Mind Matters

The Newsletter for the Regional Clinical Department of Psychiatry

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Winter 2006

From the Department Head

Over the fall, the Executive has been busy with finalizing the 10 year Workforce Plan and the Alternative Relationship Plan. We have reviewed an increase in suicides and we are planning for three Research Chairs and a new Department Head.

In collaboration with Social Sector Metrics, a consulting firm hired by the Region, the Executive has been involved in developing a new 5 and 10 year Workforce Plan. The plan involves recruitment to meet three sets of needs: replacement of existing department members as they retire, catch up to meet existing demand and expansion to meet the growing population. In response to the apparent demand for psychiatrists and because they seem to enjoy their work, psychiatrists do not appear to be retiring at age 65. As a result, for planning purposes we estimate that they will work until 70. This is a change from our assumptions 5 years ago when we planned on the assumption that people would on average retire at 65. Our experience of the last 5 years is that many psychiatrists work beyond 70. I have stopped asking people about their retirement plans and hope that they will let us know far enough in advance that we can plan for both replacing them and honouring their contributions. In its earlier drafts it looks as though we may need to double the size of the department over the next decade, just as we have done over the last decade. Some of that growth will have to come from an increase in the research and education role of the department. In contrast to other departments such as Internal Medicine, we see only a small proportion of out of region patients and we spend less time in research and education. For example, we lack a second level of referral services in mood and anxiety disorders, for patients who do not respond to general psychiatric care. We also lack outpatient geriatric services. These services are usually linked to research and education and the psychiatrists in such services should be funded through the Alternative Relationship Plan.

Over the summer there was an apparent increase in the number of suicides and this has led to an increase in the number of Critical Incident Reviews and some analysis of trends. The findings are interesting. There has been an increase in the total number of suicides of patients receiving Mental Health and Addictions Services. However, the increase is proportional to the increase in the population that we serve. The Critical Incident Reviews have shown no discernible trends as reflected by repeats of similar recommendations from multiple Critical Incident Reviews. These findings are reassuring. At the same time we know that having a patient commit suicide has a significant impact on the attending psychiatrist. We have to recognize this in ourselves

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Inside this issue:

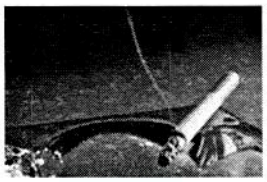
Mental Health and Addictions: What's in a name?

In October 2005, the Addiction Centre and Network became a program. In October 2006, CHR's Mental Health and Psychiatric Services recognized the significant and distinct impact of addictions on CHR resources by renaming itself Mental Health and Addictions Services. That month, the CHR Medical Advisory Board also recognized the Addictions Division of the Department of Psychiatry.

Why the need for a name change?

Taking Addictions Seriously

The societal cost of addictions in Canada is estimated to be $40 billion dollars/year. For the Calgary region this figure would translate into $1.45 billion dollars yearly. Alberta ranks consistently in the top tier of provinces regarding the prevalence of alcohol dependence (5% of males, 2% of females), alcohol abuse (8%), drug dependence (1% excluding prescriptions) and gambling problems (averaging 5%). Studies consistently report that these figures double or triple when a hospital-based population is screened. Mental health staff, in focus groups, readily estimate that up to 80% of the forensic caseload is associated with substance abuse. The lowest estimates are in the child and adolescent program, some 10%. Yet according to CHR statistics only 5% of the hospital admissions are diagnosed with primary or secondary substance related disorders. There is an acknowledged serious underreporting problem.



CHR and the mental health program recently decided to address the underreporting and take these patients' needs seriously.

The Complementary roles of CHR and AADAC

Alberta remains, with Manitoba only, as one of two provinces with an independent governmental body addressing addictions. On the plus side, this gives the field of addictions a needed public and governmental visibility. Unfortunately, this independence has also fostered the misperception that only AADAC is responsible for this public health issue. Our already overstretched health resources are quite happy to refer these difficult problems elsewhere! Yet, our emergency services respond to addiction related crises daily, addiction problems are a significant cause of admissions in our short stay units, psychiatric and medical/surgical wards. We control the presenting signs and symptoms and band-aid the crises. The cause is not addressed as the patient is referred "elsewhere" until next time. In fact, some of our mental health clinics have in the past specifically excluded patients with comorbid substance abuse.

First among health regions, the CHR is now conducting a major collaborative initiative with AADAC focusing initially on four areas: education and training, acute care, opiate management and tobacco reduction. The good news is that this process is leading to a mutual recognition of roles, a call for complementary resources and potentially a provincial template for comprehensive delivery of health care for Albertans with addictions.

The Emergence of Addiction Medicine

In the last 25 years a specialty of Addiction Medicine has evolved. Currently in North America, psychiatrists form about one third to 40% of the physicians with a major practice in addictions. Family Physicians, Internists, Emergentologists, Obstetricians... all have enriched the field with their contributions. Addiction Medicine is a multidisciplinary body of knowledge akin to oncology with its distinct body of knowledge in textbooks, journals and currently three certification examinations through the American Society of Addiction Medicine, the American Board of Addiction Psychiatry and the International Society of Addiction Medicine. The latter has originated from our own University of Calgary department in the last three years. All three are recognized as basic credentials in Addiction Psychiatry/Medicine. Future leadership of the addiction field will belong to the specialty most able to nurture and guide the complex practices involved. Recognizing the distinctiveness of addictions in name is a tangible sign of interest from our department.

A Vision for Addictions: the PAIR model

A theoretical model is being developed underpinning the design of a multi-prong strategy to manage addiction related problems at the CHR. The proposed "Progressive And Integrated Recovery" model captures three critical components of a compre-

hensive delivery of care.

Progressive Care
Stats Canada surveys confirm that only 22% of those reporting alcohol related problems seek help as well as 35% of those reporting other drug problems. When properly screened (for example with CAGE-D), the majority group of "pre-contemplators" must still receive feedback as to their risky behavior as well as options of potential resources for help. Their families can receive support as to effective motivational strategies to prevent further deterioration of their loved ones. Change commonly occurs from an accumulation of pressures to do so.

Help-seeking individuals diagnosed with substance abuse can benefit from brief interventions and bibliotherapy available through developing regional websites! Some people can control their use, others progress in severity, develop comorbidities and require more formal outpatient care or hospitalization. The American Society of Addiction Medicine has developed empirically-based Patient Placement Criteria underpinning a progressive, cost-effective delivery of care.

Integrated Care
The overwhelming prevalence of mental and physical comorbidities associated with addictions is now the expectation rather than the exception. Integrated care is critical. This integration aims at providing mental health, medical and addictions care as required in a unified and comprehensive manner. This integration has been hampered so far by the presence of separate systems of care in mental health and addictions in Alberta. The current goals are to enhance the capacity of the entire system in addressing these issues, i.e., to render the CHR "concurrent disorders capable". This capacity is to be backed up by a specialized "enhanced" program providing the tertiary care required as well as the teaching/training, research and evaluation impetus. At the CHR, as part of the Addictions Program, the Addiction Centre has developed a four level outpatient program to provide this tertiary care. The first three levels aim at harm reduction and the fourth at abstinence. These levels are also enriched by focused treatment groups, i.e., gambling, chronic pain, couples therapy, family support as well as an open group for the severe and persistent mentally ill. The adolescent component at the Centre also provides integrated adolescent and family care. The Addiction Network currently aims at providing the consultation/liaison services of a part-time specialist in Addiction Medicine and a full-time nurse in each of the acute care sites. We aim eventually to see a psychiatrist qualified in addictions to be part of the staff of each of our inpatient units in the Region as currently available at FMC.

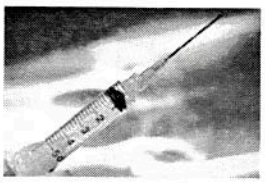
Recovery
The third component of our PAIR model addresses the "chronic disease" aspect of addictions. It is now recognized that while addiction is considered a chronic condition, its management has been through a series of acute episodes of care to address the condition's flare-ups. This approach could never be successful in the management of hypertension, diabetes or schizophrenia, and it is not for addiction either.

"PAIR" Strategies arising from the vision

Four strategic opportunities have been identified arising from this model.

Building Capacity CHR-wide
The main ingredient is the development of a core curriculum including training in screening, motivational enhancement, resource awareness for referrals and a concurrent disorders' "primer". Unfolding this curriculum to develop a concurrent disorders "capable" system requires resources that are still developing. In psychiatry, our training programs should dedicate the same concerted effort as allotted to schizophrenia or mood disorders; we are still a long way away. Drs. White, Crockford and Oluwadairo are respectively our undergraduate, residency and continuing education coordinators backed by the rest of our medical staff.

Improving Access
A coordinated point of entry to the addiction services in Calgary is in the planning. We are following the experience of Access Mental Health with interest. We are negotiating with each of other programs in the CHR Mental Health and Addictions program, i.e., Inpatient, Forensic, Consultation/Liaison, Primary Care, Child and Adolescent and Geriatric, various ways to develop concurrent services either through recruiting new medical and multidisciplinary staff or enhancing existing resources. Of equal importance is negotiating with our medical/surgical programs, i.e., further developing



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Mental Health & Addictions - continued

our chronic pain and addiction resources, as well as initiating new links with infectious diseases, high risk pregnancies and hepatology, particularly in support of the methadone maintenance and other opiate management clinics. The current concurrent medical services in Vancouver are to be emulated.

Enhancing Transitions
We need to further coordinate our resources with those of the community and in particular the current 64 detox beds and hundreds of rehabilitation beds. We support the efforts to set-up a service for young adults (18 to 24) at the interface between adolescent and adult services. We are about to open a new 20-bed unit at the Claresholm Mental Health and Addictions Centre dedicated to those patients most likely to require extended detoxification and rehabilitation. *So far two groups have been identified: those suffering from benzodiazepine dependence and anxiety disorders and those with opiate dependence associated with chronic pain. Your referrals are welcome. Please phone our Addiction Centre at 944-2025.*

Recovery Management of Chronic Diseases
As part of the CHR concerted effort to address chronic diseases, our addictions strategy includes the development of a website and electronic outreach for our patients and their families. The need for shared care with our primary care providers, main suppliers of chronic care in our system, is also recognized. Calgary needs to consider the creation of a therapeutic community like Portage in Montreal or Daytop in New York. Networking with our mutual help groups based on the 12-Steps is a must as they are the only resource that can provide lifetime support.

Research, evaluation and the academic agenda
Behavior change and biopsychosocial function are our main goals. These can be achieved through complementary abstinence based and harm reduction programs. Our division has also been relatively very active in research and we plan to continue this effort. We require departmental support to bid for the proposed Alberta Mental Health Research Chair in Mental Illness and Addictions.

Challenges and implementation
Sharing our vision for the next 3 to 5 years also, means that we are not currently able to meet all needs nor attend all committees. Our increasingly cramped quarters at the Foothills Hospital are also an impediment. Implementing our model is a progressive process, the good news is that it has started. Your support and patience is welcomed. Your involvement also would be appreciated, we need more of you. Please do not hesitate to peruse our website at: www.addictioncentre.ca and contact anyone of us as required.

The new title "Mental Health and Addictions Services" is meant to provide better care for our patients and open new opportunities for our staff.

Nady el-Guebaly

Primary Mental Health Care Update

The Primary Mental Health Care Program includes a number of the general outpatient clinics in the urban Mental Health and Addictions system, as well as the Rural Clinics, and the Shared Mental Health Care program. A number of things have been happening over the last months, some of them obvious and some behind the scenes.

The most obvious change has been the move of the Psychiatric Outpatient Service (POS) from the PLC site to the new Sunridge site. This has not only been a physical move (with all of the challenges associated with any move), but an integration with the Northeast Community Mental Health Clinic to form the Sunridge Adult Community Mental Health Centre, with two teams: the Primary Mental Health Care and Community Based Services. The Community Mental Health Rehabilitation Service also relocated to the Sunridge site. As with any move, there are stories of frustrations and interruptions, but mostly stories of staff working the best they can to find ways to make their new home work the very best for the patients and themselves. It will be most interesting to see how this new arrangement works over time.

The Rural Mental Health Clinics have been working feverishly to put new funding to work, developing programming and new ways of interacting with their local health partners. In the rural setting (which is to say "not Calgary"!), there is a much more

fluid connection with other caregivers in the community, from the local physicians and hospital to the local schools. In many ways, the term "community" has a more tangible meaning in these locals than it does in Calgary, making teaming a much richer experience. This is important, as often more specialized resources are not easily available in the rural setting, and we know that the risk of suicide is higher in rural areas when compared to the urban setting.

Shared Mental Health Care has been able to finalize its contract with the Ministry of Health to carry on to 2008. With this is the agreement to expand our services (consider this an advertisement to all psychiatrists who might be interested in a bit of this work... call me! 944-3369) over the next while. The limiting steps have been recruitment of qualified staff and psychiatrists in our booming economy. The feedback from our Family Physician colleagues continues to be excellent. I will also note that our longtime administrator, Darcy Jessen, has left her position to come to the Short Stay Unit at PLC, leaving a thriving program, but a big hole to fill. Shared Care is truly a different way of doing business, and the kind of service which we need to expand.

Which all brings me to tell you of some of the less visible activity in Primary Mental Health Care... We continue to have discussions with the new Primary Care Networks (PCN's) in and around the city. These consist of groups of Family Physicians, numbering from 24 to over 100 in each PCN, who have taken on the challenge of Primary Care reform in their own areas. They will be paid in a different way (capitation), and are given some extra funds to do certain things differently, usually by hiring other help. We have been talking with them about ways of improving mental health treatment at their office level. One of the options is a kind

of "beefed up" Shared Care, which we refer to as "Integrated Behavioral Medicine". There are some small informal pilots going on with this model, with the idea that Mental Health and Addictions may be able to enter into some agreements with PCN's to try this out. As part of the support to PCN's, we will be doing a pilot telephone psychiatric consultation arrangement in the early New Year. If this works well for all involved, we may be looking for more psychiatrists to help with this kind of service later in the year.

The Regional Capacity Assessment Service (RCAS) has been active behind the scenes on a provincial basis, as there are discussions about changes to Guardianship laws, involving capacity of persons, and its assessment. We can anticipate more public information about this in 2007, and I am sure that it will be of interest to many working in mental health. We can be most proud of the activities of our people in RCAS in informing this provincial process.

Finally, although not strictly Primary Mental Health Care, it is worthwhile noting that there continue to be a number of activities locally and at the provincial level to address the issue of suicide, including prevention and postvention. Again, there is likely to be more to talk about on this front in 2007.

All the best to everyone in 2007, and may we all seek to keep doing what we do well, and look for even better ways of helping the people who need our assistance, wherever they are.

Michael Trew

Child & Adolescent Mental Health

There has been a great deal of activity and growth in the Child and Adolescent Mental Health Program, in the areas of Acute Services, building capacity with our partners - including Child Health and Child Welfare - and plans for prevention and/or risk reduction. In the last update of the Child and Adolescent Mental Health Program in Mind Matters, reference was made to the possibility of future growth in the areas of Acute Adolescent Psychiatry Emergency services for young children (0 to 6) and the need for better services for Children and Adolescents with Neuropsychiatry problems. I am pleased to inform you that the Adolescent Urgent Team has been operating well under the direction of Dr. Shahid Hossain and this service now functions in an integrated way with the Urgent Services at the new Alberta Children's Hospital. The services for 0 to 6 years or the Collaborative Care program under the direction of Dr. Carla Atkinson is being expanded from a NE clinic to a Regional city wide service thanks to support from the growth initiative fund. We have also been fortunate in securing funding from a donor to develop an integrated service delivery system with Pediatrics for the Neuropsychiatry population. We are very grateful and appreciative to Drs. Jennifer Fisher and Susan Carpenter for their tireless energy, enthusiasm and support on this complex project. A special thanks to the Directors Toni Macdonald and Phil Eaton from Pediatrics and Mental Health for their assistance on this project. So, clearly the Program continues to grow in the area of service delivery.

A new Alberta Children's Hospital was opened this fall with many challenges. Consequently there has been a massive redesign of the service delivery system, including the development of a new inpatient team at the new ACH because the Specialty Clinics remain at 1820 Richmond Road. We appreciate the great contribution of Drs. Abdul Rahman, Megan Rodway and Joan Besant in their advocacy at the respective "space" and "redesign" meetings.

We are very pleased to announce that we have a new Clinical Medical Director of Inpatients at the Children's Hospital, Dr. Waqar Waheed, who will also coordinate Residency and Undergraduate Education at the new site, replacing Dr. Tim Yates. Dr. Waheed has been a tireless advocate for Residency Education as well as making several local and international presentations on related topics in Child and Adolescent Psychiatry. We are also very pleased to welcome Dr. Tyler Pirlot as the Clinical Medical Director of the new C-L Service at the Children's Hospital, as well as providing a consultation service to Child Welfare with the complex kids' project.

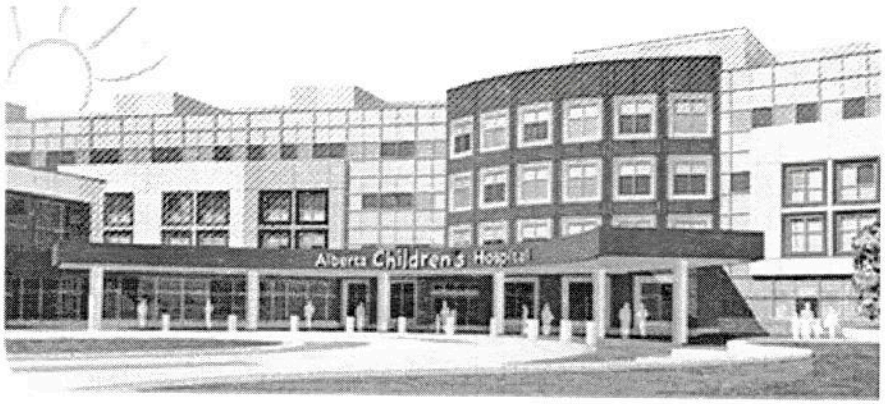
Let me extend a special welcome to Dr. Bina Nair, who graduated this summer and is our most recent recruit to Unit 26 at the Foothills and consults with Dr. Sam Chang at the Adolescent Addictions Centre. Another recent welcome addition to Adolescent services is Dr. Jordan Cohen, who is a consulting psychiatrist on Unit 26 and is also the Clinical Medical Director of Child & Adolescent services at the Northwest Community Mental Health Clinic. He consults to the Arnika Centre once a week, and has recently accepted a position with the University of Calgary as the Director of Student Affairs in the Faculty of Medicine. He is course chair of the "Well Physician" course, which teaches medical students to deal with stress. Finally congratulations to Dr. Cohen for his recent Resident Well Being Award for 2006 from CAIR, the Canadian Association of Interns and Residents; his advocacy in this important area is much appreciated and respected.

The community clinics have two new Clinical Medical Directors for FACS, Dr. Maria Filyk in the Northeast and Dr. Joan Besant in the South. Welcome to you both, this helps considerably with follow up of patients in the community after discharge from hospital, but also supports the reduction of the wait list times for referrals from central access. We welcome back Dr. Cherelyn Lakusta who has returned from her maternity leave to take up her duties as the Clinical Medical Director of the now expanded Adolescent Day Treatment Program. Many thanks to everyone who provided support to the program during her absence.

In the area of education and research, the Program has continued to monitor our system performance measures. The clinical use of the Western Canada Wait List at the central intake, the urgent services and specialty clinics, along with the invaluable support of Dr. David Cawthorpe have made several international presentations possible. We have presented this research work in Birmingham, England, Berlin, Germany and finally Assisi, Italy. Also, Dr. John McLennan

continues with his international research interests on Delinquency and is working on a national survey of wait list management practices. He is also continuing with his special clinical activities with Child Development promoting treatment algorithms for ADHD. The Program has also presented numerous posters and talks on the redesign of Children's Mental Health Services at the Alberta Mental Health Research Showcase in Banff. These activities and many others have helped the Program to successfully lobby for a Research Chair in Pediatric Mental Health and I am pleased and proud to announce that we have secured a three million dollar funding for this position from Charlie Fisher and Joanne Cuthbertson, the Nexen Inc. and the Alberta Children's Hospital Foundation. This position will foster research on Children and Adolescents who are at risk of developing mental health problems and help promote early detection and prevention strategies. Many thanks to everyone involved in this exciting new development.

The polar opposite of growth in any institution is loss through retirement or relocation, and our Program has seen some notable events recently. Firstly, Dr. Lori Hogg has moved her focus from the inpatient work of the Adolescent program to outpatient activities. We will miss her highly professional and sagacious clinical work on Unit 26, but wish her much success in her future endeavors. Secondly, we say goodbye to Dr. Tim Yates, who retired in June. His contributions to Child Psychiatry span almost three decades and he, like Elvis, has become a legend here in Calgary and we were "all shook up" by his departure. Finally I regret



to inform you that Dr. Phil Eaton, after 33 years of service in the Calgary Health Region, plans to retire this winter as the Director of Children's Mental Health. He will be missed, but not forgotten for his unique blend of persistent advocacy along with his quiet diplomacy in Children's Mental Health. On behalf of the Program I would like to thank you all for your invaluable contributions and wish you success in your future endeavors.

Chris Wilkes

Program Director, Child & Adolescent Mental Health

It is with mixed emotions that we need to let you know about a very significant transition in Mental Health and Addictions Services. Dr. Phil Eaton has retired from his position as Program Director of Child and Adolescent Mental Health effective November 30, 2006. Phil has worked in the area of Child and Adolescent Mental Health in the Calgary Region for over 30 years. During that time he has been a tireless advocate for the needs of this population and has overseen the growth and evolution of a comprehensive network of services designed to meet their needs. Children's Mental Health interfaces with many aspects of the Calgary Health Region and the community. We wish Phil all the best in this next phase of life!

We are very pleased to announce the new Program Director of Child and Adolescent Mental Health: Janet Chafe has accepted the position effective January 8, 2007. Janet comes to this position with a wealth of knowledge and skills in mental health and health services leadership. She has a Master of Social Work degree from the University of Calgary and an Addiction Studies diploma from McMaster University. Janet has served as the Manager of the Child and Adolescent Eating Disorder Program and Multidisciplinary Consultation Service for the past 6 years. We are very excited that Janet will be taking on this new challenge, which will build on our strong foundation of Children's Mental Health Services and prepare us for the future. Please join us in congratulating Janet to her new role! And in thanking Colleen Karran who will be providing interim leadership until January 8, 2007!

Cathy Pryce & Don Addington

CHR Laptop Theft

With more than 50,000 property crimes per year reported in Calgary, a typical break-and-enter case does not usually make headlines. But one burglary on October 22, 2006 was not typical - the homeowner was a therapist with the Calgary Health Region, and among the loot was a laptop containing patient records for the Collaborative Mental Health Care Program.

Any compromise of patient data is a serious issue, but the problem is magnified for a service area such as mental health, where diagnoses can carry a social stigma. "We were shocked when we realized that such sensitive data might not be secure", says Dianne Cully, Clinical Operations Manager for the Collaborative Care Program, "the families in our program are already dealing with difficult issues, and we were worried about the extra anxiety that could be caused by news of the theft".

An intensive short-term response to the breach was initiated immediately, including notification of every patient in the database. Active clients were contacted by telephone, while registered mail was used to notify inactive clients. Access Mental Health (the regional intake system) staff were briefed on the situation, and were able to help affected clients who had basic questions about what information had been compromised. Patients desiring more detailed information were referred to Collaborative Care staff who were on-call for this specific purpose.

Aside from the obvious concerns about patient confidentiality, there was also the possibility of identify theft, since phone numbers, addresses, and Alberta Health Care numbers were recorded on the missing computer. Fortunately, three levels of password protection were written into the database program, so that only a knowledgeable thief would be able to gain access to the client records. According to the Calgary Police Service, the probability that the burglar would be interested in the data itself is very low.

The response from CHR Information Technology was rapid. This was actually the second mental health laptop theft within a month- a Community Extension Team computer, containing less sensitive data, had been stolen shortly before. Patient information was removed from all the remaining laptops and placed on a network drive, and therapists will now access the data over a secure Virtual Private Network (VPN). As well, encryption software will now be standard on all CHR laptops. "The whole situation arose because a threat risk assessment was not performed by IT on these mobile devices", said Blaine Boake, CHR IT Security Director, "which would have identified the potential for a breach." A report from the provincial Office of the Privacy Commissioner, expected soon, may include further recommendations.

While the laptop theft was a disturbing event for all parties involved, it did serve as a security wake-up call for both program and information technology staff. "It should be thought of as a systems failure, not as anyone's fault", noted Ms. Cully, adding that "It demonstrates the importance of keeping up with IT issues". Roxanne Rowan, a coordinator from the Mental Health Information and Evaluation Unit who was heavily involved in the response to the incident, agreed. "It definitely shows that the health region as a whole needs to be more proactive with respect to information security", she said. "We were lucky in this instance, but prevention is always more effective than reaction".

Patient Data Security Tips:
The privacy and security of patient information is the responsibility of all staff, whether directly or indirectly involved in the client's care, and not just the individual's case worker or primary nurse. Psychiatrists, psychologists, social workers and clerical staff share equal responsibility in ensuring that patient information, whether in paper or electronic form, is kept secure. Clinicians who work from home or "mobile offices" are especially vulnerable to privacy breaches. Ask yourself: do you have patient-related correspondence (reports, insurance claim forms, consultation letters, billing information) stored on your home computer or laptop? Is the computer in a physically safe location (locked cabinet, etc.)? Do you have other sensitive work-related information (e.g., program budgets, staff lists with home phone numbers, research data) stored on your personal computer? If so, you are at risk for a privacy breach. Please remember that the login password feature of Windows and other operating systems is a rather thin (and easily penetrated) form of data protection for laptop computers.

For additional CHR guidelines regarding laptop security, please go to http://iweb.crha-health.ab.ca/supp/it/security/faq/faq_page.htm.

Lindsay Guyn

Second Annual Curling Bonspiel

Don't miss out on the fun! Mark your calendars on Monday, February 5, 2007 for the Second Annual Curling Bonspiel at the Calgary Winter Club! Individuals who participated last year will attest that this was the best event of the year. All levels of players are welcome. Everyone is sure to have a rocking good time. There will be a pre-game lesson available for those who want to brush up their game.

To add suspense to the Bonspiel, secret scoring has been devised

February 5, 2007 Calgary Winter Club

by the curling pro at the Calgary Winter Club so that a stacked team may not necessarily win. "The Hoglines" were the winning team last year and consisted of Dr. Salim Hamid, Dr. Jessica Lyons, Jimmy Vantanajal and Marie Drescher.

The Bonspiel has already had a quick start to raising monies for the Psychiatry Residents Scholar Development Fund: there has been a very generous donation of $1,000 from a staff member at the Rockyview General Hospital.

We have added 2 more sheets of ice so that there will be spaces for 20 teams of 4. Spaces will fill up quickly so get your team together and come out to "rock the house" on February 5, 2007! I'll see you there!

David Miyauchi

Award Recipients

The Department was well represented at the Canadian Psychiatric Association Annual Meeting Award Ceremony in Toronto this year:

- Dr. Greg Montgomery, PGY-1, was recognized for his paper "Facilitating Feedback Conversations in Postgraduate Psychiatric Education" with the COPE (Coordinators of Postgraduate Education in Psychiatry) Award.

- Dr. Jeremy Quickfall was the recipient of the Association of Chairs of Psychiatry of Canada Annual Research Award, recognizing his research on substance abuse, its genetics and comorbidity which resulted in authorship in three peer-reviewed publications and a provincial report.

- Drs. Steve Simpson, Scott Patten, Jordan Cohen and Diane Simpson received the CPA-COPCE (Council of Psychiatric Continuing Education) Award for Most Outstanding Continuing Education Activity in Psychiatry in Canada (academic setting) for their work on the Psychiatric Online Journal Club (POJC). The POJC's online discussion forum addresses the needs of psychiatrists with time and distance constraints and provides a place of learning through online discussions and interpersonal interaction.

The Canadian Association of Interns and Residents (CAIR) recognized Dr. Jordan Cohen with the CAIR Dr. Derek Puddester Resident Well Being Award. Throughout his residency, Dr. Cohen was instrumental in various initiatives highlighting resident well being. He spearheaded the "Happy Doc" study which reached a national scope, and as a member of the Professional Association of Residents in Alberta (PARA) he was tireless in efforts to address issues of resident well being. Dr. Cohen served on the CAIR Executive Committee and chaired the CAIR Well Being Committee. Currently, Dr. Cohen is the Director of Student Affairs in the Faculty of Medicine at UofC and is the course chair of "The Well Physician" course.

U of C medical students annually recognize excellence in teaching and mentorship with the Gold Star and Calgary Medical Students Association (CMSA) Letter of Excellence Awards. This year's recipients for the Class of 2008 Clerkship Awards for Psychiatry are: Gold Star Award Preceptor: Dr. Roy Turner; CMSA Letter of Excellence Preceptor: Drs. Kent Sargeant and Lauren Zanussi; Gold Star Lecturer Award for the MIND Course: Drs. Phil Stokes and Lauren Zanussi; and the CMSA Letter of Excellence Preceptor Award for the MIND Course: Drs. Joann McIlwrick and Rory Sellmer.

Congratulations to all!

Psychotherapy Subcommittee

Members of the Psychotherapy Subcommittee have been consolidating the training and educational opportunities offered for residents and faculty by the various modality specific psychotherapy interest groups. As well, a Psychotherapy Case Consultation Group, headed by Drs. Assen Alladin, Tim Culver and Barb Urbanska, will be offered to provide a clinical forum for communication between those practicing in the various psychotherapeutic modalities. It will be offered on the last Friday of each month in the boardroom from 1:30 - 3:00 pm. For more details please contact Sheryl.Trowsse@calgaryhealthregion.ca.

An evening cognitive behavioural learning group was organized by Family Physician and Psychotherapist Dr. Monica Hill, following the cognitive behavioural workshops cosponsored by our department and led by the Beck Group in March. Dr. Alladin is on the executive of the learning group. Local experts have presented on CBT for depression, PTSD and social phobia and meetings are held every 2 months. The evenings provide Continuing Professional Development and may lead to certification in CBT for some members.

The Family Therapy Program, led by Dr. Karl Tomm, hosted a conference in October on Narrative Therapy for Trauma with Michael White as the guest speaker. A dozen residents attended and were "incredibly inspired" and appreciated an opportunity to discuss their interest in psychiatry. As well, this past summer, Dr. Tomm was honoured by the American Family Therapy Association in receiving a lifetime achievement award. Congratulations, Karl!

The interpersonal group therapy program will offer an experiential group day for interested residents on January 26, 2007, led by Linda Goddard. Linda is certified to lead process groups and has done so at Canadian Group Psychotherapy Association meetings. As well, Linda and Dr. Culver have invited Dr. Molyn Leszcz to facilitate a resident-faculty interpersonal therapy workshop which will address enhancing therapeutic effectiveness. This will likely occur at the end of 2007 or early 2008.

Finally, the psychodynamic psychotherapy supervisors have been meeting biweekly for case and supervision discussion for over a year. Drs. Tim Yates, Kathleen Pierson, John Elliott and I held a well-received 6 session Introduction to Psychodynamic Psychotherapy course for community therapists that addressed the major theories, e.g. ego psychology, object relations, self-psychology/intersubjectivity and facilitated clinical application. In June, Dr. Sam Izenberg was the guest speaker at a well-attended resident-faculty workshop on psychodynamic psychotherapy supervision. Comments included "excellent day!" and "an atmosphere of .... genuine collegiality". Topics included: using transcripts, metasupervision of supervision and beginning psychodynamic psychotherapy supervision. Recently, Drs. Heather Scott and Elizabeth Wallace have been welcomed as new members to the supervisors group.

Resident interest in psychotherapy training is high and we look forward to further stimulating discussions regarding psychotherapy cases, technique and understanding.

Janet de Groot

Residents' Corner

The Postgraduate Program will have a very full schedule of events in the first quarter of 2007.

First and foremost, we will begin interviewing new applicants for the residency program for half a day on January 25 (local applicants only), followed by two full days on February 1 and 8. I applaud the residents' efforts to create a fuller experience for the applicants on the interview day - they are planning for a mix of faculty presentations and opportunities for casual chats with the residents, as well as the traditional luncheon. I'd like to thank Dr. Don Addington for providing financial support for these events. Coffee, muffins and an interesting talk with a resident or faculty member can go a long way; we are seeing easily an 80-90% retaining of residents in Calgary for clinical practice in the city, with a very strong percentage maintaining involvement in the training programs.

Several of the residents will participate in a first-ever for our program on January 26. With the gracious support of Linda Goddard, a registered group therapist

who has provided supervision in the modality for several years to the residents, the residents will partake in an all day process group experience to better understand the dynamics within this modality. Thank you to Linda Goddard and resident Barb Urbanska for coordinating this event.

We will all be loosening up our hamstrings for the second annual Curling Bonspiel on February 5 at the Calgary Winter Club. This was a very fun afternoon and dinner last year - some very inventive scoring and some very fancy footwork on the ice made for a good time for all! Thank you to Dr. David Miyauchi and his assistant Lenni Su'a for all their behind-the-scenes work on this event that benefits the Residents Scholar Development Fund.

It will be back to business on February 23 with an OSCE workshop for faculty to strengthen their skills in developing teaching vignettes to enhance resident learning. We will be formatting this afternoon workshop to give faculty a taste of what an OSCE should contain, optimal use of OSCE materials, and of course the best way to give residents feedback on their performance. Dr. Joann McIlwrick and I will be co-hosting.

With the latter half of the Professional Development funding for faculty, we have also confirmed that Dr. Anthony Feinstein (U of T Neuropsychiatry) will be providing instruction on enhancing neuropsychiatric training. Dr. Feinstein, who specializes in the use of the clock drawing, conversion disorder, traumatic brain injury, PTSD and multiple sclerosis, will present in Calgary on March 9, 2007. We have not yet defined the areas that Dr. Feinstein will focus on for his day here - more information will follow in late December. Although this workshop may be directed more to Consultation-Liaison and Inpatient preceptors, we will not restrict attendance to any teacher currently involved in postgraduate training, unless space restrictions become an issue.

Dr. Anthony Feinstein

Postscript, I would also like to thank all the physicians that participated in practice exams this winter - with sixteen residents to examine in the long interviews (as well as two OSCE stations per resident), it was gratifying to have all positions filled by the end of November.

As of the date for this submission, I have not yet received a formal report on the internal review of the residency program that occurred October 24. Initial indications were overall very favourable, with the noting that we need to 'bone up' on our Quality Improvement training; we will be addressing this issue in the near future.

Bev Adams

Undergraduate Education

Undergraduate Education is continuously evolving to meet the needs of society, students and all areas of Medicine. The Medical School is well into the process of revising the curriculum; the effects on our department will see the integration of Psychiatry with a subsection of the current Human Development course focussing on Family Issues. This will move MIND/Family to January of the second year of Medical School, past the time the students choose the order of their clerkship mandatory and elective rotations. It will become more of a challenge to give students exposure to the specialty that could aid in their decision to pursue Psychiatry as a career.

CaRMS is fast approaching. The national interview period has been slated for January 28 to February 24; however, local interviews may occur prior to January 28. Undergraduate policies remain at a maximum of eight working days. Match Day will be March 14, 2007. Clerkship electives from both local and national medical schools are continuing at a steady flow until mid-December and then resuming in January. Locally, we can expect a high number of requests for electives for either the March 26 to April 8 or the April 9 to 22 time periods. We continue to see about 10% of the medical student population expressing a strong interest in the specialty.

A retreat for the faculty and residents involved in Undergraduate Education is slated for late January. The ramifications of the altered undergraduate curriculum, the inclusion of structured resident teaching and other issues arising in Undergraduate Education will be discussed.

For your general information, initial numbers for the upcoming groups of clinical clerks that begin training in April 2007 indicate that class size will be increased from 102 to 108 students.

Nancy Brager

From the Department Head

Continued from front page

and reach out to both seek and provide support to each other. It is easy to overlook the need for reflection and support in the rush to provide more service.

Recruitment is either underway or in final planning for at least three Research Chairs which should have incumbents next year. First, the Novartis Chair in Schizophrenia Research has been advertised for a start date in July 2007. Second, the process has started for recruitment of three Provincial Mental Health Research Chairs. At least one of those chairs and possibly two should come to Calgary. The Chairs are to focus on either health services or population health research. The Provincial Research Plan has identified four priority themes: effectiveness of mental health and addiction services, comorbid mental health and addictions, children's mental health and workforce mental health. The recruitment to these Chairs will be in two stages, a provincial level selection of a shortlist and a local recruitment according to specific university policies and procedures. Finally, a donation has been received to fund a Chair in Paediatric Mental Health. This is to be a Chair that focuses on clinical research in Child and Adolescent Psychiatry. The terms of reference for this Chair are being finalized and we hope to have an advertisement ready by December and a recruit for the summer of 2007.

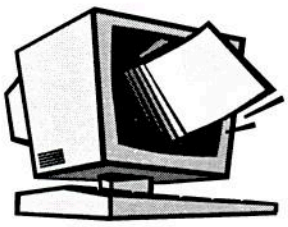
An advertisement has been posted for a new Department Head, which I suppose means that my term is close to its end. There are many exciting developments occurring in the department, so the position offers a great deal to someone with the skills, energy and vision to take it on. Please talk up the position to colleagues who you think would do the job well.

Best wishes for Christmas and the New Year.

Don Addington

Psychiatric Consultants
Calgary Counseling Centre

Calgary Counseling Centre is looking for psychiatric consultants, both adult and child/adolescent, to provide consultation for their clientele. They have approximately 40 FTE positions in their counseling ranks, as well as many trainees. They would be most thankful for assistance with their work and are able to arrange support for the consultation work.
Contact Ms. Robbie Babins-Wagner (265-4980) or
Drs. M. Trew (944-3369) or C. Wilkes (944-2489) for more information.



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