

Newsletter

Volume I, Issue I

Fall 2001

From the Department Head

Welcome to the Fall 2001 edition of the Regional Clinical Department of Psychiatry Newsletter. This newsletter went into hibernation for a couple of years. This was because it was supported by Calgary Health Region Public Affairs. This support came to an end, but we now have the internal resources to put out a newsletter. Janny Postema, who became the Department Head secretary in April, has experience with desktop publishing. Janny will put together the program components.

In the fall, we always welcome new residents and new clinical and adjunct faculty at the fall Meet & Greet. This year, this event will be occurring at the University Faculty Club on Friday, September 28. You will see information about the new residents in the residents' corner and the new medical staff in the medical staff section. Last year has seen significant expansions of the Regional Clinical Department,

and significant administrative changes as well. The expansion of services has been sorely needed and has occurred in all parts of the Department. Inpatients has expanded with fifteen beds at the Foothills Medical Centre on Nursing Unit 23, and fifteen beds at the Peter Lougheed Centre at the Short Stay Unit. The beds at the Foothills are general adult acute care beds. Those at the PLC are quite different. The Short Stay Unit is to provide a 72-hour maximum length of stay for its patients. The program was in development for two years. It was started as a good idea in theory. We have been lucky to have Dr. Tom Mackay as the Clinical Medical Director for the program. He already had ten years of experience of running a Short Stay Unit in Halifax before moving to Calgary. He has helped get the program started, and is working with two colleagues, Dr. Safeer Khan and Dr. Salim Hamid. We are looking forward to more psy-

chiatrists to work on this unit.

Geriatric Services have expanded with an increase of geriatric home care outreach services. Specialized Programs have expanded with new staff at the Alberta Mental Health Clinics. The Primary Care Program is busy planning for the new Diagnostic and Treatment Centre; which will open in the south in 2002. Child & Adolescent Psychiatry has expanded the most, with new Eating Disorder services based at the Children's Hospital, the Adolescent Day Program at the Holy Cross site, and a new service for pre-school children, the Collaborative Care Program. Forensic Services has expanded its Adolescent Program, moving some of the staff to an off-hospital site.

The major organizational change in the last year has been a significant step towards inte-



gration
of Calgary
Health Region and
Alberta Mental Health
Board services in Cal-

Continued on back

Inside this issue:

<i>Residents' Corner</i>	2
<i>Undergraduate Education</i>	2
<i>Geriatric Mental Health & Psychiatric Programs</i>	3
<i>New Recruits</i>	4
<i>Primary Community Care Program</i>	5
<i>Continuing Professional Development</i>	5
<i>Retirement</i>	6
<i>In Memoriam</i>	6
<i>Fall Social</i>	6

Residents Corner

Four new residents joined our program this year. Please welcome:

- Dr. Karin Kerfoot (U of C)
- Dr. Tony Lo (U of A)
- Dr. Bina Nair (U of S)
- Dr. Jeremy Quickfall (U of S)

Congratulations are in order for Dr. Suparna Madan, fourth year resident, who has been awarded a scholarship to attend the Canadian Geriatric Psychiatry conference in Montreal this November.

Dr. Rup Pandya, PGY-2, will be presenting a poster on "Hollywood Perceptions of Shock Therapy - 1930s to Present" at the Canadian Psychiatric Association meeting in November. Support for travel was obtained from the Associate Dean and our Department.

Residents completing their first year of rotating through general medicine in June were the recipi-

ents of several recognition letters. Dr. Alana Holt Seitz was thanked for her duties as treasurer of the PGY-1 committee; Dr. Rup Pandya was noted for his "exceptional proficiency" in Internal Medicine; Dr. Jordan Cohen was also noted in this area, as well as receiving the E.R. Oscar Prize for Emergency Medicine. This continues a tradition set by PGY-1 Psychiatry Residents in previous years.

The Psychotherapy Committee is currently reviewing its involvement with the curriculum and supervision aspects of the training program. Dr. Toews (chair) has mailed out letters to faculty to assist in updating the list of available supervisors; if you have not already returned your information, we urge you to do so.

Also in the mail is a request to provide our junior residents with



research mentors to assist in teaching residents about the various modes and opportunities for research. Again, if you have not already done so, please contact the program office at 670-1271 if you are able to assist.

David Johnston

Undergraduate Education

This summer, the Office of Undergraduate Education for the department received a summary of student feedback from the sixty graduating clinical clerks. Our department was rated 'very good' by 50% of the clerks, 'excellent' by 15% in regards to both seminars and clinical teaching. Many clerks noted strengths in (both) exposure to a variety of cases and availability of teaching. Staff on all three sites were noted for their quality encounters with the clerks. When asked to list residents for exemplary teaching, it was encouraging to note that almost every resident

was named. Teaching is a vital role for all physicians - the positive feedback and appreciation by our medical school and visiting students can attest to this fact.

I would also like to acknowledge the support of faculty and residents in providing teaching for the MIND course. Teachers, to date, include:

Lecturers: Drs. Don Addington, William Campbell, Stewart Clark, Charl Ellis, Christopher Gorman, Ken Hashman, David Hodgins, Zahinoor Ismail, David Johnston, Russ Kelly, Sheldon Roth, Gary

Sanders, Stephen Simpson, Philip Stokes, Michael Trew, Chris Wilkes, Janet Wright and Tim Yates.

Small Group Volunteers: Drs. Cynthia Baxter, Lloyd Maybaum, William White, Anna Wisniewska and Lauren Zanussi.

Thanks also to Dwayne Hammond, John La Forest, Deb McDougall, Lynn McLean and Kelly Nesbitt for helping out with Dr. Campbell's tour of the Addiction Treatment Facilities.

Nancy Brager

Geriatric Mental Health and Psychiatric Programs, AMHB/CHR

In November 2000, under the CHR/AMHB reorganization, the Geriatric Mental Health Programs all came under the same administrative control, with Sharon Anderson as Program Manager and Dr. Stuart Sanders as Medical Director. This was the first time that psychiatric programs for the elderly all came under the same directors, which has allowed for a review of services to occur. (At the present time, there is one Geriatric Mental Health program not under the Psychiatry administrative structure, the one offered by Seniors' Health at the Rockyview Hospital.)

As a result, there has been a focus on integrating services, so that any senior with a mental health problem will get directed to the appropriate service provider, rather than told to "Try phoning this number". Similarly, it is now possible to avoid multiple referrals on the same client going to

different programs. From a community perspective, this has helped



streamline services and avoid overlap. It is expected that this collaboration will continue to provide opportunities for improved service delivery.

However, the most exciting development is the approval for a 20-bed rehabilitation and recovery unit at Glenmore Park Hospital. This unit will provide a longer term inpatient opportunity for non-demented patients with mental health problems that require a rehabilitation focus to allow for maximum improvement in functioning. This will allow patients to return to the highest level of independence possible. Most admissions are expected from inpatient geriatric psychiatry beds within acute hospitals, so it is hoped that a shorter length of admission to these beds can be achieved. As a result, the same number of acute care beds should be able to provide care to a larger number of patients within a given time period. Since existing R&R units use Family Practitioners as the attending physician, it also provides an opportunity for a shared care model to be used, with Geriatric Psychiatry also having a major presence on the unit. As plans for this unit develop, staff at Glenmore Park Auxiliary Hospital are becoming increasingly enthusiastic about the concept, and it provides a great opportunity for Geriatric Psychiatrists to practice a different model of care.

A number of severe deficits still remain within the system. No long term care units for psychiatric patients, no day hospital and only 25 designated beds for over 90,000 seniors, who represent the

largest growing sector of the population in this fast growing city. Never the less, this unit represents the first new Geriatric Inpatient program in a long time, and is hopefully the first of many new developments in the area of Geriatric Mental Health, if Sharon and I have anything to say about it!

From an academic perspective, the Division sends congratulations to Dr. Superna Madan for her award from the Canadian Academy of Geriatric Psychiatry, as well as winning the Residents Award for her presentation on ECT in an individual with a cranial metal plate at the Research Day. Dr. John Ryan is acting as principal investigator in a study on a new and promising Cognitive Enhancer: Galantamine, a drug we hope to see released before too long. It too will be an agent available to assist patients with Alzheimer's disease. From a teaching perspective, I think we've got a schedule of tutorials established at Rockyview, which, with the major clinical input from Dr. Ryan and Dr. Kent Anderson, with assistance from all Geriatric Psychiatrists, meets the criteria for approval from the Canadian Academy. Now if only we could get funding for a fellowship...! Lastly, the Journal Club is up and running under the capable leadership of Dr. Joshua Benjamin, the next meeting being in early October.

Stuart Sanders

New Recruits

The Regional Clinical Department of Psychiatry is privileged to welcome a record number of new members in 2001. We are very encouraged that they would choose Calgary to practise and hope that we can provide them with a supportive environment in which to practise good clinical care and make an academic contribution.

ACH:

Dr. Abdul Rahman is an experienced psychiatrist who trained in medicine in Pakistan, psychiatry in the UK and most recently was in practice in Regina. Dr. Rahman was working on an important federal research project on waiting lists, the Western Canada Wait List Project. We hope that we can benefit from his expertise as we begin to implement some of the recommendations from this project in Calgary.

FMC:

Dr. Kathleen Bryden also has a GFT appointment with the U of C. She completed a combined MD/PhD program at Dalhousie University. She has a PhD in Pharmacology. She completed her residency in Halifax and has completed a fellowship in psychotherapy at McGill. She plans to integrate these interests as an educator and clinically in the area of early psychosis treatment and prevention. She already has some publications in this area from her work in a similar program at Dalhousie.

Dr. Pamela Manning obtained a medical degree in Jamaica,

trained in psychiatry at the University of Toronto and has practised both in Trinidad and Canada. She is moving to Calgary from Nova Scotia and will be joining us in October.

Dr. Adeyinka Marcus obtained his medical training in Nigeria, his psychiatry training in the UK. Most recently, he was in practice in Regina with a clinical appointment to the University of Sas-



katchewan. He will be practising in general adult psychiatry with a major commitment to inpatients at the FMC.

Dr. Rajamannar Ramasubbu has a GFT appointment with the University of Calgary. He trained in medicine in India and psychiatry in both India and Ireland. He completed a 3-year clinical and research fellowship at the University of Toronto and most recently came from Ottawa. His research interests are in post-stroke depression and he is based at the Foothills Hospital, where he works in the Affective Disorders Clinic and the Stroke Program.

PLC:

At the PLC, Dr. Maria Filyk has come on staff after completing her residency in Calgary. Her inter-

ests are in Child & Adolescent Psychiatry and she will be working with the expanding Forensic Adolescent Program.

Dr. David Gibbs, also a former resident of the Calgary program, is developing a general adult psychiatry practice with an inpatient base at the PLC.

Dr. David Tano is also a recent graduate of our program, and will be starting a general adult psychiatry practice, including a significant commitment to inpatients at the PLC. The two Daves should be ready to help with the expanding needs of the clerkship program in April of 2002.

RGH:

Dr. David Li is a general adult psychiatrist who trained in the UK, but has been in practice in Alberta for a few years. He has an inpatient base at the RGH and will also work with the Assertive Community Treatment Program.

Dr. Elena Petrov recently graduated from our own program here in Calgary. She will be practising general adult psychiatry and will have an inpatient base at the RGH.

Dr. Jeremy Roberts has been in Calgary for a number of years, most recently in a private office-based practice. He has a particular expertise in neuropsychiatry and will have his inpatient base at the RGH.

Don Addington

Primary Community Care Program (PCCP)

South Diagnostic and Treatment Centre (SD&T)

This facility is being designed to improve access for Southern Calgarians to Emergency Care (the '24/7') and to improve access for South Calgary family doctors to timely diagnostic and treatment services for urgent cases. The PCCP went through an intensive and enthusiastic planning process regarding what services would be provided at the SD&T. Due to severe space constraints imposed, several aspects of the planned activities were eliminated and others scaled back. At the present, current plans for Mental Health & Psychiatric Services include unscheduled mental health and psychiatric assessments with single session intervention and a Shared Mental Health Care component to service the South Calgary family doctors.

Diversion Project

This project has been developed in cooperation with the Department of Justice and the Calgary Police Department to allow individuals with mental health problems who have committed minor offences to receive mental health treatment in a more timely fashion, and to appropriately divert them out of the courts. The Salvation Army is a major partner in this project. We are also very pleased that we have been able to partner with AADAC to provide intervention for substance abuse. The staff for this project have been hired for the first year and negotiations are under way with the Calgary City Police and Alberta Justice to action the plan. The target start date is January 1, 2002 and it will be located in the new Centre of Hope.

Shared Mental Health Care

Dr. David Johnston, who has been providing invaluable medical leadership during the development and implementation of shared care, has agreed to be the first Medical Director of this service. Congratulations Dr. Johnston. The Shared Care Steering Committee is currently endeavouring to develop an alternative payment plan for all physicians participating in this service.

Regional Suicide Response Coordinator

This position has been developed in alliance with CHR Healthy Communities (Shayra Moledina). The coordinator position will be filled in October.

John Tuttle

Continuing Professional Development

The Continuing Professional Development Committee met September 6 to plan for the forthcoming year. The Committee's priorities will be:

①

To organize site-/division-based needs surveys so that CPD activities will better reflect identified issues for professional developmental attention.

②

To continue to monitor ongoing CPD activities by sites and divisions.

sions.

③

To liaise with the department members who organize CPD activities to assist in obtaining Category 1 status for as many of these events as possible. There have been complaints locally that the process of dealing with the RCPSC to get such status has been difficult, frustrating and unrewarding. So too, the issue of what standing attendance at international meetings will have vis-à-vis Category 1 is unclear.

④

To continue to monitor the telehealth system in terms of the dissemination of rounds.

⑤

To consider using the Committee to collect funds to organize CPD activities in addition to those organized by sites and divisions.

Tim Yates

gary. This has been achieved through a series of joint appointments at two levels. Dr. Rollie Nichol has been appointed as Executive Medical Director across the two programs, Mr. Bruce Swan has been appointed as the Executive Director. The two organizations have clustered their services into five programs. These include three adult programs, Inpatients, Primary Care and Specialized Programs. The other two programs are Geriatric and Child & Adolescent Programs.

This organizational structure meshes well with the medical staff structure. Forensic Psychiatry continues to be a division of the Regional Clinical Department of Psychiatry. Unfortunately, it is otherwise outside the rest of the regional structure.

Recruitment has been one of the major tasks of the Regional Clinical Department in the last five years. Did you know that in 1989, 1990 and 2000, we recruited ten psychiatrists each year? In 2001, we have re-

cruited eleven by the end of August, and we may recruit a few more before the year end. The first thirty psychiatrists essentially replaced those who left during the early years of regionalization. In 2001, we are running to try and keep pace with the psychiatrists needed for expansion of Mental Health & Psychiatric Services.

On a personal note, I have entered the final year of my appointment as Head, Regional Clinical Department of Psy-

chiatry. I have agreed to stand for a review and this review is under way. The review involves the office of the Dean, Faculty of Medicine, the office of the Chief Medical Officer for CHR and an external reviewer. Dr. David Miyauchi is coordinating the review by psychiatrists and residents from inside the Department. If you have any comments, please contact Dr. Miyauchi.

Don Addington

Retirement

Dr. Patrick Conway will be retiring from the Regional Clinical Department this year. Dr. Conway was one of the pioneers of psychiatry in Calgary. He came first to work at the Calgary General Hospital. He moved to help start the Department at the Foot-hills, and moved again to start up the Department at the Holy Cross Hospital.

He served as Head of Psychiatry at the Holy Cross for a number of years. More recently, he has served on Mental Health Tribunals and maintained an office practice.

In Memoriam

We regret to announce the passing away of Dr. Ronald Aldous, who fulfilled a unique role within the Regional Clinical Department. Dr. Aldous trained as a psychiatrist and a psychoanalyst in Canada and the US. He moved to Calgary twenty years ago. He ran an office-based psychoanalyst practice and combined this with a hospital-based practice.

In addition to direct service to his patients, he provided invaluable teaching and consultation to residents, colleagues and other professional groups. He was also Head of the Department of Psychiatry at the Holy Cross Hospital for five years. Many members of the Department paid their last respects to Ron at his funeral.

University Department of Psychiatry
FALL SOCIAL 2001
MEET & GREET DINNER



Friday, September 28, 2001
University of Calgary
Faculty Club
RSVP: 670-1296

Regional Clinical Department of Psychiatry Newsletter

Submissions:
janny.postema@calgaryhealthregion.ca
phone 670-1296
fax 270-3451



Competition:

We need a name for the newsletter! Please submit any suggestions by October 12 to Janny Postema. The winning suggestion will be rewarded with a dinner gift certificate.