializes in the physical and cognitive rehabilitation of those who have experienced a disabling physical illness or injury, providing both inpatient and outpatient services. Services provided help patients maximize their independence in order to re-adapt and rebuild their lives in an accessible and inclusive way. Residents training within rehabilitation services will have assessment, intervention, and consultation opportunities with inpatients with diverse presenting problems and need for advocacy support. **It is a prime opportunity to explore issues of equity and inclusion for patients with physical or cognitive changes.** Rotations are available in the following:

Inpatient Rehabilitation

Location: The Rehabilitation Centre at the General Campus
Supervisors: Dr. Bryce Mulligan; Dr. Jani Lamarche; Dr. Stefanie Ciszewski
The inpatient population presents with comorbid concerns including trauma, grief, complicated bereavement, pain, insomnia, substance use, anxiety, and mood disorders. Assessments include a patient's presenting psychological symptoms, progress, goals, and expectations for rehabilitation, in the context of their psychosocial and health history. Residents provide individual and group therapy to inpatients. Treatment may include addressing barriers to the patient's rehabilitation, such as engagement, treatment adherence, and adjustment to inpatient stay or to new or increasing disability. There are also plenty of opportunities for interprofessional collaboration through inpatient rounds, team consultation, and family conferences. Below are the various inpatient wards and more specific training opportunities Residents can experience within each ward. When choosing this service you may see patients from any of the areas below:

Neuromuscular Care: Neuromuscular Care provides services to individuals with complex neurological conditions (e.g., multiple sclerosis (MS), Guillain-Barré syndrome (GBS)) and spinal cord injuries. The Resident may gain experience with assessment and both brief and longer-term therapy. In addition to the common presenting concerns listed above, patients in Neuromuscular Care may also present with functional neurological syndromes, paraplegia, and quadriplegia.

Locomotor Care: Locomotor Care provides services to patients with physical injuries, such as multiple traumatic injuries due to an accident, extensive burns, and recent or previous amputation. The service also admits patients with musculoskeletal conditions, such as joint problems, mobility issues, and generalized weakness or poor endurance post-surgery or illness. In addition, patients with chronic lung diseases are also served on this ward (e.g., emphysema, chronic bronchitis, pulmonary fibrosis).

Acquired Brain Injury (ABI) Inpatient Service: The Acquired Brain Injury (ABI) Inpatient Service provides rehabilitation to individuals with traumatic or non-traumatic brain injuries (e.g., due to autoimmune/metabolic condition, tumor, neurotoxic agent, physical trauma, neurosurgery, etc). Common presenting concerns include neurocognitive issues (e.g., impairments in memory, attention, self-awareness, initiation, impulsivity); changes in personality or

challenging behaviour; and adjustment to changes in independence, reduced physical and cognitive tolerance, and functional declines.

Outpatient Rehabilitation

Location: The Rehabilitation Centre at the General Campus
Supervisors: Dr. Vasilis Pallikaras

Residents training within outpatient services will have the opportunity to conduct assessments and provide therapy to outpatients. Many of the outpatient rehabilitation services are group-based, though individual therapy opportunities can also be made available. Below are descriptions of each of the outpatient services separated into group- and individual-based services. Group and individual interventions are offered and will be reviewed with your supervisor.

Chronic Pain Self-Management Program

Location: The Rehabilitation Centre
Supervisors: Dr. Ivan Valdivia
The Chronic Pain Self-Management Program (CPMP) offered through The Ottawa Hospital Rehabilitation Centre is an interdisciplinary outpatient program providing group-based services for individuals living with chronic, non-malignant pain. Patients are diverse and may experience comorbid mental health concerns including mood, anxiety, trauma, and personality disorders. Patients learn skills and techniques to better cope with their pain and to minimize the amount of disruption experienced in their day-to-day lives because of pain. Treatment and assessment are completed within the context of this interdisciplinary program. Residents cannot choose this as a rotation and the Pain Unit as their main rotations for the year.

Acquired Brain Injury (ABI) Day Hospital Program

Location: The Rehabilitation Centre
Supervisor: Dr. Vasilis Pallikaras
The ABI Day Hospital Program is a multidisciplinary, outpatient, group-based program. Patients present with adjustment difficulties, anxiety, or depressive or trauma symptoms. Residents assess how patients are coping post-ABI and identify barriers to implementing strategies. Interventions include group sessions on adjustment and reintegration of meaningful activities as well as individual therapy to patients where clinically indicated. Residents gain experience adapting therapy to accommodate for changes in cognition.

Specialty Mental Health

Psychologists at the Ottawa Hospital play important roles within two of our Mental Health Programs within the Psychiatry Services. Psychologists provide assessment and group interventions as well participate as key team members within these team-based programs.

Eating Disorder Program (EDP)

Location: The General Campus

Supervisors: Dr. Natasha Demidenko; Dr. Christina Tomei
The EDP is an interdisciplinary program that treats individuals 18 years of age or older with eating disorders. Patients often have comorbid psychiatric conditions including trauma, substance use, personality disorders, anxiety, and mood disorders. The EDP provides both in and outpatient care. Residents conduct intake assessments which include diagnostic interviews for eating disorders and other mental health concerns. Interventions are mainly group based; using cognitive-behavioural therapy, dialectical behavioural therapy, interpersonal effectiveness, and process-oriented therapy. Individual therapy opportunities are also available.

On Track: First Episode Psychosis (FEP) Program

Location: 1355 Bank Street
Supervisor: Dr. Christine Boisvert
The FEP program is an interdisciplinary outpatient program for individuals aged 16 to 35 with symptoms of psychosis or a psychotic disorder. Residents conduct psychological assessments and facilitate individual and group therapy. Assessment and intervention opportunities are available.

Clinical-Neuropsychology Stream

The Clinical-Neuropsychology Residency Stream is tailored for those wishing to pursue registration competency in Neuropsychology as well as Clinical Psychology. The goal of the Clinical-Neuropsychology stream is to provide Residents with the training that allows them to develop competencies in adult neuropsychological assessment, diagnosis, and consultation, in addition to interventional experiences in clinical and cognitive care. Neuropsychologists at TOH provide neuropsychological assessment at the Civic and General Campus, and neuropsychological assessment and intervention services within the Rehabilitation Centre at the General Campus, off-site at On Track: First Episode Psychosis (FEP) Program, and The Robin Easey Centre (REC).

The Resident who matches in the Clinical-Neuropsychology track will engage in neuropsychology-focused rotations for two 4.5-month periods and will spend 3-months in one clinically-focused rotation (refer to clinical services above). We believe learning bedside neuropsychology is a vital and unique experience for our neuropsychology Residents. As such, one neuropsychology rotation will be with inpatients (either within the Acute Care Inpatient Neuropsychology Service rotation or within the Rehabilitation Centre).

Neuropsychology Residents will provide services to patients from varied cultural and linguistic backgrounds and may have opportunities to conduct interpreter-facilitated assessments. Residents will have ample opportunity to interact with other health professionals (e.g., physicians, nursing staff, social workers, occupational therapists, physiotherapists). The neuropsychology service is well respected within the hospital, and the neuropsychology team has excellent working relationships with individuals from other disciplines. Neuropsychology staff often provide formal in-service presentations which Residents are welcome to attend or lead.

Inpatient Neuropsychology

Acute Care Inpatient Neuropsychology

Location: The Civic Campus and the General Campus
Supervisors: Dr. Faisal Al-Yawer; Dr. Octavio Santos; Dr. Lisa Walker
Neuropsychology at TOH is a consultation service within Acute Care, and input is provided to medical teams on all services including, but not limited to, General Medicine, Family Medicine, Psychiatry, Neurology, Neurosurgery, Oncology, Cardiology, Respirology, and Orthopedics. The diversity of patient diagnostic presentations is considerable and offers a breadth of experience to Residents (e.g., mental health concerns, brain injury, substance use, neurodegenerative, stroke, neurosurgical, delirium, metabolic or infectious processes, dementia). The intern conducts assessments and provides feedback to inpatients. Outpatient assessments are also provided to the Geriatric Day Hospital, Deep Brain Stimulation program (pre-surgical), and the University of Ottawa Heart Institute (UOHI). Assessments include diagnosis, documentation of cognitive deficits, rehabilitation planning, discharge planning, and determination of capacity (as defined by the Health Care Consent Act).

Inpatient Rehabilitation Neuropsychology

Location: The Rehabilitation Centre at the General Campus
Supervisors: Dr. Laura Rees
Neuropsychology Residents provide neuropsychological assessments and treatment to inpatients at the Rehabilitation Centre. Patients present with diverse neuropsychological disorders including, but not limited to, acquired brain injury (ABI), stroke, tumor, and neurodegenerative disorders (e.g., multiple sclerosis, dementia, autoimmune disorders). Issues addressed include return to work or school, driving, capacity to consent to treatment, and how best to facilitate rehabilitation and recovery. Residents attend rounds and team meetings with the interprofessional team to discuss patient care.

Outpatient Neuropsychology

On Track: First Episode Psychosis (FEP) Program

Location: 1355 Bank Street
Supervisor: Dr. Mary Marquardt
The FEP program is an interdisciplinary outpatient program for adults aged 16 to 35 with symptoms of psychosis or a psychotic spectrum disorder. Patients in the FEP Program often present with comorbid conditions including mood and anxiety disorders, substance use, neurodevelopmental disorders, traumatic brain injuries, and metabolic syndrome. Neuropsychology Residents interested in the FEP program can conduct neuropsychological assessment and facilitate individual and group intervention with these patients. Assessment often relates to understanding a patient's baseline neurocognitive functioning, evaluating cognitive functioning following psychosis, return to work or school, and differential diagnoses. Residents may also facilitate group-based cognitive remediation therapy. Residents will have the opportunity to attend team meetings and rounds and collaborate on patient care.

The Ottawa Hospital Rehabilitation Centre Outpatient Neuropsychology

Location: The Rehabilitation Centre, General Campus area
Supervisor: Dr. Aziza Byron-Al Hassan
Neuropsychology stream Residents provide neuropsychological assessments and treatment to outpatients at the Rehabilitation Centre. Patients present with varied neuropsychological disorders including, but not limited to, acquired brain injury (ABI), stroke, tumour, and neurodegenerative disorders (e.g., multiple sclerosis (MS), dementia, autoimmune disorders). The purpose of the neuropsychological assessments is to answer diagnostic questions (e.g., traumatic brain injury (TBI) vs. neurodegenerative conditions), rehabilitation-related questions (e.g., return to work, return to school), and/or to characterize cognitive function. Residents may also have group intervention opportunities within the ABI Day Hospital Program.

The Robin Easey Centre (REC)

Location: 125 Scrivens Street
Supervisor: Dr. Nesrine Awad Shimoon
The REC is a transitional living environment located in the community for adults with moderate to severe acquired brain injuries (ABIs). The focus of the REC is to support clients in their community reintegration, including interventions for life skills (e.g., shopping, meal preparation, grocery shopping, banking, use of public transportation), healthy behaviour habits, and adjustment. The REC is composed of residential outreach and transitional programs. The Residential Program offers the most intensive level of care for patients who may require additional support and structure following their discharge from inpatient rehabilitation. The Outreach Program offers one-on-one individualized life skills training and/or group intervention. The Transitional Program is for ABI patients being discharged from The Ottawa Hospital Rehabilitation Centre who are at risk for safety (rapid response type program). The Psychologist supervises Life Skills Counsellors who implement individualized treatment plans for REC clients. As an exposure experience, a neuropsychology stream Resident will have the opportunity to shadow the Psychologist in this process. In the future, there may be opportunities with the psychoeducational and skills-focused group therapy programs offered by the REC, including those related to learning about changes following an ABI (awareness group), and a social skills training group (e.g., teaching emotional awareness, perception of facial reactions, communication skills and conflict management). Residents will attend team rounds and shadow pre-admission meetings with the interprofessional team.

Complementary Experiences

Supervision

Residents at TOH's Residency Program can take the lead in supervising a practicum student for several months. Alternatively, they may also participate in some aspects of the supervision of a practicum student but not have the responsibility of providing the main supervisory role for the student.

Research

In line with CPA accreditation standards, Residents will participate in research **(separate from one's dissertation)**. The type of research an intern chooses to perform varies in scope, and can include clinical research, literature reviews, program evaluation, and quality improvement initiatives. At the start of the year, Residents are presented with ongoing research projects that they may choose from. They may also generate a novel research project if there is a supervisor willing to supervise their research project and it is feasible to complete within the parameters of the Residency. The research project can be combined with the Professional Practice Experience (detailed below). Past examples of research projects include the following: 1)Literature review on the impact of substance use on sleep and presenting these results at the professional practice meeting 2)A Mixed methods study examining epilepsy patients' perspectives on their presurgical neuropsychological assessment feedback 3)Case conceptualization and analysis of a patient with a particular disorder and 4) A secondary analysis on existing data of comorbid physical and mental health conditions of cardiac caregivers. The supervisor biographies located in this document's appendix contain information about several ongoing research projects. Residents interested in one of these research projects may contact the supervisor during their residency to coordinate their involvement in their research. This becomes a part of the evaluation and the intern is required to update the Training Director on a quarterly basis. Protected research time is guaranteed for **6 months (.5 days per week), with option of renewal if resident has chosen a larger project (decision made with supervisor and Training Director).**

Professional Practice Experience

Residents are involved in a professional practice experiences as part of TOH's Residency Program. The type of professional practice experience varies in scope and may include membership on a Psychology Departmental Committee (e.g., Training Committee, Executive Committee) a hospital committee or involve a professional practice project (e.g., educational initiative, policy development, quality assurance, advocacy). It may be appropriate for research projects to be combined with the professional practice experience (e.g., presenting on the results of the research project). Some examples of professional practice experiences include developing workshops on diversity and inclusivity, working with programs on initiatives and training in diversity and trauma-informed care, and presenting the results of one's research project at the monthly Psychology Professional Practice Meeting. Supervisor biographies contain information about some of the professional practice experiences that Residents could become involved in during their residency. Residents are advised to contact the supervisor during their Residency to discuss possible options.

Seminar Series
The residency program at TOH offers a variety of specialized seminars for Residents to attend including those provided in-house by TOH Psychology staff, city-wide seminars provided in conjunction with residency programs across Ottawa, and the Canadian Council of Professional Psychology Programs (CCPPP) national seminars. These seminars typically occur monthly and can include the following topics: working with dying patients or individuals with addictions, cultural and individual differences, licensure in Ontario, ethical issues in psychological hospital practice, as well as gender identify, sexual identity, and their intersection. Seminar attendance is mandatory.

Clinical Rounds
Residents have many opportunities to learn during their residency. Residents can attend relevant formal rounds presentations provided by various groups within the hospital (e.g., Neuroscience rounds, Psychiatry rounds, Geriatric Medicine rounds). Previous topics have included: Exploring root causes of Indigenous health inequity; The emerging field of cardio-oncology rehabilitation; Understanding the rehabilitation needs of displaced persons; Moral distress. Rounds attendance is encouraged, but optional.

Evaluation
Evaluation of Residents is seen as an ongoing and transparent process. Supervisors solicit and provide feedback to Residents throughout the Residents' training year. Formal evaluations occur in the middle and end of reach rotation. Given the open communication of feedback throughout a Resident's rotation, these formal evaluations do not typically elicit novel information. However, it is an opportunity for maintaining open lines of communication about strengths and areas for growth for both the Resident and supervisor. These evaluations allow for continued refinement of TOH's residency experience.

Questions?

Dr. Rozen M. Alex
Director of Training
The Ottawa Hospital
Department of Psychology
501 Smyth Road, Room 7300
Ottawa, ON Canada K1H 8L6
Email: ralex@ottawaheart.ca
Phone: 613-696-7000 x 16899
Fax: 613-696-7106

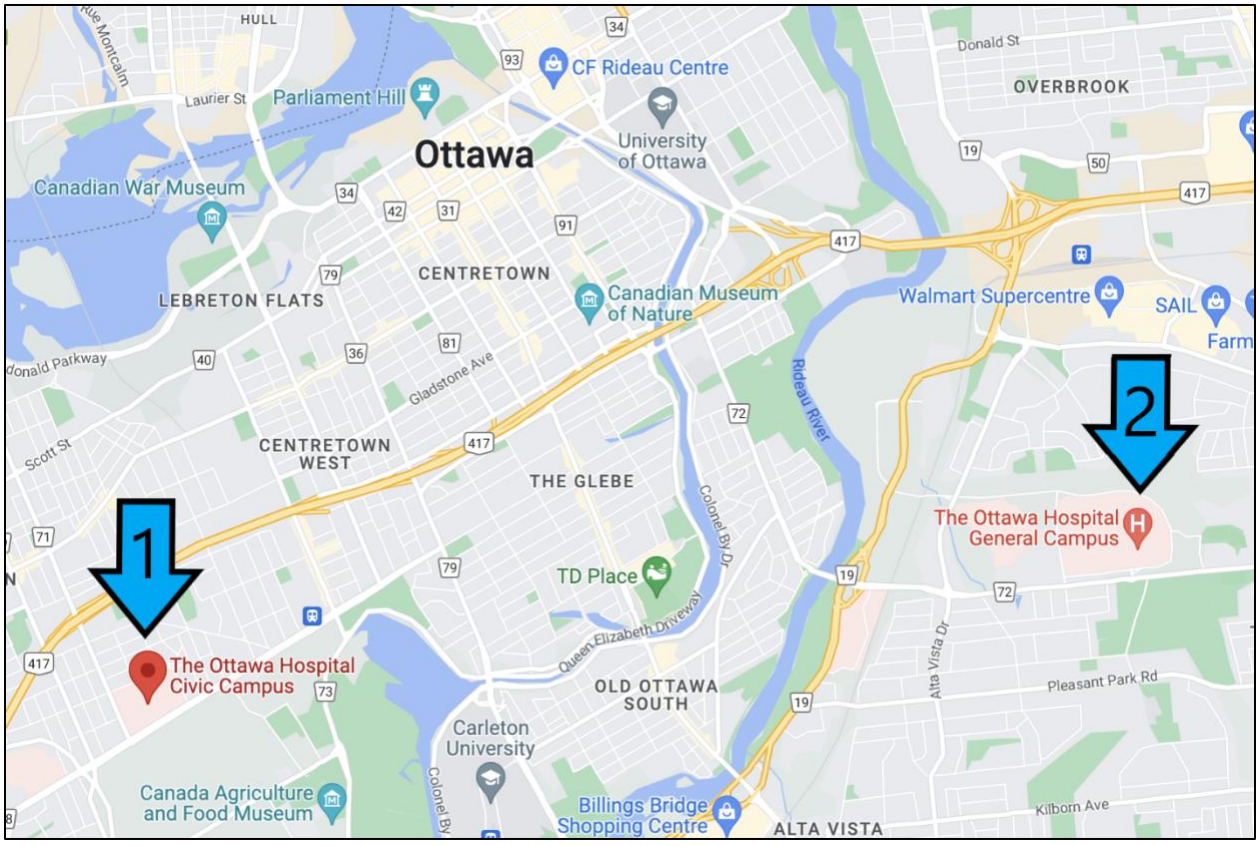
Appendix A

CPA Public Disclosure Table for the Last Seven Academic Years

Academic Year/Cohort	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**	**2026-27**
Positions	4	4	4	4	3	4	3
Applications	72	66	62	54	52	46	67
Interviewed/Short-Listed	32	33	33	35	28	24	25
Ranked	23	21	36	32	23	17	23
Matched	4	4	4	4	3	4	3
Matched as % Applications	6%	6%	6%	7%	6%	9%	4%
Of those who matched:							
From Outside of Province	1	1	3	1	1	1	2
From Outside of Canada	0	0	0	0	1	0	0
Mean Practicum Hours on AAPI							
Assessment & Intervention	641	638	743	634	653	546	493
Supervision	370	411	348	355	374	373	220
Support/Indirect	712	1086	982	982	1004	836	635
Mean Total Hours	1723	2135	2073	1971	2031	1754	1348
Stipend	$32,500	$32,500	$32,500	$32,500	$36,000	$37,500	$46,000

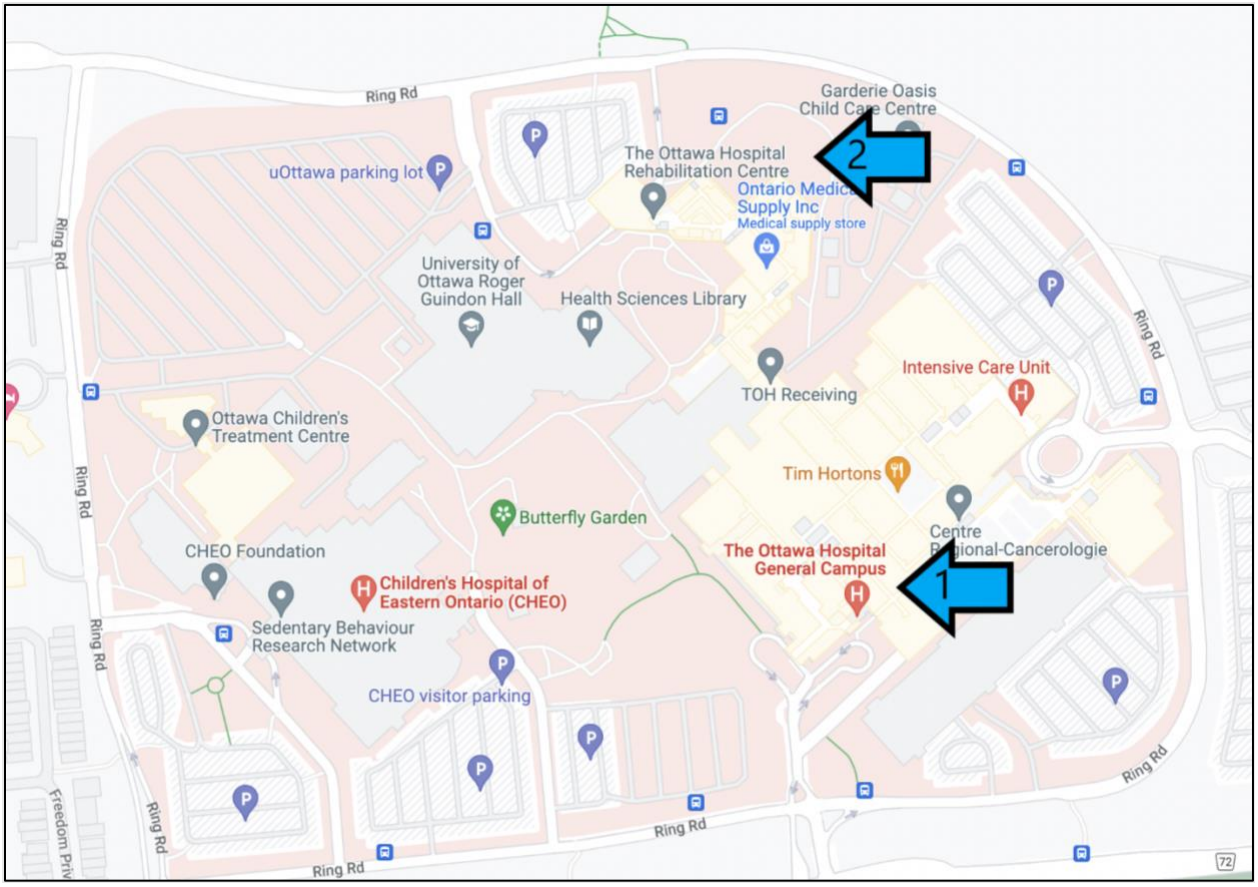
Appendix B

Maps of Training Sites: The General Campus and the Civic Campus



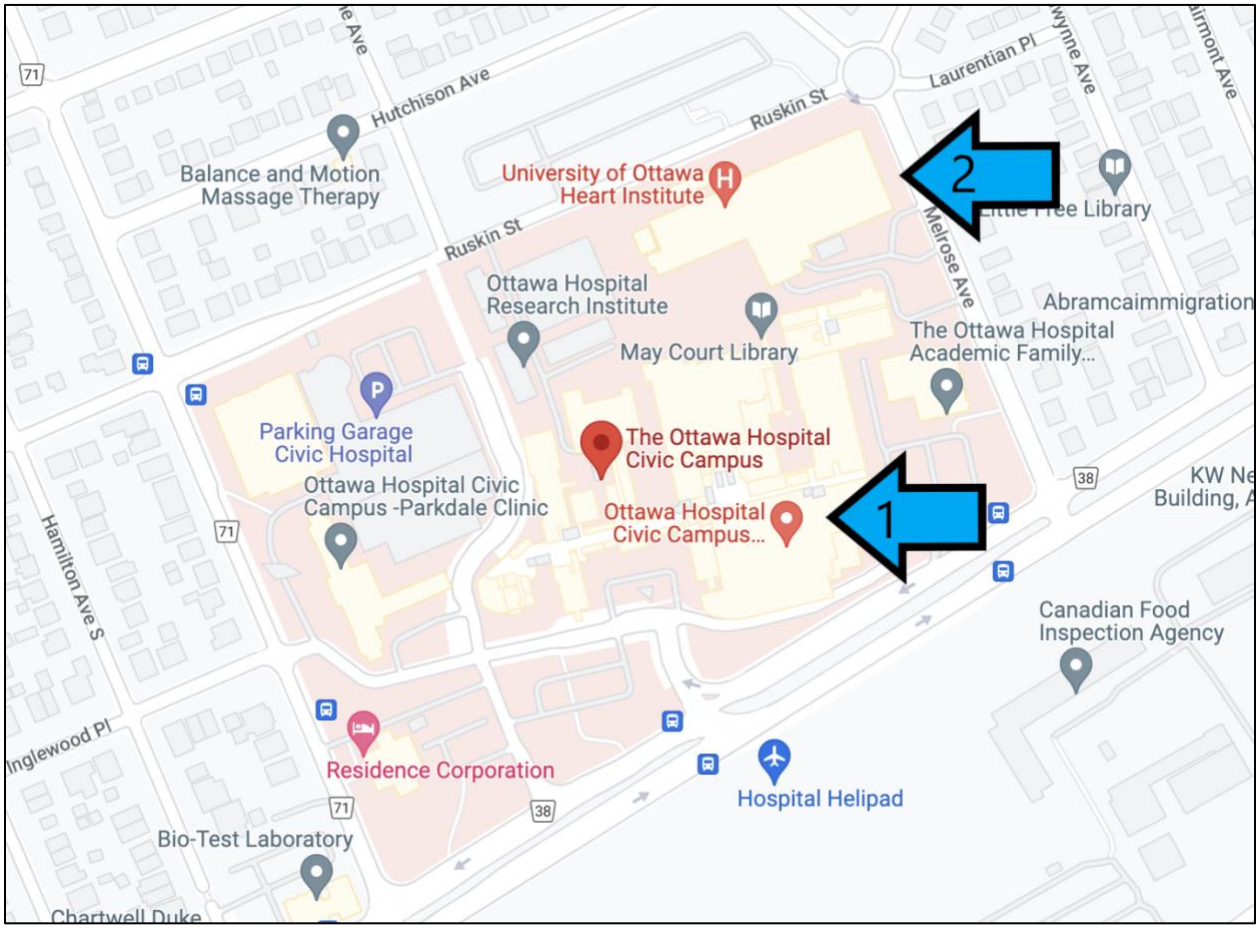
The Civic Campus, labelled (1), is located more centrally and closer to downtown. The General Campus, labelled (2), is located beyond the Rideau River outside of downtown. Residents are typically placed at one site for the duration of their training block so that no, or limited, intercampus travel occurs.

The Rehabilitation Centre and the General Campus



The Rehabilitation Centre, labelled (2), is connected to the General Campus, labelled (1), through walkways.

The Civic Campus and the University of Ottawa Heart Institute (UOHI)



The University of Ottawa Heart Institute (UOHI), labelled (2) is located adjacent to the Civic Campus, labelled (1), which are connected through walkways.

Appendix C

Supervising Psychologists/Staff

Dr. Faisal Al-Yawer . Acute Care Inpatient Neuropsychology Services, Epilepsy Surgical Program **.**
Dr. Faisal Al-Yawer is a Neuropsychologist (Supervised Practice) within Acute Care Inpatient Neuropsychology Services and the Epilepsy Surgical Program where he conducts neuropsychological assessments for diverse patients with various presenting concerns. Dr. Al-Yawerprimarily draws from a biopsychosocial model of care, and integrates qualitative and cross-cultural approaches into his practice. Research opportunities with Faisal are related to program development, including the translation and validation of assessment measures.

Dr. Suzanne Bell. Aspire Health.
Dr. Bell is a clinical and forensic psychologist in the Aspire Health Clinic at The Ottawa Hospital. She provides comprehensive psychological assessments as well as individual and group therapy. Dr. Bell takes an integrative therapeutic approach that draws on cognitive behavioural therapy and dialectical behaviour therapy. She has a particular interest in the intersections between mental health and substance use health.

Dr. Christine Boisvert. On Track First Episode Psychosis Program.
Dr. Boisvert is a Rehabilitation, Clinical, and Counselling Psychologist who provides services to individuals aged 16 to 35 with symptoms of psychosis or a psychotic disorder. . Dr. Boisvert conducts assessments and facilitates individual and group therapy. Dr. Boisvert employs a trauma-informed, integrative approach to care, using cognitive behavioural therapy, acceptance and commitment therapy, and solution focused methods with clients. She also integrates mindfulness and solution-focused methods and has training in attachment-focused Eye Movement Desensitization and Reprocessing (EMDR) therapy.

Dr. Aziza Byron-Alhassan. Outpatient Rehabilitation Services; Neuropsychology Services within Outpatient Rehabilitation Services; Epilepsy Surgical Program.
Dr. Byron-Alhassan is a Neuropsychologist and Clinical and Rehabilitation Psychologist working within Outpatient Rehabilitation Services, Outpatient Neuropsychology Services within Outpatient Rehabilitation Services, and within the Epilepsy Surgical Program. Dr. Byron-Alhassan conducts comprehensive assessments within these various services in addition to group therapy with patients in the Acquired Brain Injury (ABI) Day Hospital Program (Outpatient Rehabilitation Services). Dr. Byron-Alhassan primarily draws from a biopsychosocial model of care when working with patients. There are occasionally professional practice experiences available when working with Dr. Byron-Alhassan, which include program development and evaluation within the Acquired Brain Injury (ABI) Day Hospital Program and the EMU.

Dr. Stefanie Ciszewski. Director of Training; Inpatient Rehabilitation Services

Dr. Stefanie Ciszewski is a Clinical, Health, and Rehabilitation Psychologist within Inpatient Rehabilitation Services. Dr. Ciszewski conducts psychological assessments with patients within the PMU and Inpatient Rehabilitation in addition to facilitating individual therapy and group therapy in these programs. She takes an integrative approach to therapy, predominately using acceptance and commitment, self-compassion, and cognitive behavioural therapy in her practice. She also integrates various skills from dialectical behavioural therapy and mindfulness. Dr. Ciszewski is also member of the Spinal Cord Injury Steering Committee.

Dr. Ciszewski is also the Director of Training (DoT) for the Residency Program at TOH. In this role, Dr. Ciszewski organizes the Clinical Psychology Residency, the provision of rotations for the residents, and manages concerns or issues that may arise. Dr. Ciszewski also provides group supervision for professional development to residents within TOH's program.

Dr. Natasha Demidenko. Regional Centre for the Treatment of Eating Disorders, Eating Disorder Program.
Dr. Demidenko is a Clinical, Health, and Rehabilitation Psychologist within the Eating Disorder Program (EDP). Dr. Demidenko facilitates various day hospital and inpatient groups and conducts individual and couples therapy (as requested) with patients within the EDP. She also conducts psychological assessments for patients who are referred to the EDP. Dr. Demidenko takes a trauma-informed, integrative approach to therapy but draws most heavily from an interpersonal, attachment-based approach. Other modalities she integrates includes emotion-focused therapy and select skills from cognitive behavioural therapy and dialectical behavioural therapy, as clinically indicated.

Dr. Cheryl Harris. Psychosocial Oncology Program.
Dr. Harris is a Clinical, Health, and Rehabilitation Psychologist working within the Psychosocial Oncology Program (PSOP). Dr. Harris provides psychological assessments and therapy to outpatients with cancer. Dr. Harris takes an integrative approach to therapy, predominantly using cognitive behavioural and existential therapy. Dr. Harris also integrates acceptance and commitment, interpersonal, and emotion-focused therapy into her practice. There are various research and professional practice opportunities with Dr. Harris. Research opportunities could include analyzing group data or pre-existing datasets within the PSOP. Professional practice opportunities could include developing and presenting training initiatives for other health care professionals.

Dr. Steve Joncas. Behavioural Rehabilitation Service (BRS).
Dr. Joncas is Neuropsychologist, Rehabilitation Psychologist, and Clinical Leader of the Behavioural Rehabilitation Service. Dr. Joncas conducts comprehensive assessments with adults with Acquired Brain Injuries who present with behavioural dyscontrol and develops treatment plans designed to target these specific behaviours. Dr. Joncas also supervises a team of unregulated Behaviour Therapists as they conduct these assessments and perform treatment planning. Occasionally, Dr. Joncas has research opportunities conducting quality improvement initiatives within the BRS.

Dr. Justine Joseph. Aspire Health.
Dr. Joseph is the mental health lead for Aspire Health and also practices as a Clinical Psychologist in the Aspire Health program at the Ottawa Hospital. Dr. Joseph provides comprehensive psychological assessments and individual therapy. Dr. Joseph has a clinical interest in the assessment of response bias and cultural considerations in differential diagnosis and psychotherapy. Dr. Joseph's treatment orientation draws most heavily from third-wave cognitive behavioural interventions such as acceptance and commitment therapy, cognitive processing therapy, prolonged exposure, and mindfulness-based cognitive therapy. Various professional practice opportunities may be available under Dr. Joseph's supervision, including the development of clinical processes and pathways, quality assurance initiatives, and delivering education on mental health topics at network-wide rounds.

Dr. Mary Marquardt. On Track: First Episode Psychosis (FEP) Program.
Dr. Marquardt is a Neuropsychologist within the FEP Program where she conducts outpatient neuropsychological assessment in addition to group therapy for patients with symptoms of psychosis or a psychotic disorder. Dr. Marquardt primarily draws from a biopsychosocial and neuropsychological approach, but also integrates cognitive remediation, cognitive behavioural therapy, and principles of neurology into her practice.

Dr. Bryce Mulligan. Inpatient Rehabilitation Services; Epilepsy Surgical Program.
Dr. Mulligan is a Neuropsychologist and a Clinical and Rehabilitation Psychologist. He provides Clinical/Rehabilitation psychology services for Inpatient Rehabilitation Services and Neuropsychology services for Epilepsy Surgical Program. Dr. Mulligan's clinical interests include inter-professional brain injury, spinal cord injury, and functional neurological disorder rehabilitation, as well as neurosurgical neuropsychological assessment, intervention, and consultation. Dr. Mulligan employs neuropsychological/neuroanatomical/biopsychosocial case conceptualization and trauma-informed existential, behavioural, and cognitive approaches to treatment. Dr. Mulligan engages in ongoing quality improvement for Epilepsy Neuropsychology (e.g., development of extra-/intra-operative neuropsychological mapping protocols and an epilepsy surgery patient decision aid) and is open to involving interested Residents in these initiatives. Dr. Mulligan is also involved in various professional practice activities related to education and committee service. This includes lecturing for uOttawa Clinical Psychology courses, training the interprofessional teams at the Rehabilitation Centre at TOH, and membership on the training committee.

Dr. Louise Overington, Pain Medicine Unit (PMU). Dr. Overington is a Clinical, Health, and Counselling Psychologist. She conducts individual psychological assessments and delivers primarily group-based treatment, with short-term individual psychotherapy offered when clinically indicated. Dr. Overington uses a trauma-informed lens and takes an integrative therapeutic approach, drawing on acceptance and commitment therapy, cognitive behavioural therapy, and dialectical behaviour therapy. She has a particular interest in the intersections between persistent pain, mental health, and substance use health. Her research interests

include the implementation of measurement-based care to support treatment outcomes and enhance clinical decision-making.

Dr. Vasilis Pallikaras. The Ottawa Hospital Rehabilitation Centre (TOHRC).
Dr. Pallikaras is a Clinical, Health, and Rehabilitation Psychologist working with adult and senior outpatients in TOHRC. In the Acquired Brain Injury Day Program, Dr. Pallikaras provides ABI-informed group psychotherapy, psychodiagnostic and mental health needs assessments, and short-term individual psychotherapy, as needed. In the Outpatient Rehabilitation Psychology Service, Dr. Pallikaras triages cases and provides group and individual psychotherapy. Dr. Pallikaras uses an evidence-based approach to psychological service provision. Program development and evaluation projects are under way in both services.

Dr. Patricia Poulin. The Pain Management Unit (PMU).
Dr. Poulin is a Clinical, Health, and Rehabilitation Psychologist within the Pain Management Unit (PMU). Dr. Poulin conducts intake assessments and consultations with patients to collaborate on their programming within the PMU. Dr. Poulin also facilitates short-term individual therapy, when clinically indicated, and various group-based therapies and workshops. Dr. Poulin takes an integrative approach to therapy, combining emotion-focused/process-experiential therapy, mindfulness-based interventions, cognitive-behavioural therapy, and dialectical behaviour therapy, with an overarching attention to the impact of trauma and marginalization in her individual and group work. Dr. Poulin has an active program of interdisciplinary chronic pain research.

Dr. Laura Rees. Inpatient Rehabilitation Neuropsychology Services.
Dr. Rees is a Neuropsychologist within Inpatient Rehabilitation Neuropsychology Services where she conducts inpatient and occasional outpatient neuropsychological assessments offering diagnostic clarification, understanding the impact of a particular condition on patient functioning (e.g., return to work/study, independence, etc.), and at times assessing capacity amongst diverse patients from various inpatient rehabilitation units (e.g., Acquired Brain Injury, Neurospinal Service, Complex Orthopedic Rehabilitation). There are various professional practice experiences available that Residents can partake in with Dr. Rees within the various service areas and wards. This includes the development of educational initiatives for staff, psychiatry residents, and other teams within each service, in addition to membership on various rehabilitation and psychology committees.

Dr. Daniella Sandre. The Bariatric Centre of Excellence, Weight Management Clinic (WMC).
Dr. Daniella Sandre is a Clinical, Health, and Rehabilitation Psychologist within the Bariatric Centre of Excellence, WMC. Dr. Sandre conducts psychological assessments and facilitates group-based therapy in addition to individual therapy for patients of the WMC. Dr. Sandre takes an integrative approach to therapy, primarily integrating cognitive behavioural therapy, dialectical behavioural therapy, and psychodynamic therapy into her practice. She also employs mindfulness-based practices into her therapy delivery.

Dr. Octavio Santos. Acute Care Inpatient Neuropsychology Services.

Dr. Santos is a Board Certified Neuropsychologist who conducts neuropsychological assessments with patients from different hospital units, including Geriatrics, Psychiatry, Cardiology, Internal Medicine, Neurology, Neurosurgery, and Trauma. His approach integrates a biopsychosocial model, motivational interviewing, cognitive rehabilitation, and cross-cultural neuropsychology. The professional practice and research opportunities available with Dr. Santos include developing educational materials and presentations on neuropsychology- or capacity-related topics, writing a case study for publication, or doing a quality improvement project, among others.

Dr. Nesrine Awad Shimoon. The Robin Easey Centre.
Dr. Awad Shimoon is a Neuropsychologist and Rehabilitation Psychologist within the Robin Easey Centre (REC). Dr. Awad Shimoon supervisors Life Skills Counsellors developing and implementing individualized treatment plans for patients of the REC. Dr. Awad Shimoon also facilitates various group therapy programs within the REC. Dr. Awad Shimoon takes an integrative approach to therapy, utilizing various skills from cognitive behavioural therapy, dialectical behavioural therapy, and acceptance and commitment therapy into her practice. There may be opportunities to offer training to REC staff and community partners as a professional practice experience through the REC. Research opportunities with Dr. Awad Shimoon include analyzing pre-existing data on program development or engaging in program development and evaluation for the REC's various programs. There are also opportunities to validate tools and procedures created in the REC and author articles discussing these topics.

Dr. Christina Tomei. Regional Centre for the Treatment of Eating Disorders, Eating Disorder Program.
Dr. Tomei is a Clinical and Health Psychologist within the Eating Disorder Program (EDP). Dr. Tomei facilitates various day hospital and inpatient groups and conducts individual therapy with patients within the EDP. She also conducts psychological assessments for patients who are referred to the EDP. Dr. Tomei takes an integrative approach to therapy but draws most heavily from cognitive behavioural therapy. Other modalities she integrates includes dialectical behavioural therapy, acceptance and commitment therapy, interpersonal therapy, and process-experiential approaches, as clinically indicated.

Dr. Heather Tulloch. University of Ottawa Heart Institute (UOHI).
Dr. Tulloch is a Clinical, Health, and Rehabilitation Psychologist at the University of Ottawa Heart Institute (UOHI). Dr. Tulloch draws most heavily from cognitive behavioural therapy, and also integrates interpersonal, emotion-focused, and psychodynamic approaches into her practice. With respect to professional practice opportunities, Dr. Tulloch is the co-chair of the Patient Partnership Council. Dr. Tulloch also participates in the creation and modification of patient education documents, suicide prevention policies, and regularly provides talks to support groups, staff, and faculty. Dr. Tulloch also meets with cardiology and sports medicine residents on rotation to discuss emotional needs of patients. Research opportunities include developing psychosocial programming for patients with cardiovascular disease (and

sometimes their partners), in addition to quality improvement initiatives for patient programming.

Dr. Ivan Valdivia. Chronic Pain Self Management Program (Rehabilitation)
Dr. Valdivia is a Clinical, Health, and Rehabilitation Psychologist in the Inpatient Rehabilitation Services. Heconducts assessments and facilitates individua and grouptherapy within the Chronic Pain Management Program. Dr. Valdivia employs a combination of standard cognitive behavioural therapy and dialectical behaviour therapy in his treatment of patients. When able, he also sees patients within the inpatient and outpatient proggrams at the Rehabilitation Centre..

Dr. Lisa Walker. Acute Care Inpatient Neuropsychology Services.
Dr. Walker is a Neuropsychologist within Acute Care Inpatient Neuropsychology Services where she conducts cognitive and capacity assessments with diverse patients from various inpatient units (e.g., psychiatry, medicine). Dr. Walker is also the Principal Investigator of the Cognitive Health in Multiple Sclerosis Research lab which examines cognitive health in patients with multiple sclerosis. Residents hoping to become involved in this research can discuss this opportunity with Dr. Walker.

Appendix D:

About Ottawa, Ontario

Ottawa, Ontario is the nation's capital, and home to Canada's federal government. The city of Ottawa is located on the border of Quebec. The Ottawa River borders Ottawa and Quebec, while the Rideau River and Rideau Canal flow through the city of Ottawa. Ottawa is famous for its number of parks, outdoor activities, and festivals/concerts. This includes Winterlude, the Blues Festival, and the Jazz Festival. Ottawa also has several interesting museums (e.g., Canada Science and Technology Museum, Canadian Museum of History, Canadian Museum of Nature, Canadian War Museum), and is home to the National Gallery of Canada, the National Arts Centre, and the National Library of Canada. There are also many opportunities for intercultural experiences in Ottawa.

There are plenty of fun things to do in Ottawa and Quebec throughout the year, including biking, cross-country skiing, and snowshoeing trails, visiting the Byward Market, skating on the Rideau Canal, watching a drive-in movie during the summer, or relaxing at the various outdoor spas – there is something for everyone! The city of Ottawa is often described as a bustling city with small-town vibes. Some of the neighbourhoods past residents have stayed in include the Glebe, Hintonburg, Westboro, and Sandy Hill.

About The Ottawa Hospital

The Ottawa Hospital (TOH) was formed in 1998 from the merger of several hospitals in Ottawa. Today, TOH is one of the largest and busiest academic health sciences centres in Canada. It houses 1,190 inpatient beds and averages 46,000 yearly admissions and over 1 million ambulatory care visits. There are three campuses that make up TOH: the General Campus, Civic Campus, and Riverside Campus. A shuttle bus runs between all campuses. The Ottawa Hospital Rehabilitation Centre (TOHRC) is a TOH Programme at the General Campus with a regional mandate for Rehabilitation. The University of Ottawa Hospital Heart Institute

(UOHI) is Canada's largest cardiovascular Health Centre and connected to the Civic Campus by a walkway. The Psychologists at TOH participate in assessment and treatment, clinically-based research and QI initiatives, supervision, consultation, and teaching.

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Photo01: The Ottawa Hospital, General Campus courtesy of Communications Department.

Photo 2: Rideau Canal skating rink, Parliament of Canada in winter, Ottawa
Stock Photo ID: 177018635 Photo Contributor: Vlad G

Photo 3: View of Rideau Canal in Autumn from Walking Path
Stock Photo ID: 1604209507 Photo Contributor: Jake Steele

Photo 4: Views of Ottawa, Canada during snow storm in winter during daytime
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