

MindMatters

The Newsletter for the Regional Clinical Department of Psychiatry

Volume VII, Issue I

Spring/Summer 2007

From the Department Head

The Department of Psychiatry Alternative Relationship Plan proposal to Government will be completed by the end of May 2007. That proposal will only include a high level summary of the number of full time equivalents proposed and the benchmarking to define the range of remuneration. For example, the proportionate commitment to research, education, leadership and service will be comparable to those for Internal Medicine and Neurology. This means that the proportion of each of those four areas of activity funded by the plan would be equivalent. The hourly and annual rates would also be equivalent to a benchmark established for cognitive based specialties with a five year residency training program. The proposal submitted does not include all the detailed work that has gone into planning more specific educational budgets and planning integrated clinical research and education programs.

That work will become more relevant once the general plan has been approved by Government.

The South Health Campus planning is moving ahead rapidly. Individual

Program Medical Directors will be responsible for planning within their specific areas. In addition, Dr. John Tuttle has agreed to coordinate the integration of the entire flight plan on behalf of the Department of Psychiatry. As Site Coordinator for the Rockyview General Hospital, Dr. Tuttle will be involved with the move of one inpatient unit from RGH to SHC. In addition, consideration needs to be given to coordinating an integrated service delivery plan for South Calgary broadly.



No Smoking on Inpatient Units

The ending of smoking on inpatient psychiatric treatment units on May

31st has stirred controversy and debate. It is not my purpose to review the specifics of this issue, but to discuss how we can

manage change, disagreements and debate.

A classic approach to resolving debates is to do an evidenced based review. While this shows that there are no major disasters with implementing smoking cessation, the research does not show clear enduring benefits, in part because the question has not been addressed.

In the absence of clear direction from evidence we can look to practice elsewhere. Many other jurisdictions have implemented no smoking in

psychiatry inpatient units and there are now recommendations on successful strategies for implementation. In Calgary Forensic Psychiatry, Short Stay and Unit 23 have been smoke free for some years.

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Residents' Corner

Congratulations go out to Drs. Tony Lo and Monique Jericho for successfully passing all three components of their Royal College exams in April. We are very happy knowing that both are remaining in Calgary to pursue geriatric and pediatric careers respectively.

Resident numbers will be growing 20% in July. With only one resident completing training in June, five CaRMS positions filled and two physician re-entries joining the program, there will be 35 residents in training on July 1. Discussions have already taken place to address training volumes in Inpatients, Child and Geriatric rotations. Nobody leave town! We hope to have the new resident composite distributed in the first half of July. New faces this year are: Lindsay Blair (UofC), Claire Hart (UofC), Novin Ihsan (UBC), Sonya Malhotra (Ottawa) and Anna Wesenberg (U of A). Physician re-entries are Dr. Tim Ayas, who has provided physician coverage for over a year to FMC and PLC, and Dr. Adrian Norbash from the Department of National Defense in the Canadian Forces. Drs. Ayas and Norbash will begin training at the PGY-2 level.

June 1 will be the last of the three days of the spring resident interview exams, with eight of the seventeen spring exams used for certifying. Dr. David Crockford will be assuming the future role of Chair of the Exam Board. My thanks to Dr. Arlie Fawcett for her past role as Chair.

The end of June will also see the wrap-up of the revamped two year PGY-2/3 academic curricu-

lum. This academic year, residents were presented with a four month unit devoted to Developmental Psychiatry managed by Dr. Jennifer Fisher, followed by the Practice of Psychiatry unit managed by Dr. Cynthia Baxter. Drs. Fisher and Baxter introduced new topics and new speakers to encompass the life cycle and the surrounding issues that affect a physician's approach to patient care. The Curriculum Committee is in the process of reviewing these units. Dr. Janet de Groot has also taken ownership of the Psychotherapy unit that runs for May and June, bringing in new presentations on DBT, Object Relations and Self Psychology in addition to the traditional topics. On behalf of Dr. Raj Ramasubbu, thank you to all the lecturers for providing the residents with this integral component of their learning; it is much appreciated.

Enjoy the summer and we'll see you at the Golf Tournament on June 18.

Bev Adams

Undergraduate Education

It's springtime and change is in the air!

The first block of the new Clerkship year wrapped up June 3. In keeping with other national programs, we have introduced a full one week of Pediatric Psychiatry, replacing the two half day clinic time in previous years. Under the watchful guidance of Dr. Waqar Waheed and with the support of Drs. Abdul Rahman and Tyler Pirlot, clerks now participate in a variety of settings which we hope to expand as this opportunity develops. We have developed a template for organizing each clerk's time away from their regular ro-

tation - please check with your Site Coordinator. The most current schedule of clerks rotating through Psychiatry shows 14 clerks distributed over the three adult sites for the majority of the seven remaining blocks in the Clerkship year.

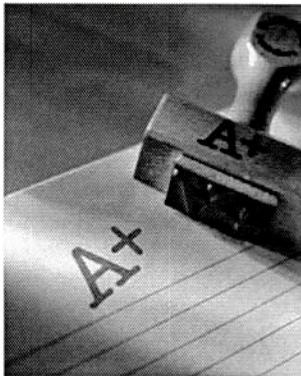
I would also like to thank Dr. Joann McIlwrick for taking on the role of pre-arranging the Clerkship call schedule for the Foothills. This was piloted with the last block of the previous class and certainly helps streamline the process of entering clerk call on ROCA, the Regional On Call Application.

Also new this year is a resident-driven initiative to provide weekly teaching to clerks at all four sites. Our thanks to Drs. Aaron Mackie and Roy Turner for developing a standardized lesson plan over the six weeks to cover basic disorders. Until the end of June, resident teaching will be provided by Drs. Rory Sellmer at FMC, Cristin Fitzgerald and Heidi Solty at PLC, Aaron Mackie and Barb Urbanska at RGH, and Jason Taggart and Christine Chang at ACH. This is an excellent venue for residents to "tune" their teaching skills and the faculty thanks the residents for initiating this opportunity.

Recently returned from the APA in San Diego is Dr. David Sabapathy, the student awarded the PsychSIGN award for the Department. With funding from the American arm of Undergraduate Medical Education in Psychiatry (ADMSEP) and the Department, David attended several psychiatry interest group meetings with well over a hundred other medical students from across North America. Arising from these sessions, he has indicated a willingness to become the point person for local medical students interested in our specialty.

Please note you may be contacted

by
Pauline
Burgess
in the
near fu-
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supervis-
ion for
Med440
electives
for medi-
cal students - this is a first



"portal" for many students into Psychiatry and requires approximately ten 4-hour sessions over a period of either August 14 to October 16 or October 23 to February 8. Remuneration is provided by the Undergraduate office.

In the other area of Undergraduate Medical Education, you may have noticed that as of yet there has been no correspondence regarding the MIND Course. UME has revamped the curriculum, with the result of the MIND Course combining with Family Medicine and moving to January 2008.

I would also like to remind everyone that accreditation is looming for Undergrad Education - to date, Psychiatry is looking fine!

Last, but not least I would like to introduce my new assistant Zeenie Ramji. Zeenie will be supporting Pauline Burgess in Undergraduate activities both across the Region and on site.

Nancy Brager

Consultation-Liaison Psychiatry

The CL services within the Region continue to be dominated by the inpatient work done at the three adult hospitals: FMC, PLC and RGH. Over the last year there have been a small number of changes in staff, as well as some changes in the medical staff involved.

Dr. Doug Mann has stepped back from the inpatient work at PLC, having been the original consulting psychiatrist there since its opening, when he moved with some of the first staff from the General Hospital. His contribution over the years has been enormous.

We have recently added a nurse to the team at RGH, Linda Binding, where she has mainly been assisting Dr. Ray Tang-Wai on the adult service, which is run separately from the geriatric side (Drs. Kent Anderson and Suparna Madan). The benefits of the extra help are already apparent, and we are very pleased to have Linda with us.

Inpatient consultations continue to be in demand, with the following numbers of consults from April 2006 - March 2007:

RGH: 1485 (338 adult, 1147 geriatric)
FMC: 1598 (1217 adult, 381 geriatric)
PLC: 497 (368 - adult, 129 - geriatric)

We anticipate that there will be significant growth in these numbers once additional med/surg beds are added to PLC and RGH in 2008. In anticipation of this, we are looking forward to Dr. Katy Costello joining the team at PLC in the later summer. The other medical addition to our fold has been Dr. Jeremy Quickfall, who joined the FMC team in the summer of 2006.

There continues to be quite a bit of activity with outpatients, including Multiple Sclerosis, Cystic Fibrosis, Neuroscience and other patients with complex medical problems. As yet, we have no consistent way of supporting these activities, and continue to look for ways to make this happen.

The other major planning activity in the last months has focused on a Med/Psych Unit. There are plans for a full-sized Med/Psych Unit at the South Health Campus, but this will have to wait until Phase II, currently targeted at 2015. In the meantime, there is great interest in both Medicine and Psychiatry for a trial unit, probably in the range of 4-6 beds (possibly like the Eating Disorders beds currently housed on Unit 32 at FMC), to develop this model of care for persons with substantial problems requiring inpatient care from both Medical and Psychiatric specialists. This is an exciting prospect which we hope to move forward in the next year.

Finally, while we have functionally operated as if there is a separate Division of Consultation-Liaison Psychiatry within Mental Health & Addictions in the CHR, this has never been formalized at the level of the Regional Medical Advisory Board / CHR Board, so this is one more on the "to do list" for this year. This will probably come with a name change to "Psychosomatic Medicine" to keep in line with the language of the Canadian Psychiatric Association's Academy of Psychosomatic Medicine. It is good to look forward to the future, looking for ways to do what we do in even better ways.

Michael Trew

Inpatient Program

There will be significant challenges for us to address in the Calgary Health Region, especially in the foreseeable future. It will be important to seize these challenges to find a creative, empathetic, effective, efficient, exemplary and safe way of providing care.

One of these challenges is the implementation of the Tobacco Reduction Policy on May 31. The psychiatric leaders at the Rockyview General Hospital have decided to move forward the implementation date to May 28, so that any non-smoking issues can be addressed during the week rather than on the weekend. Dr. John Tuttle and his group are to be commended for taking steps to address patient care issues even though there is not full agreement on the non-smoking issues.

The full impact of the Regional System Capacity Strategy has not yet been experienced on the inpatient units, but it will only be a matter of time due to the rapidly growing population in the Calgary Health Region. At the System Capacity Strategy meeting held at the PLC on April 30 there was considerable amount of synergy amongst the mental health care providers to find ways to alleviate the pressure on the inpatient services rather than relying on over-complement beds. Fortunately, Mental Health has a framework for a provision of a comprehensive continuity of care model. There are however gaps in services which require expansion as well as additional resources. Housing has been identified by the Regional Mental Health Advisory Committee as a major issue for the mentally ill. With appropriate housing, more mentally ill patients could likely be main-

tained in the community with appropriate support. To create capacity on the inpatient units, discussions are beginning with long term care facilities to determine whether there are ways to improve flow through both systems. It was abundantly clear in listening to the dialogue at the System Capacity meeting that there was no scarcity of potential solutions.

New challenges and their solutions cannot be met if physicians and staff become over-stretched. We will be facing a need for around 25 psychiatrists at the South Health Campus at its completion around 2010. It is necessary to find means of attracting and retaining residents to work in Calgary, as well as making it attractive for psychiatrists from elsewhere. Many of the new residents seek some inpatient beds to commence their career. For example, there may be the possibility of redistribution of beds if we can develop comprehensive outpatient programs in a location on the LRT line in relative proximity to the Rockyview General Hospital, as well as partial hospitalization at other sites. If more physicians and staff can obtain experience, they will be in a position to move into various positions that will become available with the opening of the South Campus. It is important for residents to begin discussions about their career opportunities with Clinical Medical Directors.

The Inpatient Program has seen several changes recently. Dr. David Gibbs has resigned as Clinical Medical Director of Unit 25 at PLC to pursue work with chronically mentally ill patients in the community. Dr. David Tano has accepted the offer to become the Clinical Medical Director of Unit 25 effective May 1st. Dr. Terry Fauvel, who had stepped in to help with psy-

chiatrist shortage at the RGH, is leaving Unit 49 to focus his attention on CCIS as well as having involvement in Primary Care. He has been very involved with the development, implementation and support of the Sunrise Clinical Manager program at all sites. He was assisted by Dr. David Tano at the PLC and by Dr. Pamella Manning at FMC for the smooth implementation of SCM. The Short Stay Unit has recruited Dr. Magued Yacoub, who commenced work on May 1st. Dr. Toba Oluboka and Dr. Thomas Raedler, who have been recruited by Specialized Services, are involved on Unit 49, RGH and Unit 21, FMC, respectively. Dr. Oluboka is also the new Clinical Medical Director for Central Community Mental Health, Active Treatment Team and Dialectical Behaviour Team.

I am very grateful to all of the psychiatrists, residents, physician extenders, ward physicians and staff for remaining focused on providing exemplary patient care while being faced with increased acuity, an ever increasing work load and philosophical and ethical challenges.

To be able to work together, it is also important to have fun together. For this reason, the Residents Scholar Development Fund Invitational Golf Tournament has been opened up to everyone in Mental Health to make it a fun event rather than a fundraising event this year. It will be held at the GlenEagles Golf Course on Monday, June 18th. In closing, I would like to quote Arnold Toynbee: "Supreme accomplishment is to blur the line between work and play".

David Miyauchi

Update on Geriatric Psychiatry

Over the course of the last few months, a number of changes have taken place. First, the decision of the Royal College to make Geriatric Psychiatry a core rotation of six months duration (three months community and three months inpatient) will have a significant impact on the Department of Psychiatry and the Geriatric psychiatrists. In all probability, an increased range of rotations will be available, including the Glenmore Rehab and Recovery Unit and Geriatric Consultation-Liaison.

We are happy, therefore, to be welcoming Dr. Tony Lo to the Division of Geriatric Psychiatry in July. Tony has expressed an interest in doing outpatient work, nursing home and community work and will be working with the Community Geriatric Mental Health Program. We are also hopeful that Dr. Katy Costello will be arriving from Edmonton this summer to do a mixture of Consultation-Liaison and Geriatric Psychiatry. This provides us with significant opportunities to change the format of our current service.

As many of you know, I will be stepping down as Geriatric Program Medical Director and Division Chief effective September 1, 2007. I intend to replace the time given to administration with more clinical work, both for the Community Team, as well as providing services in the rural communities south of Calgary, focusing on High River, Nanton and Turner Valley. All in all, there



should be considerably more clinical time available in the community and a restruc-

turing of the Community Geriatric Mental Health Program will take place this fall. The exact details of that restructuring are not yet clear, but it is expected that there will be considerably more psychiatric time available for community referrals etc.

As for the Division of Geriatric Psychiatry, with the arrival of Drs. Costello and Lo, the Division will have grown to fourteen members, which represents a doubling in numbers since the summer of 1998. With a Day Hospital opening in 2010, twenty inpatient beds at the Peter Lougheed Centre in 2009, plans for a Rapid Response Community Team and the reorganization of the Community Teams, probably into a sectoral service, along with the enhancements in Community Geriatric Psychiatry for rural areas, there is still plenty of room for more members!

On a national level, the Canadian Academy of Geriatric Psychiatry is hopeful that Geriatric Psychiatry will be recognized by the Royal College as a subspecialty. This will have a significant impact on training to become a Geriatric Psychiatrist, with the requirement for some specialized exams and a fellowship. Based on past experience this may take some time yet to come to fruition.

An issue that has arisen, nationally as well as locally, is a definition of what exactly is Geriatric Psychiatry? Within the Region and the Department, some consider that someone hitting their sixty-fifth birthday is geriatric (which may come as a shock to some members of the Department!). On the other hand, the general trend within the field is to talk about geriatrics as certainly being the care of older persons, relating to

the process of aging itself. Thus, issues of frailty, multiple medical comorbidity, pharmacology of the elderly with diminished functional capacity and of course



cognitive impairment, are really regarded as the core of Geriatric Psychiatry. Over the next while, it will be necessary both at a national and local level for Geriatric Psychiatry to define itself more clearly in order to explore boundaries with adult mental health, and collaborative opportunities. Given that we currently see people in their fifties with early dementia and my oldest patient is 104, it would seem that Geriatric Psychiatry currently has a wider age range than adult psychiatry! So age cannot be the defining criteria per se. The concept of providing psychotherapy for an otherwise healthy elderly 65 year-old, versus the problems of dealing with a behaviourally disturbed demented frail multiple-medically compromised 85 year-old, require remarkably different skill sets. Pressures on the adult systems seem to encourage transfer as soon as a patient is nearing age 65 and is perhaps better served by the existing adult services than existing Geriatric services (remember, we currently have no office-based outpatient services). Yet the reality is that we probably have to develop a collaborative relationship with the adult programs to look at service delivery based on skill sets required by the client, rather than their age. There are no clear answers on these issues, either locally or nationally, but I anticipate it as an area that will be closely scrutinized over the next couple of years and look forward to seeing how things evolve!

Stuart Sanders

Regional System Capacity Strategy

The Calgary Health Region has recently launched a new action plan to improve system capacity. This plan is being lead by Dr. Rob Abernethy and Nancy Guebert. While hospital expansion, construction of new facilities and recruitment strategies are well underway, our capacity challenges are reaching a critical level as we try to meet the health care needs of a rapidly growing population. All CHR programs and services are working together to develop plans to support initiatives that will move patients through emergency rooms in a more timely fashion in order to receive the care they need. We recognize that all of our physicians and staff are already working incredibly hard, and there is organizational commitment to provide the support and resources needed in order to do this.

The action plan is iterative, it is evolving and it has implications for Mental Health and Addictions Services across the continuum of care.

Status Burgundy has been discontinued. A set of "triggers" have been established that will automatically prompt activation of the plan. These include for example patients that have been waiting in the emergency department for more than 4 hours for admission, or 6 or more CTAS level 2 or 3 patients waiting for more than 1 hour in the waiting room. More detail on this aspect of the plan is available through your executive. These triggers will initiate plans to admit patients under their physician of record directly to the appropriate inpatient units, usually with one hour notice. In order to accommodate this, all acute care units have been asked to identify 3 over-complement

beds, and to maintain a list of 3 stable patients that could be moved into these beds if necessary.

We know that inpatient mental health units are unique environments and adding additional, acutely ill patients can have a very negative impact on health outcomes for psychiatric patients. Thus, while we have identified 3 over-complement beds on each unit, it is our plan that we will virtually never use those spaces. Instead, we will implement strategies to safely discharge patients into the community as needed with sufficient and appropriate community resources in place to support them. This strategy, first developed approximately one year ago in the Overcapacity Plan will, we believe, allow us to deal effectively with the capacity crisis we experience from time to time, and safely manage acutely ill patients. This plan will be initiated by alerting mental health community services via Access Mental Health for the need to mobilize around a patient. As with all aspects of the system capacity plan, there will be ongoing monitoring and evaluation of the impacts of this strategy.

It is important to acknowledge that this is just one element of the Regional Action Plan. Other strategies include increasing emergency department physician coverage, implementing site based flow coordination, implementing discharge lounges and rapid access zones, establishing rapid response capability within Homecare, working with long term care facilities to expedite discharges, decreasing repatriation timeframes with other regions, and enhancing support services such as housekeeping, portering and lift teams. On April 30, managers and psychiatrists met at the Peter

Lougheed Centre to begin the dialogue about how to establish a process whereby all of our teams can review practices and processes in order to improve system flow and capacity, and to identify what changes in policy or resources would be necessary to facilitate these system changes. We encourage each of you to participate in this dialogue and forward any suggestions you may have to the Director or Medical Director in your program area. The Executive Management Team has committed to reviewing these at each meeting, and to communicate back monthly on what action is considered or initiated as a result of these ideas.

As with any action plan that is being implemented as it is being developed, one of our biggest challenges will be ongoing communication. Inevitably, revisions to processes will be made as we go along, we will learn that some things work well and that others have unintended impacts. Please let us know all of the ways and opportunities that we should use to ensure that you are as informed as possible. Our success will depend on that communication and on a spirit of generous collaboration.

There are challenges inherent in this Regional initiative, but we believe there is tremendous opportunity as well. Through these strategies we may be able to deal better with long standing issues such as barriers to placement of patients with mental illness in long term care, and improving flow through emergency and psych emerg services. We appreciate your participation, your dedication and your expertise as we proceed with this strategy development.

Cathy Pryce

Mental Health Privacy Audit

We wanted to update you on the progress to date on the mental health and addictions privacy audit that began a few months ago. In general, things are going well. The privacy audit of our CHR services is over 50% complete and managers are reporting that the information they are receiving has been helpful. In some cases, relatively minor adjustments in processes or in physical environment have been made that reduce the risk of a privacy breach occurring. That was certainly the intent when we asked the Information and Privacy Office to conduct a comprehensive audit in the fall.

For those of you yet to undergo the process, we understand that all of our services are extremely busy, however please try to accommodate the staff from the Information and Privacy Office, and complete the pre-audit information ahead of time. When the staff arrives at the service, please try to make them feel welcome, and provide them with any information they require - that will enable them to provide you with the most accurate and relevant suggestions. We expect the CHR Mental Health Services will all have been reviewed by October 2007. At that point we will be asking our contracted services to undergo a similar audit which is expected to take several additional months.

If you have any questions or concerns about the audit, please feel free to call us at 297-2086 or 944-1296 respectively.

Cathy Pryce & Don Addington

Bill 31, Mental Health Amendment

On April 17, Bill 31 was introduced in the Alberta Legislature, proposing amendments to the Mental Health Act of Alberta. If the Act is passed, it will have a significant impact on psychiatric practice in our province. Two significant items in the Act are Community Treatment Orders (CTOs) and a proposed change in the criteria for certification.

Community Treatment Orders are a mechanism to encourage compliance with treatment within the community. CTOs exist in various western nations, including a number of US states. Only 2 provinces, Saskatchewan (1995) and Ontario (2000), have CTOs. Preliminary research suggests that Mandatory Outpatient Treatment (MOT) and similar interventions are effective tools to reduce the length of stay and hospital re-admission rates under specific circumstances. The Canadian Psychiatric Association in its position paper on MOT (2003) noted its benefits in clearly defined situations if specific legal rights and safeguards are in place. The Alberta proposal for CTOs would require a recent medical examination by the physician within 72 hours, a diagnosis of a mental disorder, a recent hospitalization and/or CTO, the service that the person requires must exist in the community and the patient must be able to comply with the requirements of the CTO. Two physicians, one of whom is a psychiatrist, are required to initiate a CTO. It can be initiated if the patient consents, if a substitute decision maker consents or regardless of competence if the patient is likely to cause harm to himself or others, or to suffer substantial deterioration or seri-

ous physical impairment if he or she



does not receive treatment in the community. If the CTO is not complied with, the physician can issue an order for apprehension and examination to determine if the patient requires an involuntary admission.

Currently the criteria for certification under the Mental Health Act include the requirement for the presence of a mental disorder (as defined in the Act), a likely danger to self or others and a lack of suitability for admission other than as a formal patient. The proposed amendment to the Act would broaden the 2nd criteria to include "the person is likely to suffer substantial mental or physical deterioration or serious physical impairment". This would allow for the involuntary detention of patients who may not present as an imminent danger to themselves or others, but where significant concerns arise regarding a potential significant deterioration in the patient's condition if they are not involuntarily admitted.

If the Act is passed, a steering committee with appropriate representatives from stakeholder groups will be established to assist in implementation of the bill and to provide feedback on essential community services. It will be important for psychiatrists to take a leading role in the implementation of the bill to ensure that the amendments lead to improved patient care and adequate resourcing in our community.

Ken Hashman

Welcome & Goodbye

Dr. Stuart Sanders is stepping down in the fall as Program Medical Director and Division Chief for Geriatric Psychiatry. Over the last eight years, Stuart has overseen major steps forward in Geriatric Psychiatry service delivery and education. At the same time, I know he has planned and proposed a number of important projects that are still in the pipeline. During his ten years in Geriatrics, Community Mental Health Services have expanded significantly. The Rehabilitation Unit has been added next to the Rockyview General Hospital. Outpatient Services are starting in the Northeast. Unfortunately, infrastructure delays have held up a new Geriatric Psychiatry Inpatient Unit at the PLC and a proposed hospital program which will be part of a larger senior's health centre. The education activities of the Division have expanded and accommodated a larger residents group, as well as its first fellows. We are happy to learn that Stuart will continue in clinical practice in the Calgary Health Region.

Ms. Mischelle vanThiel has left the Department of Psychiatry after a relatively brief but eventful three year term as Department Manager. Mischelle has completely reorganized and restructured the administrative support for the Regional Department and the University Department. She has been heavily involved in space planning at all the new Outpatient Sites, the new ACH and the South Health Campus. She has managed the expansion and integration of the professional systems from the Mental Health Board and Calgary Health Region and laid the foundation for the Alternative Relationship Plan. We owe

Mischelle a great debt of gratitude for her skills and her cheerful effectiveness. We wish her well in her new endeavours.

I am happy to announce that the Department's new Manager, Mr. Mark Anderson, has joined the Department on April 11. Mark has a background in Operations Management, Finance, Marketing and Information Management. Prior professional experience includes work for the Alberta Cancer Board, Saskatchewan Cancer Agency, in addition to holding the role of Manager in the Surgical Services Portfolio of the Calgary Health Region. In this capacity he was responsible for the management of the Operating Room Information System (ORIS), an application that manages over 60,000 surgical visits per year across the four acute care sites. Mark holds a Bachelor of Administration with specialization in Finance, Accounting and Marketing, and is close to completing a Certificate in the area of Computer Science. Mark has a diverse wealth of knowledge in health care and associated business practices gained through progressive experience in increasingly complex roles. Please join me in welcoming Mark to the Department of Psychiatry.

Since the last Mind Matters came out in December 2006, quite a few changes took place among mental health managers. Ian Champion assumed the position of Regional Manager for Psychiatric Emergency Services (PES) mid-February. Ian brings over 20 years of mental health experience to this position. His most recent role has been as Manager of Unit 23 at FMC, as well as Interim Manager of PES at FMC. Ian has also played an integral role in the roll-out of the Electronic Health Record. Thanks to Edie Lee and Gordon

Shields for acting as Interim Managers for the PES teams.

In January, Ian Krochak accepted the position of Manager for Mental Health - Rural North. Prior to that Ian moved from his position as Assistant Patient Care Manager on Unit 25 at the PLC to work with the Active Treatment Team, Community Mental Health Centre as a Mental Health Clinician. Ian also played an instrumental role in the planning and development of the CHR Emergency Outreach Service. Ian brings many years of experience with various mental health services both within the CHR and in Manitoba.

On February 19 Mark Lagimodiere started as Clinical Operations Manager of the Eating Disorders Program. Mark holds a Master's Degree in Social Work and is a clinical member of the American Association for Marriage and Family Therapy. He has extensive clinical experience, with his focus for the last six years being on patients and families struggling with eating disorders. He has most recently been in the role of Clinical Supervisor at the Eating Disorder Program and has taken on many leadership roles as the program has grown and expanded.

Martina MacLean started in the position of Assistant Patient Care Manager for Unit 38 at the PLC on March 5. Martina has worked in a number of roles in her almost 30 years of mental health experience. She started her career at the Holy Cross and moved into a therapist role in the community. She was the Mental Health Coordinator of 8th and 8th Health Centre, developing and managing the mental health program. Her most recent role has been as a Clinical Supervisor in the community, supporting staff

in the development of their clinical therapy skills as they work with children, adults and seniors. She is a strong advocate for an integrated mental health system with a vision of integrating mental health services across the care continuum. Her strength based approach to client care fits very well with the philosophy of the unit.

Effective April 16 Louise Querido is the new Manager for Unit 23 at FMC. Louise has most recently been the Assistant Patient Care Manager on Unit 25 at the PLC. She has worked in several nursing positions within the Region, including the Emergency Department at the ACH, the Eating Disorder Program and as a staff nurse in mental health at the ACH.

In March, Jim Marteniuk accepted the position of Manager for the Sunridge Medical Gallery. Jim has a Master's Degree in Health Administration, and a Bachelor's Degree in Social Work and Psychology. Jim has held several positions within Mental Health and Addictions in Belize, Central America, Ontario and Saskatchewan. Jim was also the Program Coordinator for the Medical Access Pilot Project with 8th and 8th, CUPS and the Alexandra Centre.

On April 16, Rita Duren started as Assistant Patient Care Manager on Unit 27 at the PLC. Since starting her career in 1973, Rita has worked in a variety of areas which include Geriatrics, Emergency Nursing, Rural Nursing, Family Counseling and Mental Health. For the past year, Rita has been the Nurse Clinician in Consultation-Liaison Services at PLC.

Effective June 11, Avril Deegan will start in the position of Clinical

Operations Manager for the Mental Health Patient Care Unit at ACH. Avril holds a Master's in Clinical Social Work and is one of a very small number of approved clinical supervisors through the Alberta College of Social Workers. She has extensive clinical experience and has taken on both formal and informal leadership roles within Child & Adolescent Mental Health, with her most recent role being the Team Leader for Child & Adolescent Mental Health Urgent Services. In the past two years Avril has been nominated for both the PeopleFirst Award for Leadership and a pulse of Social Work Award for Leadership.

As many of you are aware, over the past year Mental Health & Addictions Services have been significantly increasing the emphasis on some key areas: patient and staff safety, contract process redesign, education and support for our staff and students, and more formally incorporating ethics processes into practice. Much of this work has been assumed by Darlene Harris, and while there is still much to do in these areas, under her leadership real progress is being made. Globally, we see strategies in these areas as helping all of the Mental Health & Addictions Services to better manage risks. In recognition of what has been achieved and as a commitment to make gains in these areas, Darlene's position has been reclassified and retitled in March. Darlene's new position is Director of Safety, Risk Management and Business Practices.

Please join us in welcoming everyone in their new roles. Their dedication, commitment and experience will be great assets to Mental Health & Addictions Services.

Cathy Pryce & Don Addington

Congratulations

We would like to congratulate the following individuals on receiving the highest award presented in the Region - a PeopleFirst Award:

For their success as part of the "Dialectical Behaviour Therapy Treatment Team": Stephen Booth, Dr. Kathryn Fitch, Jacqueline Ann Jordon, Sarah Larroque, Michale Luxton, Maian Meade, Tavia Nazarko, Barbara Perkins, Marcia Stienstra, and Janice Wingrave.

For their success as part of the Complex Kids Collaborative Team: George Alvarez, Michelle Belland, Ruth Copot, Carmen Esch, George Ghitan, Bonnie Johnston, Jane Matheson, Deborah McElrath, Michelle Peterson, Dr. Tyler Pirlot, Aranka Rossettis, and John Waddell.

For outstanding commitment working with children with a variety of behavioural and developmental concerns: Bruce Brothers.

For their success as part of the Healthy Minds/Healthy Children Outreach Team: Jessica Ayala, Dr. Allan Donsky, Pamela Klein, Marlene O'Neil-Laberge, Deborah Pace, Ellen Perrault, Alanda Peters, Kristy Poltsky, Deena Pyne, Elaine Raivio, and Carolyn Wilson.

The Littmann Research Day Resident Research Awards went to Dr. Rory Sellmer for Best Resident Research Project and Dr. Darcy Muir for Most Innovative Resident Research. Congratulations!

Congratulations to Dr. Jordan Cohen for his appointment as Director of Student Affairs, Under-

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Congratulations - Continued from page 9

graduate Medical Education. Dr. Cohen has been making valuable contributions since he started in this position in November 2006.

Congratulations to Dr. Adel Gabriel for becoming a Distinguished Fellow in the American Psychiatric Association, to Dr. Nady el-Guebaly for receiving an Honorary Membership in the Canadian Medical Association, and to Dr. Waqar Waheed for being certified as a Specialist in Addiction Medicine by the American Society of Addiction Medicine. Dr. Waheed will also be promoted

effective July 1 to Clinical Assistant Professor, along with Drs. Clint Hirst and Seema Hussain. Drs. Beverly Adams and David Crockford have been promoted to Associate Professor.

Dr. Suparna Madan was awarded funding in the 2006/2007 Mental Health Research Funding Competition by the Adult Research Committee for her project "Validity of Nursing Delirium Assessment in Comparison to Physician Gold Standard Assessment".

Thanks to Dr. Philip Barker who presented the Department with a

signed copy of his book *Basic Family Therapy* (5th edition) in March 2007. It is available in Psych Admin, FMC.

Last, but certainly not least, congratulations to Dr. Denis Morrison for being one of three lucky winners of a brand new Telus TREO-650! A draw was held in February during the PCIS MD SuperUser Workshop at FMC among all physicians who successfully completed their Sunrise Clinical Manager training, and Dr. Morrison was the winner for FMC.

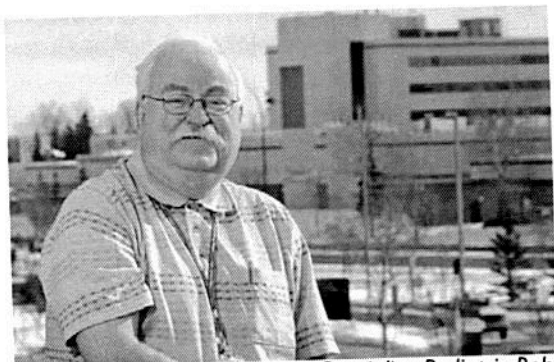
Don Addington



People First Awards



Dialectical Behaviour Therapy Treatment Team



Bruce Brothers, Clinical Nurse Specialist, Pediatric Behaviour



Complex Kids Collaborative Team



Healthy Minds/Healthy Children Outreach Team

HELP WANTED

**Calgary Health Region
Department of Psychiatry
CLINICAL MEDICAL DIRECTOR
DAY TREATMENT SERVICE
ROCKYVIEW GENERAL HOSPITAL**

The Regional Clinical Department of Psychiatry, Calgary Health Region is inviting applications for the position of Clinical Medical Director, Day Treatment Service, Rockyview General Hospital (RGH). This position is responsible for the patient care, teaching, research, staff development and administrative duties undertaken by all physicians on this team.

The RGH Day Treatment Service provides intensive, daily treatment over a 4 week period to individuals, generally between the ages of 18 and 65 years, who are experiencing acute, non-psychotic psychiatric symptoms who might otherwise require inpatient hospitalization.

Qualifications for this position include an MD or equivalent, certification in Psychiatry from the Royal College of Physicians and Surgeons of Canada or equivalent, and eligibility for licensure in the Province of Alberta.

Please submit curriculum vitae and the names of three referees by June 15, 2007 to:

Dr. Hugh Colohan, Medical Director
Specialized Services Program
c/o Dawn Drummond
Foothills Medical Centre
1403 - 29 Street NW
Calgary, Alberta, Canada T2N 2T9

**Calgary Health Region
Department of Psychiatry
CLINICAL MEDICAL DIRECTOR
PSYCHIATRIC EMERGENCY SERVICES
PETER LOUGHEED CENTRE**

The Regional Clinical Department of Psychiatry, Calgary Health Region is inviting applications for the position of Clinical Medical Director, Psychiatric Emergency Services, Peter Lougheed Centre. This position is responsible for the patient care, teaching, research, staff development and administrative duties undertaken by all physicians on this team.

The Psychiatric Emergency Services Team provides Crisis Intervention and Psychiatric Assessment for patients referred by the Emergency Room Physician. The team functions in a consultant capacity. It will assess and make recommendations to the ER Physician or Psychiatrist.

Qualifications for this position include an MD or equivalent, certification in Psychiatry from the Royal College of Physicians and Surgeons of Canada or equivalent, and eligibility for licensure in the Province of Alberta.

Please submit curriculum vitae and the names of three referees by June 15, 2007 to:

Dr. David Miyauchi, Medical Director
Inpatient Psychiatry Program
Foothills Medical Centre
Department of Psychiatry
1403 - 29 Street NW
Calgary, Alberta, Canada T2N 2T9

**ROCKYVIEW DAY TREATMENT SERVICE
is looking for
TWO ADULT PSYCHIATRISTS**

The Day Treatment Service at the Rockyview General Hospital has a need for two Psychiatrists for five mornings per week. There is lots of opportunity to fill the remainder of the psychiatrists' time with rewarding clinical work in other areas, including Community Mental Health Clinics, Shared Care, etc., as required. The successful candidates will become members of the Rockyview General Hospital Psychiatric staff and will participate in the on-call roster.

The RGH Day Treatment Service provides intensive, daily treatment over a 4 week period to individuals, generally between the ages of 18 and 65 years, who are experiencing acute, non-psychotic psychiatric symptoms who might otherwise require inpatient hospitalization.

Please submit your application by June 15, 2007 to:

Dr. Hugh Colohan, Medical Director
Specialized Services Program
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Calgary, Alberta, Canada T2N 2T9

We can address issues within an ethical framework and the Mental Health and Addictions Ethics Committee has reviewed the issue and sponsored an excellent debate. The Ethics Committee can make recommendations about the appropriateness of the decision to stop smoking on units and can comment on the process by which we reach a decision. The level of disagreement and the concerns expressed suggest that our process should have been better.

At this point it is important to recognize that

valid and divergent opinions exist within the Department. We have to attend to the issues raised and perhaps look at the process of our decision making.

Residents' Recruitment

The largest cohort of residents ever in Calgary will be moving from R4 to R5 on July 1st. This group of nine has a wide range of interests and life experience. We hope that as many of them as possible will choose to work in the Calgary Health Region, either straight

out of residency or following a fellowship. Please think about this large group of potential future colleagues as they finalize their post residency plans. This is your opportunity to recruit fresh talent and energy to your clinical area.

New Dean

Dr. Tom Feasby has been appointed as the new Dean of the Faculty of Medicine. As a result, the search committee for the position of Department Head has been put temporarily on hold, pending his arrival. I

have signed an extension of my contract as Department Head and expect to continue until July 2008. I'm particularly looking forward to remaining involved in the searches for new research chairs and sending the ARP proposal through the Calgary Health Region and the University of Calgary to Alberta Health and Wellness and the Alberta Medical Association in Edmonton.

Don Addington

Anxiety Disorders Resource Centre

The Anxiety Disorders Resource Centre (ADRC) was launched on the Mental Health and Addictions Website on May 1st. This new resource was developed with the support of the Mental Health Endowment Fund. The site address is:

www.calgaryhealthregion.ca/mh/sites/ADRC/index.htm

You will find a wealth of information for patients, students and professionals, including interactive measures, downloadable brochures for all of the anxiety disorders,

self-help programs, the new Canadian Psychiatric Association treatment guidelines, assessment tools and treatment protocols. All of the information can be downloaded and used in your practice. Please take a moment to complete the survey found on the main page and provide us with your feedback.

We are also pleased to announce an upcoming workshop focusing on the assessment and treatment of the anxiety disorders on October

18th and 19th with Drs. Richard Swinson and Martin Antony. Look for more details soon on the ADRC website.

Deb Dobson & Patrick Lynch



Assess your Stress

Mind Matters

The Newsletter for the Regional Clinical Department of Psychiatry

is distributed quarterly to all psychiatry medical staff and faculty, psychiatry residents, Program Directors and Program Medical Directors, CHR Executive Medical Directors and VP's, CHR CEO, CMO and CCO, Chair MAB, and psychiatry support staff.

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Phone 944-1296
Fax 270-3451

Available online at:
www.calgaryhealthregion.ca/clin/psych/index.html

To: