

MIND MATTERS

Department of Psychiatry Newsletter
Spring 2012

From the Department Head

It is my privilege to write to you as the Interim Department Head of Psychiatry. There have been a number of changes in the leadership since the New Year. I would like to thank everyone for their support during this transition.



Dr. Beverly Adams, Interim Head, Department of Psychiatry

My goal for this year is to carry forward all the important initiatives in mental health started by Dr. Glenda MacQueen. Within the Calgary zone, mental health is at the forefront of a number of proposals for change in the delivery of care. Child and youth mental health is receiving much needed attention and there are plans to improve capacity and access for children with mental health issues.

The Mathison Centre for Mental Health Research and Education was announced on March 9, 2012, with a generous 10 million dollar donation by Ron and Tara Mathison. Through his involvement with the Hotchkiss Brain

Institute, and with the help of Dr. Glenda MacQueen, Ron Mathison has recognized the need for innovative treatments and early intervention in mental illness. On behalf of the department, I would like to thank the Mathison family for this very generous donation.

Our department continues to grow and I would like to welcome Dr. Fereshteh Jalali as the newest member. She comes to us from Montreal; however, she has always called Calgary home. Fereshteh is working at the Peter Lougheed Hospital on inpatients and also plans to work at the Northeast clinic.

This year will continue to be one of change and growth not only to meet capacity demands but to provide more comprehensive and innovative care to our patients.

Submitted by Dr. Beverly Adams

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Changes in Psychiatry Leadership

In August 2011, AHS Senior Management announced the concept of Strategic Clinical Networks (SCNs). SCNs function on a provincial basis with strong linkages to the zones. As defined by AHS, "SCNs are collaborative clinical strategy groups that will bring the perspectives of all stakeholders – clinicians, policy makers (government), researchers, operations and strategy leaders, key community leaders, patients and families – together to develop strategies (e.g., clinical pathways and care innovations) to achieve improvement in patient outcomes and satisfaction, improved access to health care, and sustainability of our health care system." Further information on SCNs can be found on the AHS intranet (Insite) and specifically at the following address: <http://insite.albertahealthservices.ca/Corporate/comm-corp-tt-strategic-clinical-networks-dev-update.pdf>.

Currently six SCNs have been established, as follows:

- Obesity, Diabetes & Nutrition
- Seniors' Health
- Bone and Joint Health
- Cardiovascular Health and Stroke
- Cancer Care
- Addiction and Mental Health

Dr. Glenda MacQueen was selected as the Lead for the Addiction and Mental Health SCN. She assumed this role in January 2012. Dr MacQueen and her assistant, Holly Underhill, have relocated to the South Tower, Room 703.

Dr. MacQueen's appointment resulted in the Department Head, Psychiatry, AHS and U of C role requiring backfilling. Dr. Francois Belanger, Senior Vice President and Zone

Medical Director, and Dr. Tom Feasby, Dean, Faculty of Medicine, jointly appointed Dr. Beverly Adams as Interim Department Head, Psychiatry for a 1-year term. After this interim period, AHS and the U of C will conduct a formal search for a permanent Department Head.

Subsequent to her appointment as Interim Department Head, Dr. Adams solicited expressions of interest from department members for her previous role as Section Chief, Inpatients. Ultimately Dr. Lauren Zanussi was selected for this position; he commenced his new role on March 19, 2012.

*Submitted by Stephen Jefferson,
Department Manager, Psychiatry*



Clinical Pathways for Adult & Adolescent Depression

One of the major strategies in the AHS 5-year Health Action Plan for improving access, reducing wait times and increasing efficiency and safety, is the development of Clinical Pathways in key treatment areas. As well as improving patient outcomes, optimizing use of resources and increasing patient satisfaction, Clinical Pathways connect everyday practice to the best evidence-informed practice currently available. They narrow the gap between research and treatment.

Addiction and Mental Health, Community Treatment and Support, is one of the first areas to start implementing pathways. The Standards and Clinical Pathways team is responsible for this work. The team recently completed the pilot of a Clinical Pathway for Adult Depression with five Primary Care Networks in the Calgary Zone. This project is now being evaluated with positive initial results. The next step for the Standards and Clinical Pathways team is to spread this Pathway throughout the province; the South Zone will commence a pilot shortly and North, Central and Edmonton Zones are at various stages of the initiation phase.

In addition to developing the Adult Depression Pathway, the team has been working on another pathway for Adolescents. The Adolescent Depression Clinical Pathway will be piloted soon at a community mental health clinic in the Edmonton Zone.

Glenda MacQueen, recently appointed clinical co-lead for the Addiction and Mental Health Strategic Clinical Network, says that the Adolescent Depression Pathway is a terrific example of translating evidence into practice-ready tools and guidelines that should make clinicians feel confident in their approach to depression. "Our clinicians are committed to patient care. They want to know that they are providing the best possible service to young people and their families". Dr. MacQueen noted "the work undertaken on the Adolescent Depression Pathway is of the highest standard I have seen nationally".

¹Middleton, S., Barrett, J., & Reeves, D. (2001). What is an integrated care pathway?. What is..Series?, 3(3), 1-8.

*Submitted by Richard Phillips, Education Coordinator
Standards & Clinical Pathways*

The current AHS definition for a Clinical Pathway is:

"A multidisciplinary outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes."

Middleton, S., Barnett, J. &
Reeves, D. (2001)¹

For further information please contact:

Dr. Glenda MacQueen, Clinical Lead,
Addiction & Mental Health Strategic
Clinical Network
(403) 944-1339

or

Richard Phillips, Education Coordinator,
Standards & Clinical Pathways
(403) 297-2320

Child & Adolescent Division Update

It is great to be back and to have the privilege of writing for Mind Matters about some of the recent exciting developments in Child and Adolescent Psychiatry here in Calgary. I would like to officially thank Dr. Rahman for his gracious and sage support for the Child Mental Health program while I was away on sabbatical.

In addition, I would like to thank everyone involved in the consultation process held last year to develop a child

take the new specialty exams when they become available in 2013. For some of us, this may seem like an ordeal or an imposition; however, the CACAP is already working on developing a course review to assist us in this process of certification.

I feel compelled to acknowledge that this process of College accreditation is not without its critics and controversies. Some people have criticized the process saying it will work



psychiatry training program. Since February 2012, we have had official approval from the Deputy Minister from the government department of Health and Wellness for the establishment of a Royal College accredited Child and Adolescent Psychiatry Training Program. This was a very important and necessary achievement which required the full support of the AHS and the University. In the next few weeks, we will send the necessary documentation to Ottawa for the final steps in this accreditation process. I wish to express my sincere gratitude and appreciation to all of my learned colleagues who have been involved in this long and complicated process. Hopefully, we will officially start taking PGY-6 residents into the program in July 2013. As there will be no grandfathering process, we will be encouraging all of our child and adolescent faculty to prepare for and

against recruitment and retention into Child and Adolescent psychiatry, and I must admit that during this transition period, this may be the case. However, because the developmental health and the wealth of nations is so dependent upon the existence of the linkage between early development and later good physical and mental health, well being, competencies, coping and resilience, we need to support and research more closely those underlying developmental processes. To accomplish this, we need a strong, independent and active group of Child and Adolescent psychiatrists who promote the early identification, diagnosis and effective evidence-based treatments of mental health disorders in children. This will give positive short- and long-term benefits to all levels of society. It will also help reverse the relative neglect of child mental health problems in areas at

the interface with health such as education, child protection services, developmental disorders and justice. The CACAP has been lobbying the College for this recognition for 25 years, and now it is our time to operationalize a certification process here in Calgary.

The division of Child and Adolescent Psychiatry has also been busy with teaching and residents across the range of services and hosting monthly CPD rounds. I would like to thank everyone involved in this process, particularly during this time of exceptionally high demands on our limited services. Meanwhile, I would like to give special thanks and acknowledgement to the support and leadership of Dr. Waqar Waheed and Dr. Frank MacMaster in the development of the new research and critical appraisal journal club held Mondays at the Alberta Children's Hospital. This has been much appreciated by the residents rotating through the Alberta Children's Hospital and Young Adult Program placements. In addition, I am delighted to announce that when we have our child residency program officially in place that Dr. Waheed will be our first program director and Dr. MacMaster, who holds the Fisher Cuthbertson Chair in Paediatric Mental Health, will also sit on the Child Residency training Committee and will support and advise the Child residents' research projects.

During this time of great change and development, I want to recognize the work and leadership of our program director Janet Chafe. Janet has been actively liaising with staff across all sites to improve the resources for our clinical services, especially our acute care services. She has also been looking for opportunities to support psychiatric staff in developing targeted services to high risk groups.

Finally, Dr. Cawthorpe, our research and program coordinator, has continued to support us with data on the extensive burden of suffering of mental health disorders in our community. He recently published related information in the Canadian Journal of Psychiatry in August 2011.

It is clear that there is still tremendous unmet child mental health needs here in Calgary. Our service utilization is still only about 15/1000 and only 50 to 60 percent of children receive scheduled mental health treatment within 30 days. A key enabler to develop and foster healthy children and adolescents in Calgary would be a strategy to train and graduate more child psychiatrists.

Submitted by Dr. Chris Wilkes

Awards

Congratulations to **Dr. Steve Simpson** on being awarded the **2012 CAME Certificate of Merit Award**. This award promotes, recognizes and rewards faculty committed to medical education in Canadian medical schools. Dr. Simpson was recognized with this award at the recent Canadian Conference on Medical Education in Banff.

Join us in congratulating the following individuals who received the **Associate Dean's Letter of Excellence** for teaching excellence for the Class of 2012 in the 2009-2011 academic years.

Dr. Jessica Lyons

Dr. Jordan Cohen

Dr. Katalin Mayer

Dr. Maureen Pennington

3T Magnetic Resonance Imaging Scanner



Dr. Frank MacMaster with the new MRI

The new 3T MRI has arrived at the Alberta Children's Hospital. To that end, we want to bring folks up to speed on what to expect.

The new scanner is a GE Discovery 750W 3.0T (http://www3.gehealthcare.com/en/Products/Categories/Magnetic_Resonance_Imaging/Discovery_MR750w_3-0T). There will be three basic types of scans: (1) pure research, (2) clinical-research (i.e., a clinically indicated scan with a research component added on) and (3) clinical. As this is a research magnet, the expectation is that research and clinical-research will dominate the time available on the magnet.

There will be a process for accessing magnet time for research purposes. First, you have an idea that you draft into a protocol. Second, you apply for research time – submitting the Application for Research Time form along with a proposal cover page, summary and budget. Please be sure to note any MR specific information. Third, a Project Information form is completed. These are returned to the Scientific Review Committee. The Scientific Review Committee ensures a good match between your needs and the magnet capabilities. Forms can be accessed from <http://www.ucalgary.ca/research4kids/platforms/functional-imaging>. A section of the Alberta Children's Hospital Research Institute (ACHRI) website is also in development to act as an imaging resource for investigators and families. For research and clinical-research, Conjoint Health Research Ethics Board approval is needed before proceeding. Often, this paperwork can be completed concurrently with the application paperwork for using the magnet.

It is also strongly suggested that potential investigators discuss their ideas with either me; people from ACH Diagnostic Imaging department; the new GE scientist, Marc Lebel; and/or staff from the Seaman Family MR Centre. We will be holding regular ACH MR investigator meetings. If you would like to participate, please email me at the address below. The goal is to build a vibrant and effective imaging community here ACH.

If you have any questions or concerns, please feel free to contact the Operations Committee (Frank MacMaster: Frank.MacMaster@albertahealthservices.ca or Richard Frayne: rfrayne@ucalgary.ca)

Submitted by Dr. Frank MacMaster

Research Update

Recent Publications

Clinical Practice Guidelines

Clinical Practice Guidelines are evidence-based recommendations about treatments for disorders such as schizophrenia. An article written by a team of local researchers is due to appear in the May edition of the **Canadian Journal of Psychiatry**. The article looks at how well clinical practice guidelines are followed in practice as measured by conformance, the ratio of patients receiving evidence-based care versus those not receiving evidence-based care. Conformance ranged between 58% and 90% for pharmacological recommendations. Among the regional patients, 42% received dosages outside of the recommended range, 36% were above the recommended range, and 6% were below the recommended range. Seventy-three percent of the regional patients who received medication above the recommended dosage range received at least two antipsychotic medications. Conformance to psychosocial recommendations was lower, ranging from 0% to 81%. No patients who met criteria for assertive case management had been referred to an assertive case management team.

The main conclusion was that limited or variable access to psychosocial services was the major reason for the low conformance to evidence-based psychosocial programs.

Conformance to Evidence-Based Treatment Recommendations in Schizophrenia Treatment Services.

Donald Addington, Emily McKenzie, Harvey Smith, Henry Chuang, Stephen Boucher, Beverly Adams, Zahinoor Ismail.

Citalopram for agitation in Alzheimer's disease: Design and methods.

Drye LT, Ismail Z, Porsteinsson AP, Rosenberg PB, Weintraub D, Marano C, Pelton G, Frangakis C, Rabins PV, Munro CA, Meinert CL, Devanand DP, Yesavage J, Mintzer JE, Schneider LS, Pollock BG, Lyketsos CG; CitAD Research Group.

Alzheim. Dement. 2012 Mar; 8(2):121-30. Epub 2012 Feb 1.

A Comparison of the E-BEHAVE-AD, NBRS, and NPI in Quantifying Clinical Improvement in the Treatment of Agitation and Psychosis Associated With Dementia.

Ismail Z, Emeremni CA, Houck PR, Mazumdar S, Rosen J, Rajji TK, Pollock BG, Mulsant BH.

Am J Geriatr Psychiatry. 2012 Jan 10. [Epub ahead of print]

Grants

Dr. JianLi Wang's proposal entitled "A population-based longitudinal study on work and health" was successful at the Canadian Institutes of Health Research September 15th 2011 operating grant competition. It was ranked #1 out of 41 proposals. \$469,856 was awarded.

Upcoming Events

Psychosis Day

Friday, October 19, 2012

26th Annual Sebastian K. Littmann Research Day

Friday, March 1, 2013

Alberta Children's Hospital Ampitheatre

Undergraduate Education Update

At every level of undergraduate training, there's action; whether it's the wrap up from Course VII, the planning for summer block, the reports for Med 440, reviewing the student applications for psychiatry-based events, or the full-out tilt of spring pre-clerkship electives. Psychiatry is involved at every level.

At the top of my list is a shout-out to all of the faculty and residents for helping to make Dr. Zanussi's last year in Course VII flow as smoothly as possible. It took 49 hours of teaching time for lectures, 102 teachers to lead 204 hours of small group teaching and 204 hours of work by 28 faculty and residents to provide clinical correlation. Thank you to all of the faculty and residents who joined us for the first time. Course VII has been the top-ranked medical school course for several consecutive years; we can be proud of that, but we can't rest on our laurels.

On April 9, we'll begin the mandatory clerkship training for the Class of 2013. Including the 16 clerks training in Ponoka over the upcoming year, we will again have 154 clerks training in Psychiatry by April of 2013 (averaging 19.4 clerks per block).

For those of you expecting a natural lull in interest in psychiatry following such a strong year, my response is: "not going to happen". We have a whopping 27 pre-clerkship electives that began February 27 and will wrap up April 6. This is up from 21 last year. Many of the students are choosing to participate in more than one elective two-week block in our specialty. As occurred last year, six clerks in the final

spring block will be funded by the Norlien Foundation to attend the Betty Ford Clinic in Los Angeles. Upon their return to Calgary, they will continue training in the areas of inpatients and substance abuse under the watchful eye of Dr. David Crockford.

In March, applications were received by both Child and Adolescent Psychiatry and the department undergraduate committee to provide small grants to students to attend the provincial conference at the end of the month and to represent the U of C at the North American student organization of APA, PsychSIGN, in Philadelphia in Undergrad.

Still in the planning stages, we are receiving requests for summer block (MDCN 402) electives. Eligible students are between first and second years of medical school and must complete electives between June 25 and August 3. Currently, we have received four applications; however, we expect to surpass the seven spots assigned last year. If you wish to participate, please contact Pauline at (403) 944-1271.

On the administrative side, stipends were submitted for faculty members who have helped in mandatory training, out of province electives, and clerkship lectures. We had 24 local applicants at CaRMS, due, in part, to a commitment at all levels of under-graduate training—providing shadowing, teaching Med 440, and precepting summer block, Course VII and pre-clerkship. Every day, I witness the impact of great teachers. We couldn't do it without you! Thank you!

Submitted by Dr. Nancy Brager

Residents Donate

In December, residents from various departments donated their call stipend from a scheduled call shift to The Alex, a community health program for marginalized individuals in Calgary. The initiative was called **Call for a Cause**, and \$9,868.47 was donated. Proudly, Psychiatry boasted the highest participation rate—58% of psychiatry residents donated.

A large portion of the donations from Call for a Cause went to Pathways to Housing, a program that provides housing and supportive treatment services in the areas of mental and physical health, substance abuse, education and employment.

Postgraduate Education Update

In December, when we opened the CaRMS profile for the first time, it was confirmed that interest in Psychiatry was on the upswing. We had our second-ever strongest year of local applicants, and we were very happy to hear that beyond the six students that matched to our program, ten

between May 1 and 4 for their final OSCEs/PDMs. Join me in wishing the best for the following residents: Claire Carr, Diana Czechowsky, Novin Ihsan, Sonya Malhotra, Andriyka Papish and Anna Wesenberg-Kalenchuk.



Kaitlin Chivers-
Wilson



Alexandra di
Ninno



Leanne Foust



Randall Krall



Gina Vaz



Brett Sawchuk



Pamela
Weatherbee

went to other Psychiatry programs across Canada – UBC (2), U of A (5), Ottawa (1), U of T (2). Joining our program on July 1 will be: Kaitlin Chivers-Wilson, Alexandra di Ninno, Leanne Foust, Randall Krall, Brett Sawchuk, Gina Vaz and Pamela Weatherbee. Most of these students have spent a significant amount of their undergraduate elective time in our specialty, so we anticipate this will be a very smooth transition to residency for them.

CaRMS planning began in the fall, with almost every resident recruited to either update the CaRMS presentations, host the hospitality room, present at the noon-hour, attend evening socials, or 'truck-in' food on at least one of the four days. Kanwal Mohan and Brooke Duncan co-chaired the planning, and I think they did an excellent job. Thanks go out to all the residents who participated in interviewing candidates and our Chief, Dr. Brienne McLane, who took part in all 42 interviews; she likely is enjoying her much-needed break from me! (smile). I also appreciated all of the faculty members who took the time to attend the luncheons or, in their RTC role, participate in the interview panels.

Spring means exam time. Under the watchful eye of Dr. Arlie Fawcett, the seven PGY-4s will be participating in long case certifying exams in late May/early June, with the goal of passing two exams successfully. As in previous years, all PGY-4s will spend half of their academic year in weekly sessions with Dr. Fawcett in preparation for exams. These sessions are valued by everyone involved, and we are happy to see them continue. Six final-year residents wrote their fellowship exams on April 3 and 4. They will fly to Ottawa

Planning has begun for the next academic year's rotations. In the last few years, we've encouraged residents to collectively plan their rotations to ensure collaboration. Rotation memos to faculty should be distributed by mid-May. This year, we will have nine residents on inpatient rotations for July to December.

The mentorship program continues, and we are always looking for faculty members interested in participating. As a valued part of education, psychiatrists can now claim sessional hours for mentoring if they are involved in this formalized program. All residents and current mentors have been supplied with the 'WILD' card, a mentoring tool designed for career counseling. I hope to present this to faculty in the future and residents have been given a briefing on how to start integrating this tool into their career development.

In preparation for the U of C's external review of all residency programs in 2014, we will be participating in an internal review on May 29. Residents have been encouraged to seek out and discuss with their preceptors the learning objectives for their rotations. Please remember that a link to all rotations is on the department's website in the residency section under 'Blue Book of Rotations'. Residents were on retreat March 22 and 23, where they selected Dr. Kanwal Mohan as their new Chief Resident, to begin April 1. Kudos to outgoing chief, Dr. Brienne McLane, for a stellar year of leadership, including the expansion of "Call For A Cause" as noted elsewhere in this newsletter.

Submitted by Dr. Jordan Cohen

Fellowship Update

Update from Dr. Wanda Lester



Once upon a time, I was a pathologist at FMC and a faculty member at the University of Calgary. I made a (huge!) career switch to become a Psychiatry resident in 2006. As I neared the completion of my residency in Psychiatry, I knew that I wanted to further my knowledge and experience in psychotherapy, specifically in psychodynamic psychotherapy and

interpersonal psychotherapy. I was fortunate to be awarded a Psychiatry Fellowship in Calgary for 2011-2012 which has allowed me to further pursue this goal.

I am based in Outpatient Mental Health (OPMH) at the Sheldon M. Chumir Health Centre. Having done a one-year elective in psychodynamic psychotherapy during residency with Dr. Elizabeth M. Wallace, I am privileged to be supervised by her again. I have a caseload of ten psychodynamic patients and attend Psychodynamic Psychotherapy Rounds and the Psychodynamic Observership at OPMH. (Dr. Wallace started the observership in the summer of 2011. She conducts weekly psychodynamic psychotherapy with a patient while psychiatry residents and I watch from behind the mirror. After the therapy session, Dr. Wallace meets with us and we discuss the case.) In addition to this, the psychodynamic supervisors' group has kindly allowed me to attend their biweekly meetings.

I also see about three patients weekly for interpersonal psychotherapy (IPT). This is a 16-week therapy focused on grief, role transitions, role disputes, or role deficits (interpersonal sensitivity). I am supervised via weekly telephone calls by a psychologist in Toronto, Dr. Laurie Gillies, who has a wealth of experience in IPT supervision. I am pleased to have had some referrals for IPT from geriatric psychiatrists and Geriatric Outpatient Mental Health, because I am interested in doing psychotherapy with the elderly for part of my practise, and the focus areas of IPT are very relevant

to geriatrics. I am working to achieve supervisor status in IPT so that I can train psychiatry residents. The biggest delay with this will be the availability of advanced IPT training courses—they are not held very often!

During my fellowship, I assisted Dr. Wallace when she taught the PGY-2s about transference, gave a lecture on psychotherapy to the PGY-1s, and taught small groups in the Mind Course. I will be teaching PGY-3s on psychodynamic and interpersonal therapies this year as well. I presented a workshop on IPT at Mood Day 2012 and am slated to be a discussant for a psychodynamic case at the Alberta Psychiatric Association 2012 meeting in Banff.

I am grateful to the Department of Psychiatry for providing me with this opportunity, to Dr. Wallace for exemplary supervision and mentorship, and to Dr. Cindy Beck for mentorship. Thank you to the psychiatrists and the therapists who have referred patients to me for my psychotherapy training!

I will be going into private practise in July, focussing on psychodynamic and interpersonal psychotherapy. I plan to be involved in teaching and resident psychotherapy training.

Submitted by Dr. Wanda Lester

Annual Curling Bonspiel Highlights

The Department of Psychiatry held its 7th Annual Curling Bonspiel at the Calgary Winter Club on February 13, 2012. This was a great social event, and participants improved their curling skills and style. Following the curling, we enjoyed a delicious dinner, and prizes were awarded. The evening reflected the tremendous spirit in the Department of Psychiatry and included a great variety of members.

We would like to thank the Calgary Winter Club for assisting with and providing catering for the curling bonspiel. Also, thank you to the resident sponsors and, especially, the volunteers who set-up and organized this event.

Submitted by Marie Drescher



High Score

Zeldrocks: Reilly Smith, Brooke Duncan, Don Nagribianko & Joan Besant



Low Score

Mighty Spiders: Halina Bowers, William White, Kathy Fitch, Rosalyn McAuley



Best Dressed Team

The Rockin' PD's: Margie Oakander, Dave Tano, Darcy Muir & Tim Ayas



Best Team Name

Sweeping Beauties: Tara Morash, Lauren Zanussi, Kathy South, Janna Powell-Smith

2012 Sebastian K. Littmann Day

Rather than providing a traditional report of the 2012 Sebastian K. Littmann Day, I have used “Wordle” to produce a word cloud summary.



The 26th annual Sebastian K. Littmann Research Day will be held on March 1, 2013 at the Alberta Children's Hospital Ampitheatre. Please note the new venue and the return to our traditional date (first Friday of March). We hope you'll set aside the date and consider presenting your research at this event.

Dr. Scott Patten

Mind Matters is distributed quarterly to all psychiatry medical staff and faculty, psychiatry residents, program directors and section chiefs, Alberta Health Services Executives, and psychiatry support staff.

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