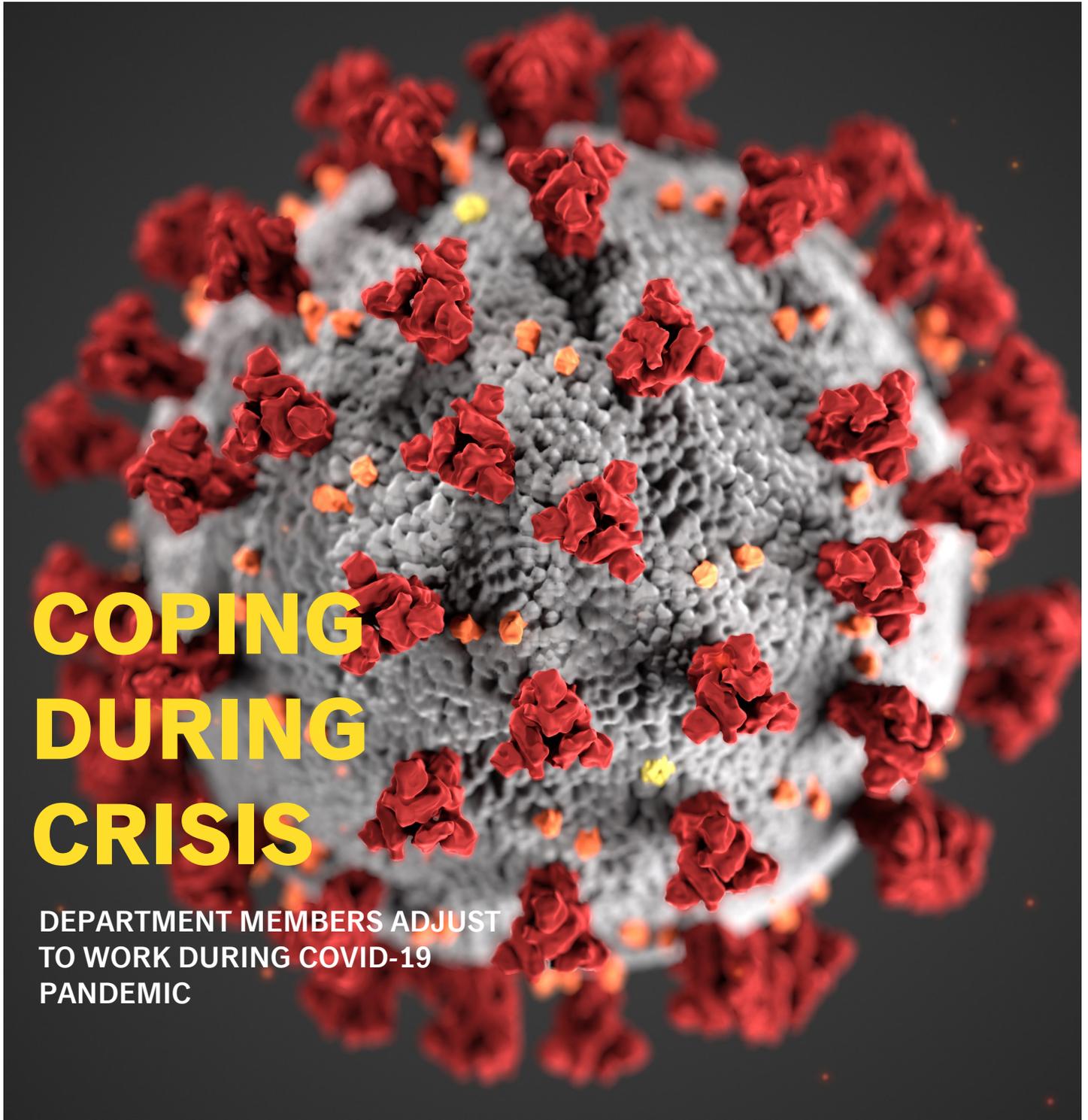


HEADLINES

May 2020 / VOLUME 15/ ISSUE 3



COPING DURING CRISIS

DEPARTMENT MEMBERS ADJUST
TO WORK DURING COVID-19
PANDEMIC

IN THIS ISSUE

FEATURES

COPING DURING CRISIS The department's response to the COVID-19 pandemic. *page 4*

MEET DR. KARA DEMPSTER Get acquainted with the assistant professor, researcher and psychiatrist. *page 7*

FACULTY AWARDED Read about our faculty who recently received awards. *page 18*

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This newsletter is published for the Department of Psychiatry at Dalhousie University.

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HEAD LINES

MESSAGE FROM THE INTERIM HEAD

It is incredible how the world can change in the span of two issues of Headlines! The COVID-19 global pandemic swept into our lives in mid-March and has changed the way we live and work. I suspect many of the changes will endure well beyond after the pandemic settles.

This issue starts with a remarkable summary written by **Kate Rogers** walking us through the pandemic, week by week, combining information from many sources. If you happened to have been living in your off-grid cabin for the past two months, this piece will bring you up to date. **Dr. Crystal Zhou's** piece to close the issue reminds us that everyone can be a leader, and you don't need a formal invitation to get involved and make a difference.

I think the other thing that will strike you in this issue is how much continues to go on despite the pandemic. While many people are at home with work scaled down, most department members have continued to do their work, whether it is clinical, teaching or research.

In this issue you can get to know **Dr. Kara Dempster**, a psychiatrist and new investigator who joined the early psychosis program last summer. A Nova Scotia native, Kara came to us after training at UWO and has been a terrific addition to the NSEPP team. Read about her research question looking at improving outcomes for our most treatment resistant schizophrenia patients.

You can also read a feature on



Dr. Jason Morrison

Dr. Martin Alda, who last month was awarded the Heinz Lehmann award by the Canadian College of Neuropsychopharmacology. This is the CCNP's highest award to recognize the distinguished career of an individual investigator. Martin's international reputation as a researcher, clinician, and research mentor, elevates the reputation of our department around the world. A richly deserved award.

The clinical team dedicated to working with development disorders including **Dr. Mutiat Sulyman** and **Dr. Alaba Williams** was awarded the Merck Patients First award. This national award recognized their work over the past several years to change the practice on the inpatient unit to one that emphasizes a behavioural approach opposed to a

more restrictive one, to complex behavioural challenges. Kudos to the team and their psychiatric clinical leaders!

The CaRMS results this year were again very exciting with all our positions filled and 6/8 positions being filled by Dalhousie medical students. I look forward to welcoming our new residents in July. At the other end of the training spectrum read about Dr. Joshua Smalley who is finishing his fellowship in C&A psychiatry.

My deep thanks and appreciation goes out to all our department members and residents who have worked hard to keep all our services running safely during the past two months. I look forward to less "virtual" communication in the near future.

ON THE COVER



We have lived in unprecedented times the last couple of months. COVID-19 has, in many ways, shut down life as we know it and crippled the economy. Hundreds of thousands of Canadians are out of work, and many more have left their workplaces and continued as best they can from home. We are facing uncertainty and, in many cases, felt fear for the health and safety of loved ones. With a virus that has stretched our healthcare system thin, we have seen our department members step-up. We have seen them adapt. We have seen them not only continue to provide high-quality care to the patient population, but we have seen them support one another and other healthcare workers. It has not been an easy transition and the Department of Psychiatry is grateful to all its faculty, learners and staff who have made it as smooth as possible.

The situation affecting the department, province, country and beyond, is fluid; ever-changing. Our response, in turn, has been consistent with the requirements of the circumstances. Interim Head, **Dr. Jason Morrison**, has been a steadfast leader; keeping everyone informed, and working harder than ever to maintain operations of the department. He has not been alone in his efforts, with countless others stepping up to assist. Since day one, the department has adjusted and maintained efficiency.

In the early days of the crisis Dr. Morrison made clear two guiding principles: the need to continue

to support patients, and the need to reduce any unnecessary risks of spreading COVID-19. Face-to-face meetings were still occurring, though social distancing precautions were exercised. The department mobilized quickly and made changes to how care was delivered. "I really appreciate everyone's flexibility and thoughtfulness trying to navigate these scenarios," said Dr. Morrison. "This is a novel situation for all involved (including the patients) and I think good communication, patience and reasoned judgment will see us through as novel situations continue to arise."

During the first week we saw the suspension of our ECT (electroconvulsive therapy) procedures with concerns from the Department of Anesthesia about the ECT suite at the Nova Scotia Hospital (NSH) not being suitable for a procedure that requires bag/mask ventilation. Preparation began to move equipment to a suitable location in the Dartmouth General Hospital.

Dr. Scott Theriault, clinical director and deputy head, moved his clinical and administrative focus to the NSH site for the duration of the crisis, acting as backup for the rehab units at NSH. He also began to function as an administrative site lead for the NSH and provide on the ground leadership for our specialty inpatient and outpatient teams.

By week two, it was all hands-on deck. All available physicians were required to carry-out essential services as

faculty risked encountering COVID-19-positive patients and potentially developing their own symptoms.

Services at the IWK moved quickly towards a virtual care model with all ambulatory, residential, and day services first making the change. Face-to-face services were offered where necessary in the urgent care clinic, as well as in emergency mental health and addictions services and consultation liaison. In inpatient services, they aimed to discharge those patients they could, and always use social distancing and PPE (personal protective equipment) for those who remained.

In adult services, in response to a wider pandemic plan the department made several changes. To reduce the number of patients in hospital, we moved to discharging patients as soon as possible and modifying passes on long-stay rehab units so patients are with family rather than staying in hospital. Passes were restricted on inpatient units for the remaining patients to reduce any chance of outside contamination with the virus. At the East Coast Forensic Hospital (ECFH) no external passes were offered due to concern of COVID-19 spreading in the adjacent correctional population. The inpatient unit on 6Lane was set up to be ready for COVID-19 patients. All non-urgent face-to-face visits in outpatient services were moved to phone-based support, and eventually virtual care with the introduction of Zoom for Healthcare. A reduction in daily in-

house staffing on outpatient teams was made to limit potential person-to-person spread.

In order to communicate widely to the department, as of April, several Wednesday rounds sessions were dedicated to our COVID-19 response. All educational sessions were also moved virtually for the safety of our faculty and learners.

After various requests to the department to offer support materials to physicians, **Dr. Jackie Kinley** began the mobilization of a group that worked to gather and create resources on physician health and well-being. The result was a website developed in partnership with Doctors Nova Scotia. In addition to this Dr. Kinley began offering online daily sessions on managing stress through Zoom, and weekly meetings to support physicians leading their own physician wellness or support groups. She also developed sessions for specific populations, such as the ICU, and is looking at developing them for mental healthcare.

As the spread of the virus progressed, preparations began for a redeployment plan to identify, for each department member, where they could be redeployed during the pandemic should the need arise. Stress levels were high as everyone tried to adjust to the new-normal. Dr. Morrison emphasized the importance of leadership. "On our clinical teams, physicians are leaders whether we are in a formal leadership position or

not," said Dr. Morrison. "The way we act and react can set the tone for a whole team. During these challenging times we need to be more mindful than ever about this responsibility. We need to be extra attentive to our self-management to ensure we set a good example and maintain confidence among our teams." He encouraged everyone to keep working together, and to stay confident and united.

One concern faced by outpatient psychiatrists was the monitoring of patients on clozapine, something normally done each month. In order to reduce face-to-face contact, monitoring was moved to every three months. The province began developing guidelines around clozapine monitoring and provision of long-acting injectable (LAI) antipsychotics during the pandemic. Department members **Drs. Phil Tibbo** and **Mahmoud Awara** participated in this work. It was determined LAIs at each clinic would only be given by one specific nurse per week to limit the exposure of each clinic's nursing group to community visits at any one time. This kind of planning was required to preserve our workforce in all disciplines that are essential face-to-face work, but especially nursing and psychiatry.

Despite new challenges, department members committed to achieving pandemic innovations. **Dr. Margaret Rajda** began leading a group made up of **Drs. Ezio Dini, Aileen Brunet, Kristen Holm, and Alice Aylott**, who worked to develop service-specific

resources for psychiatrists who may be asked to redeploy to mental health work outside their usual work area (e.g. inpatients, SPMI care, ECFH). **Drs. Risk Kronfli** and **Chris Murphy** worked on developing inpatient virtual care at ECFH, with the hope that it would also work for specialty inpatient units and contribute to acute inpatient care. Many policies and procedures pertaining to the Involuntary Psychiatric Treatment Act (IPTA) required adaptation for this era of virtual care. Dr. Theriault and Dorothy Edem are involved provincially in this planning and **Drs. Sabina Abidi** and **Tanya Pellow** are taking the lead on this at IWK and NSHA respectively.

Knowing the amount of extra pressure placed on department members, Dr. Morrison made a point to stress the importance of self care. "As physicians, self-care is something we often preach, but less often practice," he said. "Find what works for you and set some time aside." To help with this, **Dr. Dave Lovas** began offering a session each Monday in mindfulness.

As we approached the end of April, it seemed an earlier inpatient plan to restrict admissions to one site with isolation and precautions was working. Swabbing of new admissions who were unable to give a solid history and isolating them until the test results returned has so far been successful. Outpatient services were primarily conducted by phone or video, and clinicians able to work from home were doing so. Face-to-face visits continued for

antipsychotic injections, and many new assessments, especially those that are acutely or sub-acutely ill, such as ER assessments, and patients recently discharged from hospital.

During this time our Senior's Mental Health team was actively involved in the effort to manage the outbreak at Northwood Seniors Home, with many Northwood residents suffering from chronic mental health problems. After assistance was requested on how to best triage and manage these patients, the number of cases slowed.

With May came some cautious optimism from Dr. Robert Strang, chief medical officer of health for Nova Scotia, as the number of cases in the province slowed and we moved beyond the peak of the first wave of the pandemic. We neared a point where our inpatient unit would not allow us to isolate patients, but several discharges eased that concern considerably. **Dr. Andrew Harris** worked on a plan that may see more beds open out of the central zone to further ease this burden.

Many department members continued to contribute to physician and healthcare worker support programs. **Drs. Lara Hazelton, Joe Sadek, Zenovia Ursuliak, Dave Lovas, Nicole Herschenhous,** and **Alexa Bagnell** have all presented end-of-day online seminars. Dr. Kinley has given talks to support mental health and addictions managers across the province and is facilitating a process group for residents with **Dr. Kathleen Howell**. Dr. Ursuliak is also training a group of physicians from other departments to deliver *Active Hope*, a program designed to build resilience. Drs. Herschenhous and **Alexandra**

Manning are also offering a virtual Balint group for physicians.

Though we continue to face uncertainties, the department has so far been successful in delivering care to patients and providing training opportunities for our learners. Because of various precautionary measures, we were also lucky to limit the number of infected faculty to zero. Everyone has worked together during these trying times, and Dr. Morrison is confident everyone will continue to do so. "I'm so proud that despite the many challenges and adaptations we've worked through to continue to provide care to our patients, we are also making important contributions to the wider provincial efforts in a number of areas," he said. "I want to thank you all for your continued flexibility and support during this very uncertain time. Stress and preoccupation are unavoidable, and I appreciate everyone's efforts in managing it while continuing to provide for our patients and learners."

As the situation continues to unfold, Dr. Morrison and the Department of Psychiatry will continue to work hard and keep everyone informed.

RESEARCH REPORT



Recently awarded grant funding

October 2019 Psychiatry Research Fund Competition

- Raquel Nogueira (**Dr. Sherry Stewart**) – *Drinking motives and dyadic conflict effects on drinking behaviour in dating couples: a lab-based experiment* (\$10,000)
- **Derek Fisher** – *Neuroimaging markers of auditory change detection mechanisms in early phase psychosis: A magnetic resonance spectroscopy add-on* (\$15,000)
- **Dr. Igor Yakovenko** – *Investigating the addictive potential of a new psychiatric diagnosis – predictors and correlates of gaming disorder* (\$15,000)

October 2019 People with Lived Experience Research Fund Competition

- Pablo Romero Sanchiz (Dr. Sherry Stewart) – *The ethics of using cue exposure methodology in cannabis users with trauma histories: a mixed methods study from the perspective of people with lived experience* (\$10,000)

Psychiatry Summer Studentships

- Nytia Adepalli/**Dr. Rudolf Uher** – *Molecular genetic information in the prediction of psychopathology*
- Gizelle Francis/**Dr. Sandra Meier** – *An app to record social interactions in youth*
- Sam Good/**Dr. Gail Eskes** – *Developing a measure of visuospatial attention*
- Ruth Shelton/**Dr. Barbara Pavlova** – *Severity of parental anxiety and behavioural inhibition in offspring*

Research Day 2020

Research Day 2020 will take place Friday, Oct. 30 at the Atlantica Hotel. Applications to present will be distributed in May with registration starting in August.

MEET A RESEARCHER: DR. KARA DEMPSTER

This issue profiles Dalhousie researcher **Dr. Kara Dempster**, psychiatrist in the Nova Scotia Early Psychosis Program and assistant professor in the Department of Psychiatry. *Meet a Researcher* is a recurring article in the research section of *Headlines*. If you are interested in being profiled in an upcoming publication, please contact **Hillary Yuill** at Hillary.Yuill@nshealth.ca.

My current research interests: Both my clinical and research interests primarily focus on first episode psychosis. Schizophrenia has always fascinated me. Early during my medical training, I developed an interest in first episode psychosis. I love the preventative aspect of

working with this population, and I believe that there is so much we still don't know about this illness, which is why ongoing research in this area is so crucial. I am interested both in understanding more about the neurobiology of early psychosis, and in investigating predictors of functional

outcomes, such as return to work and school. I suspect that there likely are various neurochemical pathways leading to the clinical presentation of psychosis and hope that in the future, we may be able to recommend individualized treatment based on underlying pathophysiology, instead of

treating every individual with the same class of medications. In relation to this, I am interested in understanding why some individuals do not seem to respond to dopamine blocking antipsychotic medications, and advocating for alternative guidelines for clozapine use in individuals who biologically, would not be expected to improve therapeutically with dopamine-blocking medications. I believe that research into this area may also lead to alternative pharmacological treatments for individuals with treatment resistant schizophrenia. Finally, I would like to improve our ability to predict who may need clozapine earlier in the course of illness, given research suggests that response to clozapine is more robust if used earlier, and clozapine continues to be grossly underutilized (for many reasons), and even when utilized, there very often was a delay of several years, ineffective medication trials, polypharmacy, and decline in functioning and well-being, prior to its use.

Research projects I'm currently participating in: I am very excited to have recently been successful in a grant application to the Nova Scotia Health Authority Research Fund for my project *Investigating Anterior Cingulate Cortex Glutamate as a Biomarker of Clozapine-Eligibility in First Episode Psychosis*. This will be my first research project as a Principle Investigator, and I am both excited and terrified. For this project, I will be comparing glutamate levels in the anterior cingulate cortex between early psychosis patients who are clozapine-eligible, and those who respond well to traditional antipsychotic medications using



Dr. Kara Dempster

magnetic resonance spectroscopy. My hypothesis is that glutamate levels will be higher in individuals who meet clinical criteria for treatment resistant schizophrenia but have not yet taken clozapine. As a further exploratory sub study, I will then reassess glutamate levels in individuals who start clozapine to see if levels of this excitatory neurotransmitter have decreased in the context of clozapine treatment. Several studies have demonstrated an association with elevated glutamate and poor treatment response, but no one has specifically looked at whether elevated glutamate is predictive of meeting criteria for clozapine use. I am also involved in a few other studies with members of the research team at the Nova Scotia Early Psychosis Program.

A typical "Day in my work life": I started as a staff psychiatrist with the Nova Scotia Early Psychosis Program in September. I currently have protected research time on Wednesdays and Friday afternoons, and the rest of my time is spent working with early psychosis patients clinically. For the first few months of this year, my research time was spent preparing a grant application (drinking copious amounts of coffee at times). Now that I have been successful in this application, I will begin working towards getting my research study up and running within the next few months. I currently have a smaller scale research project I am hoping to also get some funding for, so am using my protected research time to work on that (again, harnessing the power of caffeine).

What I wish I knew (but didn't) when I first contemplated becoming a researcher:

To be completely honest, I didn't really intend to delve too much into research; it sort of just happened to me overtime. I initially became involved in neuroimaging research in psychosis as a first-year resident in psychiatry at Western University. At that time, my intention was simply to satisfy research requirements within my program. However, I had some success with an initial project, and was able to obtain a first author publication, and present my work at several conferences. I think in the beginning I felt like I couldn't be a researcher because I didn't necessarily come from a research background and didn't have a strong background in statistics. I wish I had known that technical things like this are not necessary in order to pursue a research career. These are skills that can be acquired over time. Early in my career, I also did not appreciate the importance of collaboration. In neuroimaging research especially, a successful project requires the expertise of several individuals, all with different skill sets. What I now know is that with a good clinical question, one can develop the necessary skills to delve into research, and that it's not necessary to be an expert in all areas related to a particular project, as bringing experts to work together produces a better end product anyway.

The most satisfying and frustrating aspects of doing research:

For me, the most satisfying aspect of research is feeling like you may be able to influence mental health care and outcomes for the better. I think everyone working in healthcare

complains about some aspect of their work, whether it be systemic factors, like lack of access to services, or illness-related factors. Becoming involved in research allows you to try to exert some control over things you'd like to see changed. For me, the most frustrating part of research is the early work that needs to be put in to get a project off the ground. This is particularly challenging as an early career researcher lacking in experience.

The experience that best prepared me for my position:

I completed the clinical investigator program at Western University and through this, completed a Masters of Neuroscience degree. For my thesis, I investigated the association of glutamate and glutathione (two brain chemicals) with time to treatment response in first episode psychosis. Working on this project gave me valuable experience that I feel was necessary to continue with research as a staff psychiatrist.

My research mentor(s): Without Dr. Peter Williamson, I don't think I would have ever become involved heavily in research. He supported my research development throughout my psychiatry training and encouraged me to apply to the clinical investigator program. I am convinced that without his early support, I would not be doing research now. During my clinical investigator program, I worked with Dr. Lena Palaniyappan. His passion for early psychosis research was contagious, and I learned so much from him. As a new early career researcher here at Dalhousie University, I am fortunate to be able to receive mentorship from **Dr. Phil Tibbo**, who has extensive experience with psychosis research,

and was instrumental in helping me be successful in my first grant application.

My second career choice: This is a difficult question to answer as I genuinely enjoy my current career, and truly feel as though it's my "dream job." However, in a different life, I suppose I may have been a fitness instructor or owner of a private gym. I have always been passionate about fitness, and if I wasn't working in mental health, I could see myself feeling fulfilled supporting others in some capacity to improve their own fitness.

EDUCATION REPORT



UNDERGRADUATE EDUCATION NEWS

Teaching recruitment

2020/2021 undergraduate teaching recruitment continues. If there are additional activities you are interested in participating in and have not added them to your IPP, there is still an opportunity to sign-up by visiting the sign-up page on the faculty database <https://dalpsychiatry.ca/education/faculty-ipp-education-activity-signup>. Please contact **Kelly Hancock** at kelly.hancock@nshealth.ca if you have any questions.

Student writing competition

The 2020 Dalhousie Student Writing Competition closed on May 1, 2020 and the winners will be announced in the July issue of *Headlines*.

POSTGRADUATE EDUCATION NEWS

Remote learning

The residency program was able to make a quick and successful transition of all didactic teaching to online learning using Zoom. The directors have also implemented a bi-weekly town hall to serve as an open forum for residents to bring concerns and questions.

Orals and exams

The postgraduate program is currently developing strategies to allow the residents to complete the STACER and OSCE exams remotely using Zoom.

End of the year party

We are working to come up with a plan to celebrate the graduating residents as it is becoming clear there will be no end of year party. Details will be released once something is confirmed.

Incoming PGY-1s

Thank you to all faculty and residents who made our CaRMS 2020 recruitment activities such a tremendous success this year.

We look forward to welcoming our new residents. New PGY-1's beginning July 1, 2020 are as follows:

- Dr. Jared Allman
University of British Columbia
- Dr. Eileen Burns
Dalhousie University
- Dr. Sophie Church
Dalhousie University
- Dr. Jill Forbes
Dalhousie University
- Dr. Lauren Haslam
Dalhousie University

- Dr. Petra Rafuse
Dalhousie University
- Dr. Mary Revell
Dalhousie University
- Dr. Alison Toron
Northern Ontario School of Medicine

FELLOWSHIP AND SUBSPECIALTY TRAINING NEWS

Fellowship in Sleep Disorders

Congratulations to **Dr. Olga Yashchuck** for being awarded a Department of Psychiatry Fellowship in Sleep Disorders Medicine for 2020-21. Dr. Yashchuck will be working with **Dr. Margaret Rajda** to develop expertise in sleep disorders within the geriatric population.

Meet Dr. Joshua Smalley, child and adolescent psychiatry subspecialty resident

Why did you choose to pursue a child and adolescent psychiatry subspecialty program? Wow time flies! It seems like it was just yesterday that I was moving to Nova Scotia to start my residency. After six years in Nova Scotia, I'm wrapping up my training in child and adolescent psychiatry and preparing to move to start life as an attending.

I was originally drawn to a career in child and adolescent psychiatry because adolescence is such an interesting developmental period and, although it can be rocky, there's so much hope and potential for that time. Youth have resilience and strengths that can be built upon for early intervention. It can also be so rewarding to work with patients in the context of their caregivers and supports. My many positive mentors during my PGY-3 rotation, the great team at the IWK, and the east coast lifestyle were all reasons I chose to train at Dalhousie.

What has been the highlight of your subspecialty training so far? One of the highlights of my residency has been the ability to incorporate research and educational scholarship opportunities into my training. Over the course of my residency



Dr. Joshua Smalley

I've been working towards a Master of Health Professions Education at Maastricht University. During my studies I've focused on how we design, implement, and evaluate competency-based medical education. I've grown an interest in socially accountable curriculum development and how residency education can be a transformative process that helps train physicians to best meet societal needs. I have also really enjoyed working in specialty clinics in early psychosis with **Dr. Sabina Abidi,**

and in trans health with **Dr. Suzanne Zinck.**

Who has really impacted your subspecialty training? It's hard to keep this list short, as so many people have positively impacted my residency and subspecialty training. I'd be amiss without thanking the following people for their individual contributions and mentorship: **Drs. Sabina Abidi, Mahmoud Awara, Jonathan Brake, Kathy Black, Siobhan Bergin, Normand Carrey, Selene Etches, David Lovas, Lara Hazelton, Nicole**

Herschenhaus, Amy Jones, Tom Mackay, Jose Mejia, Patti Pearce, Lukas Propper, Zenovia Ursuliak, Magdalena Walentynowicz, Nina Woulff, and Suzanne Zinck.

What does the future hold for you?

I'm sad to be saying goodbye to Halifax, but I've accepted a full-time child/adolescent psychiatrist position in Peterborough, Ontario. In this position I'll be working as the program lead for the child and adolescent mental health and addictions program at Peterborough Regional Health Centre.

I'll be stepping into a highly varied and busy practice involving a mix of inpatient, outpatient, and consult-liaison work. I am particularly excited to continue my involvement with the trans health and early psychosis intervention programs and to continue developing my clinical and leadership skills.

My training at Dalhousie has prepared me well to take on some new challenges, though don't be surprised if I call upon my mentors and colleagues here for advice along the way!

As if transitioning to independent practice isn't busy enough, I've recently adopted a golden doodle puppy to join me on my adventure.

CONTINUING PROFESSIONAL DEVELOPMENT NEWS

Rounds at a distance

At the end of March rounds was moved completely online in response to social distancing requirements. This will continue as the situation requires. Thank you to **Dr. Suzanne Zinck** for presenting while in isolation on March 25.

A quick transition to distributing rounds via ZOOM happened on April 15 for guest speaker Dr. Cristina Cusin, as a result of difficulty distributing with Skype for Business. Her talk was very well attended, despite the quick switch in technology. Thank you to all attendees for navigating the change with such grace.

Call For University Rounds speaker suggestions

We have already begun planning for the 2020-2021 academic year and are accepting suggestions until June 30, 2020. Please contact **Tracy Fraser**

MacIsaac by email at tracy.fraser@nshealth.ca with suggestions.

Recent highlights

2020/03/11 MedEd Rounds

Dr. Mark Bosma, director of postgraduate education, presented for a second time this year on the topic of *Competency by Design*, aiming to assist faculty in the transition to competency-based medical education in the postgraduate program beginning July 1.

2020/03/18 University Rounds
Cancelled - Dr. Lee Watchtel, Kenny Krieger Institute, Baltimore, Maryland. This session has been rescheduled for Dec. 9, 2020.

2020/04/01 Clinical Academic Rounds
Dr. Jason Morrison & Department of Psychiatry executive members
MHA & DoP Responses to COVID-19 NSHA & IWK #1
The Department leaders

communicated their response to COVID-19 by scheduling a short series of rounds presentations. The other sessions of the series were on April 8 and 22. The recordings are found on the faculty database homepage.

2020/04/08 Clinical Academic Rounds
Drs. Sabina Abidi & Jill Chourney, IWK

MHA & DoP Responses to COVID-19 NSHA & IWK #2: Virtual Care

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. Lynn Johnston & Dr. Ian Davis, Division of Infectious Diseases, Dalhousie University
MHA & Department of Psychiatry Responses to COVID-19 NSHA & IWK #3: Infection Control

Upcoming events

Rounds

All presentations are online-only until further notice

2020/05/13 Child and Adolescent Psychiatry

Dr. Sarah Fancy, PGY-6

2020/05/20 University Rounds
Dr. Karen Reimers, University of Minnesota

Substance Abuse in the Elderly

2020/05/27 Clinical Academic Rounds
Cancelled - Dr. Nader Perroud,
University of Geneva

2020/06/03 R.O. Jones Memorial
Lecture

Dr. J. Raymond DePaulo Jr.,
Department of Psychiatry &
Behavioral Sciences, John Hopkins
Medicine

2020/06/10 Neuroscience Jeopardy

**Drs. Christie McClelland & Christelle
Boudreau**

Annual conference cancelled

2020 W.O. McCormick Academic Day Conference is cancelled. An announcement will be made if it can be rescheduled.

Announcement

Rounds will take a break after June 10 and will begin again on September 9 with a presentation by the Division of Child and Adolescent Psychiatry.

EDUCATION KUDOS CORNER

Current circumstances have necessitated a major change to the way our faculty typically provide undergraduate and postgraduate teaching. Moving to online delivery – so successfully and in so short a time – is a huge achievement, and we would like to thank each of you for helping us rise to the challenge as a department!

MED-ED MINUTE

The “Med Ed Minute” introduces scholarly snippets to consider in your teaching practice.

Virtual Teaching: Tips & Tricks

With the recent unprecedented move to online teaching many are now playing a dual role of teacher and learner; learning how to teach in a new and unfamiliar virtual format. This Med Ed Minute highlights practical tips to prepare for online teaching and how to best engage your learners for an effective virtual learning experience.

What to consider in advance?

- Video or audio: Decide if both you and your learners should have your cameras on or use audio only. If using audio only, best practice is to start with your video on for the introduction, turn off your camera for the teaching session, then turn it back on for Q&A and closing.
- Pre-post work: Consider if there is work learners can do (pre-or-post) away from the virtual classroom to maximize the online time together.
- Timings: Be mindful of timings as virtual timing is different than classroom timing (due to the technology element).

What to do to prepare?

- Headset: Have a functional headset that you have tested in advance.
- Internet: Ideally, have a wired connection rather than use Wi-Fi, to ensure a quality connection.
- Practice: Familiarize yourself with the technology ahead of time.

- Backup plan: Prepare for the unexpected! If the technology fails, have a backup plan in place (e.g. teleconference).

- Build-in breaks: Build breaks into your teaching plan, especially for sessions beyond 90 minutes.

How to engage your learners?

- Be prepared: This will facilitate a smooth and effective teaching session to maximize the online time together.
- Set expectations: Communicate with your learners to let them know the teaching will be interactive and their engagement is key for a successful learning experience.
- Create a social experience: Ask questions to prompt discussion, ideally every 4 minutes (see next point).
- Utilize the built-in videoconferencing features: To create a social experience utilize the chat, polling, feedback tools (raised hand, thumbs up, checkmark, etc.) and/or breakout rooms features.

How to best use your webcam?

- Position: Place your camera at eye level, centering your face on the screen (rather than looking up or down to it) and situate yourself at a distance where your shoulders and upwards are visible.
- Lighting: Place lighting in front of you. Have room lighting facing you rather than beside or behind you to minimize shadows/darkness.

- Background: Ensure a tidy, uncluttered background to minimize distraction.

If you have suggestions for what you would like to see in the Med Ed Minute, please send them to **Mandy Eslinger** (mandy.eslinger@nshealth.ca.)

References

- Association for Medical Education in Europe (AMEE). (2020, April 9). Adapting to the impact of COVID-19: Making the most of digital and online presenting and teaching [Video]. Vimeo. <https://vimeo.com/405845630>
- Huggett, C. (2016). Virtual training resources. Cindy Huggett. <https://www.cindyhuggett.com/resources/#!/checklists>
- Kineo. (2020, April 6). Virtual learning: Best practice delivery and design [Video]. YouTube. <https://youtu.be/nQCiwMFrl-M>

FACULTY DEVELOPMENT

Faculty Development Opportunities

Dalhousie Continuing Professional Development

Online Course: Educating for medical professionalism and wellness

May 4 – June 15, 2020

Registration fee: \$60

For more information or to register please visit https://medicine.dal.ca/departments/core-units/cpd/faculty-development/programs/Fundamentals_Teaching.html

Upcoming webinars

Thursday, May 7 at 8:00pm: *Professionalism Part 2 with Dr. Lynn Murphy Kaulback* | To connect visit <https://dal.adobeconnect.com/cme-live>

Thursday, June 4 at 8:00pm: *Keeping up with new developments in the research literature with Jackie Phinney* | To connect visit <https://dal.adobeconnect.com/cme-live>

Thursday, June 18 at 8:00pm: *Preparing for Promotion with Dr. Lara Hazelton* | To connect visit <https://dal.adobeconnect.com/cme-live>

Podcasts

Check this out: Dalhousie Medicine New Brunswick launches first-of-its-kind medical education podcast: *The Fac Dev Lounge*.

For more information, please visit <https://medicine.dal.ca/departments/core-units/cpd/faculty-development/Podcasts.html>.

2018-2018 recorded webinars

Last year Faculty Development put on a variety of different webinars, for the full list and to request recordings please contact FacDev@dal.ca.

Online modules

Faculty Development offers a wide variety of online modules which can be accessed from the comfort of your own home – only internet access is required!

Some of the modules include:

- Reflective Thinking and Its Use in Medicine (accredited)
- Tutor Skill Development
- OSCE Examiner Training

For more information, and to access the modules please contact FacDev@dal.ca

For more information on Faculty Development and their programs, email them at 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.

CHILD & ADOLESCENT PSYCHIATRY REPORT



Dr. Sandra Meier receives research grant

Dr. Sandra Meier, Canada Research Chair in Developmental Psychopathology and Youth Mental Health, has recently received an Insight Grant from The Social Sciences and Humanities Research Council (SSHRC) for \$262,000 over four years. The application was submitted in conjunction with **Drs. Sherry Stewart, Alexa Bagnell**, and Rita Orji. This study will target 1,500 adolescents recruited from the local community and looks at the effect of social media use on mental well-being within the context of objective mobile sensing and examines the potential mediating effects of motives for social media use. The team will have a booth integrated in an exhibition at the Discovery Centre to recruit for the study and to showcase their work.

Atlantic Provinces Child and Adolescent Psychiatry Conference (APCAPc)

On behalf of **Dr. Sabina Abidi**, we are saddened to announce that our annual Atlantic Provinces Child and Adolescent Psychiatry (APCAP) Conference originally scheduled for June 12-14, 2020 will be cancelled in light of public health recommendations around COVID-19. The health and well-being of you and your families is most important to us, and given the current uncertainty, we felt it necessary to make this decision for everyone's safety.

We will miss seeing you, learning through the discussion of your complex cases, and also the annual

Jeopardy battle! We do, however, fully intend to reschedule and plan for an even more exciting event when the time comes! Please stay tuned for further details.

TransHealth Symposium

On behalf of **Dr. Suzanne Zinck**, we regret to inform you that the 3rd annual Trans*Health Symposium, *Integrated care for gender dysphoric, gender nonbinary, & transgender children into adulthood*, originally scheduled to take place from April 16-17, 2020 has been postponed until the fall. Further details will be released in the coming months.

NEWS FROM THE DEPARTMENT

COVID-19 physician wellness website

Drs. Jackie Kinley and Crystal Zhou were the driving force behind a physician support website developed in collaboration with Doctors Nova Scotia. The website, <https://physiciansupportns.wixsite.com/physiciansupportns>, offers materials for physicians and their families as they cope with the COVID-19 crisis.

As a reminder, they are looking for interested parties to contribute writings to a blog being run on the website to support physicians during the pandemic. Writings can include reflective pieces, advice pieces, poems, etc. If you are interested in contributing in other ways to the COVID-19 support efforts, please contact either Jackie.kinley@nshealth.ca or crystal.zhou@nshealth.ca.

Faculty members work published in Journal of Clinical and Investigative Medicine

A journal article written by faculty members **Drs. Joe Sadek, Scott Theriault, Nick Delva, Sonia Chehil, and David Pilon**, along with Mary Psyche from the NSHA Mental Health and Addictions Program, was published on April 5 in the Journal of Clinical and Investigative Medicine. The article, *A new suicide risk assessment tool in Nova Scotia*,



The new physician support website developed by department members and Doctors NS.

Canada, describes the updated tool, originally created by Dr. Sadek, and encourages its use among clinicians. The new tool was designed to capture important validated risk and protective factors. Some risk factors are related to the mental status of the patient during the clinical interview (e.g., suicidal intent, intense emotions and hopelessness), while others are related to the patient profile (e.g., previous attempts, mental illness and chronic medical illness). Additional areas of risk, such as the lack of support and poor response to

treatment, were also added to the new tool.

The tool also has features to ensure other providers involved in the care of the patient are aware of the suicide risk, and to allow clinicians to start an initial management plan based on their clinical judgment of risk level.

For those with access to Dalhousie Libraries you can access the full article on the new risk assessment tool through the e-journals (<https://libraries.dal.ca/>).

ANNOUNCEMENTS

Working from home

Many staff and faculty in the Department of Psychiatry are now working remotely. Please be mindful of this when contacting them. As only some staff were able to forward their office phone lines, you may wish to use email as your first point of contact. We are doing our best to make sure things continue to run as smoothly as possible.

STAFF & FACULTY CHANGES

Dr. Celia Robichaud has joined the department as an assistant professor, effective April 13, 2020. Dr. Robichaud will be working at the IWK Dartmouth Clinic on Wyse Road. She can be reached at celia.robichaud@iwk.nshealth.ca or 902-469-8170.

AWARDS & HONOURS

NSEPP awarded various grants

Faculty in the Nova Scotia Early Psychosis Program have received several grants in the last several months.

Nova Scotia Health Authority Research Fund (NSHARF): Dr

Kara Dempster received her new investigator grant, with **Drs. Phil Tibbo, Candice Crocker** and Chris Bowen as co-applicants. The grant awards her \$100,000 for her project, *Investigating Anterior Cingulate Cortex Glutamate as a Biomarker of Clozapine-Eligibility in First Episode Psychosis*. **Dr Derek Fisher** received a grant from the NSHARF as well, with Drs. Tibbo, Crocker and Dempster as co-applicants. The \$24,700 grant will support his study, *Neuroimaging markers of auditory change detection mechanisms in high risk psychosis populations: A magnetic resonance spectroscopy add-on*.

Canadian Institutes of Health

Research (CIHR): Dr. Tibbo is co-PI on a \$1.5 million team grant with Dr. Patricia Conrad from Montreal. The CIHR awarded grant will support their project *Canadian Cannabis and Psychosis Research Team*. The team was ranked first in the competition of 54 applicants.

Dr. Tibbo is also co-investigator on a CIHR Network catalyst grant with Dr. Chi Chen from Ontario. This \$97,085 grant was awarded in January 2020 and supports the project, *MAY-Net (Mental Health & Addictions Youth Network): developing a national standard for implementing, evaluating and improving youth-friendly mental health and addiction services.*

Canadian Foundation for Innovation

(CFI): Dr. Tibbo is co-investigator on a CFI John Evans Leaders Fund grant with Dr. Vidya Iyer from Montreal and they were awarded \$80,000 for

their project, *MAP-PRO; an electronic database and learning hub for Canadian Early Psychosis Services*.

QEII Foundation Translating Research

into Care (TRIC): Dr. Tibbo is co-PI on a level 2 TRIC grant worth \$24,988 that was awarded in December for the project, *Implementation and evaluation of prolonged exposure psychotherapy for adverse events in early phase psychosis with comorbid substance misuse*.

Dr. Martin Alda awarded by CCNP

Dr. Martin Alda is the recipient of the Canadian College of Neuropsychopharmacology's (CCNP) Heinz Lehmann Award. This award is designed to recognize the outstanding contributions and distinguished career by a single individual in the field of research in neuropsychopharmacology in Canada.

Dr. Alda has made major contributions to the translational research of bipolar disorder, with work focusing on three related areas. The first is the genetic basis of treatment responsiveness in bipolar disorder. He demonstrated that a subtype of bipolar disorder that is responsive to lithium treatment is a highly heritable form of the illness. This finding led Dr. Alda to pursue some of the first molecular genetic studies of lithium response, which included family, linkage and association studies. The genetic approach to a study of lithium response is gaining recognition worldwide as evidenced in the work of the ConLiGen consortium, in which Dr. Alda has been a founding member, as well as in a series of studies of iPSC-derived neurons that Dr. Alda co-authored. Most recently he showed that lithium responsive illness can be differentiated from lithium non-responders with high accuracy based on genomewide genotypes. Studies of many research groups worldwide have been facilitated by the use of a scale for assessment of long-term treatment response (commonly referred to as the ALDA scale).

The second area of research relates to studying the offspring of people with bipolar disorder, who are at elevated genetic risk of developing



Dr. Martin Alda

the condition. This research identified specific structural brain changes as a risk factor for development of the illness in at-risk children and helped to map the early clinical characteristics of bipolar disorder.

The third research area relates to factors that influence the long-term course of the illness and its outcome. In a series of studies on suicide behaviour in people with bipolar disorder, Dr. Alda showed that the risk of suicide is a heritable characteristic, associated with specific molecular markers, and confirmed that this risk can be reduced by treatment with lithium. Dr. Alda and colleagues have also demonstrated that metabolic abnormalities, insulin resistance in particular, increase the risk of poor clinical outcomes.

Focusing on longitudinal investigations of bipolar disorder, Dr. Alda established unique, and still growing resources: The Maritime Bipolar Registry, and a family collection of clinical data and over 1500 DNA samples as well as over 1000 lymphoblast samples that allow characterization of cellular phenotypes of bipolar disorder and its responsiveness to treatment.

Dr. Alda's work opens the possibility for more rapid and precise treatment of people with bipolar disorder. If the CCNP annual meeting goes ahead as planned June 10-13 in Toronto, Dr. Alda will present his research, as well as receive his award, at that time.

For further details on the Heinz Lehmann Award and the CCNP, please visit <https://ccnp.ca/Awards/Notices>.

Faculty members Drs. Sulyman and Williams part of team of recipients of Merck Patients First Award

Drs. Mutiat Sulyman and Alaba Williams were recently awarded as part of a group of healthcare workers who received the Merck Patients First Award. This award was created in 2013 to encourage recognition of the clinical and public health value of patient-centred care. The non-monetary prize is only given every two years and is presented to an individual or group in Canada who has made innovative and effective contributions to patient-centred care.

The team, made up of 15 individuals from the Dual Diagnosis Program and the Community Outreach Assessment Support and Treatment (COAST) team, and led by health services manager, Oluseye Akinkunmi, received the award in recognition of their submission *Building Capacity to Reduce Restrictive Practices*. Their submission reflects the hard work and dedication of the staff at both programs, and their focus on improving outcomes for adult patients in both the hospital and in the community who are experiencing mental health crises, as well as the challenges associated with complex behavior and intellectual disability.

“A longstanding challenge exists among the population we serve regarding restrictive practices,” says Dr. Sulyman, psychiatrist and clinical academic leader in the Dual Diagnosis Program. “Patients with intellectual disability are more likely to exhibit behavioural challenges, often as a result of limited communication skills, or difficulty demonstrating adaptive skills.” She says when behaviours



Team members who received the Merck Patients First Award (L-R): Adeola Adebayo, Jean Dempsey, Monica Peters, Kathleen McDonald, Dr. Alaba Williams, Nicole Robinson, Dr. Mutiat Sulyman and Oluseye Akinkunmi.

are simply managed, rather than fully investigated to find the reason why they are occurring, restraint or restrictive practices are often involved as a response to these behaviours. With the introduction of positive behavior support, Nicole Robinson (Board Certified Behavior Analyst), has been instrumental in helping the team understand functions of behaviors in this unique population. This quality initiative focused on actively working to improve patient care using least restrictive practices.

The team developed and implemented improved standards of care, including the use of a positive behaviour support model to reduce and replace restrictive measures, such as using medications or seclusion in response to behaviour. Staff were trained to recognize that behaviour has a function, and then worked together to assess this function, whether it is a biological need, a

communication problem, a skill deficit, etc., and implement better prevention techniques and teaching strategies for patients. “Rather than simply managing crises or “turning off” the challenging behaviour,” says Dr. Sulyman, “we try to set up both the environment and our patients for success through positive, proactive approaches.”

The interventions they implemented saw a significant downward trend in the use of restraints (emergency restraint chair, seclusion) over a period of 24 months with sustained impact to date. They also saw a significant reduction in the use of chemical restraint, or PRN (taken as needed) medication to manage problem behavior. Patients in turn, have reduced barriers to community transition and placement, as restrictive measures reduce, and behaviours of concern are being replaced with adaptive skills.

This important work has been shared with services across the Nova Scotia Health Authority and benefits extend beyond the patient population. “We are leaders in working with the dual diagnosis (intellectual disability + mental illness) population and actively implement evidence-based practices,” says Dr. Sulyman. “We host students across disciplines to see our team in action and help to build an understanding and awareness of a collaborative, proactive, patient-first model of service delivery.”

Though this is the first time being recognized with an award for the work, this program has been effective for quite some time. Dr. Sulyman appreciates the collaboration that is offered as working as an interdisciplinary team to achieve mental health stability and improved quality of life for the patients they serve. “We are better able to understand the needs of our patients and provide appropriate, individualized, and evidence-based care.”

The official award presentation will take place some time in the next six months. To learn more about the Merck Patients First Award please visit <https://www.merckpatientsfirst.com/english/home/>.

HUMANITIES CORNER



In challenging times, such as these days in relation to the current pandemic, it can be helpful to reflect on past wisdom and beauty as presented in haiku poetry. Below are four such poems.

Haiku poems by Yosa Buson (1716-1784):

Burdened with dark thoughts

I climbed the hill to find

wild roses blooming.

At the end of the path

the overpowering scent

of flowers on a thorn bush.

A field covered with thorns.

But nightfall brings

lovely insect song!

Extricating itself from thorns,

a bush warbler

soars high.

Reference:

Tom Lowenstein (Editor). *Classic Haiku*. New York: Shelter Harbor Press, 2007, pp. 122, 124, 130, 138.

RESIDENTS' CORNER

What Can Residents Do? A Learner's Perspective by Crystal Zhou

It had been all planned out.

Step 1: study week

Step 2: Royal College written exam

Step 3: back to service for a couple days, then Disney World for a week with some girlfriends.

Step 4: hit the books again for June Royal College OSCEs

Before my pre-planned time off, there was growing unease within the clinical team I was working with about COVID-19 and possible implications for Nova Scotia. Geriatric patients were nervous to come into clinic and nervous to have home visits. Team members – including myself - voiced unease regarding planned vacations. Events progressed rapidly. Disney World closed, the Royal College exams were postponed for the first time ever, and COVID-19 became reality for Nova Scotia.

In the early days, each day felt like an eon. There were emails about policy changes coming at us from every direction, almost every hour. There were intra-departmental communications, intra-divisional communications, team communications, resident communications, Coronavirus updates, and for the first time in my residency, I even read the Media of the Day emails.

There were struggles with feelings of helplessness as well. I came up

with all sorts of ideas for COVID-19 planning for the Halifax area and Nova Scotia that I was not in the paygrade to make any changes for. I worried about personal protective equipment supplies. I worried about redeployment to other medical areas with inadequate preparation and skills. I had ideas about how to address all of these, but felt it was not my place to make suggestions. And leadership had not been putting out an open call for ideas.

Then I started zeroing in my focus to areas that I felt I could either directly contribute, or knew people in a better position to make decisions. This included areas pertaining to geriatric psychiatry and to psychiatry residents. After returning to service, I helped with some of the changes the geriatric psychiatry team was implementing as part of our COVID-19 response. Being able to do something of use and be part of the advocacy for changes was an immense relief. When I learned that Dr. Jackie Kinley was looking for interested parties to help her in a joint initiative with Doctors Nova Scotia to support physicians through the COVID-19 pandemic, I jumped at the opportunity to help.

I was not entirely sure what I had signed up for at the start but wanted to follow where the possibilities may go. Those possibilities have taken many different forms so far, but all come from one guiding core principle: How can we help? For me, this has included:

- Coordinating the development and

dissemination of local supports for physicians

- Creating the website that we hope will serve as a home-base for local online physician support events and local physician support resources
- Learning my limits and reaching out to gather a team to help the website grow at pace with the needs
- Stretching my organizational skills to coordinate resources and communications within the group and with other organizations

At this time, the work is ongoing, ever evolving, and I am happy to be able to play a part. Being able to contribute has helped me be a more active member of the COVID-19 efforts, and with that, I am relieved to report that I feel a lot less helpless and hopeless these days. Those emotions have been elbowed out of the way for the moment by feeling inspired, energized, and sometimes tired in that I-just-had-a-great-workout kind of way – except for the soul.

The work, of course, is not done. But I think those things I have helped with so far have and will continue to make an impact.

What I did can be done by literally anyone else.

Logical follow up: anyone can make an impact.

When I reflect on just how much work is happening, in all corners of our department and beyond, it is exciting and invigorating. There are examples

of inspiring leadership from all levels, from medical students organizing COVID-19 literature consolidation newsletters and providing childcare and errand support to healthcare providers, to the rapid system-wide changes we are seeing happening at a breathtaking pace from the much higher-ups, to lay community members who are “caremongering” for each other and landing Canada in BBC headlines.

To those who are not yet involved: if you have more of yourself to give while continuing to thrive and prosper in this highly unusual time, you are needed.

To those in leadership: don't forget the residents!

PHOTO FEATURE



Signs of spring (Photo by Dr. Shabbir Amanullah).

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 July 2, 2020, with the deadline for submissions to be June, 12 2020.

Please send all submissions to Kate Rogers: Kate.Rogers@nshealth.ca