

# HEADLINES

March 2020 / VOLUME 15/ ISSUE 2



## AFFECTED BY THE SEASON

DR. TOMAS HAJEK STUDIES  
DEPRESSION WITH SEASONAL  
COURSE

# IN THIS ISSUE

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## FEATURES

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**MEET DR. SUZANNE ZINCK** Get acquainted with the assistant professor and child and adolescent psychiatrist. *page 13*

**FACULTY AWARDED BY CIHR** Read about four of our faculty who were recently awarded grants. *page 20*

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# HEAD LINES

# MESSAGE FROM THE INTERIM HEAD

As the days are getting longer and spring seems just around the corner, we are pleased to bring you the March edition of Headlines. This issue is full of stories covering recent achievements by several of our department's excellent researchers.

In January we learned that two projects lead by Departmental researchers were awarded CIHR grants in the recent competition. **Dr. Rudolf Uher, Dr. Ben Rusak,** and **Dr. Martin Alda** were the top ranked project in their group for their study titled *Sleep and circadian rhythm as developmental antecedents to major mood disorders*. **Dr. Yifeng Wei** was successful for her project *Developing, Evaluating, Disseminating and Sustaining a School-Based Mental Health Literacy Intervention for Indigenous Youth*. This is a significant achievement both for the individual researchers and the department as the overall grant success rate this year was only 17 per cent, and psychiatry won two of the seven successful grants received by the Dalhousie Faculty of Medicine.

The cover story highlights **Dr. Tomas Hajek's** research on depression with a seasonal course. I know faculty from the mood disorders program are asked to comment on this topic by the media every January during the long dark days of winter. Dr. Hajek can now discuss his own interesting findings on this topic of great interest to the general public.

**Dr. Cindy Calkin** has received a significant grant from Global Affairs Canada to study another topic that has captured the public's attention



*Dr. Jason Morrison*

– the so-called “Havana Syndrome.” Dr. Calkin and her Dalhousie co-investigators are trying to determine the cause of this mysterious neuropsychiatric syndrome that has afflicted foreign diplomats working in Havana, Cuba.

We also have an update on **Dr. Phil Tibbo's** important work on the link between cannabis use and psychosis in young people, as well as his leadership in promoting psychosis research at a national level.

You will read about **Drs. Selene Etches, Zenovia Ursuliak, Tibbo** and **David Gardner** presenting at local conferences this winter. This work is very important for knowledge translation where our faculty spread new knowledge generated from research to other clinicians, community partners and the general public. This is an area of departmental

work that we will be thinking more about as we operationalize our strategic plan.

Our two profile pieces focus on psychiatrists active in knowledge translation. **Dr. Suzanne Zinck** is a dedicated teacher and clinician at the IWK, and a regional leader in intersection of gender identity, sexuality and mental health in youth. Read about how she got interested in this field and her work as a teacher and CBT supervisor. Dr. Kathleen Singh is a geriatric psychiatry fellow who has promoted well-being in older adults and awareness of geriatric-appropriate psychopharmacology through her Green Card project.

The work of all these faculty enhances the reputation of our department regionally, nationally and internationally. I am very proud to have them as colleagues.

# ON THE COVER



It is that time of year: the time when we bundle up in our warmest coats, don our hats and mittens, and grit our teeth to get through the long Canadian winter. It's also the time of year we hear frequent mentions of the term SAD, or seasonal affective disorder. But what does this really mean? Does SAD differ from other types of depression? **Dr. Tomas Hajek**, a researcher in the Department of Psychiatry, is working to answer some of these questions.

The concept of SAD, or the 'winter blues' has certainly caught the popular imagination, but there remain many questions and terminological confusion. Seasonal variations in mood, energy, appetite, weight, social activity, and sleep are fairly frequent. In the 1980s Dr. Norman Rosenthal proposed the diagnosis of seasonal affective disorder, which represents the extreme of these seasonal variations and is diagnosed based on the Seasonal Patterns Assessment Questionnaire (SPAQ). Importantly, SAD is not an official diagnosis in either the DSM (Diagnostic and Statistical Manual of Mental Disorders) or the ICD (International Classification of Diseases). These diagnostic manuals only contain a seasonal course specifier, which can be applied to mood disorders. Someone suffering from depression with seasonal course would have to have repeated full episodes of depression always

in the same season and remissions in the other seasons. Importantly, those who meet criteria for SAD may not necessarily meet criteria for depression with seasonal course. Yet, these terms are used interchangeably. To complicate matters further, seasonality sometimes also refers to uneven distribution of hospitalizations or episodes throughout the year across, not within participants. This cross-sectional seasonality may be a different phenomenon than repeated seasonal hospitalizations in the same person.

In 2016, Dr. Hajek discovered his friends and colleagues in the Czech Republic had access to a population registry of psychiatric hospitalizations, which could be used to ask more questions about seasonality and gain further clarity on the subject. "A number of key concepts in our diagnostic system are not based on hard evidence, including the seasonal course specifier," says Dr. Hajek. There have always been uncertainties about this diagnosis and some have even questioned its very existence. "Also," he says, "while we do generally see more recurrences of depression in certain seasons, it is not always in the same patients. Thus, we wanted to find out whether hospitalizations for depression will show seasonal peaks and whether these seasonal peaks will be caused by specific individuals who have regular recurrences in the same season, meaning they suffer from

depressive episodes with seasonal course."

The study, developed by Dr. Hajek, entitled *Cross-sectional and within-subject seasonality and regularity of hospitalizations - a population study in mood disorders and schizophrenia*, is the largest study of its kind. It includes a completely unselected sample of all hospitalizations in all of the Czech Republic during a 20-year period, with over a million hospitalizations reviewed. Previous studies tended to focus on small samples of selected participants and be retrospective, meaning they reviewed past events. Recalling past episodes may be imprecise. As SAD is very popular, participants may more easily recall episodes which happened in the fall and winter and forget about episodes in other seasons. This recall and confirmation bias may inflate the proportions of participants meeting the seasonal course specifier, especially if researchers specifically ask about seasonal effects "In our case, we collected the data prospectively and nobody collecting the data knew that we were interested in seasonality, thus minimizing these biases."

Another innovation of this study comes from quantifying the proportion of participants who show seasonal course purely by chance. "You see," says Dr. Hajek, "even if the illness course is completely random,

some participants may have repeated episodes in the same season purely by chance." In other words, having depression in the fall does not mean that the depression was caused by the fall – it may simply be a coincidence. "It is not enough to just say that three or five per cent of participants met criteria for seasonality. You need to also test whether this was surprising enough or not. In other words, could this have happened simply by chance?"

Results of the study showed that across participants, hospitalizations for mood disorders were unevenly distributed throughout the year. Specifically, there were peaks in hospitalizations for depression in October, November and April, which is in keeping with findings from a number of previous studies. A small proportion of participants did have repeated episodes in the same season, but this proportion was not above what would be expected by chance. Furthermore, the numbers of participants with seasonal course were too small to explain the peaks in hospitalizations in certain seasons. In other words, the increased numbers of hospitalizations for depression in the fall and spring were not caused by a subgroup of patients with strictly seasonal course. "Our data do not support the validity of the seasonal pattern specifier on the level of hospitalizations and suggests that season may be a general risk

factor which increases the risk of hospitalizations across psychiatric participants," says Dr. Hajek.

So what does this mean?

"These findings may help with planning of psychiatric services on a population level," says Dr. Hajek. "We may want to allocate more services or resources to treatment of depression in the fall, for example. However, season is not likely to be a strong predictor of clinical course in individual participants – the fact that a given person had an episode in winter does not mean that he or she will have another episode in winter and not in the summer."

# RESEARCH REPORT



## Department of Psychiatry Research Day 2020

This year's event is scheduled for Friday, October 30 at the Atlantica Hotel. Now in its 30th year, Psychiatry Research Day promotes student involvement in research and showcases the department's diverse expertise to our university and local communities.

Applications to present at this year's Research Day will be distributed in May with registration starting in August.

For more information on Research Day 2020, please contact **Hillary Yuill** at [hillary.yuill@nshealth.ca](mailto:hillary.yuill@nshealth.ca)

## Congratulations!

Two Canadian Institutes of Health Research (CIHR) project grants have been awarded to members of the Department of Psychiatry.

**Dr. Rudolf Uher, Dr. Martin Alda, Dr. Benjamin Rusak** received \$462,825 for their study *Sleep and circadian rhythm as developmental antecedents to major mood disorders*.

**Dr. Yifeng Wei** received \$546,976 for her work *Developing, Evaluating, Disseminating and Sustaining a School-Based Mental Health Literacy Intervention for Indigenous Youth*.

Read more about these grants in the news section on page 20.

# EDUCATION REPORT



## UNDERGRADUATE EDUCATION NEWS

### Recruitment

Undergraduate teaching recruitment for 2020/21 has begun. To learn about available teaching opportunities, please contact Kelly Hancock, undergraduate coordinator at [kelly.hancock@nshealth.ca](mailto:kelly.hancock@nshealth.ca). We recommend that you make your choices early to avoid disappointment.

### PsychSIGN

Each year the department sponsors one medical student who is considering psychiatry as a potential career by providing travel costs to attend the annual Psychiatry Student Interest Group Network (PsychSIGN) conference. This is held in conjunction each year with the American Psychiatric Association

conference. This year we would like to congratulate Emma Hazelton-Provo, a second year medical student, on being the successful candidate. We look forward to hearing about her experience in a future issue of *Headlines*.

Please note the following upcoming contest for medical students and

encourage your students to apply. Further details are posted on our departmental website:

The Canadian Organization of Undergraduate Psychiatric Educators (COUPE) Best Paper Award for Medical Students. The author of the winning submission will be acknowledged in the Canadian

Journal of Psychiatry, receive \$250.00, travel expenses paid to attend the fall Canadian Psychiatric Association (CPA) meeting (up to \$750.00 value), as well as an engraved plaque from COUPE. This contest is sponsored by COUPE. Submission deadline is Midnight, Friday, March 27.

## POSTGRADUATE EDUCATION NEWS

### Evaluations

The postgraduate program has begun planning the 2020 end-of-year oral assessments and STACER examinations for the residents. Faculty will receive an invitation in the next several weeks to act as assessors for these very important evaluations.

### CaRMS

A big thank you to everyone that participated in this year's CaRMS events in January and February, especially the faculty and residents who assisted with the file reviews and interviews:

**Sabina Abidi, Sreenivasa Bhaskara, Miroslaw Bilski-Piotrowski, Katharine Black, Mark Bosma, Christelle Boudreau, Lauren Chan, Terry Chisholm, Jacob Cooney, Jillian Cottreau, Kara Dempster, Ezio Dini, Selene Etches, Sarah Fancy, Emily Fraser, Kyle Godden, Amy Gough, Josh Green, Holly Greer, Courtney Handford, Sameh Hassan, Lara Hazelton, Kristen Holm, Kathleen Howell, Mary-Ann Hudec, Sherry James, Marissa LeBlanc, Katherine Lines, Michelle MacDonald, Shannon MacDonald,**

**Greg MacMullin, Meagan MacNeil, Alexandra Manning, Christie McClelland, Philip Mills, Jason Morrison, Cheryl Murphy, Grainne Neilson, Nadine Nejati, Aditya Nidumolu, Herbert Orlik, Justin Paradis, Deborah Parker, Kulli Poder, Lukas Propper, Malgorzata Rajda, Shiloh Ricciotti, Tyson Rizzardo, Celia Robichaud, Michaela Routhu, Sunil Routhu, Cody Sherren, Kathleen Singh, Chelcie Soroka, Lourdes Soto-Moreno, Sanjana Sridharan, Cinera States, Aidan Stokes, Scott Theriault, Tanya Tulipan, Angela Wang, Kim White, Olga Yashchuk.**

A total of 92 candidates of a record 154 applicants were interviewed over four days. Thanks to the efforts of our administrative staff, **Tracy Fraser-MacIsaac, Jen Brown, Kelly Hancock, Mandy Esliger, Kate Rogers** and **Megan Bellefontaine**, each day ran very smoothly and clearly demonstrated the strengths of our program. Match Day is March 3, and we are very hopeful that all eight positions will be filled. Results will be sent to all department members as soon as they are released.

## FELLOWSHIP AND SUBSPECIALTY TRAINING NEWS

### **Meet Dr. Kathleen Singh, geriatric psychiatry subspecialty trainee**

#### ***Why did you choose to pursue***

***this training?*** I have always been drawn to complexity. In medical school I thought about doing internal medicine, but ultimately chose psychiatry as it offered a similar intellectual challenge while providing an extra layer of energy and excitement for me. Geriatric psychiatry allows me to feel closer to internal medicine (and neurology) again, and offers a whole other category of intellectual challenge with neurocognitive disorders. The population itself is another important reason. At the risk of sounding cliché, I am often humbled and honoured to hear the life stories that have spanned decades. We see resiliency throughout psychiatry, but there is something about seeing it in late life that makes it so remarkable. There is a lot to learn from this group, and maybe some of it will get in by osmosis! Lastly, the homemade baked goods on home visits are pretty good too!

#### ***What do you hope to accomplish?:***

During training it can be difficult to see beyond the sequential benchmarks and targets you need to hit, but I do have many interests. Throughout residency, I have dabbled in administration, education, and research (shameless plug for The Green Card – like the Yellow Card, but for seniors). I am also interested in advocacy. I am looking forward to seeing how these interests evolve and what opportunities come my way



*Dr. Kathleen Singh*

over the next few years. First order of business after graduation will be passing my last Royal College Exam.

***What does the future hold?:*** I am thrilled to be joining the Seniors Mental Health team here in July. During my R3 geriatric psychiatry rotation, it took me a while to figure out if I liked it so much because of the great team or the nature of the work. Since then, it has become very clear that it is both. It is a special group here and I feel very fortunate to join them. Outside of work, I will be learning to parent a toddler - I'm not sure what will be more challenging!



# GRADUATE STUDIES IN PSYCHIATRY RESEARCH NEWS

## PhD Program

The PhD in Psychiatry Research proposal has been approved by the Maritime Provinces Higher Education Commission (MPHEC) and work can now begin to implement the program. Congratulations to those who have been involved in moving this process forward.

## CONTINUING PROFESSIONAL DEVELOPMENT NEWS

### Recent Highlights

2020/01/08 **Drs. Suzanne Zinck & Josh Smalley** (PGY-6)

Rescheduled on March 25 due to weather.

2020/01/15 **Dr. Margaret Rajda & Mandy Eslinger**

(MedEd) 'Using interactive, case-based eLearning modules in medical education'

*Reminder:* Attending this session and completing an evaluation meets the DoP criteria for professional development in medical education. The next opportunity to earn MedEd credit for attending rounds is on March 11.

2020/01/22 Dr. Jodi Lofchy, University of Toronto  
'The Management of Agitation and Behavioural Emergencies.'

2020/02/06 **Drs. Mark Bosma & Cheryl Murphy**  
(Workshop) 'How to Write Good Quality MCQ's'

Faculty who participated in this 2-hour workshop earned 1.5 hours of MOC Section 3 credits. Thank you to both the facilitators and participants for their continued dedication to medical education.



Dr. Jodi Lofchy



Dr. Kwame McKenzie

2020/02/19 Dr. Kwame McKenzie, University of Toronto  
'Mental Health of Canada's African and Caribbean origin populations: what we know and what we can do to improve it'

### Upcoming Events

2020/03/04 Child & Adolescent Psychiatry

**Dr. Celia Robichaud** (PGY-6), Department of Psychiatry, Dalhousie

2020/03/11 Clinical Academic Rounds (MedEd) **Dr. Mark Bosma,**

Department of Psychiatry, Dalhousie  
'Competency by Design II'

2020/03/18 University Rounds  
Dr. Lee Watchtel, Kennedy Krieger Institute  
'ECT in child and adolescent psychiatry'

2020/03/25 Child & Adolescent Psychiatry

**Drs. Suzanne Zinck & Josh Smalley** (PGY-6), Department of Psychiatry, Dalhousie

'Working with trans\* and gender non-binary people with co-morbid

major depression or anxiety disorders:  
understanding the unique issues'

2020/04/01 Child & Adolescent  
Psychiatry

2020/04/08 Clinical Academic Rounds  
Susan Lamb, PhD, U of Ottawa  
'Adolf Meyer and the origins of clinical  
psychiatry and neuroplasticity'

2020/04/15 University Rounds  
Dr. Cristina Cusin, Massachusetts  
General Hospital  
'Ketamine from research to clinical  
practice: promises and pitfalls'

2020/04/22 Clinical Academic Rounds  
**Dr. Josh Green**, Department of

Psychiatry, Dalhousie  
'Research'

2020/04/29 Clinical Academic Rounds  
Jim Barker, PhD, Rowe School of  
Business, Dalhousie University  
'Organizational Behavior'

### W.O. McCormick Academic Day

Online registration will be provided by  
eSource Event and will be available  
mid-March. Plan to register early to  
avoid disappointment!

Watch our webpage for registration  
and further details: [https://  
dalpsychiatry.ca/s/womad](https://dalpsychiatry.ca/s/womad)

## Updates

### Rounds room equipment

#### **Cannot see the presenter during rounds**

This is a new problem in the host room, 4074 AJLB, as of mid-January. A new computer was installed that seems not to be compatible with the pre-existing cameras. IT is working on a solution. We will use a back-up computer until the issue is resolved.

#### **Cannot see the slides during rounds**

This seems to be an issue for only some of the attendees. Thank you to those who have provided us with information to help work on a solution and let us know what has worked for them. NSHA has made the following suggestions for those having trouble and it has been proven to work.

- MAC

<https://macroports.com/screen-sharing-not-working-on-mac-fix/>

- WINDOWS

Windows users with issues on a personal PC: install skype for business basic and log in with their NSHA account - <https://www.microsoft.com/en-us/download/details.aspx?id=49440>

In addition, one participant reported success once they updated their operating system on their laptop and smartphone.

### Skype for Business Support

Skype for Business is an NSHA supported program. There are a few options for technical assistance:

1. Enter a ticket in the NSHA self-serve ticket system.

The poster features the Dalhousie University logo at the top left. A green banner across the top contains the text 'CONTINUING PROFESSIONAL DEVELOPMENT IN PSYCHIATRY'. Below this, the main title '2020 W.O. MCCORMICK ACADEMIC DAY' is displayed in large, bold, black letters. Underneath the title, the theme 'Coaching and Behaviour Change' is written in blue. The date 'Friday May 8, 2020' is prominently shown. The location 'Westin Nova Scotian, 1181 Hollis Street, Halifax, Nova Scotia' is listed. A note states 'Registration opens in March' with a link to [dalpsychiatry.ca/s/womad](https://dalpsychiatry.ca/s/womad). A large, stylized 'DAL' logo with a bird emblem is on the right side. At the bottom, logos for IWK Health Centre, Nova Scotia Health Authority, and Dalhousie University Faculty of Medicine Department of Psychiatry are included. Contact information: Tel: 902.473.5664 | Fax: 902.473.4887 | [tracy.fraser@nshealth.ca](mailto:tracy.fraser@nshealth.ca)

2. Call 1 866 224 2555.

3. Contact the general NSHA helpdesk at 902 473 3399.

In addition, the link to join the rounds meeting is always active, so you can test your connection anytime.

Interested in using Skype for Business for more?

NSHA provided resources are available at the following link: <https://library.nshealth.ca/Online/Meetings#s-lg-box-12802700>

## FACULTY DEVELOPMENT

### Faculty Development Opportunities

#### Dalhousie Continuing Professional Development

##### **FacDev Thursdays Seminar Series (webinars)**

What's new in FacDev?

Check this out: Dalhousie Medicine New Brunswick launches first-of-its-kind medical education podcast: The Fac Dev Lounge. To learn more visit: <https://medicine.dal.ca/departments/core-units/cpd/faculty-development/Podcasts.html>

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##### **Emerging Leaders in Academic Medicine (ELAM) (online)**

The program provides an opportunity for faculty with limited leadership experience to become more familiar with the functioning of the medical school and acquire knowledge and skills to take on expanded roles in their academic settings.

April 7 - June 9, 2020

Registration fee: \$100

For more information or to register please visit <https://medicine.dal.ca/departments/core-units/cpd/faculty-development/programs/emerging-leaders-in-academic-medicine--elam-.html>.

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##### **Save the Date: 6th Annual Medical Education Institute**

Friday, June 12 | Theatre A, Sir Charles Tupper Medical Building, Dalhousie University

We will provide more information as it becomes available.

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##### **Tutor Skills Development Program**

Are you new to tutoring in the UGME curriculum and looking for resources to support you in your role? Faculty Development offers an online module to introduce you to managing small group learning as well as twice a year tutor practice sessions with simulated tutorial groups. The online module is available anytime, the practice sessions are offered late summer and fall (based on interest).

For more information or to be given access to the module contact [FacDev@Dal.Ca](mailto:FacDev@Dal.Ca).

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For more information on Faculty Development and their programs, email them at [facdev@dal.ca](mailto:facdev@dal.ca).

Note: Many of their Faculty Development activities are accredited. If you would like to receive a CME listing of your credits for the past year, or other date span, please feel free to contact Deirdre Harvey at 902-494-2234 or [deirdre.harvey@dal.ca](mailto:deirdre.harvey@dal.ca).

## MED-ED MINUTE

A recent addition to *Headlines*, the “Med Ed Minute” will introduce scholarly snippets to consider in your teaching practice.

### Active learning

This Med Ed Minute highlights the concept of active learning, why it is important and provides suggestions from the literature for incorporating active learning into your teaching.

### What is active learning?

Active learning is “anything that involves students in doing things and thinking about the things they are doing.”<sup>1</sup> Active learning moves away from knowledge transmission to knowledge construction through activities that actively engage learners in constructing new knowledge.<sup>2</sup>

### Why is active learning important?

Active learning is important for engaging and motivating learners, and has been shown to promote deeper learning, knowledge retention, critical thinking skills, and aid in lifelong learning skills development.<sup>1,3</sup>

### How can you incorporate active learning into your teaching?

Active learning can be incorporated through a number of approaches such as case studies, role plays, discussions and problem solving, to name a few.<sup>4</sup> The diagram in Figure 1 presents a spectrum of active learning activities, arranged by complexity and classroom time commitment.<sup>5</sup> Although the diagram highlights classroom activities, some of these may be adapted for clinical teaching. To view the details of each activity and to learn about considerations for incorporating active learning, please

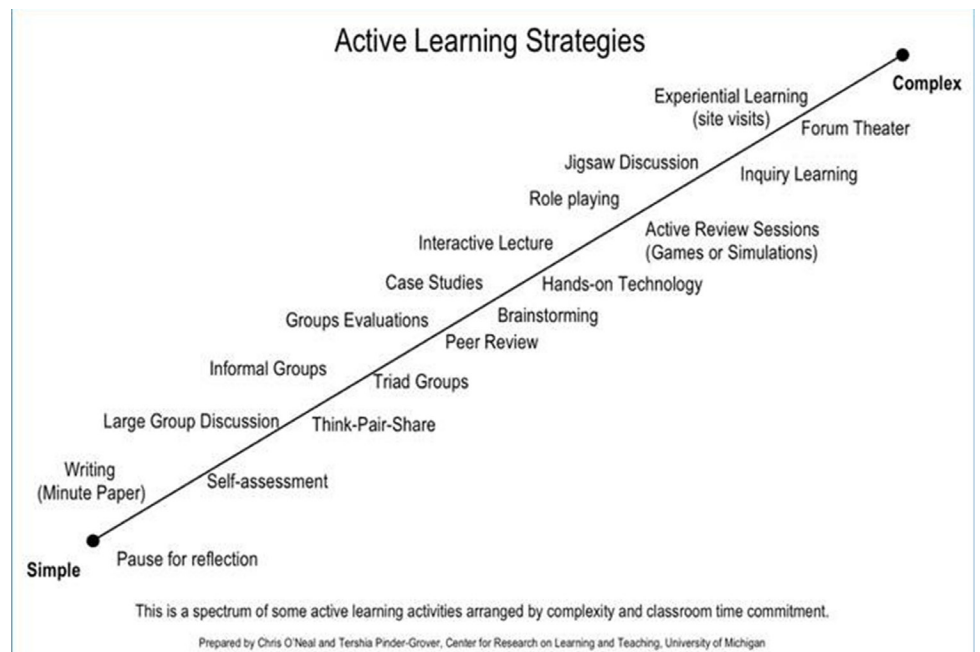


Figure 1: Active Learning Strategies

visit University of Michigan's website [www.crlt.umich.edu/active\\_learning\\_implementing](http://www.crlt.umich.edu/active_learning_implementing)

If you have suggestions for what you would like to see in the Med Ed Minute, please send them to Ms. Mandy Esliger.

### References

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## MEET AN EDUCATOR: DR. SUZANNE ZINCK

*Meet an Educator* is a recurring article in the Education Report of *Headlines*. In this issue we profile **Dr. Suzanne Zinck**, assistant professor and psychiatrist in the Department of Psychiatry at the IWK. If you are interested in being profiled in an upcoming publication, please contact Kate Rogers at [Kate.Rogers@nshealth.ca](mailto:Kate.Rogers@nshealth.ca).

### **My current education/teaching**

**interests:** I enjoy teaching and supervising medical students, residents and fellows in the areas of my clinical subspecialty of child and adolescent psychiatry. In particular, I teach and supervise most in the areas of cognitive-behavioural therapy, mood disorders, and gender identity and sexuality.

Since 2015, I have been the head of the sexuality component of the human development unit in the Med I curriculum. A component head is responsible for all aspects of content of a section of a larger unit. This involves editing, writing and updating clinical cases; recruiting expert lecturers, and also creating and delivering some lectures in the component; responding to student questions about all of the material; writing multiple-choice questions for the exam question bank; revising the questions based on their performance in testing the material; choosing the questions for each year's component examination; and reviewing and responding to feedback. I have enjoyed learning about the undergraduate medical curriculum as a whole. Collaborating with colleagues in embryology, endocrinology, genetics, geriatric psychiatry, gynecology, pediatrics and urology in teaching first year medical students about human development is always satisfying.



*Dr. Suzanne Zinck*

I also head the committee for the annual Trans Health symposium, Integrated Care for Trans\* & gender-diverse youth into adulthood, which provides CPD to clinicians seeking to develop competence in all aspects of care for transgender and non-binary

youth. This well-reviewed symposium had led to the development of a provincial peer supervision network. I have learned so much from my skilled colleagues, and seeing their confidence in care increase is very rewarding; the supervision call is

my favourite working hour of every month.

***My preferred method of teaching***

***or curriculum delivery:*** This is a tough question! I give lectures to large groups several times a year, as well as very small groups of four to eight learners. For didactic teaching, small group teaching, using video or clinical case narratives is my preferred method. It allows for a deeper engagement with the concepts and the opportunity to formulate critical and clinical thinking in an active way. I enjoy clinical supervision best of all.

***A typical "Day in My Work Life":***

A typical week for me is three clinic days and one for education and clinical paperwork. A typical clinic day is a morning of greeting the resident or fellow and clinic admin staff; seeing 3-5 patient follow-ups, return email and calls at lunch; an assessment of a new patient in the afternoon, and either one or two more follow-up appointments. At the end of the day, I will return email and review psychiatry referrals in my role as Psychiatry Co-leader of the Halifax Community Mental Health Clinic. During my 'education day', I work on lectures, seminars, clinical cases, symposia and also complete evaluations and administrative tasks related to education. Having this block of time is essential for my productivity as it allows good flow of ideas without the interruptions that are inevitable while in clinic.

***The most satisfying and frustrating aspects of doing your academic work:***

Hearing animation in the discussion of learners and a flow of ideas being exchanged is very satisfying. One highlight is when the group is

articulating the role of empathy in a particular treatment.

The most frustrating part of academic work is learning and keeping up with the useful but ever-changing technology that supports teaching at Dal: Brightspace; ExamSoft; Panopto; fileshares; PowerPoint; Skype. I have just found my way with one version when a new one arrives.

***My education/academic mentor:***

While in residency at McGill, my education mentors were psychiatrists Dr. Gail Myhr, Dr. Gilbert Pinard and Dr. Ruth Russell. They are all passionate about teaching and had very high standards, were evidence-based and had a great respect for the time and formation of their learners. At Dalhousie, I have benefitted from the mentorship of **Dr. Alexa Bagnell**, **Dr. Lara Hazelton**, and **Dr. Jason Morrison**.

***My second career choice:***

A professional writer, though I joke about becoming a florist: I find arranging flowers very calming.

# CHILD & ADOLESCENT PSYCHIATRY REPORT

## 13th Annual Atlantic Provinces Child and Adolescent Psychiatry Conference

The Division of Child and Adolescent Psychiatry is holding their 13th annual Atlantic Provinces Child and Adolescent Psychiatry Conference (APCAPC) in June 2020. APCAPC is renowned as an excellent opportunity for continuing education on a variety of academic and clinical topics as they pertain to child/adolescent psychiatry. It is also a wonderful opportunity to network with Maritime colleagues in a casual and relaxed atmosphere.

All faculty and residents are encouraged to attend and also to consider submitting abstracts for presentation. Please save the dates of June 12-14, 2020 and join your colleagues at White Point Lodge Beach Resort for what will surely be an enjoyable weekend.

## 3rd Annual Trans\*Health Symposium

The Division of Child and Adolescent Psychiatry is hosting their 3rd annual Trans\*Health Symposium, *Integrated care for gender dysphoric, gender non-binary, & transgender children into adulthood*, on April 16-17, 2020 (Room C170, Collaborative Health and Education Building, Dalhousie).

To register for the conference, please contact Debi Follett at [Debi.Follett@iwk.nshealth.ca](mailto:Debi.Follett@iwk.nshealth.ca); 902-470-8087.

## Community Presentations

On January 28 **Dr. Sabina Abidi**

presented *When things don't seem real: myths about cannabis and psychosis* to grades 6, 7, 8 and 9 at Ridgecliff Middle School.

On January 29 **Dr. Alexa Bagnell** filmed a video segment, *Anxiety in Teens*, as part of Bell Let's Talk Day. She was interviewed by Maria Panopolis at CTV. To view the video please visit: <https://atlantic.ctvnews.ca/video?clipId=1887667&binId=1.1145729&playlistPageNum=1>

## Bell Let's Talk Day

The 2020 Bell Let's Talk Day awareness campaign took place on Jan. 29, 2019. This campaign spotlights personal stories from Canadians of all ages from all walks of life living with mental illness or providing support for those who do.

In 2020, Bell added \$7,719,371.25 to its commitment to Canadian mental health programs through Bell Let's Talk Day.

## Mental Health Foundation of Nova Scotia – A Different Stage of Mind

BMH Bank of Montreal's A Different Stage of Mind fundraiser invites community leaders to take the stage in support of Nova Scotians living with mental illness. These leaders, including our own Dr. Alexa Bagnell (member of Glorious Ladies), will perform on Friday, March 6 at the Halifax Convention Centre. For more information please visit <https://mentalhealthns.ca/a-different-stage-of-mind-2020>



C&A Psychiatry Executive Committee support Bell Let's Talk. L-R: Dr. Bagnell (Bell Let's Talk Subject Matter Expert), Michelle LeBlanc, Drs. Abidi, Stokes, Proper, and Ms. Debi Follett

# DR. PAUL JANSSEN CHAIR IN PSYCHOTIC DISORDERS REPORT

The Janssen Chair is playing a leadership role in organizing a multi-disciplinary Canadian network for psychosis researchers called The Canadian Network for Research in Schizophrenia and Psychosis. A successful first meeting was held with researchers from coast to coast in Montreal in January 2020 to discuss the mission of this network, which includes:

- To raise awareness that continued research in schizophrenia and psychotic disorders is needed and greatly contributes to improving the recovery and quality of lives of people affected (individuals and their families), as well as decrease health and social costs related to these disorders.
- To improve the impact of Canadian schizophrenia research by fostering interdisciplinary collaborative efforts and generating a momentum in order to gather the resources needed to answer current gaps and needs, as determined by multiple stakeholders including researchers, clinicians, families, and people with lived experience.

The Janssen Chair is also pleased to be a co-investigator on two recently funded projects that are related to service delivery to youth and young adults. The first is a CIHR (SPOR) program entitled 'MAY-Net (Mental Health & Addictions Youth Network): developing a national standard for implementing, evaluating and

improving youth-friendly mental health and addiction services' (Dr Cheng PI, Lakehead University). This research will explore what youth-friendliness service looks like in a Canadian, mental health and addictions context. The second study is a CFI funded project (called MAP-PRO; Dr Iyer PI, McGill University) that will allow for the creation of an electronic infrastructure for a data repository system for specialized early intervention services for psychosis in Canada. It will allow data management, analysis, sharing, and reporting for building research capacity in early psychosis services.

The Chair's ongoing CIHR neuroimaging study around cannabis and psychosis recently received some public attention with a release of a video from Research Nova Scotia (see News on page 18) focusing on his team's work, which also led to interviews on Global (TV) as well as stories with CBC and the Chronicle Herald.

Nova Scotia

## Halifax researcher studies how cannabis affects brain function in young adults



Study taking place in Halifax and London, Ont.

Aly Thomson · CBC News · Posted: Feb 09, 2020 6:00 AM AT | Last Updated: February 9



A researcher at Dalhousie University in Halifax is looking at how cannabis use can affect brain function in young adults. (David Donnelly/CBC)

71 comments

A researcher at Dalhousie University in Halifax is looking at how cannabis use can affect brain function in young adults.

Dr. Philip Tibbo, a professor of psychiatry, is conducting the study with researchers at Western University in London, Ont. It involves 180 people in both provinces between 18-35 who use cannabis to varying degrees.

To read Dr. Tibbo's CBC interview visit: <https://tinyurl.com/w4n9alb>.

## Your brain on cannabis: Halifax researcher probes effects on white matter, behaviour

John McPhee (@mcphee@herald.ca)  
Published: Feb 09 at 9:50 a.m.  
Updated: Feb 10 at 9:26 a.m.



Dr. Phil Tibbo, who heads the province's Early Psychosis Program, is shown at his office at the Abbie J. Lane building in Halifax. Tibbo is conducting a study into how cannabis use affects brain tissue and behaviour. - John McPhee - John McPhee



If you're a doctor and a younger patient uses a lot of cannabis, you're likely going to worry about how that's affecting their health.

That's especially the case when, like Dr. Phil Tibbo, you're treating a teenager or young adult for a significant psychiatric disorder like early phase psychosis.

Tibbo, who heads the Nova Scotia Early Psychosis Program at the Abbie J. Lane building in Halifax, figures about 80 per cent of his patients have some exposure to cannabis.

To read Dr. Tibbo's Chronicle Herald interview visit: <https://tinyurl.com/rt3verb>.





## NEWS FROM THE DEPARTMENT

### Third CRISM Symposium held in November

The Canadian Research Initiative in Substance Misuse (CRISM) Québec-Atlantic node held its third Atlantic symposium, *Informing Research and Practice in Substance Use*, Nov. 5-6, 2019 at the Confederation Centre for the Arts, Charlottetown, PEI. Elder Judy Clark (UPEI) opened and blessed the Symposium. The 1.5-day event brought together over 100 researchers, policy-makers, service providers, advocates, and people with lived experience, students, collaborators, and curious knowledge users. CRISM members provided an overview of substance use and ongoing intervention research through a series of scientific talks, poster sessions, and 5Minute (5MT) thesis presentations. Topics covered a broad spectrum including, but not limited to the impact of vaping on youth; intervention research with patient-population and people with lived experience; how data is influencing policy in access to care to POUD (prescription opioid use disorder); the impact of monitoring in reducing inappropriate prescribing of opioids and a view to PEI's initiatives and direction on substance intervention. CRISM is funded by CIHR. For more information: <https://www.crismquebecatlantic.ca/>.



*Dr. Selene Etches chairs the morning session on November 6. Dr. Julie Bruneau speaks.*

### 3rd CRISM ATLANTIC SYMPOSIUM AT A GLANCE

- 100 participants
- 10 provinces, 37 institutions represented (e.g. AIRN, Avenue B, CIHR, Eskasoni First Nation Mental Health, HANDUP, Health PEI, IWK, Indigenous Services Canada, Lennox Island First Nation, NS Lung Association, UNB, UPEI, Dalhousie)
- 15 + presentations, 13 posters
- 18 volunteers
- 2 awards (best poster and 5MT)
- 2 community partner booths (PEERS Alliance & Rezo Sainte, Montreal)
- Chill Space "Staying safe and informed" (provided by: PEERS Alliance and PEI Public Health)

## NS Researcher is Connecting Cannabis and Mental Health

Reprinted with permission from Research Nova Scotia

**Dr. Phil Tibbo** knows cannabis use can impact young people diagnosed with psychosis. That's why he's researching the effects of its use on brain health in youth and young adults.

"We know that within our early intervention services for psychosis, cannabis use is fairly high," says Tibbo. "Unfortunately, what we see is that those individuals who are diagnosed (with psychosis) and continue with cannabis use have some very significant negative outcomes."

In 2017, Research Nova Scotia (RNS) matched a grant from the Canadian Institutes for Health Research (CIHR) that Dr. Tibbo, Professor of Psychiatry at Dalhousie University and Director of the Nova Scotia Early Psychosis Program, received to conduct one of the first in-depth examinations of the effects of regular cannabis use on brain health in healthy youth and young adults and those in early phase psychosis. Working with researchers at the University of Western Ontario, the dual-site study is using MRI techniques to observe participants' brain white matter over a one-year period.

"One of the leading theories in the development of psychosis involves connectivity; this connectivity is done by brain white matter," explains Tibbo. "So, we're trying to see if there is a link, and if we can show that link, between cannabis use in young adulthood, its effect on brain white matter, and subsequently its effect on psychosis development."



Dr. Phil Tibbo

In addition to supporting individuals struggling with mental illness, the results of Tibbo's research could have important implications for teens and young adults in general. "Though this research is focused on psychosis, we're also looking at a healthy control group," he explains. "This will allow us to ask does cannabis use, and degrees of cannabis use, have an effect on brain white matter in the young adult population?"

Tibbo hopes his research will help young adults make informed decisions when it comes to cannabis use. "Nova Scotia has some of the highest rates of cannabis use among

youth in the country" he says, "so it's very important that we have this information so we can deliver a public health message as we move forward within our legalization framework."

RNS is proud to support mental health research contributing to improved health outcomes for Nova Scotians. In recognition of Bell Let's Talk Day, Dr. Tibbo is being featured in the latest segment of #ResearchersMatter, a campaign showcasing RNS funded researchers.

## **Dr. Calkin and team investigate “Havana Syndrome” in Canadian diplomats**

**Dr. Cindy Calkin** recently returned from Washington, DC where she and several co-investigators (Drs. Alon Friedman, Javeria Hashmi and Greg Noel) were invited to attend a meeting at the National Academies of Sciences, Engineering and Medicine, (Health and Medicine Division) with the standing committee to advise the Department of State (DOS) on unexplained health effects on U.S. government employees and their families at overseas embassies.

Drs. Calkin and Friedman are co-principal investigators of an acquired brain injury study that includes Canadian diplomats and their families posted in Havana, Cuba. The diplomats were experiencing concussion-like symptoms, and the study, funded by Global Affairs Canada (\$4.5 million over three years) was to determine whether they could have acquired a brain injury.

Their symptoms were referred to as “Havana Syndrome” by the media. Drs. Calkin and Friedman quickly put together a large multidisciplinary team of 26 experts from a variety of disciplines (neuroscience, health physics, psychiatry, neurology, audiology, vestibular, ophthalmology, retinology, occupational and physiotherapy, toxicology, neuroradiology and biomedical engineering).

This ongoing study involves a rigorous five-day protocol of testing including a detailed medical and travel history, blood tests, symptom rating scales, cognitive testing, audiovestibular and visual testing, and magnetoencephalography, and novel proprietary neuroimaging developed by Dr. Friedman, tests that Dr. Calkin also uses in her psychiatric research in collaboration with Dr. Friedman. The study takes place at facilities across NSHA, Dalhousie’s Brain Repair Centre, IWK, and BIOTIC imaging. “Our study was not initially hypothesis-driven” explained Dr.

Calkin, “but rather, we wanted to examine the brain in as many ways possible, as we really had no idea what we were dealing with.”

Two previously published papers reported on findings of US diplomats posted to Havana during the same time-period, who were reporting similar concussion-like symptoms. These were retrospective reports on clinical findings and didn’t provide evidence of any underlying cause. “We had the advantage of being able to design a study from scratch and follow subjects prospectively, including getting baseline testing on diplomats prior to their posting to Havana, and then retesting a few months later. We were compelled by the urgency and importance of this work and ended up doing about three years’ worth of research in eight months,” says Dr Calkin, “but this highly collaborative multidisciplinary research has paid off.”

While there has been much conjecture around the “Havana Syndrome” and the cause(s) of the diplomats’



*A portion of the research team, including Dr. Calkin (back row, third from left) at the investigators meeting in Halifax 2019.*

symptoms (from ultrasonic and microwave weapons to crickets to mass hysteria) the research carried out by Drs. Calkin, Friedman and their collaborators revealed specific affected brain regions, namely, the splenium and fornix. "So, we had to ask ourselves what the functions of these regions are." It was then that Dr Friedman remembered seeing this unique pattern before in the brains of patients who had been exposed to organophosphates. These regions contain cholinergic nuclei which produce acetylcholinesterase. Organophosphates are cholinesterase inhibiting pesticides used to kill mosquitos. Further supporting this finding, in 2016 Cuba employed a military-style campaign to eradicate mosquitoes in the face of Zika virus which posed an existential threat to the crucial tourism industry. The timing of the first cases of Havana syndrome started to appear shortly

after the pesticide spraying began in earnest, involving aerial spraying, trucks billowing clouds of pesticides, and room-by-room spraying of houses several times per month. Drs. Calkin and Friedman's ongoing research is now led by the hypothesis of chronic low-grade organophosphate toxicity as the cause of the diplomats' symptoms. Additional investigations include toxicologic assays before and after diplomats have been in Cuba. In the end, there has been no evidence of use of weapons, crickets or mass hysteria, but rather the unintended health consequences of a public health response to the threat of a mosquito-borne virus. There has been extensive coverage of this issue in the media (<https://www.theguardian.com/world/2019/sep/19/havana-syndrome-mosquitos-cuba-diplomats>).

This research has led to invitations for Drs. Calkin and Friedman (and various other team members at different

times) to present their findings in Ottawa (to the Assistant Deputy Minister and Deputy Minister of Global Affairs Canada), in Washington DC (to the US Department of State and most recently the National Academies of Sciences) and in Havana, Cuba, to Cuban government officials and neuroscientists from their National Neuroscience Institute. The results of the initial phase of the study were so beneficial that GAC has extended the study for an additional two years with substantial unsolicited funding. Drs. Calkin, Friedman and their team are also collaborating with the Cuban scientists; she and Dr. Friedman will return to Cuba with several of their co-investigators and research assistants in March. "We are pleased and proud to be doing this high-profile work here in Halifax."

To read more about the study visit <https://www.medrxiv.org/content/10.1101/19007096v1.full.pdf>.

## ANNOUNCEMENTS

### **Faculty to present at Schizophrenia Society of Nova Scotia Symposium**

Three faculty members are among the presenters at the annual Schizophrenia Society of Nova Scotia Symposium. **Drs. David Gardner, Zenovia Ursuliak, and Phil Tibbo** will all present at the event on March 27 at Pier 21 in Halifax. This year's theme is Holistic Living, beyond diagnosis. For more information or to register please visit: [https://www.ssns.ca/cgi/page.cgi/\\_evtcal.html?evt=2](https://www.ssns.ca/cgi/page.cgi/_evtcal.html?evt=2).

## AWARDS & HONOURS

### Multiple faculty awarded by CIHR

Several members of the Department of Psychiatry were recently awarded Project Grants from the Canadian Institute of Health Research (CIHR). **Dr. Yifeng Wei**, and **Dr. Rudolf Uher**, along with **Drs. Ben Rusak** and **Martin Alda**, were the successful recipients of grants in the latest round of approvals. The CIHR Project Grant program is “designed to capture ideas with the greatest potential to advance health-related fundamental or applied knowledge, health research, health care, health systems, and/or health outcomes. It supports projects or programs of research proposed and conducted by individual researchers or groups of researchers in all areas of health.”

Dr. Wei received funding for her 3-year study, *Developing, Evaluating, Disseminating and Sustaining a School-Based Mental Health Literacy Intervention for Indigenous Youth*. Research shows that between 70-80 per cent of young people and adults do not receive the mental health care or seek the help they need, even though effective treatments are available. Help-seeking rates in Indigenous youth in Canada are known to be even lower. Dr. Wei and her team aim to address the significant lack of evidence-based and coordinated mental health literacy interventions for Indigenous youth (12 – 14 years of age) in the secondary and middle school setting (Grades 7 – 9). They will be developing and implementing a school-based mental health literacy intervention for Indigenous youth in Canada and beyond. “We expect

that the intervention will improve the understanding about mental health and mental disorders, reduce stigma against mental illness, promote help-seeking behaviors, early identify youth at risk of developing mental illness, and enhance positive mental health among Indigenous youth,” says Dr. Wei. “Such an approach will help improve the mental health care for Indigenous youth in the long run.”

The premise behind the research is that mental health for Indigenous people should comprise more than just addressing mental illness; it should also focus on the broader concept of mental wellness, supported by factors such as culture, language, Elders, families, and creation. “The mental health literacy (MHL) approach may serve to fulfill this purpose, however, there is a lack of application of and research on evidence-based MHL resources for Indigenous youth in Canada,” says Dr. Wei. “We aim to address this lack of evidence-based and coordinated MHL interventions for Indigenous youth.”

Dr. Wei is collaborating with the UBC Faculty of Education, Alberta Health Services, Northwest Department of Education, Indigenous communities from Nova Scotia, Alberta, Northwest Territories and British Columbia. **Dr. Alexa Bagnell** will also be the content expert on the project.

Drs. Rudolf Uher, Ben Rusak, and Martin Alda received funding for their five-year study, *Sleep and circadian rhythm as developmental antecedents to major mood disorders*. Their goal is to determine how sleep and activity patterns run in families and how they contribute to resilience or vulnerability

to depression or bipolar disorder.

Dr. Uher says he and Drs. Alda and Rusak have been interested in sleep for some time as they believe it is an important component of healthy brain development. “Our work started with a small Capital Health Research Fund grant in 2015 which allowed us to buy actigraphs and gather some pilot data,” he says. Jessica Morash, then a research assistant at FORBOW, started the data collection, then Delainey Wescott took it forward as part of her honours project. In 2019, she published the first article showing that inconsistent sleep is linked to family history of mood disorders. The Sutton Family Mental Health Innovation fund and NSERC (National Sciences and Engineering Research Council) grant held by Dr Ben Rusak allowed them to obtain additional data and prepare information for the application of the CIHR grant.

The research study involves the measurement of sleep and activity using actigraphy, a wrist-watch-like device that detects movement. To date, the team has only been collecting actigraphy data from children and youth. This new project will be unique because it will be collecting sleep and activity data in children and both of their parents. “We really wanted to do this, as parents have been asking about it, says Dr. Uher. “But in the end it was a suggestion by a reviewer at CIHR that prompted us to actually go for it.”

The study will include repeated measurements of sleep and activity in both parents and children, with several years follow-up to establish a relationship between sleep and mood.

# HUMANITIES CORNER

## Upcoming learning opportunities

### Medical Improv Workshop

**Date:** Tuesday April 7, 1:00-4:00 p.m. (Abbie J. Lane Building Room 4074)

**Description:** In *Blink* (2005), journalist Malcolm Gladwell highlights improvisational theater as a technique that trains people to make “very sophisticated decisions on the spur of the moment” and “under the fast-moving, high-stress conditions of rapid cognition.” Medical Improv (MI) techniques cultivate creativity in problem-solving and a sense of “serious play” in clinical and inter-professional interactions, teaching learners how to transform uncertainty into a predictable and tolerable psychological experience (Watson, 2011). Susan Lamb (Ph.D., Johns Hopkins) facilitates an MI workshop that explores how foundational skills and strategies used in improvisational theater can improve communication, responses to uncertainty and unfamiliar scenarios, interpersonal connections, leadership skills, and decision-making amid the complexities of healthcare settings. Faculty and learners from all departments are welcome. Please contact Dr. Lara Hazelton at lara.hazelton@nshealth.ca to register.

**Objectives:** 1. Characterize the principle of “Yes, and” and its effect on communication or teamwork. 2. Identify similarities between doctoring and improvising. 3. Appraise the utility of Medical Improv techniques to improved delivery of healthcare.

Advance reading, optional: Katie Watson. *Serious Play: Teaching Medical Skills With Improvisational Theater Techniques*. *Acad Med*. 2011;86:1260–1265.

### (Grand Rounds): Adolf Meyer and the Origins of Clinical Psychiatry and Neuroplasticity

**Date:** Wednesday April 8, 8:30-9:30 a.m. (Abbie J. Lane Building Room 4074)

**Bio:** Susan Lamb is the Jason A. Hannah Chair in History of Medicine at the University of Ottawa in the Faculty of Medicine. She obtained her Ph.D. in History of Medicine at Johns Hopkins in 2010. Her research program includes the development of university medicine and medical education, psychiatry and neurology, and historical perspectives on bioethics. Professor Lamb is a global authority on Adolf Meyer, whose complex ideas and influence on psychiatry are widely misunderstood and often perplexing. In 2014, she published *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry* with Johns Hopkins University Press. She is currently working on a book that explores experiences of medical training in various historical contexts, and is co-editing a volume on histories of medical education to be published by McGill-Queen's University Press.

**Objectives:** 1. To examine the effects of Adolf Meyer's ideas and teaching on clinical psychiatry and neuro-psychiatric research in the twentieth century. 2. To analyze challenges of

moving beyond language inherited by neuro-psychiatric disciplines. 3. To demonstrate the utility of historical methods and findings to clinical decision-making and healthcare policy discussions.

**Advanced reading, optional:** Susan Lamb. 2019. Neuroplasticity: a century-old idea championed by Adolf Meyer. *CMAJ*. 2019;191:E1359-61.

# RESIDENTS' CORNER



## RESIDENT COOKING CLASS



On Dec. 8, 2019 Dr. Sanjana Sridharan hosted a group of more than 15 residents in her home for a cooking class. The class was organized by the resident social committee. During the popular event residents learned how to make several of Dr. Sridharan's signature dishes, including butter chicken and aloo gobi with cauliflower.

Top: Dr. Sridharan (left) teaches the residents some of her famous recipes.

Bottom: The group admires their work before digging in.

(Photos: Dr. Kyle Godden)



## PHOTO FEATURE



*Dusk on the Mersey River (Photo by Dr. Suzanne Zinck).*

### HEADLINES SUBMISSIONS

**Headlines** aims to provide a forum for the exchange of information, ideas, and items of general interest to the faculty, fellows, students and staff of the Department of Psychiatry. Your contribution(s) are needed and greatly appreciated.

The next issue of **Headlines** will be distributed on May 1, 2020, with the deadline for submissions to be April, 17 2020.

Please send all submissions to Kate Rogers: [Kate.Rogers@nshealth.ca](mailto:Kate.Rogers@nshealth.ca)